



Audit and Governance Committee

Date: Monday, 15 January 2024
Time: 10.00 am
Venue: Council Chamber, County Hall, Dorchester, DT1 1XJ

Members (Quorum: 3)

Richard Biggs (Chairman), Susan Cocking (Vice-Chairman), Rod Adkins, Pauline Batstone, Belinda Bawden, Simon Christopher, Barry Goringe, David Gray, Robin Legg, Bill Trite, R Ong and S Roach

Chief Executive: Matt Prosser, County Hall, Dorchester, Dorset DT1 1XJ

For more information about this agenda please contact Democratic Services Meeting Contact john.miles@dorsetcouncil.gov.uk

Members of the public are welcome to attend this meeting, apart from any items listed in the exempt part of this agenda.

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Agenda

Item		Pages
1.	APOLOGIES	
	To receive any apologies for absence.	
2.	MINUTES	5 - 12
	To confirm the minutes of the meeting held on 13 th November 2023.	
3.	DECLARATIONS OF INTEREST	
	To disclose any pecuniary, other registrable or non-registrable interest as set out in the adopted Code of Conduct. In making their decision councillors are asked to state the agenda item, the nature of the interest and any action they propose to take as part of their declaration.	
	If required, further advice should be sought from the Monitoring Officer	

in advance of the meeting.

4. PUBLIC PARTICIPATION

Representatives of town or parish councils and members of the public who live, work, or represent an organisation within the Dorset Council area are welcome to submit either 1 question or 1 statement for each meeting. You are welcome to attend the meeting in person or via MS Teams to read out your question and to receive the response. If you submit a statement for the committee this will be circulated to all members of the committee in advance of the meeting as a supplement to the agenda and appended to the minutes for the formal record but will not be read out at the meeting. The first 8 questions and the first 8 statements received from members of the public or organisations for each meeting will be accepted on a first come first served basis in accordance with the deadline set out below.

All submissions must be emailed in full to john.miles@dorsetcouncil.gov.uk by 8.30 am on 10th January 2024.

When submitting your question or statement please note that:

- You can submit 1 question or 1 statement.
- A question may include a short pre-ambule to set the context.
- It must be a single question and any sub-divided questions will not be permitted.
- Each question will consist of no more than 450 words, and you will be given up to 3 minutes to present your question.
- When submitting a question please indicate who the question is for (e.g., the name of the committee or Portfolio Holder)
- Include your name, address, and contact details. Only your name will be published but we may need your other details to contact you about your question or statement in advance of the meeting.
- Questions and statements received in line with the council's rules for public participation will be published as a supplement to the agenda.
- All questions, statements and responses will be published in full within the minutes of the meeting.

5. MINUTES OF THE AUDIT & GOVERNANCE SUB-COMMITTEE

To note the minutes of the Audit & Governance Hearing Sub-committee (if any meetings have been held).

6. RISK MANAGEMENT UPDATE

13 - 22

To receive a report by Marc Eyre, Service Manager for Assurance.

7. REPORT OF INTERNAL AUDIT ACTIVITY PROGRESS REPORT 2023/24- DECEMBER 2023

23 - 34

To receive a report by Sally White, Assistant Director for SWAP

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|------------|---|---------|
| 8. | USE OF AUTHORISED COVERT SURVEILLANCE | 35 - 56 |
| | To receive a report by Marc Eyre, Service Manager for Assurance. | |
| 9. | MANAGING UNREASONABLE CUSTOMER BEHAVIOUR
PROTOCOL | 57 - 70 |
| | To receive a report by Marc Eyre, Service Manager for Assurance. | |
| 10. | WORK PROGRAMME | 71 - 72 |
| | To consider the Work Programme for the Committee. | |
| 11. | URGENT ITEMS | |
| | To consider any items of business which the Chairman has had prior notification and considers to be urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The reason for the urgency shall be recorded in the minutes. | |
| 12. | EXEMPT BUSINESS | |
| | There are no exempt items scheduled for this meeting. | |

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AUDIT AND GOVERNANCE COMMITTEE

MINUTES OF MEETING HELD ON MONDAY 13 NOVEMBER 2023

Present: Cllrs Richard Biggs (Chairman), Susan Cocking (Vice-Chairman), Belinda Bawden, Barry Goringe, David Gray, Bill Trite and Pauline Batstone

Also Present: Cllrs Val Potheary and Jane Somper.

Officers present (for all or part of the meeting):

David Bonner (Service Manager for Business Intelligence and Performance), Aidan Dunn (Executive Director - Corporate Development S151), Marc Eyre (Service Manager for Assurance), Heather Lappin (Head of Strategic Finance), Jonathan Mair (Director of Legal and Democratic and Monitoring Officer), John Miles (Democratic Services Officer), Sally White (Assistant Director SWAP), Matthew Piles (Corporate Director - Economic Growth and Infrastructure), Jonathan Price (Corporate Director for Commissioning), Elaine Tibble (Senior Democratic Services Officer), Jacqui Andrews (Service Manager for Democratic and Electoral Services) and David Wilkes (Service Manager for Treasury and Investments)

Officers present remotely (for all or part of the meeting):

Sean Cremer (Corporate Director for Finance and Commercial), Angela Hooper (Principal Auditor SWAP) and Andrew Billany (Corporate Director for Housing)

36. Apologies

An apology for absence was received from Cllr Robin Legg.

37. Minutes

The minutes of the meeting held on 25th September 2023 were confirmed and signed.

38. Declarations of Interest

No declarations of disclosable pecuniary interests were made at the meeting.

39. Public Participation

There was no public participation.

40. Minutes of the Audit & Governance Sub-committee

There were no meetings held.

41. Treasury Management Mid-Year Update

The Service Manager for Treasury and Investment introduced the report. He informed the committee of the headlines such as, the total external borrowing, the total interest paid and £40 million of borrowing matured in the first 6 months of the year. The total interest paid servicing debt for the year was forecasted to be £8.5 million which was a million pounds less than the budget of £9.5 Million. This was because there had been a delay on taking out new borrowing which had been offset as interest rates would be higher than anticipated.

He covered the main external factors influencing the treasury management activity which was high inflation and subsequent interest rate rises. Interest rates were expected to now plateau and then start falling back gradually during summer and autumn next year. Net borrowing was predicted to increase for the second part of the year because of the profile of the Council's cashflows – for example car parking revenue was higher in the summer months and the government grants were usually received in advance of spend.

The Executive Director for Corporate Development responded to Cllr Grey's question regarding what needed to be changed to achieve the Capital Programme. He told the committee that Dorset Council had struggled with its Capital Programme over the past few years which led to a review last March which removed a number of items. Overambition and the inability to deliver given the current economic crisis in terms of construction and resources available. There had been increased monitoring of each scheme during the last 6 months and an update would be provided in the next Quarterly Finance Report.

Noted

42. Quarter 2 Financial Management Report 2023/24

The Corporate Director of Finance and Commercial introduced the Report. He went through the headlines of the paper and the service specifics such as, the council's overall revenue forecast was for a £12 million overspend which had worsened since quarter 1 and 2. The current overspend would result in the use of reserves, subject to any further mitigation identified throughout the year. In terms of capital, there had been a reprofiling exercise to look at the capital budget and profile spend.

The Corporate Director for Economic Growth and Infrastructure informed that the SEND reform in 2014-15 meant that transport costs had increased by 8% year by year and Place budget had only increased by 3% year by year. Other challenges involved shortage of drivers due to COVID, higher fuel costs and inflation, which were also national issues. SWAP had carried out an Audit of home to school transport to reassure people that place was robust in contracts, markets, and placements. A transformation program had started and additional resource to help review individual cases. There needed to be better forecasting and modelling for parking. As income for car parks were over forecasted. The new fees and charges for planning would increase revenue by 30%.

The Executive Director for Corporate Development added that spend was being contained where possible for this financial year by vacancy management, reducing the number of consultants, agency workers and non-essential spend.

The Interim Corporate Director for Commissioning informed that the strategy over the past couple of years had been to work on suppressing or delaying demand and increased or decreased expenditure was heavily scrutinised. The budget strategy for adults was underpinned by the transformation plan which focused on demand management and commission care costs, which helped to balance pressures. There was a slight overspend on the adult care purchasing budget at 0.9% and tighter recruitment controls had been implemented.

The Corporate Director for Housing made the committee aware of the triple pressure of demand rising by around 20% from people coming to the service as homeless or potentially homeless. He highlighted some of the pressures such as, rents were rising above inflation, local costs were increasing, availability of housing were decreasing. He added that prevention was the key in reducing homelessness and the types of prevention which range from preventing a landlord evicting someone, working with families to re-unite individuals with their parents if they had been thrown out, finding the right temporary accommodation and making the best of the social housing stock. The main burden on finances was the expensive temporary accommodation.

The Corporate Director for Care and Protection identified the three key areas of pressure were children in care placement budget, spend on unaccompanied asylum-seeking children and spend on children with a disability. The biggest area of spend was the children in care placement budget and children in care population continued to be reduced. There had been more early support work carried out with families, less children in need status and children subject to child protection plans.

Noted

43. Review of Timing of Committee Meetings

A Task and Finish Group was established to review the time of committee meetings at Dorset Council and to consider whether holding some of the council's committee meetings in the evenings would enable more councillors to attend meetings, attract more people to stand for election and whether it would enable more members of the public to participate at committees.

Cllr Biggs informed that the proposal was to stand by the A, B, C, D and E recommendations. As it provided the opportunity for working members to attend at least one committee in the evenings. It would also make it easier for members to travel around the county especially during the winter.

Recommendation to Full Council

That council approves the recommendations of the Task & Finish Group, taking into account the results of the members survey, in respect of the following timings in preparation for the Calendar of Meetings 2024/25:

- a. During the period of British Summer Time, Full Council meetings will be held at 6.30pm. (April, May, July & October)

- b. During the period of Greenwich Mean Time, Full Council meetings will be held at 2pm. (December & February)
- c. During the period of British Summer Time, Cabinet will be held at 6.30pm. (April, May, June, July, September, October)
- d. During the period of Greenwich Mean Time Cabinet will be held at 2pm. (November, December, January, March)
- e. That all meetings of Audit & Governance Committee will be held at 6.30pm.

Reason for Decision

To respond to a request to review the timing of meetings prior to the Dorset Council elections in May 2024 and to put into place proper arrangements for council committee meetings.

44. Flexibility to Hold Virtual Licensing Sub-Committees

The Service Manager for Democratic and Electoral Services introduced the report. Unlike the local government act 1972 which required members to be in a physical place, the licensing regulations 2003 allowed virtual licensing sub-committees for many matters which make up the majority of the 30 licensing sub-committees each year. The report sought for a recommendation to Full Council to provide the sub-committee with the flexibility to hold meetings virtually where appropriate.

Cllr Cocking informed that she had attended many licensing sub-committees and fully supported the application as members were often called in at short notice, there were many meetings and that it would be a good use of councillor and officer time. However, there were some big cases where it would be favourable to hold meetings in person.

Cllr Biggs raised concerns regarding if virtual licensing sub-committees' would work for the public and enquired about cost savings.

There would be about £30 in cost savings for travel.

Cllr Trite informed that communication was more than disembodied voices and that there was a limiting factor with virtual meetings in regards, to the quality of decisions. He highlighted that communication could suffer as a result of meetings being held virtually.

Cllr Biggs noted the concerns and raised that this needed to be kept under review and if there was evidence for decision making hindered by virtual meetings then the matter would be revisited.

Recommendation to Full Council

1. That Council is asked to approve a 12-month trial period to give the Licensing Sub-committee the flexibility to meet virtually when appropriate to do so; and delegates to the Licensing Committee the authority to take a decision on whether this flexibility should continue and be made a permanent arrangement.
2. That delegation is given to the Director of Legal & Democratic (Monitoring Officer), to approve the virtual meeting protocol after consultation with the Chairman of the Licensing Committee and the Executive Director for Place.

Reason for Decision

There are numerous benefits of holding meetings virtually, including savings on officer, member and attendees travelling time, staff resources for running committee meetings and travel costs.

45. **Honorary Alderman of the Dorset Council Area**

The Service Manager for Democratic and Electoral Services introduced the report. To recognise and celebrate the contributions made by former councillors and to raise the profile of the important work that members do in their communities. Any councillor would have ordinarily been in office for 16 years. The proposed criteria were that the retired member must have made an outstanding contribution in their role as an elected member.

Cllr Batstone supported the principle of recognition and raised concern about the cost of the badges supplied.

Cllr Trite informed that the council should have the power and right to make this kind of recognition when they see fit and supported that there should be a high bar.

Proposed by Cllr Trite, seconded by Cllr Batstone.

On being put to the vote the amendment was CARRIED.

Recommendation to Full Council

To recommend that Full Council agrees to amend the Constitution to include the criteria and process for awarding the title of Honorary Alderman of the Dorset Council area to former members of Dorset Council.

Reason for Decision

Being able to confer an honorary title on a former member of the Council is an important step. It will enable the Council to recognise and celebrate the contribution made by those former councillors whose successors believe them to have made an outstanding contribution.

46. **Constitutional Update**

The Director for Legal and Democratic gave an update on 4 consequential changes to the constitution.

The first change related to petition scheme: The Council had recently its first 5000 signature petition (relating to car parking in Weymouth). There had been some consequential changes coming out of our practical experience of operating the procedure but there were no changes to the substance and the threshold number of signatures to get a petition in front of Full Council.

The Second related to the terms of reference of the Strategic and Technical Planning Committee. At the to the terms of reference of the committee include proposals for energy production of 5 MW or greater. This excludes energy storage which is becoming increasingly significant in Dorset and so with the support of the portfolio holder and the chair of the Strategic and Technical Planning Committee a small change has been made to the terms of reference of the Committee to include energy storage as well as production.

The Third change related to the Health and Wellbeing Board, to reflect the role that the Board had taken on as the Strategic Board for the Place Based Partnership as part of the Integrated Care System. There was also a consequential change to membership to reflect the abolition of the Clinical Commissioning Group and its replacement with the Integrated Care Board.

The Fourth related to the terms of reference of the Joint Achieve Board with BCP Council where the Terms of Reference Board had been changed to reflect a new archive service agreement between the two councils.

Noted

47. Work Programme

There were no comments.

48. Urgent items

There were no urgent items.

49. Exempt Business

Decision

That the press and the public be excluded for the following item(s) in view of the likely disclosure of exempt information within the meaning of paragraph 3 of schedule 12 A to the Local Government Act 1972 (as amended).

There was no exempt business.

Duration of meeting: 11.00 am - 12.43 pm

Chairman

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Audit and Governance Committee

15 January 2024

Risk Management Update

For Review and Consultation

Portfolio Holder: Cllr S Flower, Leader of the Council

Executive Director: J Mair, Corporate Director, Legal & Democratic

Report Author: Marc Eyre
Title: Service Manager for Assurance
Tel: 01305 224358
Email: marc.eyre@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary: The continual development and promotion of risk management will ensure that Dorset Council remains well placed to demonstrate that objective and informed decisions are taken. The Senior Leadership Team own strategic risk management, with an agreed risk management framework and appetite statement both of which set out the Councils commitment. The focus of this report is to provide an overview of the highest level risks identified within the service risk registers.

Recommendation: That Audit and Governance Committee note the key risks identified in the risk registers, with escalation to Scrutiny Committees where appropriate.

Reason for Recommendation: To ensure that the Council's risk management methodologies remain current, proportionate, and effective in enabling risk informed decisions to be made.

1. **Report**

- 1.1 A [PowerBI dashboard](#) has been developed by colleagues within the Business and Intelligence team that helps to present improved graphical focus and accessible information surrounding risk management across directorates and teams.
- 1.2 There are ten strategic risk themes informed by operational service level risks owned by Heads of Service and Service Managers.

Current Risk Themes	
Communities	Political & Leadership
Compliance	Safeguarding
Digital & Technology	Service Delivery
Finance	Transformation
Health, Safety & Wellbeing	Workforce

- 1.3 Councillors can view the full schedule of risks by theme from [this link](#).
- 1.4 Both the People and Health Scrutiny Committee and Place and Resources Scrutiny Committee consider the detail of individual risks. The role of Audit and Governance Committee is to satisfy itself over the adequacy of the risk management framework.
- 1.5 As reported at previous meetings, an action plan has been developed to respond to recommendations from the South West Audit Partnership review of the Council’s risk management arrangements. This report recognised that the Council has developed and refined a functional system of risk management between officers and elected members, and that stakeholders cited the support provided positively. However, it was recognised that further work was necessary to embed risk management across services, which presented resourcing challenges.
- 1.6 The Risk Management and Reporting Officer commenced duties at the beginning of December 2023. The risk management function has now therefore transferred across from the Assurance Service to the Business Intelligence and Performance team. There will be a period of induction

and training whilst this service transitions across, but work can now commence on the key actions identified within the SWAP report, including:

- A review of the Council's risk appetite (post elections);
- Reviewing and rolling out further training for risk owners;
- Enabling a process of peer challenge of risk scoring;
- Ensuring a consistent process of review and challenge across all Directorates.

1.7 It was highlighted to members that, with the absence of a dedicated risk management resource since June, there had been a higher proportion of risks that have not been reviewed within target timescales. The responsibility for update rests with individual risk owners rather than the risk function, but this demonstrates the need for regular prompts and challenge. Reviews remain significantly behind target this quarter, but it is anticipated that with risk resource now in place, we will begin to see an improvement in updates over coming months.

2. Financial Implications

No budget implications specifically, although unmanaged risks may pose a threat to the Council's financial stability. Identified risk improvement measures may also have direct budget implications, each of which need to be subject to a cost/benefit analysis prior to implementation.

3. Climate Implications

None specifically, however the risk register itself identifies several climate related risks.

4. Well-being and Health Implications

Health, safety, and wellbeing is identified as one of our corporate risk themes.

5. Other Implications

None

6. Risk Assessment

Having considered the risks associated with this decision; the level of risk has been identified as:

Current Risk: HIGH

Residual Risk: HIGH

The risk level is identified as High as Appendix A provides an update on those Extreme level risks which are currently identified within the Council's risk register.

7. Equalities Impact Assessment

None specifically, however the risk register itself identifies several equality related risks.

8. Appendices

Appendix A - Summary of Extreme Risks

9. Background Paper

None

Audit and Governance Committee

15 January 2024



Risk Management Exception - Quarterly Update Report

Extreme Risks

As at 27 December 2023

Impact	Catastrophic	5	10	15	20	25
	Major	4	8	12	16	20
	Moderate	3	6	9	12	15
	Slight	2	4	6	8	10
	Limited	1	2	3	4	5
		Very Unlikely	Unlikely	Possible	Likely	Certain
Likelihood						

Assessing Likelihood

In assessing likelihood, the following 1 to 5 scoring system is to be followed:

Likelihood	Certain Score 5	Reasonable to expect that the event WILL happen, recur, possibly or frequently
	Likely Score 4	Event is MORE THAN LIKELY to occur. Will Probably happen, recur, but is not a persisting issue.
	Possible Score 3	LITTLE LIKELIHOOD of event occurring. It might happen or recur occasionally.
	Unlikely Score 2	Event NOT EXPECTED. Do not expect it to happen or recur, but it is possible that it might do so.
	Very Unlikely Score 1	EXCEPTIONAL event. This will probably never happen or recur.

Assessing Impact

In assessing Impact, the following 1 to 5 scoring system is to be followed:

Impact	Catastrophic Score 5	Multiple deaths of employees or those in the Council's care; Inability to function effectively, Council-wide; Will lead to resignation of Chief Executive and/or Leader; Corporate Manslaughter charges; Service delivery must be taken over by Central Government; Front page news story in National Press; Financial loss over £10m
	Major Score 4	Suspicious death in Council's care; Major disruption to Council's critical services for more than 48hrs; Noticeable impact achieving strategic objectives; Will lead to resignation of Senior Officers and/or Cabinet Member; Adverse coverage in National press/Front page news locally; Financial loss £5m-£10m
	Moderate Score 3	Serious Injury to employees or those in the Council's care; Disruption to one critical Council Service for more than 48hrs; Will lead to resignation of Head of Service/Project Manager; Adverse coverage in local press; Financial loss £1m-£5m
	Slight Score 2	Minor Injury to employees or those in the Council's care; Manageable disruption to services; Disciplinary action against employee; Financial loss £100k-£1m
	Limited Score 1	Day-to-day operational problems; Financial loss less than £100k

- The full Services Risk Register can be viewed from this link [HERE](#)
- And the PowerBI risk dashboard from [HERE](#)

OVERALL RISK SUMMARY – As at 27 December 2023

Impact	Likelihood					58% Overdue Review
	Very unlikely	Unlikely	Possible	Likely	Certain	
Catastrophic	0	6	8	3	1	
Major	3	48	21	21	0	
Moderate	12	49	90	15	0	
Slight	2	82	19	7	2	
Limited	1	1	0	1	0	

People Directorate for [Adults and Housing](#)

Impact	Likelihood					58% Overdue Review
	Very unlikely	Unlikely	Possible	Likely	Certain	
Catastrophic	0	0	0	0	0	
Major	0	0	3	2	0	
Moderate	2	10	9	2	0	
Slight	1	7	0	3	0	
Limited	0	0	0	0	0	

Adults and Housing Extreme Risks - None

People Directorate for [Children's Services](#)

Impact	Likelihood					23% Overdue Review
	Very unlikely	Unlikely	Possible	Likely	Certain	
Catastrophic	0	1	1	1	0	
Major	0	3	4	1	0	
Moderate	0	2	3	1	0	
Slight	0	4	2	2	0	
Limited	0	1	0	0	0	

Children's Services Extreme Risks

[Schools & Learning](#)

- Risk 272 - Failure to stabilise the budget for the High Needs Block

Public Health

Impact	Likelihood					29% Overdue Review
	Very unlikely	Unlikely	Possible	Likely	Certain	
Catastrophic	0	0	0	0	0	
Major	0	0	0	0	0	
Moderate	0	0	5	1	0	
Slight	0	1	0	0	0	
Limited	0	0	0	0	0	

Public Health Extreme Risks - None

Corporate Services

Impact	Likelihood					42% Overdue Review
	Very unlikely	Unlikely	Possible	Likely	Certain	
Catastrophic	0	0	1	2	0	
Major	0	17	6	4	0	
Moderate	1	9	38	8	0	
Slight	0	41	11	2	0	
Limited	1	0	0	0	0	

Corporate Services Extreme Risks

ICT Operations

- Risk 286 - Loss of ICT service or data through a cyber-attack
- Risk 348 - There is a business continuity risk from delayed ICT recovery after a disruption such as a power failure.

Place Directorate

		Likelihood					77% Overdue Review
		Very unlikely	Unlikely	Possible	Likely	Certain	
Impact	Catastrophic	0	5	6	0	1	
	Major	3	27	8	14	0	
	Moderate	9	28	35	3	0	
	Slight	1	28	6	0	2	
	Limited	0	0	0	1	0	

Place Extreme Risks

Assets & Regeneration

- Risks 703 – Failure to identify and manage any Radon exposure across the Dorset Council property estate

Dorset Council

Report of Internal Audit Activity

Progress Report 2023/24 – December 2023

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Agenda Item 7

Executive Summary

As part of our update reports, we will provide an ongoing opinion to support our end of year annual opinion.

We will also provide details of any significant risks that we have identified in our work, along with the progress of mitigating previously identified significant risks.

The contacts at SWAP in connection with this report are:

Sally White Assistant Director
Tel: 07820312469
sally.white@swapaudit.co.uk

Angie Hooper Principal Auditor
Tel: 07536453271
angela.hooper@swapaudit.co.uk

SWAP is an internal audit partnership covering 26 organisations. Dorset Council is a part-owner of SWAP, and we provide the internal audit service to the Council.



Audit Opinion, Significant Risks, and Audit Follow Up Work

Audit Opinion:

This is our third update report for 2023/24 financial year.

Our live Rolling Plan dashboard available through our audit management system AuditBoard [AuditBoard | Login \(auditboardapp.com\)](#), and specifically the Audit Coverage (*which can be found on the first tab of the dashboard or on page 3 below*), reflects the outcomes of recent reviews completed. Based on these recent reviews, we recognise that generally risks are well managed. We have identified some gaps, weaknesses and areas of non-compliance however, we have reasonable to high levels of confidence that the agreed actions will be implemented and as such are able to offer a **reasonable opinion**.

Since our last progress report in September 2023, we have issued **three Limited** assurance opinions on the areas and activities we have been auditing. Further details on this can be found on pages 7 to 9 below. Agreed action plans are in place to improve internal controls in these areas, which we will follow up through our usual processes.

In order to provide more up to date information, we will shortly be introducing an enhancement to the rolling plan dashboard where we will be including links to final one-page reports from the Completed tab.

Significant Corporate Risks

Update on Response to Climate Emergency

Due to the nature of the actions, long implementation dates were agreed with the majority not due until 2024/25, so we will undertake another formal follow up in early 2024 to allow the actions to become embedded.

Update on Premises related Health and Safety

In July, we reported that seven actions were still outstanding and that revised implementation dates had been agreed for the end of September and end of December. We have undertaken a further follow up and can report that four of those actions have been completed with revised implementation dates for the remaining three of end of February and end of March 2024. Whilst it is taking longer to implement actions than was originally

Executive Summary

For further details see:
<https://www.swapaudit.co.uk/>

estimated, work is in progress to address all actions and the appointment of a new Compliance team has had a significant impact on implementation. The follow up report can be found on page 10.

Follow Up of Agreed Audit Actions

The number of outstanding audit actions has increased from 13 reported as at 29/08/23 to 23 as at 03/01/24. It is disappointing to see that the numbers are increasing, but we are in contact with officers to ensure that actions are implemented in a timely way and have agreed revised implementation dates for the majority of these actions. The usual performance graphs on implementation of audit actions can be found on page 4 below and as always, further details on outstanding actions can be found by viewing the follow up **Action Tracker** which is stored in the Audit Teams channel and can be viewed by clicking on [this link](#).

Internal Audit Plan Progress 2023/24

Our audit plan coverage assessment is designed to provide an indication of whether we have provided sufficient, independent assurance to monitor the organisation's risk profile effectively.

For those areas where no audit coverage is planned, assurance should be sought from other sources to provide a holistic picture of assurance against key risks.



SWAP Internal Audit Plan Coverage

The table below, captures our audit coverage, mapped against the Authority's corporate risk themes since November 2022 when we started using our audit management system, AuditBoard. Furthermore, we have then overlaid the audit assurance outcomes of those risk areas that we have reviewed. As you will see we have provided some level of recent audit work across all but one of the areas of the corporate risk themes. We are working with Corporate Directors to ensure that our work covers all risk themes. It is possible on the dashboard to also view coverage of our recent audit work mapped by Corporate Priorities, Directorates, SWAP Top 10 Risk Themes, and Core Areas of Recommended Assurance. The audits that make up the coverage can be viewed by right clicking in the coverage cell, select drill through and audit details.

Strategic Risk	Coverage (Completed Audits)	Average Opinion of Completed Audits
DC R01 - Finance	Good	Reasonable
DC R02 - Compliance	Some	Reasonable
DC R03 - Health, Safety, Wellbeing	Some	Reasonable
DC R04 - Communities	Some	Reasonable
DC R05 - Digital & Technology	Some	Reasonable
DC R06 - Safeguarding	In Progress	
DC R07 - Transformation	Some	Non Opinion Audits
DC R08 - Workforce	Some	Limited
DC R09 - Political & Leadership	Some	Limited
DC R10 - Service Delivery	Good	Limited

Coverage	Description
Good	Good audit coverage completed
Adequate	Adequate audit coverage completed
Some	Some aspects of audit coverage completed
In Progress	Some aspects of audit coverage in progress
None	No audit coverage to date

Assurance	Description
Substantial	Sound system of governance, risk management and controls exist
Reasonable	Generally sound system of governance, risk management and control in place
Limited	Significant gaps, weaknesses or non-compliance were identified
No Assurance	Fundamental gaps, weaknesses or non-compliance identified

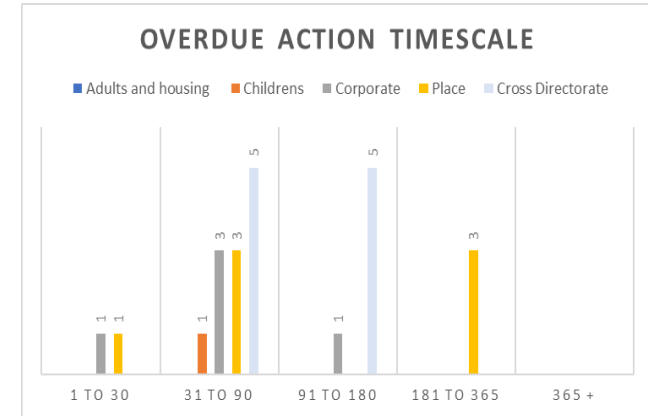
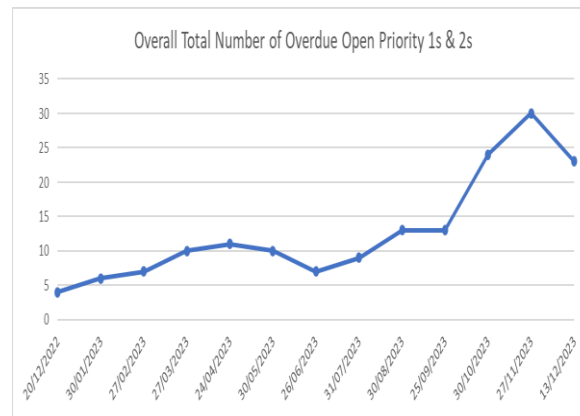
Internal Audit Plan Progress 2023/24

We review our performance to ensure that our work meets our clients' expectations and that we are delivering value to the organisation.

SWAP Performance Measures

Performance Measure	Performance
<p>Overall Client Satisfaction <i>(Did our work meet or exceed expectations, when looking at our Communication, Auditor Professionalism and Competence, and Value to the Organisation)</i></p>	100%
<p>Value to the Organisation <i>(Client view of whether our audit work met or exceeded expectations, in terms of value to their area)</i></p>	100%

Outcomes from Follow Up Audit Work



Long overdue actions could have revised implementation dates, however our metric is measured from the original agreed date.

Added Value

‘Extra feature(s) of an item of interest (product, service, person etc.) that go beyond the standard expectations and provide something more while adding little or nothing to its cost.’



Added Value

Cifas

The use of the Cifas data sharing service continues to bring benefits. Since our last update Licensing are now being run through the database. We are progressing Adults micro providers, existing Adults high-risk contracts, Financial Agents and Power of Attorneys, and housing register applications. Previously agreed areas continue to be run through the database with matches being identified and action taken where necessary.

A potential agency worker has recently been refused employment due to the results from a match on the database. The Council had also recently become aware of an employee that was working polygamously and whilst this was not identified through Cifas, the individual will be filed on the database as a fraud.

Data Analytics

Data analytics, which has been used to inform audit findings and to provide additional insight has been undertaken for the Use of Consultants and Temporary Staff and Payroll Continuous Audits. We have also undertaken a benchmarking exercise for the Hearing & Vision Shared Service.

Newsletters and updates

SWAP regularly produces a newsletter and other relevant updates for partners such as fraud bulletins, which provide information on topical issues of interest.

The role of SWAP as the internal auditors for Dorset Council is to provide independent assurance that the Council’s risk management, governance and internal control processes are operating effectively. In order for senior management and members to be able to appreciate the implications of the assurance provided within an audit report, SWAP provide an assurance opinion. The four opinion ratings are defined as follows:

Assurance Definitions	
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.
Limited	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited
Reasonable	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Substantial	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.

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In addition to the assurance definitions above we also provide an ‘**assurance dial**’ which indicates on a range of high medium or low where within the range of that assurance a particular audit assurance sits.



As can be seen in this example the assurance provided is low limited as the dial is sitting on the lower end of the limited scale. It could equally have been a medium limited assurance where the dial sits midway or high limited when it is sitting at the upper end close to the reasonable assurance.

The Committee is able to view a record of all internal audit work on the Rolling Plan dashboard held in AuditBoard, including work in progress and all completed work that would have previously been reported to the Committee in a table form. To provide the Committee with additional insight we include our one-page audit report in full for Limited assurance audits.

SEND Transport – Final Report – September 2023



Audit Objective

To review the effectiveness of controls and processes for the commissioning, review and monitoring of SEND Transport.

Assurance Opinion	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Number of Actions	
		Priority	Number
		Priority 1	0
		Priority 2	7
		Priority 3	4
		Total	11

Risks Reviewed	Assessment
The commissioning of SEND Transport is not efficient or cost effective resulting in poor value for money for the Council and overspent budgets.	Medium

Key Findings	
	Increased demand for SEND transport and high inflation has created significant additional costs. The Home to School Transport policy includes provisions for "exceptional circumstances" and "transitional" timetables however, these are non-statutory provisions and some of the policy wording is ambiguous. Given the budgetary challenges, management should consider if it is sustainable to continue offering non-statutory services in their current form.
	The SEND Scheme of Delegation (SoD) provides a framework for assessing Educational, Health and Care needs and also the financial protocols for approving SEND placements for children. The cost of SEND transport is not included in this framework, therefore when Panels make placement decisions the total cost of the package to the local authority is not considered. The SoD should be reviewed to include SEND Transport.
	There are no KPIs to inform management how well the process for placing children on transport routes is working, and there is no audit trail to demonstrate how a selected route was deemed the best fit for a particular child. Given the limited availability of documentation or supporting evidence, Internal Audit cannot say with certainty that SEND children are always placed on the best or most efficient transport route. Confirmation should be obtained that the new system will provide an audit trail and demonstrate route optimisation.
	Travel routes are reviewed when they are re-tendered however, there is no annual review of each route, or review of the needs of individual children placed on the route. A review process should be implemented to ensure that the children are on either; the most efficient, most cost effective, or most beneficial route for their specific needs. Similarly, Education and Healthcare Plans (EHCP) are reviewed on an annual basis, and whilst this considers educational needs it does not include a review of travel requirements. Management should consider whether a more joined up review process is required.

Audit Scope
The following aspects were reviewed during the audit fieldwork:
<ul style="list-style-type: none"> • Policies and the commissioning process in Dorset Travel, including the use of frameworks and Dynamic Purchasing System. • At what stage in the SEND process travel needs are considered and the 'hand off' between Children's Services and Dorset Travel. • The processes and governance in place for approving and reviewing travel needs. • How and at what stage Personal Travel Budgets are offered to parents. • Forecasting, monitoring and management oversight of budgets.

Next Steps
Throughout the audit fieldwork, we briefed senior management on our findings. 11 actions have been agreed with management that once implemented should lead to improvements in the control environment.

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Use of Consultants and Temporary Staff – Final Report – November 2023

Audit Objective

To provide assurance that consultants and temporary staff are employed in a cost-effective way to ensure a right sized, and right skilled workforce exists to support the Council's Aims and Objectives and Corporate Priorities.

Assurance Opinion	Number of Actions	Risks Reviewed	Assessment
<p>Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.</p>	Priority 1	0	<p>Appointment, performance and outputs of consultants and temporary staff is not being effectively monitored leading to contracted service or deliverables not being met. This results in a lack of value for money and retained skills for the Council.</p> <p>Medium</p>
	Priority 2	6	
	Priority 3	1	
	Total	7	

Key Findings

	There is currently no requirement for hiring managers to carry out regular reviews for long term temporary engagements. While these reviews may happen informally, there is no strategic oversight to ensure these reviews take place and for the results to be analysed. The Council are currently spending £15m a year on temporary staff. The average number of days for the engagement of temporary staff is 376 days, with the longest 1,811 days. Further analysis has been provided to the service.
	The Council currently manually reports non-compliant spend against the Commensura contract, management information from Comensura and an update of providers. The purpose of these reports is viewed differently by the recipients, with some using them for information only and others acting upon them. SLT requested some Key Performance Indicators and whilst these have been agreed they are not being reported upon.
	The four directorates have different processes in place for the engagement, extensions, monitoring and reporting of temporary staff. A standard approach across all directorates would enable the council to maintain a consistent oversight.
	There are controls in place when the council engages with consultants. This includes the need for the hiring manager to obtain sign off from both Finance and Procurement before awarding a contract. All contracts are by 'pay on milestone completion'.

Audit Scope

We have reviewed the following:-

- Appointments of consultants and temporary staff reviewing either the statement of works and / or decisions made for their appointment.
- Review of the workforce plan against arrangements to ensure alternative ways of working were considered before the appointment of consultants or temporary staff.
- Review of the longer-term appointments to ascertain reasons as to why there is not a permanent member of staff in the role.
- Ensuring that there is a transfer of knowledge and skills to the existing workforce for future service delivery by Dorset Council.
- Reporting and performance monitoring of both the positions and financial cost to the Council.
- Whilst this is not an IR35 audit, the implications of the IR35 legislation have been considered for any positions reviewed during the audit.

NOTE: Agency data from Place Directorate was not received so no testing has been undertaken for this.

Summary

All findings and agreed actions are contained in an action plan. The council is currently undertaking a new joint venture which will be starting in April 2024 which will support the Council when engaging with temporary staff, therefore the implementation dates have been aligned with the start of the new joint venture. There is also further data analysis of current temporary staff spend which has been shared with management.

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Joint Funding Arrangements – Final Report – December 2023



Audit Objective

To provide assurance that the Council has a robust framework in place for seeking reimbursement of funding from Health partners for health and medical elements of SEND packages.

Assurance Opinion	Number of Actions	
		Priority
<p>Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.</p>	Priority 1	0
	Priority 2	5
	Priority 3	0
	Total	5

Risks Reviewed	Assessment
Lack of effective procedures in place to identify children who are eligible for funding from Health partners to meet certain health or medical needs leading to non-receipt of funds resulting in overspent budgets and poor value for money for the Council.	Medium

Key Findings	
	The system in place to identify when a child may be eligible for health funding requires strengthening and the pathway for such children is not clear. To assist Provision Leads and other non-health professionals with identifying eligible children, the work already commenced on developing documentation including a checklist should be completed and the pathway for eligible children should be defined, including the decision-making process and relevant Panels involved. The work to retrospectively seek funding for specific cases should be continued and expanded to include all cases above a defined threshold or monetary value to establish whether there is a potential health need and therefore potential funding.
	There is no central record of potentially eligible children which is a result of the different cohorts mentioned above. A tracker spreadsheet is in place, but it is not well maintained which makes tracking and monitoring activities difficult. An automated system for Panel decisions is currently being devised and this should include a mechanism for recording, tracking and monitoring cases together with reporting capabilities to relevant directorate leadership group(s).
	There is no formal procedure in place for handling cases where the funding requested from the Council to Health partners is in dispute. The Joint Funding Policy that is currently being drafted should include the process for handling such cases.

Audit Scope
<p>We have reviewed the following:</p> <ul style="list-style-type: none"> The policies and framework in place that identify children with SEND eligible for health funding, including decision-making processes at Panels The invoicing and monitoring of funds received from Health partners How disputes regarding funding are handled How reviews of funding packages are undertaken Oversight by senior management <p>Please note that it was not possible to undertake sample testing because there is no central record of potentially eligible children in place. The invoicing process was not reviewed because this forms part of the work being undertaken by the Interim Integrated Commissioning Lead.</p>

Summary

It should be noted that the Council had already recognised that the current arrangements with Health partners were not working well and therefore had engaged the Interim Integrated Commissioning Lead to undertake a piece of work, liaising with Health colleagues, to identify where improvements could be made. The five actions that have been agreed acknowledge this and should link in with this work.

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Premises Health and Safety Further Follow Up Review – Final Report - December 2023



Follow Up Audit Objective

To provide assurance that agreed actions to mitigate against risk exposure identified within the 2022/23 Limited opinion audit of Premises Related Health and Safety report have been implemented.

Follow Up Progress Summary				
	Complete	In Progress	Not Started	Summary
Priority 1	1	1	0	2
Priority 2	4	2	0	6
Priority 3	1	0	0	1
Total	6	3	0	9

Follow Up Assessment

The original audit was completed and reported in September 2022 and received a Limited assurance opinion. A follow up was carried out in June 2023 where seven actions remained outstanding. This further follow up audit has found that three of the actions are still in progress. This report details the status of the outstanding actions. Key findings have been summarised below.

Follow Up Scope

Testing has been performed in relation to all priority 1 and 2 actions and supporting evidence obtained to support implementation of actions.

Key Findings



Assets & Property have made good progress in continuing to implement the audit actions. Four of the seven outstanding actions have been completed which includes reporting on compliance and breaches to the Health and Safety Compliance Board. There is a system in place for ensuring that there is a proactive risk assessed approach for scheduling all statutory checks across all sites. There is a record held on SharePoint of all of the Premises Responsible Person (PRP) recorded against each asset.

There is work to be completed around the implementation of the Corporate Landlord approach with a policy framework still to be formalised and launched. The outcomes from a review of CPM (TechForge) are expected shortly and this will enable expectations of the use of the system to be clearly set out and communicated. Tenants will be required to complete a declaration of compliance and the process will be set out in a handbook, with monitoring of non-compliance.

Further Follow Up Required

Outstanding actions are due to be implemented by 31st March 2024. A summary of the key findings from our review will be presented to the Audit and Governance Committee on 15th January 2024. Going forward, further follow up work will be carried out during March 2024 to review the progress of the three outstanding actions which will be reported to Audit and Governance Committee in April 2024.

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Audit and Governance Committee

15 January 2024

Use of Authorised Covert Surveillance

For Decision

Portfolio Holder: Cllr S Flower, Leader of the Council

Executive Director: J Mair, Director of Legal & Democratic

Report Author: Marc Eyre
Title: Service Manager for Assurance
Tel: 01305 224358
Email: marc.eyre@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary: The Shaping Dorset Council Shadow Executive approved a policy in March 2019 setting out how Dorset Council will comply with the Regulation of Investigatory Powers Act 2000 (RIPA). This legislation relates to covert surveillance (ie carried out without the knowledge of the individual subject to the surveillance) used for preventing or detecting a criminal offence which would be punishable by a prison sentence of at least twelve months. There is an approval process that needs to be followed when utilising RIPA, including magistrates court sign off.

Use of RIPA is regulated by the Investigatory Powers Commissioners Office. At the last “desktop” inspection, the regulator identified a number of areas within the existing policy that required amendment. The revised policy submitted for approval addresses these issues, ie:

- i) the process that the Council should follow for covert surveillance where RIPA does not apply (referred to as “RIPA light”) (2.6 of the policy);
- ii) a section on use of social media (Section 5);
- iii) clarification of record retention of approvals (2.7; 4.9);
- iv) training arrangements (Section 6); and
- v) reporting arrangements (4.11).

The Council must report annually to the regulator any instances where RIPA has been followed. This has been a nil return since the policy was established in 2019. The Committee will be aware that an Annual Information Governance report is now submitted towards the beginning of each financial year, and this will include any report on use of RIPA and/or RIPA light.

Consultation on the revised policy has included the Strategic Information Governance Board (as well as its standing operational working group), in addition to key services with potential to utilise covert surveillance and legal services.

Recommendation: To approve the revised Use of Authorised Covert Surveillance policy.

Reason for Recommendation: To ensure compliance with RIPA and other associated surveillance legislation.

1. **Financial Implications**

None

2. **Environmental Implications**

None

3. **Well-being and Health Implications**

None

4. **Other Implications**

None

5. **Risk Assessment**

5.1 **HAVING CONSIDERED:** the risks associated with this decision; the level of risk has been identified as:

Current Risk: Low

Residual Risk: Low

6. **Equalities Impact Assessment**

EqIA screening assessment completed ahead of the original policy development in 2019 and concluded that no protected groups were disadvantaged or targeted in any way by this policy.

7. **Appendices**

Use of Authorised Covert Surveillance Policy

Appendix A - Authorisation for Covert Surveillance (RIPA – Light Process)

8. **Background Papers**

[Existing Regulation of Investigatory Powers Act 2000 \(RIPA\) Policy](#)

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Use of Authorised Covert Surveillance



Regulation of Investigatory Powers Act 2000 (RIPA)

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Purpose of the Use of Authorised Covert Surveillance Policy

This policy explains how Dorset Council will manage covert surveillance activity, including how the Council will comply with the Regulation of Investigatory Powers Act 2000 (RIPA) when authorising directed surveillance under Section 28(1) of RIPA, covert human intelligence sources under Section 29(1) of RIPA and obtaining communications data under Section 22(3) and 22(4) of RIPA. It also sets out the procedures to be adopted in compliance with the Investigatory Powers Act (IPA) 2016.

This Policy is supplementary to the relevant provisions of any code of practice issued under RIPA (see [RIPA codes - GOV.UK \(www.gov.uk\)](http://www.gov.uk)) and IPA (see [Investigatory Powers Act 2016 – codes of practice - GOV.UK \(www.gov.uk\)](http://www.gov.uk)). The policy also applies to authorised surveillance not subject to RIPA legislation, but where good practice should be applied to the authorisation process (referred to as “RIPA light”).

This policy is appropriate for all officers involved in any form of surveillance as part of their duties, or for the authorisation of such surveillance. It supersedes the Regulation of Investigatory Powers Act 2000 policy that was approved by Shaping Dorset Council Shadow Executive on 11 March 2019.

1. What is Surveillance?

- 1.1 Surveillance includes monitoring, observing, listening to persons, watching or following their movements, listening to their conversations and other such activities or communications (including within social media). It also includes recording any of the aforementioned activities. It can be ‘overt’ or ‘covert’.
- 1.2 For clarification, covert surveillance is surveillance carried out without the knowledge of the individual subject to the surveillance. Overt surveillance is where the devices used are both visible and obvious.
- 1.3 There are two types of ‘covert’ surveillance. **Directed surveillance** and **intrusive surveillance**.
- 1.4 Directed surveillance is defined as being “covert, but not intrusive, carried out for the purposes of a specific investigation or operation related to preventing or detecting a crime and likely to result in the obtaining of private information about a person or persons”.
- 1.5 Intrusive surveillance meanwhile is covert surveillance that is carried out in relation to anything taking place on residential premises or in any private vehicle (and that involves the presence of an individual on the premises or in the vehicle or is carried out by a means of a surveillance device). Surveillance equipment mounted outside the premises will not be intrusive unless the device consistently provides information of the same quality and detail as might be expected if they were in the premises/vehicle. Intrusive surveillance **cannot** be carried out or approved by the Council. Only the police or other law enforcement agencies



are permitted to use such powers. Likewise, the council has no statutory powers to interfere with private property.

- 1.6 Most of the surveillance carried out by the Council is done overtly – there is nothing secretive or hidden about it. In many cases, officers will be behaving in the same way as a normal member of the public, and/or will be going about Council business openly. Similarly, surveillance will be overt if the subject has been told it will happen (e.g. where a noisy householder is warned that noise will be recorded if it continues). Surveillance is “covert” if, and only if, it is carried out in a manner that is calculated to ensure that persons who are subject to the surveillance are unaware that it is or may be taking place.

2. What Legislation Applies to Surveillance?

2.1 Regulation of Investigatory Powers Act (RIPA) 2000

The Regulation of Investigatory Powers Act (RIPA) was introduced in 2000 to give public authorities a legal framework to follow if they are carrying out covert surveillance. Local authorities have always been able to carry out surveillance - RIPA now regulates that use and provides the council with protection against any breach of Article 8 of the Human Rights Act.

- 2.2 Local authorities are only allowed to carry out surveillance under RIPA for preventing or detecting a criminal offence which would be punishable by a prison sentence of at least twelve months. Currently under RIPA we can only carry out directed covert surveillance.
- 2.3 Before using RIPA we need to show a valid reason for its use and consideration will be given to the use of less intrusive methods first. We also have to obtain magistrate's approval before any surveillance is carried out. As such, the use of activities under RIPA will be as a last resort and the Council will not look to undertake such activities unless absolutely necessary. Authorisations will be undertaken by Authorising Officers as set out in 4.2. The RIPA authorisation forms can be found on the Gov.uk website [RIPA forms - GOV.UK \(www.gov.uk\)](http://www.gov.uk).
- 2.4 If the Authorising Officer is satisfied that the surveillance is necessary and proportionate, they will instruct Legal Services to seek approval from a Justice of the Peace sitting at the Magistrates' Court. Legal Services will request a hearing date from the Court. The time taken to obtain a hearing date from the Court will need to be taken into account when scheduling any proposed surveillance.
- 2.5 At the hearing the Council will provide the Court with a copy of the authorisation signed by the Authorising Officer, together with any supporting documents relevant to the matter showing the necessity and proportionality of the authorisation and which contain all the information relied upon. Also included will be a summary of the circumstances of the case. The hearing will be in private heard by a single Justice of the Peace (Magistrate / District Judge) who will read and consider the application.
- 2.6 Whilst RIPA activities are a last resort, there will be occasions where covert surveillance will be required but where the statutory criteria for a formal RIPA authorisation are not met (for instance, certain trading standards activity; internal audit investigations). In such cases the



Council will adopt an internal authorisation procedure which mirrors the good practice set out in RIPA and the associated codes of practice (defined in this policy as “RIPA light”). This will be subject to a similar authorisation process, but will not require approval of a magistrate. Authorisations will be undertaken by Authorising Officers as set out in 4.2. The “RIPA Light” authorisation form is set out in Appendix A.

2.7 A central record will be maintained of all authorisation forms. As per the Council’s Records Retention policy these will be retained for a period of three years from the cancellation of the authorisation.

2.8 Investigatory Powers Act 2016

Whilst RIPA provides a statutory framework for the authorisation of certain types of covert intelligence, the Investigatory Powers Act 2016 (IPA) sets out the extent to which certain investigatory powers may be used to interfere with privacy. In particular about the interception of communications, equipment interference and the acquisition and retention of communications data.

2.9 The term “communications data” includes the “who”, “when”, “where”, and “how” of a communication rather the content of what was said or written. It includes the way in which, and by what method, a person communicates with another person. It excludes anything within a communication including text, audio and video that reveals the meaning, other than inferred meaning, of the communication. It can however include the address to which a letter is sent, the time and duration of a communication, the telephone number or e-mail address of the originator and recipient, and the location of the device from which the communication was made. It covers electronic communications including internet access, internet telephony, instant messaging and the use of applications. It also includes postal services.

2.10 The acquisition of communications data is permitted under Part 3 of the IPA and will be a justifiable interference with an individual’s human rights under the European Convention on Human Rights only if the conduct being authorised or required to take place is necessary for the purposes of a specific investigation or operation, proportionate and in accordance with law. In such instances, you should make contact with the Senior Responsible Officer (the Director for Legal and Democratic Services).

3. Safeguards

3.1 The Council will apply a presumption in favour of overt investigation methods. So, the Council will always look to investigate matters using a variety of overt investigatory tools, before considering whether the use of these powers is required. Directed surveillance, using covert human intelligence sources or obtaining communications data (collectively described in this policy as “covert surveillance”) will be used only when other reasonable options have been considered, and ruled out.

3.2 The Council will use covert surveillance proportionately. So, the Council will not use covert surveillance to address minor matters, but instead will focus on those issues which are of greatest concern to the community, so, the Council will:

- (a) balance the size and scope of the proposed activity against the gravity and extent of the perceived crime or offence, or disorder;



(b) explain how and why the methods to be adopted will cause the least possible intrusion on the target and others; and

(c) evidence, as far as reasonably practicable, what other methods had been considered and why they were not implemented.

3.3 Without prejudice to paragraph 3.2 no authorisation for the carrying out of directed surveillance will be granted unless the authorisation is “necessary” for the purposes of preventing or detecting crime and in the case of directed surveillance a crime punishable by a maximum term of at least 12 months imprisonment or for the purpose of preventing or detecting certain other specified offences.

3.4 The Council will only use covert surveillance either to obtain evidence that can be presented at court, or where another positive outcome relating to the prevention or detection of crime has been identified, for example through the positive identification of perpetrators.

3.5 In addition, the interception of Council telecommunications will only be carried out in accordance with the Telecommunications (Lawful Business Practice) (Interception of Communications) Regulations 2000 and following procedures agreed by the Director for Legal and Democratic Services in the following circumstances:

- to establish the existence of facts or to ascertain compliance with regulatory or self-regulatory practices (e.g. to keep records of communications where the specific facts are important);
- to check the standards are being achieved or ought to be achieved;
- to prevent or detect crime (e.g. to check that employees or others are not involved in defrauding the Council);
- to investigate or detect unauthorised use of the telecommunications system; or
- to ensure the security of the system and its effective operation.

3.6 Non-compliance with RIPA and IPA may result in a complaint to the Investigatory Powers Commissioners Office and/or the Local Government and Social Care Ombudsman, a compensation claim and ultimately evidence obtained being disallowed by the courts.

4. Responsibilities

4.1 Senior Responsible Officer

The Director for Legal and Democratic (Monitoring Officer) is the senior responsible officer, who is responsible for:



- Maintaining the integrity of RIPA processes within the Council;
- ensuring compliance with the relevant provisions of RIPA and the codes of practice; and
- engaging with the Investigatory Powers Commissioner's Office and overseeing the implementation of post-inspection action plans.
- Reporting annually to the Audit and Governance Committee on the Council's use of RIPA, as part of the Annual Information Governance report.

4.2 Authorising Officers

The Council will ensure that authorising officers are at Service Manager level as a minimum. The following posts have been designated as authorising officers:

- Service Manager for Assurance
- Service Manager for Business Intelligence and Performance
- Service Manager for Democratic and Electoral Services
- Service Manager for Trading Standards

4.3 Where there is the likelihood of confidential information (see 4.4) being obtained, or in the event of absence of the authorising officers set out in 4.2, authorising officers will instead be at Corporate Director level as a minimum. This will avoid any perception that authorising officers are directly involved with the investigations they authorise. Authorising officers will therefore be able to apply more independently reasoned judgment of the issues. In the event that an authorisation under RIPA legislation is required, surveillance cannot be carried out until an order has been made by a Magistrates Court approving that authorisation.

4.4 Confidential Information for these purposes means: i) information that has been provide in confidence, identifies an individual (whether living or dead) and relates to that person's physical or mental health or spiritual counselling; ii) information about confidential discussions between members of Parliament and their constituents; iii) confidential journalistic material; and iv) information to which legal professional privilege attaches.

4.5 The Authorising Officer may authorise renewals and cancellations, and undertake reviews, in relation to any investigation carried out, or proposed to be carried out, by officers. Authorising Officers may not sub-delegate their powers to other officers.

4.6 The Authorising Officer should also carry out the review, renewal and cancellation. If the original Authorising Officer is not available to undertake the review, renewal or cancellation, this can be undertaken by any other Authorising Officer.

4.7 The Executive Directors are responsible for:

- Ensuring all applicants within their service areas are aware of this policy and the requirements of RIPA;



- ensuring all authorising officers within their service areas are trained in RIPA and meet the standards required by the Investigatory Powers Commissioner's Office.

4.8 RIPA Co-ordinating Officer

The **Data Protection Officer** will be the RIPA co-ordinating officer and is responsible for:

- maintaining a central record of authorisations and collate the original applications/authorisations, reviews, renewals and cancellations;
- monitoring the quality of notices and authorisations; and
- ensure an appropriate and proportionate training regime exists.

4.9 Information Asset Owner

The **Service Manager for Assurance** will be the Information Asset Owner for completed authorisations and will ensure that they are retained in accordance with the Council's records retention policy.

4.10 Officers engaged in covert surveillance

All officers engaged in covert surveillance will:

- be familiar with RIPA, the relevant codes of practice and the Investigatory Powers Commissioner's Office procedures and guidance;
- provide the authorising officer with all the information necessary for an informed decision to be made as to whether an authorisation should be granted or cancelled;
- advise the authorising officer as soon as practicable when an operation unexpectedly interferes with the privacy of an individual who is not the subject of the surveillance; and
- cease the use of covert surveillance when it no longer meets the authorisation criteria.

4.11 Audit and Governance Committee

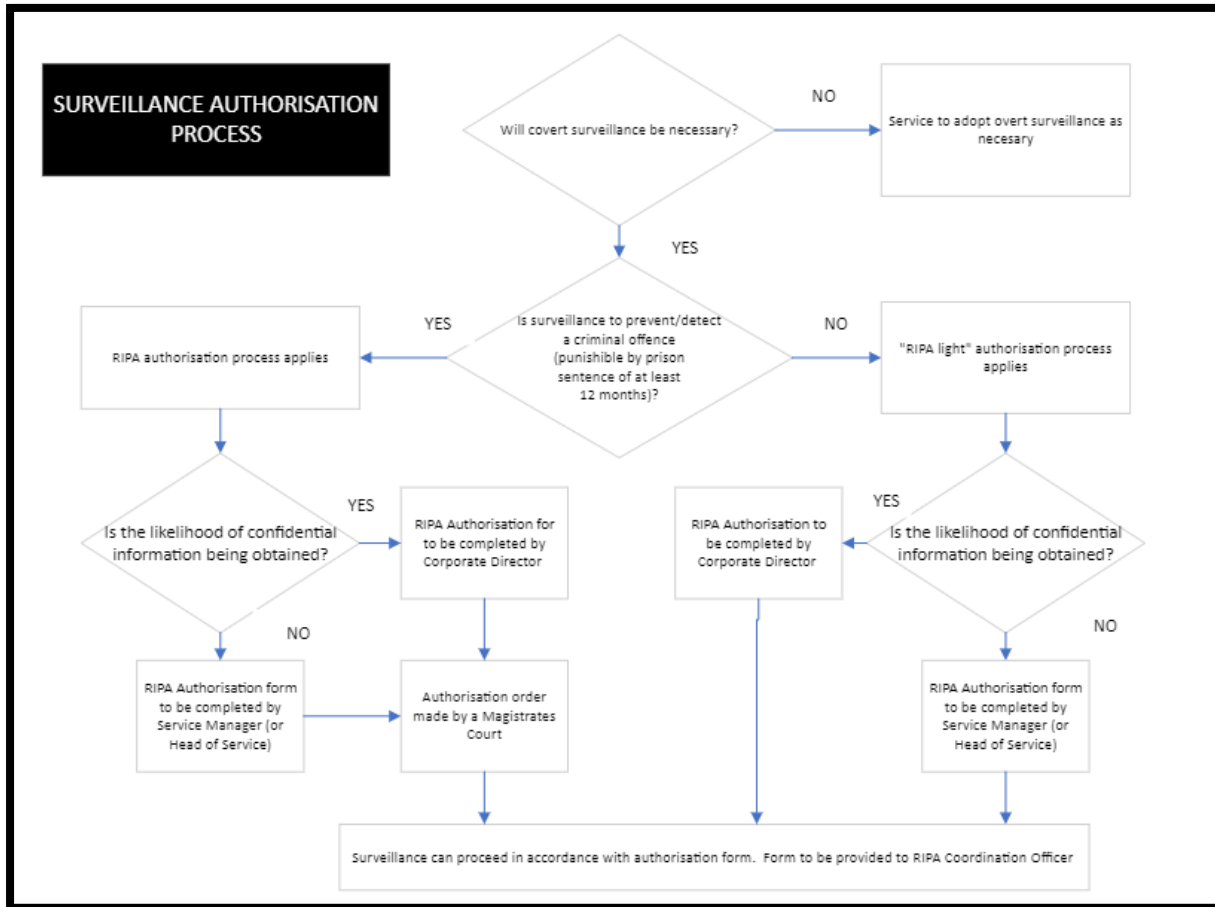
Will review and approve the RIPA policy every three years, and more regularly where dictated by changes to process or legislation. The Committee will also receive an annual update on RIPA activity, as part of the Annual Information Governance report. This will include:

- The number of RIPA authorisations requested and granted, including joint operations where RIPA authorisation has been sought and granted by another authority;
- The number of RIPA light authorisations requested and granted;



- The number of times social networking sites have been viewed in an investigatory capacity

4.12 The authorisation process is summarised in the chart below:



5. Social Media

5.1 Officers and members may use social media on a regular basis, both for work and personally. When joining a social media group in an official capacity you should only do so by using a Dorset Council account, not a personal account, and membership of that group should be declared so that members of that group are aware.

5.2 The use of internet and social networking sites may be deemed to be covert surveillance if used to gather evidence or monitor an individual's status by viewing more than once. In such cases, it will only be permitted once an authorisation is in place (whether RIPA or "RIPA light"). Where there is an intention to use the internet as part of an investigation and private information is likely to be obtained, you should consider if RIPA authorisation applies.

5.3 When conducting an investigation which involves the use of the internet factors to consider are:



- officers must not create a false identity in order to “befriend” individuals on social networks without an authorisation under RIPA;
- officers viewing an individual’s public profile on a social network should do so only to the minimum degree necessary and proportionate in order to obtain evidence to support or refute the suspicions or allegations under investigation;
- repeated viewing of open profiles on social networks to gather evidence or to monitor an individual’s status, must only take place once a RIPA authorisation has been granted and approved by a Magistrate; and
- officers should be aware that it may not be possible to verify the accuracy of information on social networks and, if such information is to be used as evidence, take reasonable steps to ensure its validity.

5.4 [The social media policy](#) clearly sets out what is appropriate and inappropriate use of social media, whether you use it for work or on a personal basis in your own time.

6. Training

6.1 Appropriate corporate training will be arranged by the RIPA Monitoring Officer for all officers likely to make applications or authorise them. It is the responsibility of Authorising Officers to ensure that they have carried out the training prior to undertaking any authorisation. Training should be refreshed every three years.

7. Further Information

7.1 If you require any clarification on the policy and its supporting processes, please contact the Data Protection Officer, as the identified RIPA Co-ordinating Officer.

8. Review

8.1 This policy will be subject to review by the Audit and Governance Committee every three years, or earlier if dictated by change of legislation. The Committee will consider a report on the Council’s use of RIPA powers annually, as part of the Annual Information Governance report.

Policy Owner: Marc Eyre, Service Manager for Assurance

Date Approved: Audit & Governance Committee (To be presented 15 January 2024)

Review Date: January 2027





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Unique Reference Number	DSA-
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Authorisation for Covert Surveillance (RIPA – Light Process)

Name of Applicant		Service Unit and Directorate	
Contact Details			
Investigation/Operation Name (if applicable)			
Investigating Officer (if a person other than the applicant)			



DETAILS OF APPLICATION

1. Give name and position of authorising officer. Under Dorset Council's Covert Investigations Policy, the authorising officer must be at Service Manager Level or above, unless Confidential Information¹ is likely to be obtained by the surveillance, in which case the authorising officer must be at Corporate Director level or above.

2. Describe the purpose of the specific operation or investigation.

3. Describe in detail the surveillance operation to be authorised and expected duration, including any premises, vehicles or equipment (e.g. camera, binoculars, recorder) that may be used.

¹ Confidential Information for these purposes means: 1) information that has been provide in confidence, identifies an individual (whether living or dead) and relates to that person's physical or mental health or spiritual counselling; 2) information about confidential discussions between members of Parliament and their constituents; 3) confidential journalistic material; and 4) information to which legal professional privilege attaches.



4. The identities, where known, of those to be subject of the directed surveillance.

--

5. Explain the information that it is desired to obtain as a result of the directed surveillance.

--

6. Processing of personal data shall be lawful only if and to the extent that at least one of the following grounds apply. Confirm the ground on which any personal data contained in evidence captured by the surveillance is considered necessary.

Processing is necessary for compliance with a legal obligation to which the council is subject	Yes / No
Processing is necessary in order to protect the vital interests of the data subject or of another natural person	Yes / No
Processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller	Yes / No
Processing is necessary for the purposes of the legitimate interests pursued by the controller or by a third party, except where such interests are overridden by the interests or fundamental rights and freedoms of the data subject which require protection of personal data, in particular where the data subject is a child.	Yes / No

7. Identify on which grounds the directed surveillance is necessary under Section 28(3) of RIPA. Delete those that are inapplicable.

For the purpose of preventing or detecting crime or of preventing disorder	Yes / No
In the interests of the economic well-being of the United Kingdom	Yes / No
In the interests of public safety	Yes / No
For the purpose of protecting public health	Yes / No



For the purpose of assessing or collecting any tax, duty, levy or other imposition, contribution or charge payable to a government department	Yes / No
8. Explain why this processing is necessary on the ground(s) you have identified in response to questions 6 and 7 above, with reference to the objectives of the investigation set out under question 2.	
9. Supply details of any potential collateral intrusion and why the intrusion is unavoidable. [Bear in mind Code paragraphs 3.8 to 3.11.] Describe precautions you will take to minimise collateral intrusion.	
10. Explain <u>why</u> this directed surveillance is proportionate to what it seeks to achieve. How intrusive might it be on the subject of surveillance or on others? And why is this intrusion outweighed by the need for surveillance in operational terms or can the evidence be obtained by any other means?	
11. Confidential information [Code paragraphs 4.1 to 4.31]. INDICATE THE LIKELIHOOD OF ACQUIRING ANY CONFIDENTIAL INFORMATION:	



12. Applicant's Details

Name (print)		Tel No:	
Position		Date	
Signature			

13. Authorising Officer's Statement. [Spell out the "5 Ws" – Who; What; Where; When; Why and HOW– in this and the following box.]

**14. Explain why you believe the directed surveillance is necessary [Code paragraph 3.3].
Explain why you believe the directed surveillance to be proportionate to what is sought to be achieved by carrying it out [Code paragraphs 3.4 to 3.7].**

15. (Confidential Information Authorisation.) Supply detail demonstrating compliance with Code paragraphs 4.1 to 4.31.



Date of first review²			
Programme for subsequent reviews of this authorisation: [Code paragraph 3.23]. Only complete this box if review dates after first review are known. If not or inappropriate to set additional review dates then leave blank.			
Name (Print)		Position	
Signature		Date and time	
Expiry date and time [e.g.: authorisation granted on 1 April 2024 - expires on 30 June 2024, 23.59]			

² In each case the frequency of reviews should be considered at the outset by the authorising officer. This should be as frequently as is considered necessary and practicable.

Audit and Governance Committee

15 January 2024

Managing Unreasonable Customer Behaviour Protocol

For Decision

Portfolio Holder: Cllr S Flower, Leader of the Council

Executive Director: J Mair, Director of Legal & Democratic

Report Author: Marc Eyre
Title: Service Manager for Assurance
Tel: 01305 224358
Email: marc.eyre@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary: Most customers that contact the council do so politely and respectful of Council employees and other workers. Even the most challenging customer may have a valid point that needs to be addressed. However there are exceptional circumstances where behaviour can present an issue to wellbeing or result in an excessive amount of time being spent in response.

At the 9 July 2021 meeting the Committee received a Corporate Complaint report that incorporated the Council's first Unreasonable Behaviours Protocol. This set out the process for how the Council manages vexatious complainants and contact, in addition to aggression, actual/attempted violence and hate incidents. The protocol is supported by a schedule of customers whose contact has been deemed "unreasonable", and is made available to Council services on a risk based need to know basis, as well as made available to councillors.

Inclusion and removal from the schedule is managed via the Unreasonable Behaviours Panel, which is chaired by the Service Manager for Assurance and includes representation from a number of key services areas – complaints; customer services and health and safety. Where a service has escalated a customer for potential inclusion, the relevant operations manager will attend in a non-voting capacity to brief the panel on the incident(s). There are currently

twelve customers recorded on the schedule, which demonstrates that it is in exceptional circumstances that individuals are included. The associated behaviours do however present a disproportionate amount of time to manage. Cases are reviewed on an annual basis, and where behaviours have improved, the individual is removed from the schedule.

Since the protocol was ratified by the Committee in July 2021, a number of minor amendments have been made to the process, to reflect learnings since the protocol was first operative. In particular, the risk of challenge to the panel's decision has been reduced by improved communication to the customer setting out in more detail why they have been included. In some instances it is necessary to divert email correspondence to a single point of contact, and in such instances ward councillors are advised to determine whether alternative arrangements are necessary in order to ensure access continues to the customer's elected representative. The title of the protocol has been amended, to clarify that it relates to customer behaviour, and not to be confused with the Violence, Aggression and Harassment at Work policy.

Recommendation: To endorse the revised Managing Unreasonable Customer Behaviour protocol.

Reason for Recommendation: To manage challenging customer behaviour and protect Council workers (whether employees, volunteers or elected councillors).

1. **Financial Implications**

None

2. **Environmental Implications**

None

3. **Well-being and Health Implications**

The protocol is designed to protect Council workers against the negative effect of vexatious, aggressive or violent behaviour.

4. **Other Implications**

None

5. **Risk Assessment**

5.1 **HAVING CONSIDERED:** the risks associated with this decision; the level of risk has been identified as:

Current Risk: Low

Residual Risk: Low

6. **Equalities Impact Assessment**

Completed 12 July 2019

7. **Appendices**

Managing Unreasonable Customer Behaviours Protocol

8. **Background Papers**

[Minutes of Audit and Governance Committee 9 July 2021](#)

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Managing Unreasonable Customer Behaviour



Dorset
Council

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Purpose of the Protocol

This document sets out the protocol for managing incidents of unreasonable behaviour, whether violent, potentially violent or vexatious by a customer/member of the public.

This protocol supports a number of existing Dorset Council policies:

[Complaints Policy](#)

[Violence, Aggression and Harassment at Work Policy](#)

[Dignity at Work Policy](#)

This protocol is applicable to all Dorset Council employees and other workers (including volunteers), as well as elected councillors. It defines the Council's response to managing any unreasonable behaviour by a customer/member of the public. It supersedes the previous document that was approved in March 2021 by Audit and Governance Committee.

1. Introduction

- 1.1 Most customers that contact the council do so politely and respectful of Council employees and other workers. Even the most challenging customer may have a valid point that needs to be addressed. However there are exceptional circumstances where behaviour can present an issue to wellbeing or result in an excessive amount of time being spent in response. Dorset Council does not expect its employees and other workers to tolerate unreasonable behaviour from members of the public or other points of contact. The organisation has a direct duty of care to its employees and other workers and also a responsibility to any associated organisations and/or partners it works alongside.
- 1.2 It is therefore vital that any known risks emerging from contacts with our clients, customers and/or suppliers etc are logged and recorded and are then available to others that may have contact with that individual to protect their personal safety and/or wellbeing.
- 1.3 The purpose of this protocol is to set a process by which unreasonable behaviour (whether violent, potentially violent or vexatious) can be assessed, recorded and made available to employees (on a risk assessed and need to know basis), whilst recognising also the need to ensure that personal data is managed effectively and appropriately. Dorset Council is committed to being compassionate, responsive, sensitive to its clients, customers, residents and that we have a trained workforce to fully support the needs of those groups and respond appropriately to prevent such situations.
- 1.4 Frontline staff need to take guidance from line managers on how best to resolve using customer services techniques, empathy and the skills required to perform their duties at Dorset Council. This protocol is by exception only to manage those extreme behaviours that are beginning to impact staff wellbeing or are unreasonably time consuming.



2. What Constitutes “Unreasonable Behaviour”

2.1 Unreasonable behaviour may include:

- abusive, offensive or threatening language on the telephone;
- abusive, offensive or threatening language face to face;
- sending of abusive, offensive or threatening correspondence;
- making multiple phone calls;
- sending multiple e-mails;
- leaving multiple voicemails;
- sending multiple text messages;
- repetitious behaviour;
- publishing unacceptable information in a variety of media such as social media websites and newspapers;
- threats of violence;
- actual violence

2.2 This protocol recognises that some behaviour that may be deemed unreasonable may be linked with underlying health issues, conditions or disabilities. In these instances contact may be made with relevant colleagues, such as Adult Social Care, to determine whether this impacts on how the individual’s behaviour is managed.

3. What should you do if you believe that you have been or are the subject of unreasonable behaviour?

3.1 Where you believe that there is no immediate risk to yourself or others, you should use your own judgement and customer services skills to resolve the issue where you are able. However, where you do not feel this to be the case, or if you believe that you have been subject to unreasonable behaviour, you should notify your line manager. Where the incident relates to violent or potentially violent behaviour the Violence, Aggression and Harassment at Work policy and guidance should be followed. All incidents of violence, aggression and harassment, regardless of severity must be reported on the [accident incident report form](#). The Health and Safety Team will escalate to the Unreasonable Behaviours Panel, where appropriate.

3.2 Where the manager of the service is of the opinion that the individual poses a significant risk to staff or is concerned that the vexatious nature of contact is having an adverse impact on service, they should email details to the dedicated email address spocassurance@dorsetcouncil.gov.uk. This should include details and numbers of incidents, so that an assessment can be made as to whether the individual displaying unreasonable behaviours needs to be recorded within the ‘unreasonable behaviour’ database so that other members of staff can review and take appropriate action should they have contact. The decision will be made by the Unreasonable Behaviours Panel.



4. The Unreasonable Behaviours Panel and supporting schedule

4.1 The Council maintains a schedule of those individuals that have been identified as displaying unreasonable behaviour, which sets out how employees and other workers should respond in the event that they come into contact with an identified individual. It will also identify if the individual is subject to any service restrictions, permitted means of contact and any “single point of contact” that may have been allocated.

4.2 The schedule is maintained by the Unreasonable Behaviours Panel, who will determine whether individuals meet the criteria for inclusion, keep the database up to date, and consider renewals on a twelve-monthly basis.

4.3 The Panel consists of the following members and will meet monthly (physically or virtually), or more regularly if business dictates:

- Service Manager for Assurance (the Panel chair)
- Senior Assurance Officer – Complaints
- Customer Services Manager
- Health and Safety Manager
(or their nominated representatives)

4.4 Where available, the appropriate Operations Management (or equivalent) will be invited to the Panel to present their case for an individual to be added to the schedule. For High risk incidents, a Legal Services representative will also be invited.

4.5 The panel will decide if the behaviours meet the criteria for Unreasonable Behaviour. Inclusion on the schedule should be on exceptional circumstances, in many instances the issues can be controlled by the service issuing a letter to the individual setting out expected behaviours, and the panel may suggest this course of action in the first instance.

4.6 In determining inclusion on the schedule, the Panel will consider the following risk assessment criteria (Appendix A provides HSE guidance on threatening behaviour). Inclusion on the schedule is based on a majority vote (three panel members):

<p>Vexatious is defined as: causing or tending to cause annoyance, frustration, or worry. Person who uses abusive language and are generally rude.</p> <p style="text-align: center;">LOW RISK</p>	<p>Threatening behaviour can be defined as: a statement of an intention to inflict pain, injury, damage, or other hostile action on someone in retribution for something done or not done</p> <p style="text-align: center;">MEDIUM RISK</p>	<p>Violence is defined as: Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work’</p> <p style="text-align: center;">HIGH RISK</p>
--	--	--



4.7 The panel will in the first instance consider whether the individual has any underlying health issues, conditions or disabilities, and in such cases consideration will be given to any changes to the approach set out below, in conjunction with specialist colleagues from appropriate services. Where an underlying health issue has been identified for the individual, the appropriate social care Operations Manager should be invited to the panel.

4.8 Consideration should be given as to whether a Single Point of Contact (SPOC) is required at this stage. A SPOC will generally be an appropriate Service Manager, but at their discretion this may be delegated to another appropriate officer. The SPOC will generally be based in the impacted service area, but if cross-service impacts have been identified, it may be appropriate for the SPOC to be within Assurance Service. If it is identified that there are underlying health issues, it may be appropriate for the SPOC to be an operations manager in the relevant locality. The individual subject to the SPOC should be provided with the contact details of the SPOC.

4.9 Where the panel's risk assessment determines that the individual should be logged on the unreasonable behaviour database the following actions should be taken:

4.9.1 **Low / Medium Risk –**

A letter or email should be sent from the relevant Operations Manager (or equivalent). This correspondence should:

- describe the incident, location, date and time and why the behaviour has been identified as unreasonable;
- include a SPOC (if relevant) and any future contact restrictions;
- any restrictions to service provision;
- identify the consequences of a breach;
- note that they have been logged on the Council's unreasonable behaviour and that the record will be removed after 12 months as long as there is no repeat behaviour.
- Outline the process for appeal

The correspondence will be accompanied by an Equalities and Diversity questionnaire. Where the returned questionnaire identifies underlying issues that have not previously been identified, the panel will refer to appropriate specialist colleagues (as per 4.6 above).

The incident and follow up actions should be recorded on the unreasonable behaviours database. If an email divert or block has been instigated, a discussion will be held with the relevant ward councillor(s) to determine whether this should also apply to contact with their elected representative.

4.9.2 **High Risk**

Where the individual is deemed to pose a High risk to safety, the panel will arrange for correspondence to be drafted and sent by a Legal Services representative. This letter will:



- Describe the incident, location, date and time and why the behaviour has been identified as unreasonable.
- Include a cease and desist requirement
- Include a SPOC (if relevant) and any future contact restrictions
- Any restrictions to service provision
- Identify the consequences of a breach;
- Note that they have been logged on the Council's unreasonable behaviour schedule and that the record will be removed after 12 months as long as there is no repeat behaviour.
- Process for appeal

In the event that court action is taken, it is possible that staff may be summoned to give evidence. In such cases, support should be sought from the line manager in the first instance. As per 4.9.1 above, the ward councillor(s) will also be contacted.

5. Maintenance of the Unreasonable Behaviours Schedule

5.1 Unreasonable behaviour records will be reviewed after 12 months by the panel, and a view taken as to whether or not to remove the individual from the list. Where appropriate, the relevant Operations Manager / designated SPOC will be invited to the appropriate meeting of the panel meeting to inform the decision. Removal from the list will not be communicated to the perpetrator as this may re-oxygenate the issues.

5.2 The Service Manager for Assurance will be the Information Asset Owner for the Unreasonable Behaviours database, but the responsibility for individual records will rest with the identified Operations Manager.

5.3 The process is summarised as a flowchart in Appendix B.

6. Process for Appeal

6.1 An individual subject to inclusion on the unreasonable behaviours database has the right to appeal inclusion. This must be within 28 working days of the notification and will be considered by the Council's Monitoring Officer, their Deputy or their identified legal services represented. The individual will remain on the database until the outcome of the appeal is determined.

7. Who Can Access the Unreasonable Behaviours Schedule?

7.1 To be effective it is important that the information on 'anticipated risk levels' associated with known individuals and/or specific addresses are available to appropriate services that are anticipated to have likely contact (for instance, customer services, Directors PAs, complaints team, elected councillors). Other services will be granted access to the schedule on a risk assessed / 'need to know' basis by the Panel on request to



spocassurance@dorsetcouncil.gov.uk . For instance, those likely to visit customer addresses may require access to Medium/High risk data only. This recognises that the organisation also has a responsibility to ensure that sensitive data is protected and managed appropriately in keeping with the General Data Protection Regulations.

7.2 The Panel will maintain a record of services and individuals with access to the database, together with the risk based rationale for permitting access.

8. What happens if the behaviours do not improve?

8.1 In the event that behaviours do not improve, the matter should be escalated to Legal Services to determine what further action needs to be taken.

Policy Owner: Marc Eyre, Service Manager for Assurance

Date Last Reviewed: 22 December 2023

Approved by:

Review Date: January 2027



Appendix A

Definitions

The Health & Safety Executive (HSE) have published some helpful guidance and supporting definitions which the organisation is seeking to utilise to guide its own approach to assessing the level of anticipated risk'.

These definitions are as follows:

VIOLENCE

Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work.

AGGRESSION

Feelings of anger or antipathy resulting in hostile or violent behaviour; readiness to attack or confront.

HARASSMENT

The act of systematic and/or continued unwanted and annoying actions of one party or a group, including threats and demands.

These definitions also include verbal abuse or threat, threatening behaviour, any assault, any serious or persistent harassment and extends from what may seem to be minor incidents to serious assaults and threat against the employee's family.

Also covered by this policy are employees that work from home and work flexibly from home or other locations that are not their normal place of work, as this is still counted as being 'at work'.

These definitions are also taken to include any form of hate crime against any individual or group of people including any form of sexual harassment or discrimination against any of the protected characteristics under equality legislation, i.e.

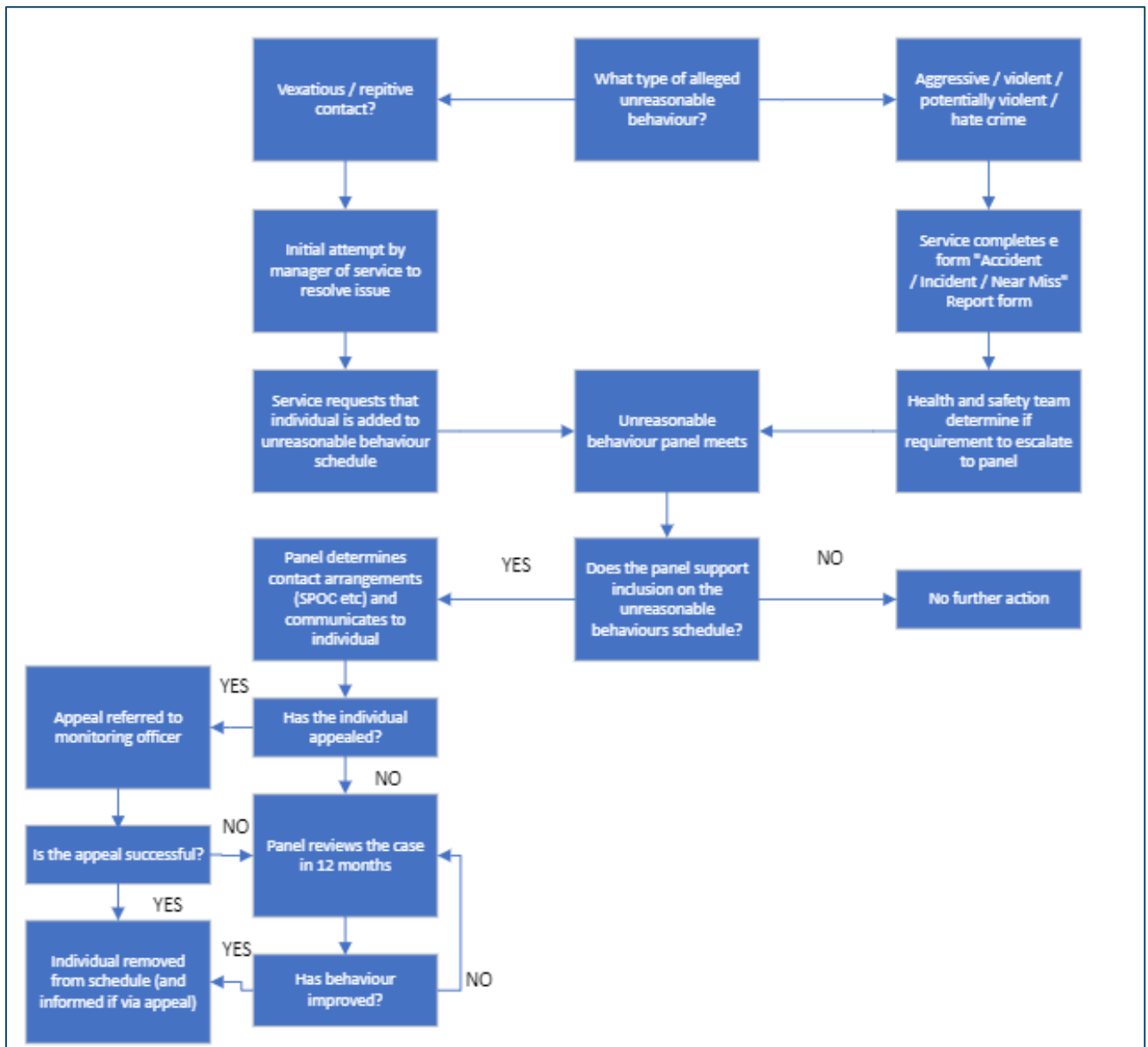
- Age;
- Disability;
- Gender reassignment;
- Marriage and civil partnership;
- Pregnancy and maternity;
- Race;
- Religion or belief;
- Sex;
- Sexual orientation

The following link can be used to report any hate crimes and all team members should be encouraged to do so - <https://www.dorset.police.uk/do-it-online/report-a-hate-crime-or-incident/>



Appendix B

Unreasonable Behaviour Panel Process



Audit and Governance Committee Work Programme 2024

15 Jan 2024		
Risk Management Update	Report	Officer Contact- Marc Eyre
Report of Internal Audit Activity Progress Report 2023/24- December 2023	Update	Officer Contact- Sally White
Use of Authorised Covert Surveillance	Report	Officer Contact- Marc Eyre and James Fisher
Managing Unreasonable Customer Behaviour Protocol	Report	Officer Contact- Marc Eyre

25 March 2024		
Q3 Financial Report	Report	Officer Contact- Heather Lappin
ISA260 Report on the 2021/22 Accounts	Report	Officer Contact- Ian Howse

15 April 2024		
Annual Governance Statement	Report	Officer Contact- Marc Eyre and David Bonner.
Internal Audit Update	Update Report	Officer Contact- Angie Hooper and Sally White.
Internal Audit Annual Opinion Report 2023/24	Report	Officer Contact- Angie Hooper and Sally White.
Approach to Internal Audit Planning 2024/25	Report	Officer Contact- Angie Hooper and Sally White.

Other items raised by Audit and Governance Committee requiring further consideration.

Issue	Notes	Date raised
Workforce stress / mental health issues	The committee have raised this as a potential area of work but note that it is linked to current transformation work	At committee on 7 November 2019