Report of the Performance and Compliance Officer

Subject: Assurance Monitoring Report – Compliance, Public and Statutory Duties and Corporate Improvement

Introduction

Following discussion with Chair of Audit and Corporate Services Committee, we have looked to develop a new focused assurance monitoring report. The aim of this report is for it to act as one element of our risk management approach and support officers and Members in monitoring, assessing and responding to compliance and corporate improvement areas of work. This should help strengthen and in the future feed into Second Line Internal Assurance within the risk register.

This report is still in its development phase, with further work needed on developing and reviewing triggers, putting in additional monitoring for some areas and looking at how it can support and feed into Second Line Internal Assurance within the risk register. We will look to engage with our internal auditors to identify how we can improve and further develop this report, our assurance monitoring and triggers. Further engagement work will also be carried out with compliance leads for different areas.

The aim of the report is to review our current performance across the following compliance, public and statutory duties and corporate improvement areas:

- Governance
- Finance (Please note: Further information on finance performance is provided through budget reports and finance related audit.)
- Sustainability, Section 6 Biodiversity Duty, Net Zero, Socially Responsible Procurement Duty
- Welsh Language
- Public Sector Equality and Socio Economic Duties, Child Poverty
- Safeguarding
- Information Governance, Data Protection and Cyber Security
- Workforce, Health and Safety, Social Partnership Duty (Please note: Currently a separate report is provided on Health and Safety.)
- Planning

It provides resilience scores on:

- Accountability Documentation
- Incidents, engagement with regulators, complaints, monitoring
- Culture and Implementation

Resilience Score		
Vulnerable	Of concern	Resilient

A range of additional information is recorded on the Authority's performance reporting system. Where tolerance levels or triggers have been reached resulting in Vulnerable or Of concern resilience score additional information has been included in relevant section of the report and management response provided.

This report also outlines progress against corporate improvement areas identified within Annual Governance Statement and Authority's Delivery Plans.

This report is supplemented by internal audit activities with agreed actions from audits monitored via the Audit Action Log.

The reporting period is for the end of quarter 3 2023/24 (December 31st)

Activities to improve resilience scores

Officers recognise that many of our policies are out of date/ or in some cases do not have approval dates on them and there have been issues with document/ version control for policies. In response a Corporate Policy Management and Communication improvement project has been put in place. A new template with improved version control has been developed and we are in the process of moving all policies across into this template. All policies are being subject to light touch review as part of this process with some being subject to more detailed review. Sharepoint/Teams is being used to implement new document control procedures to ensure policies are held in central location and to ensure that up to date policies in future are published and available to staff via the Authority's Corporate Policy section on Authority's new intranet site. This work is still in progress.

The Authority has in place a Health and Safety project officer who has been helping drive improvements in terms of the Authority's approach to Health and Safety and is currently focused on making improvements to the management of our risk assessments.

A Record Management Group has been set up and this group is monitoring a range of record management activities linked to accountability documentation, movement of files to new organisation structure on the F/Drive and record management considerations linked to Teams/ Sharepoint. One aspect of the role of this group is to provide space to problem solve potential issues as they arise. The Authority's Data Protection Officer sits on this group. Some activities under this groups remit have been impacted by staff capacity and competing priorities.

RECOMMENDATION:
Members are requested to RECEIVE and COMMENT on the Assurance Monitoring Report.

Assurance Monitoring - Compliance, Public and Statutory Duties and Corporate Improvement

This is supplemented by internal audit activities with agreed actions from audits monitored via the Audit Action Log.

Reporting Period: End of Quarter 3 (December 31st)

Resilience Score		
Vulnerable	Of Concern	Resilient

A range of additional information is recorded on the Authority's performance reporting system. Where tolerance levels or triggers have been reached resulting in Vulnerable or Of Concern resilience score additional information has been included in relevant section and management response provided.

This report also outlines progress against corporate improvement areas identified within Annual Governance Statement and Authority's Delivery Plans.

1. Governance

Resilience Area		Resilience Score [Q2 2023/24]	Resilience Score [Q3 2023/24]
AD	Accountability Documentation	N/A	Of Concern [3 Triggers]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	N/A	Resilient [0 Triggers]
CI	Culture/ Implementation	N/A	Of Concern [1 Trigger]

Ref	Triggers identified: Vulnerable/ Of Concern	Management Response
AD	Members code of conduct/ Planning Members code of conduct not having dates on them noting when they were last reviewed/ approved. [2 Triggers]	Currently transitioning from old parcnet to new Sharepoint intranet site. All policies etc. being subject to light touch review/ or more in depth review as part of this process and moved into new template with improved date/version control. Once this work has completed all current policies will be available to staff in Corporate Policy section of the new intranet site.
AD	Not all current policies available to staff on staff intranet. [1 Trigger]	
CI	% Member attendance at training ytd below 65% target at 56.54% at end of Q3 and within Of concern threshold. This is below 79.17% attendance last year. [1 Trigger]	Figures were impacted by 2 training sessions held in May which were both field trips. One of these was the two-day Welsh Members Seminar held this year in Crickhowell. Ask for issue of attendance at training to be discussed at next Member Development Committee to explore ways of increasing attendance levels and any potential barriers.

Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
G20	Finalise set of revised values for the Authority. Carry out range of activities to embed Authority's new values.	Amber	**Progress Status:** In Progress/ Behind Work to be completed by end of year

G20	Review of integrated assessments template, information provided to Members and development of project checklist or other tools to reflect new priorities and to maintain compliance with relevant statutory duties.	Green	**Progress Status:** In Progress/ On Track Project tool document set up in Teams for staff to work on. Follow up session arranged for January with relevant staff and members of Management Team. Will consider implications of Welsh Language Commissioner recommendations following Welsh Language Tribunal Decision and implications for Integrated Assessments and Welsh Government's proposed Health impact Assessment regulations for public bodies which are out for consultation.
G20/ AGS	Corporate Improvement Project on Management and Communication of Corporate Policies, Procedures and Templates	Green	**Progress Status:** In Progress / On Track Work ongoing in terms of updating policies into new templates. Updated Health and Safety Policies now on the new intranet site. Meeting held with HR in November in terms of their policies and procedures, with master list developed and actions of priorities for review. Follow up meeting arranged for January with HR.
AGS	Implement agreed recommendations from Audit Wales review of Governance	Amber	**Progress Status**: In Progress / Behind Authority has not received the final Audit Wales Governance Report as a result it has not been able to implement recommendations from the report. A range of Training Session for NPA and AONB JAC Members are being delivered over January/ February co-ordinated by Welsh Government.
SD21	PDP for Members capture any skills gaps/ development opportunities linked to new priorities	Green	**Progress Status**: In Progress/ On Track Reminders to be sent to those Members who have not completed support plans and appraisals. Update provided to Member Support and Development Committee at the beginning of December.

2. Finance

Further information and assurance on finance performance is provided through budget reports and finance related audit.

Resilience Area		Resilience Score [Q2 2023/24]	Resilience Score [Q3 2023/24]
AD	Accountability Documentation	N/A	Of Concern [2 Triggers]

IRCM	Incidents/ Regulators/ Complaints/ Monitoring	N/A	Triggers to be developed and agreed.
CI	Culture/ Implementation	N/A	
Ref	**Triggers identified: Vulnerable/ Of Concern**	**Management Response**	
AD	Delay in signing off draft statement of accounts, did not meet regulation requirement for this to be completed by 31 May 2023. [1 Trigger]	Required statement made by Responsible Finance Officer and placed on Authority website. Statement noted that delay was due to "a loss of key staff and corporate knowledge, which we have put interim arrangements and personnel in place, alongside a later audit timetable by Audit Wales for this year." Notice of Certification of Completion of the Audit issued 20 November 2023.	
AD	No Date on Financial Reserves Policy - not clear when last reviewed. [1 Trigger]	Will be moved into new template with improved version control. New Head of Finance and Fundraising will be asked to review it as part of this process.	
Ref	**AGS and Delivery Plan Actions**	**RAG Status**	**Progress Commentary**
RBF22/ AGS	Continue to work with Members and Welsh Government to manage mid term financial challenges and pressures.	Green	**Progress Status:** In Progress / On Track Budget workshop held during December. Plans to present a deficit budget in February and work identified with Management team to develop options for reducing the deficit. Member / officer working group set up.
RBF22	Undertake a Zero Based Funding exercise to reallocate funding to key priorities and also identify funding gaps.	Amber	**Progress Status:** Closed/ On Hold (Until Autumn 2024) A ZBB exercise was undertaken but due to changes in staffing and transition arrangements these were not taken into account in the 24-25 budget setting process. However, these will be used for reference and any budget virements for 24-25. A new ZBB exercise will be undertaken in Autumn 24 in readiness for 25-26 budget setting process.
RBF22	Review project identification/ prioritisation process for funding to align to new priorities and delivery plan funding gaps. Identify flagship/ landscape scale projects linked to actions within Delivery Plans.	Amber	**Progress Status:** Not Started/ On Hold Review to be started in 2024.
RBF22	Review and identify commercial opportunities across all Authority activities and assets and develop a commercial opportunity	Green	**Progress Status:** In Progress / On Track Tool completed. Workshop held with officers and Members to complete check-list. New Member / Officer group set up.

	strategy with SMART set of measures.	Green	
RBF23	Development and delivery of Marketing and Communications Plan for the Centres and Regenerative Tourism activities	Green	**Progress Status:** In Progress/ On Track Meeting due in the New Year, once C2C is complete. Income generation areas now a priority.
RBF23	Development and delivery of Marketing and Communications Plan for fundraising activities.	Amber	**Progress Status:** Not Started/ On Hold To be started in 2024.

3. Sustainability / Section 6 Biodiversity Duty / Net Zero / Socially Responsible Procurement

Resilience Area		Resilience Score [Q2 2023/24]	Resilience Score [Q3 2023/24]
AD	Accountability Documentation	N/A	Vulnerable [1 Trigger]
			Of Concern [4 Triggers]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	N/A	Of Concern [1 Trigger]
CI	Culture/ Implementation	N/A	Triggers to be developed and agreed.

Ref	Triggers identified: Vulnerable/ Of Concern	Management Response
AD	No Estates/ Asset Management Strategy in Place. Identified by Internal Audit. [1 Trigger]	Agreed action monitored via internal audit action log and also action within Delivery Plan. Asset Management policy in place although not reviewed for 4 years. Expected to be progressed in 2024. Internal Audit are currently carrying out review of Estates and recommendations from this will feed into the strategy.
AD	Authority needs to identify set of objectives and develop procurement strategy in relation to Socially Responsible Procurement Duty a requirement under Social Partnership and Public Procurement (Wales) Act 2023. [1 Trigger]	Performance and Compliance Officer to discuss with new Head of Finance and Head of Decarbonisation alongside wider annual reporting requirements under the Act.
AD	Asset Management Policy and Environmental Policy have not been reviewed within four years. No approval date on Sustainable Procurement Policy. [3 Triggers]	All policies to be moved into new template and reviewed as part of this process with improved version control. Work on these policy areas being led by Head of Decarbonisation.
IRCM	Invoices paid on time (SRPD – Making payments promptly): Within of concern threshold at 91.74% ytd.	Authority was going through period of personnel changes at end of November/ December in terms of finance team which is likely to have had an impact.

	Wiith significant fall for monthly performance in November at 79.50%. [1 Trigger]		
Ref	**AGS and Delivery Plan Actions**	**RAG Status**	**Progress Commentary**
D5	Net Zero Welsh Government Reporting – Recording, analysis, submission and improvements in data collection/ recording.	Green	**Progress Status:** In Progress/ On Track Annual carbon emissions submission for 2022/23 submitted to Welsh Government on 30th of August in advance of 4th September deadline. Facilitation of collation of data has now moved from performance and compliance officer to decarbonisation team. Awaiting Welsh Government to provide Authority level report from the submission.
G20	Updating of Section 6 Biodiversity Signposting document and raising awareness and understanding of duty as part of this process.	Green	**Progress Status:** In Progress/ On Track The signposting document has been updated but needs further review against delivery plans/ new performance framework and will then be circulated to key staff, including new management team, for awareness and comment.
G20	Review of Authority's Asset Management/ Estates Strategy – to align it with our new objectives/ priorities. Including considerations around acquisitions for carbon sequestration.	Amber	**Progress Status:** Not Started/ On Hold Not started yet.
SD21	Training/ workshop sessions for Members on LDP2 Policies 34, 35, 36, 37 (CM1) and updated WG Technical Advice Note 15. [Climate Adaptation]	Green	**Progress Status:** Complete/ On Track Training took place on 18th October 2023 for Members in a workshop which addressed One Planet Development and Flood Risk and Coastal Change. Members received a presentation regarding One Planet Development policy and from Principal Planning Policy Officer regarding the flood and coastal change policies in the LDP.

4. Welsh Language

Resilience Area		**Resilience Score [Q2 2023/24]**	**Resilience Score [Q3 2023/24]**
AD	Accountability Documentation	N/A	Of Concern [1 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	N/A	Vulnerable [1 Trigger]

CI	Culture/ Implementation	N/A	Triggers to be developed and agreed.
Ref	**Triggers identified: Vulnerable/ Of Concern**	**Management Response**	
AD	No Date on Welsh Language Policy - not clear when last reviewed. [1 Trigger]	Will be moved into new template with improved version control. Democratic Services Manager will be asked to review it as part of this process.	
IRCM	Welsh Language Commissioner upheld complaint made to them that Coast to Coast is not a bilingual publication and complaint was upheld. [1 Trigger]	In response future publications of Coast to Coast will be bilingual.	
Ref	**AGS and Delivery Plan Actions**	**RAG Status**	**Progress Commentary**
AGS	Completion and publication of revised Welsh Language Strategy.	Green	**Progress Status:** In Progress/ On Track. Welsh Language Strategy agreed by NPA 20/12/23

5. Public Sector Equality and Socio-Economic Duties/ Child Poverty

Resilience Area		Resilience Score [Q2 2023/24]	Resilience Score [Q3 2023/24]
AD	Accountability Documentation	N/A	Of Concern [1 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	N/A	Of Concern [1 Trigger]
CI	Culture/ Implementation	N/A	Triggers to be developed and agreed
Ref	**Triggers identified: Vulnerable/ Of Concern**	**Management Response**	
AD	Annual Equality Report 2022/23 incorporated into the draft Annual Report on Well-being Objectives, which was approved at the September NPA. However, engagement with EHRC suggests that we need in future to have separate report with more explicit links to our equality objectives. [1 Trigger]	Officer taking on board suggestions to inform future approach with separate report planned for reporting for 2023/24.	
IRCM	Equality monitoring data for staff held on HR system: Within of concern threshold at 69.91%. However, we have seen gradual increase in level of data in Q1 at 61.55%. [1 Trigger]	Authority is seeing gradual improvement in terms of equality monitoring data provided. Updates to HR system for equality monitoring section planned and further communication will be sent out to staff following changes to encourage them to update their information.	
Ref	**AGS and Delivery Plan Actions**	**RAG Status**	**Progress Commentary**

G20	Review of Equality Plan and Objectives	Green	**Progress Status:** In Progress/ On Track. Meeting held with relevant officers in December to discuss planning review of Equality Plan and Objectives. Workshop planned for February with Officers as part of this.

6. Safeguarding

Resilience Area		Resilience Score [Q2 2023/24]	Resilience Score [Q3 2023/24]
AD	Accountability Documentation	N/A	Of Concern [1 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	N/A	Resilient [0 Triggers]
CI	Culture/ Implementation	N/A	Triggers to be developed and agreed

Ref	Triggers identified: Vulnerable/ Of Concern	Management Response
AD	No Date on DSB Policy - not clear when last reviewed. [1 Trigger]	Will be moved into new template with improved version control. HR will be asked to review it as part of this process. Awaiting completion of review of safeguarding policy to see if this has any impact on the review of the policy.

7. Information Governance / Data Protection / Cyber Security

Resilience Area		Resilience Score [Q2 2023/24]	Resilience Score [Q3 2023/24]
AD	Accountability Documentation	N/A	Vulnerable [3 Triggers]
			Of Concern [2 Triggers]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	N/A	Of Concern [3 Triggers]
CI	Culture/ Implementation	N/A	Of Concern [2 Triggers]

Ref	Triggers identified: Vulnerable/ Of Concern	Management Response
AD	Across Authority up to date retention schedule and records of processing needs to be put in place. [2 Triggers]	This activity has been affected by organisational restructure and impact on record management structures. Officer capacity has also been an issue due to competing priorities. Up to date retention schedule is being developed as priority. Record of Processing will be aligned to new Authority Structure.
AD	Publication Scheme significantly out of date and requires review. [1 Trigger]	Democratic Services Manager and Performance and Compliance Officer to review.
AD	Information and Data Security Policy and ICT User Policy have not been reviewed within four years.	Head of Decarbonisation currently progressing review of both policies. All staff will be required to sign revised ICT policy once review complete.

Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
	Outstanding Internal Audit Actions on them. Not all staff have signed ICT User policy. [2 Triggers]		
IRCM	2 near miss incidents at Depos in relation to Confidential Waste. [1 Trigger]		Communication reminder sent out around Confidential waste and incidents followed up. Session has been arranged with site managers to discuss waste, including section on confidential waste.
IRCM	In Q1 ICO received complaint about sharing personal data with a third party consultant without a legal basis. ICO found in favour of the Authority, stating: "Just to confirm the ICO are satisfied with the lawful basis Pembrokeshire Coast National Park Authority is relying upon of public task in order to process personal data and that no further action is required in terms of providing an action plan. [1 Trigger]		As a result of the complaint the Authority has updated its privacy notice for planning and following clarification from ICO on frequency staff need to complete data protection training, programme of annual refresher training for relevant staff is now in place.
IRCM	1 of the 3 SAR response in Q1 was not responded to in required timeframe, there have been no further SAR in Q2 or Q3. However, 100% FOI/ EIR requests have been responded to ytd in required timescales. [1 Trigger]		Authority had a number of complex SAR in Q3. Wider record management activities should help with meeting future responses. Responsibility for responses now being managed by Democratic Services and not split with Customer Services. Challenges around FOI, EIR and SAR included as standing item on record management group agenda.
CI	Cyber Security Training Completions at 80.51% and Data Protection Training Completions at 86.44% are within of concern threshold. In terms of Data Protection training outstanding t3 were new requests and 13 related to annual refresher course. [2 Triggers]		Currently reviewing our Cyber Security Training, IT have been in contact with PCC in terms of training they provide to staff. Exploring potential for training to be hosted on ELMS which will help with monitoring. There were some issues with reminders during December for data protection training, this issue has now been resolved. Staff should receive weekly reminders from the system until they have completed the refresher training. Management Team will be contacted periodically about officers with outstanding training in their departments and asked to ensure that the training is completed.
Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
AGS	Implementation of Microsoft 365 across the Authority.	Green	**Progress Status**: In Progress/ On Track Further training on 365 has been delivered across the Authority over this month.

AGS/ DT29	Record Management Project - Implementation of actions to support improved information governance. Completion of restructure of F/Drive and Movement of Digital Files where needed to Teams/ Sharepoint.	Amber	**Progress Status:** In Progress/ Behind F/Drive restructure test meeting held with Community Archaeology and findings written up. Meetings arranged with other teams for next steps. Project is impacted by staff capacity Performance/ IT and need to work across Teams.
DT29	Mapping Data needs and Processes across departments and wider digital review leading to creation of Digital Action Plan	Green	**Progress Status:** Not Started/ On Hold Not started yet
DT29	New Business Case processes/ procedures – systems, apps, external data sharing	Green	**Progress Status:** Not Started/ On Hold Not started yet
DT29	List of Systems/ license requirements for each PCNPA job role. Project development and Request to fill forms to take account of full IT cost recovery	Green	**Progress Status:** Not Started/ On Hold Not started yet
SD1	Digital Training: Back to basic IT Skills, 365 training, specialist training linked to officer's role.	Green	**Progress Status:** In Progress/ On Track Training sessions open to all staff on 365 has been delivered across the Authority over November and December.

8. Workforce /Social Partnership Duty/ Health and Safety

Please note: Currently a separate report/ dashboard is provided on Health and Safety as a result resilience area triggers for health and safety have not been included in this report, except for RIDDOR incidents. Work will be undertaken with Health and Safety Project officer to explore inclusion of appropriate triggers in this document, without duplicating what is in the Health and Safety Dashboard/ Report.

Further work is also needed with People Services to align triggers with data reported at Human Resources Committee and to review mandatory training and monitoring requirements.

Resilience Area		Resilience Score [Q2 2023/24]	Resilience Score [Q3 2023/24]
AD	Accountability Documentation	N/A	Vulnerable [2 Triggers]
			Of Concern [1 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	N/A	Vulnerable [1 Trigger]
			Further Triggers to be developed and agreed

CI	Culture/ Implementation	N/A	Triggers to be developed and agreed
Ref	**Triggers identified: Vulnerable/ Of Concern**	**Management Response**	
AD	Issues around poor document/ version controls for HR related Policies. A number of HR policies in need of review. Grievance and Disciplinary Procedure significantly out of date in terms of when last reviewed. [2 Triggers]	Performance and Compliance Officer met with HR to identify current policies and procedures and prioritise them for review, with priority focus being given to high risk policies and those impacted by legislative change. A list has been developed that HR are working through, they are also utilising Expert HR to bring policies up to date and looking for opportunities to amalgamate policies where appropriate. Wider work on improved document and version control is being applied to HR policies.	
AD	As part of new Social Partnership duty Authority needs to develop process to gain consensus and agreement with recognised trade union on Well-being Objectives/ plans to meet objectives. [1 Trigger]	Performance and Compliance Officer to arrange meeting to discuss with new Head of People Services and CEO. Meeting to also consider wider annual reporting requirements under the act of need to produce report annually of what Authority has done to comply with duty and submitted to SPC.	
IRCM	1 RIDDOR incident in Q3 - A member of the public broke their ankle at Carew. [1 Trigger]	Member of public slipped on steps in the field near the causeway	
Ref	**AGS and Delivery Plan Actions**	**RAG Status**	**Progress Commentary**
DT29	Updating of induction process to reflect new priorities (Staff, Volunteers and Members induction.)	Amber	**Progress Status:** Not Started/ Behind The Head of People Services was appointed on 6 December 2023. A desktop review of existing induction arrangements for these groups is being undertaken. The intention is to establish a focus group to ensure that the content is appropriate and timely. Benchmarking with other National Parks and similar sized organisations will also be undertaken.
DT29	Implementing Management Team Development Programme	Amber	**Progress Status:** In Progress/ Behind Discussions ongoing with Head of People to develop plan.
SD1 / AGS	Complete and review outcome of Pay and Grading Review	Amber	**Progress Status:** In Progress/ Behind The job evaluation documentation is with WME Consultants who are undertaking this phase of the review. The output will be a hierarchical points based structure of posts. This will inform and underpin the next stages of the pay and grading review. It has been indicated by them that this work will not be completed until January/February 2024.

SD21	Updating of Annual Appraisal/ Work and Well-being process to capture progress against new priorities and identify skills gaps and development opportunities for all staff.	Amber	**Progress Status:** Not Started/ Behind This work will follow on from the induction process review as induction, probation and appraisal/performance review should flow seamlessly and each inform the other.
SD21	Development and delivery of training plan/ programme 2024 - 2027 for all Staff, Members (through Member development training plan) and volunteers incorporating new priorities and reflecting areas identified within Skills and Development Delivery Plan for training.	Green	**Progress Status:** In Progress/ On Track Work has begun on the development of a Training Needs Form proforma for completion by all members of staff and volunteers in conjunction with their line managers. It is expected that this form will be issued in February/March 2024. This information will inform a more significant review of training needs including skills gaps identified during probation with the intention of this work feeding into a root and branch review of appraisal/ performance review. The information will also inform the prioritisation of training needs and budget setting.
SD1	Review contracts and our offer and opportunities provided linked to seasonality demand – with focus on regenerative tourism and nature recovery teams.	Green	**Progress Status:** Complete/ On Track The contracts of employment for seasonal workers have been reviewed and as a result the number of zero-hour contracts have been significantly reduced (by approximately 80%) Where appropriate for business needs evergreen and annualised hours contracts have been issued. The seasonal staff will have opportunities, depending upon location, to undertake a broad range of duties including catering, customer service, retail etc to enable them to develop their skills portfolio. All staff are offered training appropriate to their role. The changes in employment legislation have also enabled us to offer rolled up holiday pay from January 2025.
SD1	Explore new pathways to employment opportunities through skills development/ training / apprenticeship opportunities. Review our offer for further and higher education students.	Amber	**Progress Status:** In Progress/ Behind With other colleagues attended a briefing by Sustainable Steps Wales Green Careers Fund and are actively engaged in finding partners to potentially submit grant funding application. Work needs to be done with local schools and colleges and Careers Wales to develop sustainable local employment opportunities to

		Orange	inform our recruitment strategy and succession planning.
AGS/ DT29	Review of Health and Safety – ensuring we can deliver our new priorities in a way that is aligned to our Health and Safety obligations. [AGS]	Green	**Progress Status:** In Progress/ On Track All risk assessments have been moved within the F drive to a central place with Human Resources. This will act as a refining point for removing duplicates, mis-named files and a staging post for middle managers to review and transpose current risk assessments onto the new format. Due to annual leave being used, contacting and asking managers to resource this matter has proven difficult.

9. Planning

Resilience Area		Resilience Score [Q2 2023/24]	Resilience Score [Q3 2023/24]
AD	Accountability Documentation	N/A	Vulnerable [1 Trigger]
			Of Concern [1 Trigger]
IRCM	Incidents/ Regulators/ Complaints/ Monitoring	N/A	Vulnerable [1 Trigger]
			Of Concern [3 Triggers]
CI	Culture/ Implementation	N/A	N/A
Ref	Triggers identified: Vulnerable/ Of Concern	Management Response	
AD	Planning Enforcement and Compliance Policy last reviewed and adopted 2011. [Trigger 1]	Director of Placemaking, Decarbonisation and Engagement and Development Management Manager to review. Revised policy to go to NPA for approval.	
AD	LDP 2 in place, however timetable for SPG delayed due to delays adopting the Local Development Plan. [Trigger 1]	The programme will continue to be behind schedule due to delays adopting the Local Development Plan. Consultation on three supplementary planning guidance documents reported to Members on the 20th September and approved.	
IRCM	% of all planning applications determined within time periods required ytd is within Of Concern threshold at 62.14% in Q3 and below 80% target. This is below 76.91% for the same period last year. [Trigger 1]	The Authority is continuing to determine and reduce the older applications which is having an impact on the statistics. Need for S.106 agreements has also added to this figure. New staff joined at the start of Q3 and a new Team structure with two teams reporting to a Principal Officer was introduced at the end of Q3. This additional resource and new structure together with the closure of older cases should result in better performance statistics in 2024. Despite the longer timescales for determination, evidence from the Authority Annual Monitoring	
IRCM	Average times taken to determine all planning applications in days ytd remains within Vulnerable threshold at 122 days, with		

<td style="background:red"></td>	target of <67days. This is slightly above the number of days at 119.3 days for the same period last year. [Trigger 1]	Report shows targets being met in terms of affordable housing delivery.	
IRCM	Average time taken to investigate enforcement cases in days ytd is within Of Concern threshold. Q3 ytd - 245 days 2023/24 (improvement on Q2 311.5 days). This is above Q3 ytd 115.33 days in 2022/23. [Trigger 1]	Figures have been affected by closure of significant number of South cases in Q2. Some cases that should have been closed but were not previously closed on the system were identified and subsequently closed in Q2. This has cleared a backlog of cases on the system but it has had a significant impact on the number of days for Q2 in terms of these measures. Managers are reviewing processes with staff to ensure that cases are closed appropriately. A new Enforcement and Conservation Assistant post has been created and commenced in October 2023 which will provide additional resilience and support in this area.	
IRCM	Average time taken to take enforcement action in days ytd is within Of Concern threshold. Q3 ytd -227.33 days 2023/24 (improvement on Q2 292). This is above Q3 ytd 87 days in 2022/23. [Trigger 1]		

Ref	AGS and Delivery Plan Actions	RAG Status	Progress Commentary
	Planning Administrative Process Review	Amber	**Progress Status**: In Progress/ Behind Fortnightly meetings are still being held with APAS re a revision to our current database package, which should introduce workflows and help to make the service more efficient. We are currently testing the new system, but there have been delays caused by the developer changing staff/project team three times so far this year. Hopefully, the new system will be introduced shortly.
	Review of Enforcement Service	Green	**Progress Status**: In Progress/ On Track A new temporary Enforcement Officer has been recruited and began the same week as one of the Enforcement Officers left the Authority. A Conservation/ Trees/Enforcement Assistant is in post which should help to address the enforcement backlog and revise processes to make the section more efficient. The new Assistant is performing well and the team are managing new complaints in a timely manner while also addressing the backlog.
	Planning – Engagement with Community Councils/ Provision of Training	Green	**Progress Status:** Complete/ On Track Two events recently held for Community Councils in October and

			November, one on-line and one in-person at Llanion. There was a good attendance at the on-line event, but for the in-person event, only one person came, so we will deliver training in future entirely on-line.