

Audit & Standards Committee

Date: **9 March 2021**
Time: **4.00pm**
Venue **Virtual Meeting**

Note: in response to current Government Regulations this meeting is being held as a virtual meeting for councillors and accessible via Microsoft Teams. Public speaking and engagement opportunities will be made available.

The meeting will also be webcast live to the internet.

Members: **Councillors:** Yates (Chair), Hugh-Jones (Group Spokesperson), Bagaeen (Group Spokesperson), Hamilton, Heley, Littman and Peltzer Dunn

Independent Helen Aston and David Bradly
Members:

Contact: **John Peel**
Democratic Services Officer
01273 291058
john.peel@brighton-hove.gov.uk

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AGENDA

46 PROCEDURAL BUSINESS

- (a) **Declarations of Substitutes:** Where councillors are unable to attend a meeting, a substitute Member from the same political group may attend, speak and vote in their place for that meeting.
- (b) **Declarations of Interest:**
 - (a) Disclosable pecuniary interests;
 - (b) Any other interests required to be registered under the local code;
 - (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

- (c) **Exclusion of Press and Public:** To consider whether, in view of the nature of the business to be transacted or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

Note: Any item appearing in Part Two of the agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the press and public. A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls and on-line in the Constitution at part 7.1.

47 MINUTES

7 - 12

To consider the minutes of the meeting held on 12th January 2021.

Contact Officer: John Peel

Tel: 01273 291058

48 CHAIR'S COMMUNICATIONS

49 CALL OVER

- (a) Items 52 - 59 will be read out at the meeting and Members invited to reserve the items for consideration.
- (b) Those items not reserved will be taken as having been received and the reports' recommendations agreed.

50 PUBLIC INVOLVEMENT

To consider the following matters raised by members of the public:

- (a) **Petitions:** to receive any petitions presented to the full council or at the meeting itself;
- (b) **Written Questions:** to receive any questions submitted by the due date of 12 noon on the 3 March 2021;
- (c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on the 3 March 2021.

51 MEMBER INVOLVEMENT

To consider the following matters raised by councillors:

- (a) **Petitions:** to receive any petitions submitted to the full Council or at the meeting itself;
- (b) **Written Questions:** to consider any written questions;
- (c) **Letters:** to consider any letters;
- (d) **Notices of Motion:** to consider any Notices of Motion referred from Council or submitted directly to the Committee.

52 STRATEGIC RISK FOCUS REPORT;SR13; SR33; SR15; SR38; SR24; AND SR29

13 - 68

Report of the Executive Lead Officer, Strategy, Governance & Law

Contact Officer: Jackie Algar

Tel: 01273 291273

Ward Affected: All Wards

53 DIRECT PAYMENTS INTERNAL REPORT (2019/20)- PROGRESS UPDATE

To Follow

Report of the Executive Director, Adult Social Care & Health

Contact Officer: Michelle Jenkins

Tel: 01273 296271

Ward Affected: All Wards

- 54 DEBTORS - UPDATE ON INTERNAL AUDIT ACTIONS 69 - 80**
- Report of the Acting Chief Finance Officer
- Contact Officer: Jane Strudwick Tel: 01273 291255
Ward Affected: All Wards
- 55 INTERNAL AUDIT PROGRESS REPORT – QUARTER 3 (1 SEPTEMBER TO 31 DECEMBER 2020) 81 - 102**
- Report of the Acting Chief Finance Officer
- Contact Officer: Mark Dallen Tel: 01273 291314
Ward Affected: All Wards
- 56 INTERNAL AUDIT STRATEGY AND ANNUAL PLAN (2021/22) 103 - 126**
- Report of the Acting Chief Finance Officer
- Contact Officer: Mark Dallen Tel: 01273 291314
Ward Affected: All Wards
- 57 EXTERNAL AUDIT: AUDIT PLAN 2021/22 To Follow**
- Report of External Audit
- Ward Affected: All Wards
- 58 ANNUAL SURVEILLANCE REPORT 127 - 168**
- Report of the Executive Lead Officer, Strategy, Governance & Law
- Contact Officer: Jo Player Tel: 01273 292488
Ward Affected: All Wards
- 59 STANDARDS UPDATE 169 - 172**
- Report of the Executive Lead Officer, Strategy, Governance & Law
- Contact Officer: Victoria Simpson Tel: 01273 294687
Ward Affected: All Wards
- 60 ITEMS REFERRED FOR COUNCIL**
- To consider items to be submitted to the 25 March 2021 Council meeting for information.
- In accordance with Procedure Rule 24.3a, the Committee may determine that any item is to be included in its report to Council. In addition, any Group may specify one further item to be included by notifying the Chief Executive no later than 10am on the eighth working day before the Council meeting at which the report is to be made, or if the Committee meeting take place after this deadline, immediately at the conclusion of the Committee meeting*
- 61 ITEMS FOR THE NEXT MEETING**

ACCESS NOTICE

In response to the current situation with Covid-19 and the easing of Regulations, this Committee meeting will be held virtually via Teams and web cast simultaneously.

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fourth working day before the meeting.

For those members of the public wishing to actively take part in the meeting a link will be emailed so that they can join the meeting.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

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Therefore, by joining the meeting via the link provided you are deemed to be consenting to being filmed and to the possible use of those images and sound recordings for the purpose of web casting and/or Member training. If members of the public do not wish to have their image captured, they should ensure they do not use the skype video facility and provide a static image.

FURTHER INFORMATION

For further details and general enquiries about this meeting contact John Peel, (01273 291058, email john.peel@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

Date of Publication - Monday, 1 March 2021

BRIGHTON & HOVE CITY COUNCIL

AUDIT & STANDARDS COMMITTEE

4.00pm 12 JANUARY 2021

VIRTUAL MEETING (MICROSOFT TEAMS)

MINUTES

Present: Councillors Yates (Chair) Hugh-Jones (Group Spokesperson), Bagaeen (Group Spokesperson), Hamilton, Hill, Littman, Peltzer Dunn and West

Independent Members present: Helen Aston

PART ONE

33 PROCEDURAL BUSINESS

33a Declarations of substitutes

33.1 Councillor West was present as substitute for Councillor Heley.

33b Declarations of interests

33.2 There were none

33c Exclusion of the press and public

33.3 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Committee considered whether the public should be excluded from the meeting during consideration of any item of business on the grounds that it is likely in view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

33.4 **RESOLVED** - That the press and public not be excluded from the meeting.

34 MINUTES

34.1 **RESOLVED** – That the minutes of the previous meeting held on 27 October 2020 be approved and signed as the correct record.

35 CHAIR'S COMMUNICATIONS

35.1 There were none.

36 CALL OVER

36.1 The following items on the agenda were reserved for discussion:

- Item 39: Strategic Risk Focus Item
- Item 41: Internal Audit Progress Report Quarter 2
- Item 42: Whistleblowing Update
- Item 43: Update on Standards Matters

36.2 The Democratic Services Officer confirmed that the items listed above had been reserved for discussion and that the following reports on the agenda with the recommendations therein had been approved and adopted:

- Item 40: The Redmond Review of Local Audit & Financial Reporting

37 PUBLIC INVOLVEMENT

37.1 No items were received from members of the public.

38 MEMBER INVOLVEMENT

38.1 No items were received from Members.

39 STRATEGIC RISK FOCUS REPORT; SR10; SR18; SR32 AND SR30

39.1 The Committee considered a report of the Executive Lead Officer, Strategy, Governance & Law that provided detail on the actions taken and future actions to manage each strategic risk.

39.2 In response to questions from Helen Aston, the Risk Management Lead explained that Executive Director's frequently spoke with Committee Chair's and discussed the Risk Register once it had been reviewed by ELT. The Risk Management Lead stated that she was not aware of any other local authority where the Risk Register was received by the relevant policy committee. In relation to the requested for a deep dive for SR2, the Risk Management Lead stated this could be undertaken with the relevant committee chair however, as this committee had only recently reviewed SR2, that would be a separate deep dive.

39.3 The Chief Executive stated the Risk Register was regularly discussed with committee chair's at executive level and all Members were briefed on key issues and changing circumstances. Further, performance reports were regularly reported to Policy & Resources Committee..

SR30 Not fulfilling the expectations of residents, businesses, government, and the wider community that Brighton & Hove City Council will lead the city well and be stronger in an uncertain environment

39.4 In response to a question from Councillor Bagaeen, the Chief Executive explained that investment in information technology was of high priority in order to respond to the demand of residents who increasingly wished to access more services digitally.

- 39.5 Councillor West observed that he was listed as a co-Chair in the document which was no longer the case. It was agreed to correct the document correct this error.
- 39.6 In response to a question to Councillor West, the Chief Executive stated that it was the prerogative of the Chair as to which items were listed on committee agendas for decision. From an officer operational perspective, the input of the whole committee was welcomed as this fostered different perspective and challenges.
- 39.7 In response to questions from Councillor Littman, the Chief Executive explained that various cybersecurity policies had been introduced as a response to increased remote working during the pandemic and this reaction had shown that the council had robust information security policies and procedures and a good foundation in terms of access to work devices.

SR10 Corporate information assets are inadequately controlled and vulnerable to cyber-attack

- 39.8 In response to questions and comments from Councillor Littman and Councillor West, the Chief Executive explained that some services and council officers received hostile calls when working from home and this could be particularly distressing for those staff with children sharing the home environment. Therefore, some staff had been given opportunity to work in the office as a means of providing a safer and more supportive working environment. The Head of Human Resources supplemented that additional procedures had been put into place to mitigate the risk of isolation some staff may encounter from remote working.
- 39.9 Councillor Hugh-Jones observed that some of the risk actions in report were marked by heavy use of jargon that may make it difficult for members of the public to understand. It was agreed to amend future versions of the report to address this.

SR18 The organisation is unable to deliver its functions in a modern, efficient way due to the lack of appropriate technology

- 39.10 In response to a question from Councillor Bagaeen, the Executive Lead Officer, Strategy, Governance & Law explained that officers had met with the webcasting provider following the recent, significant issues and had provided assurances that their operational systems would be checked and greater resilience would be built into those systems. Furthermore, dedicated support would be provided, and officers would keep performance under review.

SR32 Challenges to ensure health & safety measures lead to personal injury, prosecution, financial losses and reputational damage

- 39.11 In response to questions from Councillor Hugh-Jones, it was explained that potential issues with fire doors at Essex Place could be investigated and that there were comprehensive risk assessment and specialist help relating to the housing repairs service now being in-house.
- 39.12 **RESOLVED-** That the Audit & Standards Committee:

- 1) Note the SRR detailed within Table 1 of this report.
- 2) Note Appendix 1 the CAMMS Strategic Risk report with details of the SRs and actions taken ('Existing Controls') and actions planned.
- 3) Note Appendix 2 which provides:
 - i. a guide on the risk management process;
 - ii. guidance on how Members might want to ask questions of Risk Owners, or officers connected to the strategic risks; and
 - iii. details of opportunities for Members, or any staff, to raise issues on Strategic Risks at various points and levels.

40 THE REDMOND REVIEW OF LOCAL AUDIT AND FINANCIAL REPORTING

40.1 **RESOLVED-** That the Audit & Standards Committee note the report.

41 INTERNAL AUDIT PROGRESS REPORT – QUARTER 2 (1 JULY TO 30 SEPTEMBER 2020)

41.1 The Committee considered a report of the Acting Chief Finance Officer that provided an update on all internal audit and counter fraud activity completed during quarter 2 (2020/21), including a summary of all key audit findings.

41.2 In response to questions from Councillor Hugh-Jones, the Audit Manager explained that in relation to business support grants, the Audit Team were in the process of putting together a post-payment certification check. This would be bolstered by the additional assurance provided by the National Fraud Initiative data matching. Checks on applications were carried out before payments were made and there were also spotlight checks undertaken. Protocols were further strengthened by the funding portal requesting a declaration of business rates paid. On incidents of fraudulent activity in Adult Social Care, the Audit Manager explained that the number of cases were low and there were no significant issues identified.

41.3 **RESOLVED-** That the Committee note the report.

42 WHISTLEBLOWING UPDATE

42.1 The Committee considered a report of the Executive Lead Officer, Strategy, Governance & Law that updated the committee on the whistleblowing policy and requested approval of steps to improve the operation of the changes.

42.2 In response to questions from Councillor Hugh-Jones, the Executive Lead Officer, Strategy, Governance & Law replied that many cases were based upon grievances that did not have evidence as a Whistleblowing complaint. However, some cases had been found to be serious and had led to dismissal that clearly demonstrated the need and high value for such a facility.

- 42.3 In response to questions from Councillor West, the Executive Lead Officer, Strategy, Governance & Law clarified that there was a facility to make anonymous Whistleblowing complaints as well as raising issues through trade unions, workers forums who could also represent the complainant. The Executive Lead Officer, Strategy, Governance & Law highlighted that the involvement of senior officers was demonstration of how seriously the authority treated Whistleblowing complaints on options for a corporate email address monitored by Internal Audit and/or an external organisation responsible for receiving and investigating Whistleblowing reports could be considered and investigated. The Executive Lead Officer, Strategy, Governance & Law added that employees were asked about the effectiveness of the Whistleblowing procedures indirectly through the annual staff survey and the main issue received through that process was a request that reports were taken seriously rather than a concern that senior staff were involved in the process.
- 42.4 Councillor Hugh-Jones moved a motion on behalf of the Green Group to amend the recommendations as shown in bold italics below:
- 2.3 That a further report be brought back to a subsequent Audit & Standards Committee this year to provide more detail on the exact cost of an external whistleblowing service to allow Committee to properly evaluate the relative benefits of an external service.***
- 42.5 Introducing the motion, Councillor Hugh-Jones stated that it was a request to ensure the committee were in a fully informed position relating to best practice for Whistleblowing procedures.
- 42.6 Councillor Littman formally seconded the motion stating that it was worth investigating the matter if it was found to enhance the Whistleblowing process.
- 42.7 The Chair agreed that it would be beneficial to learn if the Council's policy was the most effective it possibly could be and a report would assist with that.
- 42.8 The Chair then put the motion to the vote that passed.
- 42.9 The Chair then put the recommendations as amended to the vote that were agreed.
- 42.10 **RESOLVED-**
- 1) That the report be noted
 - 2) That the proposed changes as set out in this report, including the revised whistleblowing policy, a dedicated whistleblowing e-mail address, publicity to the policy and a whistleblowing template/form be agreed
 - 3) That a further report be brought back to a subsequent Audit & Standards Committee this year to provide more detail on the exact cost of an external whistleblowing service to allow Committee to properly evaluate the relative benefits of an external service.

43 UPDATE ON STANDARDS MATTERS

- 43.1 The Committee considered a report of the Head of Law & Monitoring Officer that updated the Committee on complaints that Members have breached the Code of Conduct for Members determined and/or received in during this quarter, and in addition, provided an annual review of complaints against Members made between 1.01.20 and 5.12.20.
- 43.2 In response to a question from Councillor Hugh-Jones, it was explained that a significant proportion of the complaints received were from Members regarding the conduct of another Member and there had been a significant increase in the number of those types of complaints in the past year.
- 43.3 **RESOLVED-**
- 1) That Members note the information provided in this Report on those member complaints which have either been concluded since the last quarterly report or which remain outstanding.
 - 2) That Members further note the data provided regarding member complaints received in during 2020, including the increase in the number of complaints made against elected members of Brighton & Hove City Council during that calendar year.
 - 3) That the Committee agree to set up a cross party task and finish group of Members to review the local Code and the Council's arrangements and to make any recommendations they see fit to the Committee, with particular regard to any changes they consider might assist in dealing with the increase in complaints.

44 ITEMS REFERRED FOR COUNCIL

- 44.1 No items were referred to Full Council for information.

45 ITEMS FOR THE NEXT MEETING

- 45.1 The Committee noted that reports on Cityclean and Debtors would be received at the next meeting.

The meeting concluded at 6.50pm

Subject:	Strategic Risk Focus Report: SR13, SR33, SR15, SR38, SR24, SR29 and SR25.		
Date of Meeting:	9th March 2021		
Report of:	Executive Lead Officer, Strategy, Governance & Law		
Contact Officer:	Name:	Jackie Algar	Tel: 01273 291273
	Email:	Jackie.algar@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 To report to the Audit & Standards Committee on the latest quarterly update to the city council's Strategic Risk Register (SRR).
- 1.2 The Committee have agreed to focus on at least two strategic risks (SRs) at each of their meetings. For this meeting there are seven SRs risks to receive focus and to enable Members' questions to be asked there will be attendance by Risk Owners as detailed below:

The Executive Director, Health and Adult Social Care (ED HASC) in respect of:

SR13 Not keeping vulnerable adults safe from harm and abuse; and

SR33 Not providing adequate accommodation and support for people with significant and complex needs.

The Executive Director, Families, Children and Learning (ED FCL) in respect of:

SR15 Not keeping children safe from harm and abuse; and

SR38 Difficulty in restoring trust and confidence in the home to school transport service and sourcing sufficient capacity to resolve issues raised by the independent review.

The Acting Chief Finance Officer in respect of:

SR24 *In the context of Covid-19* the needs and demands for services arising from the changing and evolving landscape of welfare reform is not effectively supported by the council; and

SR29 Ineffective contract performance management leads to sub-optimal service outcomes, financial irregularity and losses, and reputational damage.

The Chief Executive in respect of:

SR25 Insufficient organisational capacity or resources to deliver all services as before and respond to changing needs and changing circumstances.

2. RECOMMENDATIONS:

That the Audit & Standards Committee:

- 2.1 Note the SRR detailed within Table 1 of this report.
- 2.2 Note Appendix 1 the CAMMS Risk report with details of the SRs and actions taken ('Existing Controls') and actions planned.
- 2.3 Note Appendix 2 which provides:
 - i. a guide on the risk management process;
 - ii. guidance on how Members might want to ask questions of Risk Owners, or officers connected to the strategic risks; and
 - iii. details of opportunities for Members, or any staff, to raise issues on Strategic Risks at various points and levels.
- 2.4 Make recommendations for further action(s) to the relevant council body.

3. CONTEXT/ BACKGROUND INFORMATION











- 3.1 The city council's SRs are reviewed quarterly by the Executive Leadership Team (ELT) taking on board comments from quarterly risk reviews carried out at Directorate Management Teams. This process ensures the currency of the city council's SRR.
- 3.2 The Audit & Standards Committee has a role to monitor and form an opinion on the effectiveness of risk management and internal control.
- 3.3 At ELT's review of the SRR on 27 January 2021 no risks were removed, no new risks were proposed or agreed. There remain 18 Strategic Risks.













The only change to the SRR was a changed risk title for SR24 to reflect Covid-19 on Welfare Reform.









Table 1 shows the current 18 Strategic Risks in the highest Revised Risk order which takes account of future actions to reduce or mitigate the risks.







For ease of reference the changed text in the title of SR24 is shown in italics.

Table 1

Risk Nos.	Risk Title	Initial Risk Score Likelihood (L) x Impact (I) & Direction of Travel (DOT)	Revised Risk Score Likelihood (L) x Impact (I) & Direction of Travel	Committee (s)	Risk Owner
SR 2	The Council is not financially sustainable	5 x 4 ◀▶  RED	4 x 4 ◀▶  RED	Policy & Resources Committee	Acting Chief Finance Officer
SR 36	Not taking all actions required to address climate and ecological change, and making our city carbon neutral by 2030	5 x 4 ◀▶  RED	4 x 4 ◀▶  RED	Environment, Transport & Sustainability Committee	Executive Director, Economy, Environment & Culture
SR 20	Failure to achieve Health and Social Care outcomes due to organisational and resource pressures on the Clinical Commissioning Group (CCG) and Brighton & Hove City Council (BHCC)	5 x 4 ◀▶  RED	4 x 4 ◀▶  RED	Health & Wellbeing Board	Executive Director, Health & Adult Social Care
SR 37	Not effectively responding to and recovering from COVID-19 in Brighton and Hove	4 x 4 ◀▶  RED	3 x 4 ◀▶  AMBER	Health & Wellbeing Board and Housing Committee	Executive Director, Health & Adult Social Care
SR 32	Challenges to ensure health & safety measures lead to personal injury, prosecution, financial losses	4 x 4 ◀▶  RED	3 x 4 ◀▶  AMBER	Policy & Resources Committee	Assistant Director Human Resources & Organisational Development

Risk Nos.	Risk Title	Initial Risk Score Likelihood (L) x Impact (I) & Direction of Travel (DOT)	Revised Risk Score Likelihood (L) x Impact (I) & Direction of Travel	Committee (s)	Risk Owner
	and reputational damage				
SR 33	Not providing adequate accommodation and support for people with significant and complex needs	4 x 4 ◀▶  RED	3 x 4 ◀▶  AMBER	Health & Wellbeing Board and Housing Committee	Executive Director, Health & Adult Social Care
SR 18	The organisation is unable to deliver its functions in a modern, efficient way due to the lack of appropriate technology	4 x 4 ◀▶  RED	3 x 4 ◀▶  AMBER	Policy & Resources Committee	Chief Executive
SR 25	Insufficient organisational capacity or resources to deliver all services as before and respond to changing needs and changing circumstances	4 x 4 ◀▶  RED	3 x 4 ◀▶  AMBER	Policy & Resources Committee	Chief Executive
SR 13	Not keeping Vulnerable Adults Safe from harm and abuse	4 x 4 ◀▶  RED	3 x 4 ◀▶  AMBER	Health & Wellbeing Board	Executive Director, Health & Adult Social Care
SR 15	Not keeping Children Safe from harm and abuse	4 x 4 ◀▶  RED	3 x 4 ◀▶  AMBER	Children, Young People & Skills Committee	Executive Director Families, Children & Learning
SR 10	Corporate Information Assets are inadequately controlled and	4 x 4 ◀▶  RED	4 x 3 ◀▶  AMBER	Policy & Resources Committee	Chief Executive

Risk Nos.	Risk Title	Initial Risk Score Likelihood (L) x Impact (I) & Direction of Travel (DOT)	Revised Risk Score Likelihood (L) x Impact (I) & Direction of Travel	Committee (s)	Risk Owner
	vulnerable to cyber attack				
SR 35	Unable to manage serious risks and opportunities resulting from the impact of Brexit on the local and regional society and economy	5 x 4 ◀▶  RED	4 x 3 ◀▶  AMBER	Policy & Resources Committee	Executive Lead Officer, Strategy, Governance & Law
SR 38	Difficulty in restoring trust and confidence in the home to school transport service and sourcing sufficient capacity to resolve issues raised by the independent review	3 x 4 ◀▶  AMBER	3 x 3 ◀▶  AMBER	Children, Young People & Skills Committee	Executive Director Families, Children & Learning
SR 21	Unable to manage housing pressures and deliver new housing supply	3 x 4 ◀▶  AMBER	3 x 3 ◀▶  AMBER	Housing Committee	Executive Director, Housing, Neighbourhoods & Communities
SR 24	<i>In the context of Covid-19</i> the needs and demands for services arising from the changing and evolving landscape of Welfare Reform is not	4 x 3 ◀▶  AMBER	3 x 3 ◀▶  AMBER	Policy & Resources Committee	Acting Chief Finance Officer

Risk Nos.	Risk Title	Initial Risk Score Likelihood (L) x Impact (I) & Direction of Travel (DOT)	Revised Risk Score Likelihood (L) x Impact (I) & Direction of Travel	Committee (s)	Risk Owner
	effectively supported by the council				
SR 23	Unable to develop and deliver an effective Regeneration and Investment Strategy for the Seafront and ensure effective maintenance of the seafront infrastructure	3 x 4 ◀▶  AMBER	3 x 3 ◀▶  AMBER	Environment, Transport & Sustainability Committee Tourism, Equalities, Communities & Culture Committee	Executive Director, Economy, Environment & Culture
SR 29	Ineffective contract performance management leads to sub-optimal service outcomes, financial irregularity and losses, and reputational damage	3 x 4 ◀▶  AMBER	3 x 3 ◀▶  AMBER	Policy & Resources Committee	Acting Chief Finance Officer
SR 30	Not fulfilling the expectations of residents, businesses, government and the wider community that Brighton & Hove City Council will lead the city well and be stronger in an uncertain environment	3 x 4 ◀▶  AMBER	2 x 4 ◀▶  AMBER	Policy & Resources Committee	Chief Executive

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 Through consultation with ELT the Risk Management process currently in operation was deemed to be the most suitable model.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 This is an internal risk reporting process and as such no engagement or consultation has been undertaken in this regard.

6. CONCLUSION

- 6.1 The council must ensure that it manages its risks and meets its responsibilities and deliver its Corporate Plan, risk management is evidence for good governance.

7. FINANCIAL & OTHER IMPLICATIONS

Financial Implications:

- 7.1 For each Strategic Risk there is detail of the actions already in place ('Existing Controls') or work to be done as part of business or project plans ('Risk Actions') to address the strategic risk. Potentially there may have significant financial implications for the authority either directly or indirectly. The associated financial risks are considered during the Targeted Budget Management process and the development of the Medium Term Financial Strategy

Finance Officer Consulted: James Hengeveld

Date: 10/02/21

Legal Implications:

- 7.2 All Strategic Risks which are reported to the Audit & Standards Committee may potentially have legal implications. Where implications of a direct nature have been identified, reference to them may be made in the Appendices to this Report.

Lawyer Consulted: Victoria Simpson

Date 03/02/2021

Equalities Implications:

- 7.3 The SRR is shared with the Equalities Team. It is a corporate requirement that equalities implications are included within the performance management framework which includes risk management. There is an expectation that data will be used to evidence how service improvements are being made which have the aim of reducing inequalities.

Sustainability Implications:

- 7.4 There are no direct implications.

Brexit Implications:

- 7.5 There are no direct implications in this report. SR35 specifically considers Brexit and actions which have taken place or are planned.

Any Other Significant Implications:

- 7.6 None.

SUPPORTING DOCUMENTATION

Appendices:

1. CAMMS Risk report SR13, SR33, SR15, SR38, SR25, SR24 and SR29.
2. A guide on the risk management process and how Members might want to ask questions of Risk Owners in relation to Strategic Risks

Background Documents

1. None.

Brighton & Hove City Council

Appendix 1 Strategic Risk Focus Report for
Audit & Standards Committee on 9 March 2021

SR13, SR33, SR15, SR38, SR24, SR29 and SR25

24-Feb-2021

Initial Rating

Revised Rating

		IMPACT				
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
LIKELIHOOD	Almost Certain (5)	0	0	0	0	0
	Likely (4)	0	0	1	4	0
	Possible (3)	0	0	2	0	0
	Unlikely (2)	0	0	0	0	0
	Almost Impossible (1)	0	0	0	0	0

		IMPACT				
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
LIKELIHOOD	Almost Certain (5)	0	0	0	0	0
	Likely (4)	0	0	0	0	0
	Possible (3)	0	0	3	4	0
	Unlikely (2)	0	0	0	0	0
	Almost Impossible (1)	0	0	0	0	0



1 - 3
Low
Monitor periodically

4 - 7
Moderate
Monitor if the risk levels increase

8 - 14
Significant
Review and ensure effective controls

15 - 25
High
Immediate action required & need to escalate to the management level above

Risk Details

Risk Code	Risk	Responsible Officer	Risk Category	Last Reviewed	Issue Type	Risk Treatment	Initial Rating	Revised Rating	Future Rating	Eff. of Control
SR13	Not keeping vulnerable adults safe from harm and abuse	Executive Director Health and Adult Social Care Practice Manager (Advanced Social Work Practitioner) Assistant Director Resources, Safeguarding and Performance	BHCC Strategic Risk, Legislative	27/01/21	Threat	Treat	 Red L4 x I4	 Amber L3 x I4		Revised: Uncertain

Causes

Link to Corporate Plan 2020-23. Outcome 6 'A Health and Caring city' and actions to 'support people to live independently' Keeping vulnerable adults safe from harm and abuse is a responsibility of the council. Brighton & Hove City Council has a statutory duty to co-ordinate safeguarding work across the city and the Safeguarding Adults Board. This work links partnerships across the Police and Health and Social Care providers. Under the Care Act, since 2015, the Local Authority has a statutory duty to enquire, or cause others to enquire, if it believes a person with care and support needs is experiencing or is at risk of harm and abuse and cannot protect themselves. In 2019/20 675 safeguarding enquiries were completed by the adult assessment service.

The Care and Support Statutory Guidance makes requirements regarding 'Making Safeguarding Personal' setting expectations for safeguarding work to be 'person led and outcomes focussed.'

Potential Consequence(s)

- * Failure to keep vulnerable adults safe from harm or abuse will pose risk to vulnerable citizens
- * Failure to meet statutory duties could result in legal challenge
- * Failure to respond to a more personalised approach could result in challenge
- * Inadequate budget provision could result failure to meet statutory requirements

Existing Controls

First Line of Defence: Management Controls

1. Local Safeguarding Adults Board (LSAB) work plan established, with independent leadership, with aligned LSAB sub group work plans. Strategic AD and senior manager input in place to ensure this works effectively and responds without delay to any arising issues.
2. Multi agency safeguarding adult procedures in place, for preventing, identifying, reporting and investigating allegations of harm and abuse, in line with Care Act requirements and endorsed by all 3 Sussex Safeguarding Adults Boards. Procedures are being reviewed January 2021 through working group for which our safeguarding adults lead is contributing to several chapters and oversight to ensure this works for the people, practitioners and for the business and strategic safeguarding objectives. Continuous professional development plan in place for social work qualified staff, including a training programme and Practice Development Groups, for Care Act and Mental Capacity Act requirements overseen by the Professional Standards Team (PSW). Impact of assessment staff training and uptake monitored through Audit Moderation panel and Statutory Duties Training Group.
3. For Adult Social Care (ASC) staff who have contact with vulnerable people, Safeguarding Awareness Training is Mandatory, and uptake is monitored through the LSAB Self Assessment submission.
4. BHCC Quality Monitoring Team oversee process in place to monitor quality of adult social care providers, in partnership with Clinical Commissioning Group (CCG), and Care Quality Commission (CQC). Creative solutions are utilised in response to highlighted risks and there is effective working together which supports quality and safeguarding objectives.
5. Violence Against Women and Girls training programme available for LSAB member organisations, and ASC Assessment Service staff enabled to attend.
6. Dedicated Principal Social Work post for adult services, ensuring well trained, motivated social work service, meeting continuous professional development requirements in line with Social Work Professional Capabilities Framework, including expectations for professional supervision.
7. Senior Social Work/Operational Management authorisation of all Mental Capacity assessments undertaken in ASC Assessment Service.
8. Named Enquiry Supervisor for all Safeguarding Enquiries undertaken in ASC Assessment Service.
9. Deprivation of Liberty Safeguards (DoLS) Team to lead and co-ordinate all DoLS referrals in line with statutory requirements.
10. Approved Mental Health Practitioner (AMHP) Operations Manager overseeing the AMHP Team to meet all relevant statutory requirements. This includes review (with Sussex Partnership Foundation Trust - SPFT) of demands on the service in light of changes to S136 legislation.
11. A range of materials and offers to signpost people to help inform good safeguarding is available e.g. on LSAB and Council website, safeguarding adult section.

Second Line of Defence: Corporate Oversight

1. Quality Assurance across key agencies, monitored by the Independently Chaired LSAB, with annual progress report on the LSAB work plan reported to Health and Wellbeing Board, and published for public availability.
2. Multi agency, and single agency safeguarding audits undertaken. The Safeguarding Adult Review sub group of the LSAB continues to meet monthly, and considers referrals for Safeguarding Adult Reviews, as well as looking at relevant coroner's rulings for the area.
3. Quarterly audit framework for adult social work service monitoring safeguarding enquiry practice are monitored by Audit Moderation Panel, and Corporate Performance Indicator (KPI) to monitor the outcome for the individual from the safeguarding intervention.
4. Care Governance Board overseeing Quality Monitoring and is attended by the CQC who share information which enables local risks to be considered and assessed.

5. Learning from Safeguarding Adult Reviews (SARs), monitored through SAR sub group of the LSAB.
6. Yearly Social Work Health Check undertaken jointly by Principal Social Workers in both Adult Social Care; and Families, Children & Learning.
7. LSAB Independent Chair meets quarterly with the 3 Statutory agencies for safeguarding, where Director of Adult Social Services (DASS) represents the Local Authority.
8. LSAB annual report to Health and Wellbeing Board, includes statutory progress report on LSAB work plan.
9. Pan Sussex Safeguarding adults procedures group, meets quarterly, to review and update Sussex Safeguarding Adults procedures regularly, ensuring they are legally compliant and responsive to local and national practice development and learning.
10. Departmental Management Team oversee developments and monitor risks to Department.
11. Joint monthly service improvement panel with partners, including the CCG, share inspection results, complaints and other issues for care provider quality.
12. HASC Directorate Plan includes safeguarding priorities.

Third Line of Defence: Independent Assurance

1. For the council's in-house registered care services CQC Inspections on an on-going regular basis. Information on council website re. inspection results: <https://www.brighton-hove.gov.uk/content/social-care/getting-touch-and-how-were-doing/adult-social-care-inspection-reports-council>
2. CQC's programme of inspections of all registered care providers are published weekly and available on CQC's website www.cqc.org.uk. These are monitored for local relevance by the council's Quality Monitoring team managed by the Head of Adult Safeguarding.
3. Safeguarding referrals through the Adult Social Care's 'Access Point', the point of public contact for issues relating to Adults, can be made by anyone including other professionals, GPs, Police, neighbours, friends. Access Point safeguarding referrals are assessed by Senior Social Workers.

Reason for Uncertainty in Effectiveness of Controls: The city council has arrangements in place to manage this potential risk which are regularly reviewed; however, despite efforts there are no guarantees that there will not be incidents.

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
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Continue to learn from Safeguarding Adult Reviews, coroners inquests and case reviews	Practice Manager (Advanced Social Work Practitioner)	40	31/03/22	01/04/15	31/03/22
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Comments: Jan 21 update - a decision has been made to pause some areas of the Safeguarding Adults Board such as full board meeting, the multi agency procedures meeting (task and finish continuing) and sub groups paused for example learning and development and quality assurance. Safeguarding Adults Review panel will continue and an increasing number of referrals continue around deaths in the city where multiple agencies had contact, so this is priority work. A number of these are also in inquest so important to continue this work. SAR J is continuing and a practitioner event has been completed which is a new style and more beneficial for practitioners involved and in quality of multi agency learning. The non engagement audit has now been completed and is in draft report stage from the SAB.

Nov 20 update - during Covid-19 pandemic some areas of the Safeguarding Adults Board were paused, such as the June Board meeting were cancelled to allow all partner organisations to focus on immediate priorities. The Board in September 2020 was held virtually with full attendance. During this period the Safeguarding Adult Review (SAR) sub group continued to meet monthly, and referrals for reviews were scrutinised, and current reviews continued to be worked on, ensuring the SAB was meeting its statutory duties. Good progress and development has been made against the workplan and a number of new referrals considered and reviews commissioned.

A Quality Assurance multi agency audit on non engagement has commenced in October with a high level of multi agency commitment and interest in considering this complex area. A multi agency improvement action plan is being drafted.

July 20 update - during Covid-19 pandemic some areas of the Safeguarding Adults Board were paused, such as the June Board meeting was cancelled to allow all partner organisations to focus on immediate priorities. The Board in September 2020 will be held virtually. During this period the Safeguarding Adult Review (SAR) sub group continued to meet monthly, and referrals for reviews were scrutinised, and current reviews were continued to be worked on, ensuring the SAB was meeting its statutory duties.

May 20 update - work continues to deliver our statutory duties and we work with partners, examples are given in the previous updates below.

January 20 update - A Safeguarding Adults Review was undertaken (called SAR X) written by an Independent Author commissioned by the Local Safeguarding Adults Board (LSAB) following the death of a person who was homeless, who was at times not engaging with support agencies, and with a Personality Disorder. The review was commissioned by the LSAB in April 2016.

The SAR Sub Group of the LSAB (Chaired by B&H Health) has finalised the SAR X Action plan.

The SAR X Action Plan is reviewed and monitored via the SAR Sub Group, which reports to the LSAB. The SAR Sub Group will monitor the completion of the Action Plan. Reviewed at the SAR Sub Group 18/03/2019 and noted to be completed.

SAR X summary is published on the LSAB website <http://brightonandhovelscb.org.uk/safeguarding-adults-board/safeguarding-adults-reviews/>.

A briefing regarding SAR X has been completed, and has been circulated to all LSAB member organisations for staff awareness.

A multi agency audit has been completed by the LSAB regarding adherence to requirements of the Mental Capacity Act. An Action Plan has been drawn up from this audit, which has agreed at the Quality Assurance Sub Group of the LSAB on 21/01/2019. Progress on the Action Plan is be monitored through the Quality Assurance Sub Group and reported to the LSAB, and is noted as on target for completion.

An audit regarding adherence to Making Safeguarding personal principles has been undertaken in September 2019. The action plan was agreed at the next Quality Assurance Sub Group on 14/10/2019, and progress on it will be reported to the sub group on 28/01/2019.

All 3 Sussex Safeguarding Boards have committed to Social Care Institute of Excellence Learning Review methodology, and a number of SAB members have attended training on this in order to become reviewers.

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Develop and deliver Advance level Safeguarding training for senior and experienced social workers	Practice Manager (Advanced Social Work Practitioner)	100	31/03/20	01/06/18	31/03/20
<p>Comments: Jan 21: New programme of safeguarding training is being developed with virtual rollout planned January/February 2021. Delivery of training started 26th March 2019. Course content has been developed in consultation with the assessment team. This course is for senior and experienced social workers, focussing on complex safeguarding cases. Monitoring of the take up and effectiveness of this course is through the Statutory Duties Training Group, chaired by the Principal Social Worker. The target for delivery is 80% of all staff who require it to have attended the training by 31/3/20. This was on track and delivered by end February 20.</p>					
Monitor progress of legislative change from DoLS to Liberty Protection Safeguards	Practice Manager (Advanced Social Work Practitioner)	75	01/04/23	01/04/19	01/04/23
<p>Comments: Jan 21: Programme paused due to legislative delay, national and local development not realistically expected before October 2021.</p> <p>Initial multi agency planning meetings were held as the implementation date for the legislation was October 20, and the DoLS lead gave an update presentation to the Safeguarding Adult board members 16th September 2019. The target implementation date of the legislation is now 1 April 2022. Prior to then a revised Mental Capacity Act (MCA) Code of Practice will be published by Government which will bring clarity to some outstanding questions as to how LPS will work in practice. This Action is therefore delayed until this Code of Practice is published.</p>					
<p>Next steps:</p> <ol style="list-style-type: none"> 1. Await published MCA Code of Practice and then re-establish multi agency planning group. 2. DoLS Lead continues to keep updated on progress of potential Code of Practice, by linking in with South East Leads group (ongoing, DoLS Lead) 					

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Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Programme of Prevent training to be rolled out to all Assessment Service staff in contact with citizens, Senior Social Workers and Operations Managers, and Registered Managers of provider services. All relevant staff to have attended training.	Practice Manager (Advanced Social Work Practitioner)	20	31/03/21	20/01/17	31/03/21

Comments: Jan 21:

Development of this area which remains a key issue and risk is going with the safeguarding lead undertaking a number of exploratory planning measures with workforce development and the prevent lead. solutions and development plans are still being progressed despite the further acute covid period. the prevent training has been added as a mandatory induction activity across HASC now and an increase in relevant learning short briefing communications has started. there is still significant development to be made on the training issue and an update will be provided to the March Prevent board.

Nov 20 update: due to the Covid-19 pandemic training plans in HASC for Prevent have been paused, and no further progress on completing face to face training has been able to be made. Access to the Home Office e-learning package for all staff continues in the interim and the HASC mandatory induction programme has been updated to reflect the importance of ensuring this training is completed. The HASC Safeguarding Lead has addressed the low percentage and discussed solutions with workforce development team through the statutory duties group and sought further information. This has also been addressed with the PREVENT Lead with a targeted list of key front line staff provided and a request to provide bespoke sessions, which has been agreed (dates TBC) Contact has been made with the home office regarding sharing high level data to gauge completion of the elearning course. Regular communications are shared between the PREVENT Lead and the Safeguarding Lead and these are disseminated as requested through the assessment team workforce Due to staff turnover and the current available data on the elearning course the percentage progress on this target has reduced from 75% to 20% to more accurately reflect the current known assured staff completion rate of Prevent training. This area is in development with further improvement actions sought.

July 20 update: due to the Covid-19 pandemic training plans in HASC for Prevent have been paused, and no further progress on completing face to face training has been able to be made. Plans are now being made to restart this programme virtually. Access to the e-learning for all staff continues in the interim. Due to staff turnover the percentage progress on this target has reduced from 75% to 50% to more accurately reflect the current staff completion of the face to face Prevent training.

97 staff have been trained so far, which is 65% of the target workforce (150). The aim had been for full completion by April 2019. Unfortunately due to staff undertaking the training having moved roles, we have been delayed in completing this action. 3 staff have been identified to undertake the training, and they are awaiting the opportunity to undertake the training course which will then enable them to deliver this training to HASC staff so that

we can then complete the training target. In the interim all staff have been requested to complete the Home Office Prevent e-learning training, and a reminder of this has gone to HASC staff through the 'In the Loop' communication newsletter. As this is Home Office training it is not possible to get a local read out of uptake, and is therefore monitored through line management via the PDP and supervision process. The Quality Monitoring Team has had a training session by the Prevent Lead, and are incorporating learning from this into their quality audit visits of commissioned adult social care providers.

First Line of Defence: Management Controls

1. The CCG operates across 7 Primary Care Networks (PCNs). From April 2017 three Social Care District teams support these PCNs so that social care operational work is aligned. Further reorganisation has been completed to streamline activity into 2 pathways to meet need.
2. Better Care Board established (high level and cross sector representation) and co-chaired by Executive Director Health & Adult Social Care and CCG Director of Commissioning, with oversight by Health & Wellbeing Board.
3. Health & Social Care Partnership Board (HSCP) jointly chaired by CCG and BHCC meets monthly to identify and collaboratively plan for service delivery.
4. Health & Wellbeing Strategy adopted in March 2019.
5. Considerable collaborative operational working is being delivered within both the hospital social work teams and community adult social work teams. As part of the Covid-19 response we worked with partners to expedite set up of the Discharge Hub at Royal Sussex County Hospital in order to implement the community pathways (July 20) for discharge review of people leaving hospital care.
6. 2nd Tier of Mental Health Integrated Services with Sussex Partnership Foundation Trust (SPFT) involve BHCC staff seconded to SPFT within the framework for the revised S75 agreement.

Second Line of Defence: Corporate Oversight

1. Health & Wellbeing Board being reviewed with consultation taking place. Proposals planned to come to HWB in Jan 2021 to help deliver a collaborative approach, including oversight of the Better Care Plan.
2. Better Care Plans in place. Section 75 agreement currently being reviewed.
3. Partnership work agreed and submitting an annual Better Care Plan since the deadline in March 2014. Revised Better Care plan for 2017-19 submitted and approved.

Third Line of Defence - Independent Assurance

1. NHS England signed Better Care Plan, submitted Nov 2017 (approved with 2 conditions, addressed).
2. Quarterly Better Care submissions to NHS England ongoing. There has not been any challenge back from NHS England.
3. Internal Audit - No specific Internal Audit work in 2017/18. In 2016/17 internal audit work reviewing the Better Care Fund gave Limited Assurance. of Controls - Partners' budgets are often determined by Government.

Reason for Uncertain status of Effectiveness of Controls - This risk is affected by changes affecting a number of organisations which contribute to the health care system.

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
<p>A new D2A (discharge to assess) pathway commenced 6/1/20 which determines 3 pathways for patients and Pathway 1 (D2A) is being reviewed commencing with a Task & Finish group to consider how further efficiencies and improved flow can be delivered.</p> <p>Comments: A multi-agency Discharge (DC) HUB established since May 2020 works to ensure adherence to Government discharge guidance issued in August 20. This enables an improved co-ordinated approach to implement effective discharge pathways as agreed in accordance with the revised Discharge to Assess (Home First) aka D2A pathways first implemented in January 2020. This includes a performance dash board supported by an adopted NHS programme. Performance is tracked in HASC Directorate Plan 1.4.5.2. Demand and capacity is co-ordinated by the Operational Command Group, consisting of senior representatives of leadership across both the health and social care system. Performance reviews are closely monitored in these exceptional times of demand and challenges. In preparation for this D2A in December 2018 the city council's HASC directorate re-structured Social Work teams aligned to new pathways and ongoing reviews will continue to ensure pathway re-alignment/simplification with partners.</p>	Assistant Director - Operations and Transformation	80	31/03/22	01/04/16	31/03/22
Further integration with Primary Care Clusters	Assistant Director - Operations and Transformation	55	30/06/21	01/04/16	30/06/21
<p>Comments: This worked has been slowed by COVID. However, work is underway to both develop an early help model and consider how all social work assessments teams are organised to enable delivery of the our Target Operating Model (TOM). This work is being progressed and monitored via the new HASC Modernisation programme.</p>					
Plan Admission Avoidance with SCFT to extend delivery of social care responsibilities and enable more effective services	Assistant Director - Operations and Transformation	35	31/03/21	02/01/18	31/03/21

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
<p>Comments: January 2021 update – please see previous comments and note this work has not progressed due to Covid-19 response but we will focus on delivery as soon as we are able to.</p> <p>Sept 20 update: Pressure on system to support hospital discharge has remained the focus. The work aligned to admission avoidance has not as yet been progressed.</p> <p>May 20 update - The focus of work has mostly been on discharge through the multi-agency discharge hub (involves BSUH, SPFT and BHCC) to utilise increased opportunities to divert clients as appropriate at the 'front door'. There has been a slight progression but focus of partners is diverted by Covid-19.</p> <p>Previous update as at Oct 2019 update - Reviewing the Hospital rapid discharge team to prevent admission, through4 social workers working on the acute floor with nurses and therapists. The aim is by December 2019 to triage at the first stage to prevent admission to hospital where possible.</p>					

Risk Code	Risk	Responsible Officer	Risk Category	Last Reviewed	Issue Type	Risk Treatment	Initial Rating	Revised Rating	Future Rating	Eff. of Control
SR33	Not providing adequate accommodation and support for people with significant and complex needs	Executive Director Health and Adult Social Care Head of Adult Social Care Commissioning Assistant Director Resources, Safeguarding and Performance	BHCC Strategic Risk	27/01/21	Threat	Treat	 L4 x 14	 L3 x 14		Revised: Adequate

Causes

Link to Corporate Plan 2020-23. Outcome 6 'A Healthy and Caring City', action 6.2 'support people to live independently'.

Unclear needs assessment for clients in this group and likely demand

Cross planning across organisations and services is complex

Services are not able to cope with demand

Lack of affordable accommodation within the city and housing benefit changes

Potential Consequence(s)

People are placed in inappropriate accommodation which may present a danger or risk to them or others

People may not get the appropriate services and support to address their needs

Placing people in unsuitable accommodation for their needs

Failure to review ongoing needs of individuals and their family once initially housed

Clients are not supported appropriately

Public services deal with the effect, e.g. hospital admissions, anti-social behaviour, self-harm

Increased financial pressures are ongoing, especially considering the context of post Covid-19

Outcomes for services and clients are not achieved

Existing Controls

First Line of Defence - Management Controls

Housing Strategy.

Rough Sleeping and Homelessness Strategies are combined into a single plan as approved at Full Council in December 2019

Greater cross-directorate recognition of pressures and delivery issues between housing and adult social care led by Executive Directors (EDs) and senior officers.

Rough sleeping and single homeless persons services are commissioned and will be reviewed as an ongoing process.

Five year plans prepared for agreement at Strategic Accommodation Board (SAB) when business as usual continues post Covid-19.

The Health and Wellbeing Strategy is delivering the Joint Strategic Needs Assessment on people with multiple and complex needs as part of its Living ; Ageing Well Workstreams.

Second Line of Defence - Corporate Oversight

1. Strategic Accommodation Board is a cross-council group, meeting bi-monthly, chaired by ED HASC and is formed of ED Housing, Neighbourhood and Communities (HCN), senior directorate representatives to supplement housing strategy and enable focus on vulnerable adults and children. Strategic action plan now being developed focussing upon available council sites and Clinical Commissioning Group (CCG) also attend as co-strategic partner.

2. Rough Sleeping Strategy Board, cross organisational meets quarterly, chaired by Head of Policy & Partnerships on behalf of City Management Board.

3. Safeguarding Adults Partnership Board (SAPB) learning from current cases escalated by officers or others e.g. the Local Government & Social Care Ombudsman (LGSCO).

4. Health & Wellbeing Board; Housing Committee.

Third Line of Defence - Independent Assurance

1. Independently chaired Local Safeguarding Adults Board meets quarterly and provides an annual report to the Health & Wellbeing Board.

2. Independently chaired Local Safeguarding Children Board meets quarterly and provides an annual report to the Health & Wellbeing Board.

3. Internal Audit - This is risk was agreed March 2018. No specific Internal Audit work.

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Develop and roll out communication with Tier 4 managers to be aware of role of the Local Safeguarding Adults Board (LSAB) to improve escalation cases and referrals for Safeguarding Adults Reviews	Assistant Director Resources, Safeguarding and Performance	50	31/03/21	12/07/18	31/03/21

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
<p>Comments: The Local Safeguarding Adults Board (LSAB) has a statutory duty to undertake Safeguarding Adult Reviews (SAR) under certain circumstances such as the death of a person with care and support needs where abuse of neglect was a factor and there is scope for multi agency learning. A Sussex SAR protocol has been launched in September 20, and the B&H LSAB has been raising awareness of this protocol with Tier 4 managers in HASC by attending management meetings to discuss. A current SAR is being completed; HASC and HNC managers have been part of a practitioner event in January 21 to look at the learning from this case, and a wider multi agency Learning Event is planned in February 21 once the SAR is completed.</p>					
<p>Ensure our overall customer service is compliant with Homeless Code of Guidance and our Housing Allocations Policy, including close working with Adult Social Care and / or Children, Families & Schools so we have a holistic view of the overall household needs and any ASC / CFS accommodation or other duties that may apply</p>	Assistant Director Housing	45	31/03/22	01/08/19	31/03/22
<p>Comments: We are compliant with the homeless code of Guidance. Separately we are looking at how we improve customer service and are planning a service transformation in this respect, incorporating the principles of a psychologically improved environment. This has been delayed owing to pressures on the service arising from Covid-19 pandemic. With regard to the Allocation Policy, and more pertinently the Allocation Plan, this is aligned with ASC and Children Family and Schools to help meet housing needs across the council. We are also working cross directorate to obtain a holistic view of a households needs. We have made temporary adjustments to the Allocations Plan in light of the pandemic which have been reported to Housing Committee (September 2020 and November 2020) with a further report on full year impact in March 2021. A review of the Allocations Policy is planned for 2021/22.</p>					
<p>Ensure our timely provision of appropriate Temporary Accommodation via Housing, within our commissioning of any specialist accommodation whereby we have a joint discussion on city housing needs and accommodation requirements for specialist housing groups via Strategic Accommodation Board</p>	Assistant Director Housing	50	31/08/21	01/08/19	31/08/21

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
<p>Comments: Re-procurement of Temporary Accommodation has been delayed owing to Covid-19. We anticipate this will proceed during Q4 2020/21. We have included feedback from Adult Social Care (ASC) in developing the specification. In addition specialist accommodation requirements are happening via the Strategic Accommodation Board .</p>					
<p>Needs Assessment using Public Health data and other intelligence to inform adult social care commissioning - demands analysed, resource availability and reported to Strategic Board and communicated to provider market and partners to develop capacity</p>	<p>Head of Adult Social Care Commissioning</p>	<p>30</p>	<p>31/03/22</p>	<p>01/02/18</p>	<p>31/03/22</p>
<p>Comments: We continue to deliver in accordance with the agreed Commissioning Strategy against the identified priority areas to ensure we have the right services to meet needs. The Community Strategy has informed the development of the Market position statement as reported to HWB. Some analysis has been provided to Strategic Accommodation Board, e.g. implementation agreed learning Disability accommodation review undertaken and reported to Health & Wellbeing Board on 6/3/18. An older peoples accommodation needs assessment was commissioned through Housing Link in August 2019 and supports both commissioning and planning/development opportunities that might arise or be proposed.</p>					
<p>Service Review of inhouse hostel provision now links to the Supported Accommodation review to develop improvements and meet future needs</p>	<p>Assistant Director Resources, Safeguarding and Performance</p>	<p>30</p>	<p>30/09/20</p>	<p>01/04/19</p>	<p>30/09/20</p>

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
<p>Comments: Oct 20 update: Completion of Service Review of in house hostels has been delayed due to the Covid-19 response. May 20 update: Work is in progress and will be monitored in the context of post Covid-19 Oct 19 - Homeless Link commissioned to carry out review with report to be made to lead Members at end Nov 19. June 19 - The scoping of this review is underway, working with the CCG and relevant partners. Progress reports will be reported to SteerCo- Sustainable Social Care; and the Accident & Emergency Delivery Board. Organisation has now been commissioned (Homeless Link) and kick start of meeting planning for end of July 2019.</p>					

Risk Details

Risk Code	Risk	Responsible Officer	Risk Category	Last Reviewed	Issue Type	Risk Treatment	Initial Rating	Revised Rating	Future Rating	Eff. of Control
SR15	Not keeping children safe from harm and abuse	Executive Director Families, Children & Learning Service Manager - Directorate Policy & Business Support	BHCC Strategic Risk, Legislative	27/01/21	Threat	Treat	 L4 x I4	 L3 x I4		Revised: Uncertain

Causes

Link to Corporate Plan 2020-23. Outcome 4: 'A growing and learning city' and actions linked to 'Ensure that no child or family are left behind' Keeping vulnerable children safe from harm and abuse is a legal responsibility of the Council. Legislation requires all local authorities to act in accordance with national guidance (Working Together) to ensure robust safeguarding practice. This includes the responsibility to ensure an effective partnership, from Sept. 19 it is the Brighton & Hove Safeguarding Children Partnership (BHSCP), which oversees work locally and in partnership with Police, Health and social care providers. Despite a reduction since 2015 the numbers of children in care and those on Child Protection Plans remain higher than in similar authorities. Relecting the national picture the number of children and young people (CYP) who are vulnerable to exploitation is also of concern.

Potential Consequence(s)

The complexity of circumstances for many children presents a constant state of risk which demands informed and reflective professional judgement, and often urgent and decisive action, by all agencies using agreed thresholds and procedures. Such complexity inevitably presents a high degree of risk. Children subject to abuse, exploitation and/or neglect are unlikely to achieve and maintain a satisfactory level of health or development, or their health and development will be significantly impaired. In some circumstances, abuse and neglect may lead to a child's death.

Existing Controls

First Line of Defence: Management Controls

1. Robust quality assurance processes embedded and reported quarterly to Directorate Performance Board and onto the Corporate Safeguarding Board twice a year
2. Single access point ('Front Door for Families') for support and safeguarding issues relating to children operated from May 2017. The service is a multi-agency and has responsibility for and oversight of both the Multi-Agency Safeguarding Hub (MASH) and early help referrals to provide robust risk

assessments and information sharing between partner agencies

3. Brighton & Hove Safe Guarding Children's Partnership (BHSCP) Work Plan established with strong leadership by the Independent Chair with aligned BHSCP sub-group work plans
4. Serious Case, Local Management and Child Death Reviews identify learning and action for improvement
5. The directorate has full engagement with the BHSCP
6. There is a strong focus on working with CYP at risk of being missing from care, home and education
7. The local Troubled Families programme targets support to the most vulnerable families
8. Continuous professional development (CPD) and training opportunities offered by the BHSCP and good multi agency take up of training; and in house Continuing Professional Development offer
9. In line with the Government's Prevent Strategy, work with the Police, Statutory Partners, Third Sector Organisations and Communities to reduce radicalisation
10. Threshold document, agreed by all agencies, is currently being reviewed and a new version will be published by summer 2021.
11. Relationship based model of practice operates for social work teams, with Pods (social work teams) in place to provide stability to service users
12. Performance management across children's social work enables a more informed view on current activity and planning for future service changes
13. Adolescent Vulnerability Risk Meetings held fortnightly to consider individual cases where it is considered there is a higher risk of exploitation
15. Robust performance framework in place with quarterly Performance Boards, chaired by the Acting Executive Director to ensure robust service delivery.

Second Line of Defence: Corporate Oversight

1. Early Help system redesigned in 2017 and new structure in place
2. Safeguarding Quality Assurance within the city and also across key agencies, monitored by the BHSCP Monitoring & Evaluation Subcommittee, meets quarterly
3. Corporate Parenting Board meets quarterly with opportunity for cross-party members, including Heads of Service, Assistant Directors and the Acting ED FCL, to receive information on children in care and children leaving care
4. Reports delivered to BHSCP. following robust auditing of multi-agency case files and safeguarding practice
5. Cross directorate Annual Practice Week developed where senior leaders meet with front line staff to discuss individual cases, picking up best practice examples of positive impact plus discussing any barriers faced by both workers and families
6. Council appointed VVE co-ordinator who reports regularly to the Community Partnership

Third Line of Defence: Independent Assurance

1. Ofsted inspected our social work arrangements in July 2018, the overall judgement was 'Good' and an action plan has developed to take forward recommendations, most recently reported to CYP Committee in November 2019
2. The audit of Front Door for Families in August 2018 gave us Reasonable Assurance
3. Yearly discussion between the Ofsted Regional Director (RD) and each local authority (LA) Director of Children's Services (DCS) in the region through an 'annual conversation'. This was last held in February 2020 it covered social care, special educational needs and education, including Early Years and Further Education & Skills. The next meeting is scheduled for February 2021.

4. In January 2020 the Local Government Association (LGA) reviewed Early Help processes and the recommendations will be taken forward as part of a wider city wide Early Help review during 2021.

5. In February 2020 Ofsted understood a focussed visit looking at services to children in need and children with child protection plans. Ofsted were pleased with the progress made since their visit in 2018 and the improvement plans have been adjusted according to their most recent feedback.

Reason for Uncertainty in Effectiveness of Controls: The city council has arrangements in place to manage this potential risk which are regularly reviewed; however, despite efforts there are no guarantees that there will not be incidents.

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Continue to provide the family coaching offer from the Integrated Team Around the Family & Young People (ITFYP) to the most vulnerable families.	Integrated Team for Families Manager	60	31/03/22	01/04/19	31/03/22
<p>Comments: The existing family coaches are continuing to focus on working with vulnerable families just below the social work level. Cases are referred from the Front Door for Families to the ITF and Parenting Manager who triages all cases. Most cases are not eligible for the Troubled Families Programme as they have been worked with in the past. There are also two Family Coaches who support Young Carers. From April 2019 a new team of Primary Family Coaches was established using the Earned Autonomy funding to pilot preventative work with families at a lower level of need. The LGA review in 2020 found this work to be effective.</p>					
High quality social work is provided to ensure that Children & Young People (CYP) are effectively safeguarded	Assistant Director - Children's Safeguarding and Care	60	31/03/22	01/04/16	31/03/22
<p>Comments: In February 2020 Ofsted understood a focussed visit looking at services to children in need and children with child protection plans. Ofsted were pleased with the progress made since their visit in July 2018 and the improvement plans have been adjusted according to their most recent feedback. This builds on the Ofsted Inspection of Local Authority Children's Services (ILACS) which provided an overall judgement of Good social work provision being provided for children and families. The social work workforce remains stable with a low vacancy rate, and we have not had any agency social workers in post since September 2017. This has provided continuity and consistency for children and their families and further supported relationship based social work.</p>					
Scope and implement a city wide early help review	Head of Early Years, Youth and Family Support	10	31/12/21	01/01/21	31/12/21

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Comments: An Early Help System Review was completed and reported to the Early Help Partnership Board in December 2020.					
The Brighton & Hove Safeguarding Children Partnership (BHSCP) will continue to monitor safeguarding delivery across all agencies in the city to ensure effective safeguarding is in place.	Executive Director, Families, Children & Learning	60	31/03/22	01/04/19	31/03/22

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
<p>Comments: The Brighton & Hove Safeguarding Children Partnership (formerly the LSCB) launched its new safeguarding arrangements on 29/9/19. A Steering Group comprising of the below meets quarterly.</p>					
<ul style="list-style-type: none"> • The nominated officers for the three lead safeguarding partners • The independent scrutineer • The designated professionals for the 3 lead safeguarding partners • The chairs of the BHSCP subgroups • A representative from the Community Safety Partnership (CSP) • A professional to represent schools and early years • People with expertise (including members of the Youth Reference Group) if required to discuss specific issues. 					
<p>This group will be responsible for the following:</p> <ul style="list-style-type: none"> • Analysis of multi-agency statistics, performance measures and outcomes • Scrutiny of reports • Section 11 self-assessments and challenge events • Practitioner and partnership challenge events • Oversight of Child Safeguarding Practice Reviews (CSPRs) • Developing & overseeing the overarching strategic aims of the BHSCP 					
<p>The Steering Group are current developing the overarching strategic aims of the BHSCP. An annual programme of multi-agency thematic auditing to test the effectiveness of local safeguarding arrangements is already in place and will remain in place. Learning audit activity fed will continue to feed into the BHSCP learning and development offer and cascaded across the safeguarding partnership. A multi-agency audit programme is bedveloped, agreed with partners and findings shared. This is supported by the (Quality Assurance Programme Manager, BHSCP).</p>					

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Risk Code	Risk	Responsible Officer	Risk Category	Last Reviewed	Issue Type	Risk Treatment	Initial Rating	Revised Rating	Future Rating	Eff. of Control
SR38	Difficulty in restoring trust and confidence in the home to school transport service and sourcing sufficient capacity to resolve issues raised by the independent review.	Executive Director Families, Children & Learning Service Manager - Directorate Policy & Business Support Assistant Director Education & Skills	BHCC Strategic Risk	27/01/21	Threat	Treat	Amber L3 x I4	Amber L3 x I3		Revised: Adequate

Causes

Link to Corporate Plan 2020-23. Outcome 4 A growing and learning city, action 4.3 Ensure that no child or family is left behind
Changes to transport contract arrangements for Home to School Transport (HTST) in the summer of 2019 led to a range of operational difficulties at the start of the autumn term 2019. Although many of those issues were resolved within a few weeks, , there are some significant residual problems with contractual compliance, with associated risks to the safety and wellbeing of children and the reputation of the council. The response to the recommendations from the independent review into HTST requires additional capacity, not only from the HTST team, but from a range of corporate central services (commissioning, procurement, finance, legal, Health and Safety, Learning Development, Customer Service etc.).

Potential Consequence(s)

1. compromised pupil safety
2. parental trust and confidence not repaired
3. reputational damage to council
4. recommendations from independent review not actioned
5. strain on capacity and increased levels of stress for staff
6. emergency arrangements increase budget overspend

Existing Controls

First Line of Defence: Management Action

1. Co-production working agreement for all new plans and policy with Parent and Carer Council (PACC)/Amaze (a group supporting families with SEND and other complex needs).
2. Co-produced action plan to respond to the recommendations in the LGA independent review
3. New online training programme developed and delivered for all transport drivers and vehicle passenger assistants
4. Regular communications to parents and carers
5. Survey of schools' experience of transport at the end of the summer term 2020
6. Survey of families' experience of transport at the start of the Autumn term 2020
7. Recruitment of enhanced team with interim temporary increase in capacity meantime
8. Termly contract reviews against KPIs with transport providers
9. Monitoring of transport arrangements at key school sites
10. Additional temporary leadership capacity to tackle strategic issues going forward
11. Robust response to the pandemic, ensuring appropriate changes to service delivery, the dissemination of advice and guidance on safety to families, transport providers and schools, and the arrangement of social distancing on all transport vehicles.

Second Line of Defence: Corporate Oversight

1. Member Policy Panel reported their findings and recommendations to CYPS committee in November 2020, following a series of public meetings.
2. Additional resources agreed at Policy & Resources Committee, June 2020 to enhance service delivery.

Third Line of Defence: Independent Assurance

1. January 2020 external HTST review with recommendations co-ordinated by the Local Government Association.
2. A report on procurement arrangements to be presented to the Audit & Standards Committee in March 2021.

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Review service structure of Home to School Transport team and identify need for additional capacity to ensure effective delivery going forward.	Assistant Director Education & Skills	80	31/03/21	26/03/20	31/03/21
Comments: Policy & Resources Committee in June 2020 agreed to an increase in base budget and an increase in staffing for the HTST team. Progress to date includes the recruitment of a permanent team manager, alongside an administrative assistant. Other posts are being recruited currently and some re-gradings considered.					

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Work with PACC and aMAZE to restore parental confidence via a co-produced 'lessons learned' and strategic action plan	Assistant Director Education & Skills	60	31/12/21	17/01/20	31/12/21
<p>Comments: The Co-produced Action Plan between the HTST team and PaCC was reviewed by the Members' Policy Panel in July 2020 and all actions were on track. Agreed to include a survey of parents and carers in the autumn as well as the spring terms and this is underway, with positive feedback to date.</p> <p>An action plan is being implemented and progress is being overseen by PACC and aMAZE.</p>					

Risk Code	Risk	Responsible Officer	Risk Category	Last Reviewed	Issue Type	Risk Treatment	Initial Rating	Revised Rating	Future Rating	Eff. of Control
SR24	In the context of Covid-19 the needs and demands for services arising from the changing and evolving landscape of Welfare Reform is not effectively supported by the council	Deputy Chief Finance Officer Revenues & Benefits Manager	BHCC Strategic Risk	27/01/21	Threat	Treat	Amber L4 x I3	Amber L3 x I3		Revised: Uncertain

Causes

Link to Corporate Plan 2020-23. Outcome 2: A City Working for All and action 2.1 Build community wealth
 Covid-19 has meant significant economic, business, social and welfare impacts on how Brighton & Hove City Council (BHCC) and its partners provide support and rollout Universal Credit (UC). There are increasing implications for staffing levels within services; rent collection; council tax collection, and pressures on social services and homeless services.

This links to the planned gradual process for all Housing Benefit claimants to move across to Universal Credit (UC) between 2019 and 2024 which was informed by an 18 month work programme with the Local Government Association (LGA).

Potential Consequence(s)

Covid-19 has meant BHCC and partners approaches have changed immediately, the medium and long term delivery arrangements are to be determined as the impacts evolve.

The lead agency for UC is the Department for Work and Pensions (DWP) who have adapted and streamlined their processes and brought in extra resource to process claims.

Increased service pressures on housing and social services.

Greatly increased volume of Universal Credit claims – at the start of the lockdown, there were as many claims, nationally, in one weekend (around 500,000) as are usually received in one month.

Increase of food poverty, money flow, property rent arrears, and growing Council Tax arrears

People out of work may now have their benefit capped (for those in work there is no cap)

Significant extra pressure on discretionary budgets.

Decreased rent and Council Tax collection.

Existing Controls

First Line of Defence: Management Actions

Covid-19 update - existing controls are denoted by alphabetic bullets

First Line of Defence: Management Controls

Covid-19 mitigations include:

- a) BHCC Local Discretionary Social Fund provides assistance with emergency food vouchers, fuel etc.
- b) Community Hub set up at BHCC to deal with requests for help from the public. Referral routes now established to welfare rights, money advice, food banks
- c) Links established with Community & Voluntary Sector (CVS) at a strategic level to ensure an appropriate city wide response
- d) BHCC implementing government measures, e.g. increasing amount of Universal Credit and Tax Credits, and allowing up to an extra £150 (as at April 2020) for Council Tax Reduction recipients
- e) BHCC playing its part in delivery of Government support for businesses, including the Business Grants systems
- f) BHCC Benefit Cap (Welfare Reform) team will deal with new cases coming in, as per current procedures

BHCC regular non-Covid existing controls are denoted by numeric bullets:

1. BHCC Welfare Rights, Welfare Reform and Discretionary Help and Advice teams monitor welfare changes and coordinate a corporate response to them.
2. A new work programme for ongoing delivery has been established with a small number of other Local Authorities and the LGA to improve our approach to financial support across the authority.
3. Ongoing meetings are held with Department for Works Pensions (DWP) about change to Universal Credit (UC) and how we respond to vulnerability.
4. Council Tax Reduction (CTR) rules can be set and changed by the BHCC and have been reviewed for the 2020/21 year. It was decided that no changes to the scheme 2020/21 but the budget for additional discretionary help with Council Tax Reduction was increased by 33% from £0.150m to £0.200m. The budget for 2020/21 is projected to be fully spent before the end of the year. The scheme has been reviewed for 2021/22 and will increase the discount from 80% to 82% and remove minimum awards as well as maintaining the discretionary fund at £0.200m (approved by Full Council January 2021).

5. BHCC has other discretionary funds, which as at January 2021 (Discretionary Housing Payments and Local Discretionary Social Fund) have exceeded their allocated budgets and will be reported for Member decisions via TBM.
6. Provide caseworking support directly to customers most significantly affected by the changes, eg benefit capped, or contesting a DWP benefit decision, or being given benefit advice and support.
7. Regular links maintained with advice and voluntary sector so impacts on citizens can be judged eg through the Advisory Services Network.

Second Line of Defence Corporate Oversight:

1. New Welfare Board, to develop a joined up response across all relevant services . It will be chaired by the Executive Director of Housing, Neighbourhoods and Communities from April 2021.

2. Executive Leadership Team (ELT) Full Council, Policy & Resources Committee remain fully focused on this risk.

Third Line of Defence Independent Assurance:

Internal Audit - Audit took place over the end of 2017/beginning of 2018. Final report issued Feb 2018 Substantial Assurance. 2018/19 . Welfare Reform (Substantial Assurance). Further reviews are planned in 2021/22.

Reason for Uncertainty of Effectiveness of Controls: The significant economic, business, social and welfare impacts of Covid-19 and the existing known difficulties for BHCC and its partners to deliver welfare reform, e.g. inability to project accurately the number of families who may require extra assistance from the agencies either in terms of housing need or increased demand for other services. Previous experience suggests that some may find a way to close income gaps, but the position is not fully understood. A government decision on the continuation of the £20 pw Universal Credit award may be key to minimising the impact of the pandemic.

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Benefit cap - casework support programme to support people affected by the benefit cap	Revenues & Benefits Manager	50	31/03/22	01/06/15	31/03/22

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
<p>Comments: 1. Team helps people who have been Benefit capped to find work/access training and support / claim relevant benefits and assistance in order to come off the Benefit Cap.</p> <p>2. Work is ongoing, because new people are capped regularly. However, before Universal Credit, there was advance warning of who would be capped because it would require their Housing Benefit to be reduced. Now, the Benefit Cap is applied directly by the DWP to Universal Credit, and the council only becomes aware if an individual presents to us (e.g. Hardship cases).</p> <p>3. A JobcentrePlus work coach is embedded within the BenCap team - joint working to resolve cases.</p> <p>4. The Discretionary Payment Scheme (DHP) supports people to pay their rent in the short term, while the council supports them to come off the benefit cap or find employment, etc.</p> <p>5. The team is building links with local Jobcentres so that Universal Credit cases can be referred over to the council for support, if they are benefit capped.</p> <p>6. Discretionary Housing Payment expenditure for 2019-20 Benefit Cap cases is projected to be £300k.</p> <p>7. Funding for the team has historically been confirmed only on a year-to-year basis, although part of the function is now mainstreamed into the Revenues and Benefits structure. The team is funded for 2020-21.</p> <p>8. Work will continue throughout 2020-21, so the risk end date has been extended to 31/03/21. The risk percentage remains the same because there is less control in the Local Authority (LA) over caseload than previously. The DWP does not provide lists of people on UC who have been benefit capped, so it is harder to identify them.</p> <p>9. A revised Welfare Approach has been approved in principle by ELT and Policy & Resources Committee (Nov 2019). This aims for a more holistic approach to Welfare Support including Welfare Rights by restructuring the service within the Revenues & Benefits service and creating stronger links with other support teams in Housing, Communities, and across social care. A Welfare Board will be introduced, led by the Executive Director HNC, to oversee implementation of the new Welfare Approach, taking into account the impact of COVID-19. Implementation of the board has been delayed by Covid and pending recruitment to the Chief Officer structure but should be up and running by April 2021.</p>					
Consider the implications for any new Council Tax Reduction schemes for future years and a new model and to further simplify the approach.	Deputy Chief Finance Officer	50	31/03/21	23/04/20	31/03/21

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
<p>Comments: To be considered in line with HM Government Covid-19 initiatives . Work around developing possible changes for Council Tax Reduction (CTR) is now delayed due to the impact of Covid-19. A report with options is being prepared for cross-party member consideration but will only be able to offer limited changes to the existing scheme for 2021/22 due to the pandemic which has impacted on potential development and consultation capacity. The report will be considered by Leaders Group and provide a steer regarding limited consultation during the Autumn.</p>					
Keep relevant staff and stakeholders up to date with information as it becomes available	Revenues & Benefits Manager	75	31/03/22	01/06/15	31/03/22
<p>Comments: There are established working relationships on an operational level, linking key teams in Revs and Bens with others involved with supporting vulnerable people in maximising their finances, and maintaining their tenancies, for example Housing Income management, Housing options, Trailblazer, Adult Social Care, FIS. There are also strong links with the local Jobcentre Plus via a DWP partnership manager, Jobcentre managers and work coaches. Welfare Rights staff reach out via the Advisory Services Network into the voluntary advice sector and provide training for council teams and external advisors. The risk end date has been extended, because the government timetable for welfare reform (specifically UC) has extended. Work will continue throughout 2020-21 and beyond.</p>					
Prepare for Universal Credit (UC)	Revenues & Benefits Manager	70	31/03/22	04/05/15	31/03/22

50

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
<p>Comments: The pandemic clearly changed the situation with Universal Credit. Applications surged and the DWP broadly kept up with demand, ensuring that claims were assessed. Pre-Covid the DWP was piloting Managed Migration of the legacy benefit cases onto Universal Credit (cases where for example, housing benefit was still in payment). This did present risk to us, as it was unknown how that process would impact on the claimants in Harrogate (the pilot area), or the broader timetable for national implementation. Since the pandemic, it is even less clear what is happening, or indeed what stage the DWP's pilot is at. We have no indication of when bulk migration of remaining cases may happen.</p> <ul style="list-style-type: none"> • Ultimately, some cases are to remain on Housing Benefit, such as pension age, temporary accommodation and supported accommodation. A further migration may happen at a later date after 2023 but there is no information available at present. • The UC project in Brighton and Hove maintains a monitoring brief, and links up services strategically inside the council, in the Community and Voluntary Sector and with other interested parties in the city (for example landlords in the private sector and Registered Social Housing). • There is advanced DWP joint working embedded in the Welfare Support service, and as an ongoing outcome of the Covid Response and in years prior, the Housing Trailblazer project. Also, at a strategic level the services co-ordinates with a DWP partnership manager, alongside the CVS, to monitor the council's response to UC, and to identify issues of local or national significance. 					
Provide policy options and author reports to give members options on policy issues e.g. Council Tax Reduction (CTR).	Revenues & Benefits Manager	60	31/03/22	01/04/15	31/03/22
<p>Comments: The council is in the process of setting up a cross-service Welfare Board, which will require as part of its inception a plan for governance and reporting. The pandemic has further delayed setting up the board, along with uncertainty about membership and chairing of the board. It is expected that we will finally be in a position to start it in the early part of 2021. The council is also part of a new project with the Local Government Association (LGA) working alongside five other Local Authorities to develop our response to providing financial support.</p> <p>We are continuing to explore some different models of Council Tax Reduction (CTR) support more thoroughly, including banding schemes with set percentage amounts of discounts. However, this was put on hold as it would be too high risk to introduce such an overhaul, with winners and losers, in the current climate. However, we have been able to make the CTR scheme more financially supportive from 1 April 2021. It is intended that this direction of travel is followed, budget allowing, into the following year, when members will review options to increase financial support yet further through the scheme.</p> <p>The response and 'offer' in relation to welfare support will also be reviewed and mapped as part of the work of the new board, and new models of providing financial support will be explored, with assistance from the LGA.</p>					

Risk Code	Risk	Responsible Officer	Risk Category	Last Reviewed	Issue Type	Risk Treatment	Initial Rating	Revised Rating	Future Rating	Eff. of Control
SR29	Ineffective contract performance management leads to sub-optimal service outcomes, financial irregularity and losses, and reputational damage.	Deputy Chief Finance Officer Procurement Strategy Manager	BHCC Strategic Risk, Contractual / Competitive	27/01/21	Threat	Treat	Amber L3 x I4	Amber L3 x I3		Revised: Adequate

Causes

Link to Corporate Plan 2020-23. Attributes 7 'How will the plan be delivered' actions to achieve 'A well run council'.

The City Council has recognised weaknesses and sometimes serious failures in contract performance management; there are over 200 contract managers throughout the council, of which less than 20% could be considered as 'professional'. Many of those identified manage contracts only as an 'add on' to their regular job, often they are not budget holders. To address this additional funding has been provided to maintain the core Corporate Procurement Team expertise, deliver a risk based and spend analysis approach which focuses on key contract areas (HASC and FCL). Savings achieved by Contract Performance team are as follows;-

2017-18 £600K

2018-19 £0.95M

2019-20 £1.2M (Identified not all secured)

This represents a 5 to 1 return on the £1.1M investment (pro-rata) 2017-2020. In order to deliver sustainable culture change and improve efficiency we must continue to address:

- Historical sub-optimal contract specification.
- Initial failure to identify options for delivery, including reverting to 'what we've always done.'
- Lack of willingness to test existing suppliers against the market.
- Significant reduction in resources in 'back office' functions and services reducing capability to effectively manage.
- Lack of commercial skills and contract management skills / expertise throughout the authority combined with treating Contract Management as an 'add-on' to normal duties.
- Failure by management to recognise the importance of an effective contract Management team.
- Lack of willingness to hold 'difficult conversations' with suppliers.
- Low levels of senior engagement with suppliers.
- Poor understanding of markets and delivery models.
- Lack of corporate oversight of contracting and commissioning.
- Ongoing resource pressures in Procurement means this risk still exists. As demand increases, the reducing ability of the Procurement and Contract teams.

Performance to plan rather than react may mean that contracts 'fall through the net'.

Full Council approval for £1.2m investment in Contract Management resources approved on 23 Feb 2017 at Budget Council. This provided 9.5 fte resources including legal support to ensure the set up of a Contract Management 'Centre of Expertise'. A further business case is required to ensure ongoing support.

Potential Consequence(s)

1. Investigations in to current contracts (68 completed, 56 in progress) have identified up to 80% are potentially delivering poor Value for Money (VfM), inefficiencies, inconsistent levels of management and failure to . Major concerns remain in the following areas:

- a) Health & Adult Social Care: continues to the main focus of the Contract Performance Team.
 - b) City Clean / City Services (incorporating Highways, Transport, Environment etc): a large number of contracts have been identified as lacking in effective Contract Management.
 - c) Housing Maintenance: Investigations are necessary to identify contracts that remain external and separate from the in-sourced element of reactive maintenance , such as, Lift Maintenance, Gas maintenance and other services.
2. Legal challenge from suppliers / service users.
 3. Reputational damage for the council - both the administration and officers.
 4. Poor outcomes or failure of services and associated impact on service users.
 5. Diversion of scarce resources to resolve issues, currently resolution is only being performed by a small number of Contract Managers and through intervention of the Contract Performance Team.

Existing Controls

First Line of Defence: Management Controls

- 1. Utilise procurement function to ensure that appropriate and legally robust commercial delivery options are chosen and robust contracts are in place.
- 2. Robust contract Key Performance Indicators (KPIs) in place so that contract performance and risks are understood.
- 3. Contract Standing Orders and other procurement guidance and training.
- 4. Declaration of Interest Processes.
- 5. Relevant paragraphs of the Employee Code of Conduct.
- 6. Fraud Awareness Training e-learning delivered by Internal Audit

Second Line of Defence: Corporate Oversight

- 1. Well-resourced corporate contract performance management oversight function to train and challenge contract managers and commissioners.
- 2. Progress reviewed by Corporate Modernisation Delivery Board (CMDDB), Members Oversight Group and Members Procurement Advisory Board (PAB)
- 3. Audit & Standards Committee Strategic Risk Focus Item reviewed this risk in March 2018, March 2019 and March 2020

Third Line of Defence - Independent Assurance

- 1. Internal audits of contract management as reported to Audit and Standards Committee

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Continue to identify changes in staff structures to ensure that contract managers are identified, understand their role and deliver to the standards expected by the Council	Procurement Strategy Manager	40	30/09/21	14/03/19	30/09/21

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
<p>Comments: Procurement has a database of contract managers which is periodically updated every six months against contracts owned by budget holders. Reports from the finance system are available re budget holders and CP Team ask them for verification that the contract managers are still in place or any changes in staff. The Procurement Team's 'Forward Plan' is kept regularly updated and ensures that responsible officers are named in the plan which is regularly considered by Procurement Advisory Board.</p>					
<p>Full Council approval for £1.2m investment in Contract Management resources approved on 23 Feb 2017 at Budget Council. This provided 9.5 fte resources including legal support to ensure the set up of a Contract Management 'Centre of Expertise'. A further business case is required to ensure ongoing support.</p>	<p>Procurement Strategy Manager</p>	<p>40</p>	<p>31/03/22</p>	<p>07/04/17</p>	<p>31/03/22</p>

Comments: Since Full Council approval for £1.2m investment in Contract Management resources approved on 23 Feb 2017 actions to date have delivered savings and efficiencies but in 2020/21 will review how to take function forwards in light of limited funding from April 2020 - Head of Procurement will work with individual Exec Directors. The team will provide specific interventions where extra support is required (e.g. CityClean, care homes, Housing Maintenance). Additionally the team will provide training for contract managers who need support. To date training has been provided to Housing, IT&D, Leisure Services and Health and Adult Social Care.

Over the last 18 months the Contract Performance Team have concentrated their resources on H&ASC. During this period in excess of £600k of savings have been identified and proposals provided to senior management for action. Issues identified include; - Under-performance to specification - Poor or out-dated care plans providing poor vfm - Over-charging against agreed rates - limited negotiating skills, specifically around placement and new care packages.

The investigations have proved to be extremely time consuming and as such the small team have only covered a relatively small proportion of current contracts. It is anticipated that due the exceptionally high volume and high cost contracts H&ASC will remain as the highest priority. The current pipeline of projects extends to July 2021.

The current pandemic has had a significant impact on on-going projects. The projected Homecare savings are on hold due to changes in the way suppliers are being paid, under existing government guidance.

A recruitment exercise for additional Contract and Supply Specialists failed to identify suitable candidates. This combined with the short term nature of funding for these posts has led to a suspension of further activity.

The Existing Contract and Supply team (two members) have been seconded to the PPE sourcing and supply project. This has led to a suspension of a number of current projects. It is anticipated they will be released during March / April 2021. In addition the team are also focussed on Supplier relief negotiations. This currently means there is no capacity to focus on Contract Performance issues

It is anticipated that the following contracts will be reviewed:-

Fleet. Concerns relating to fuel and inappropriate purchases were highlight in 2017/18. Despite Procurement presence the issues remained on-going.

Start March 2021, End Septemebr 2021

Highway Maintenance. An on-going partnering contract which has attracted concerns over Vfm.

Start April 2021, End September 2021

Review of kpi's and contract monitoring of 3rd Sector Contracts.

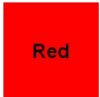

Start June 2021, End November 2022

Review of Mechanical and Electrical Contracts in Housing (Lift maintenance, Legionella, Gas Maintenance included).

Start July 2021, End October 2021 ?

Delivery of presentations, to ELT have taken place in October/ November and December 2019. These presentations highlighted spend analysis and a general overview of areas of concern. Agreed actions are; - Develop analysis for distribution to Directorate DMT's / SLT's - Assist in developing directorate strategies to effectively manage high risk contracts. - Develop a business case for ELT with proposals for contract management within each directorate along with a proposal for Corporate oversight (ongoing)

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Initiate mandatory contract management training linked to contract management e-learning	Procurement Strategy Manager	10	31/12/21	14/03/19	31/12/21
<p>Comments: The e-learning modules will be introduced in June 2021. These will be targeted at all contract managers. Reports will be prepared for ELT. The reports will propose a) mandatory contract management training, including groups sessions by service area b) contract officers will be required to have to completed the e-learning before attending which will be monitored c) the Procurement Team will report attendance to ELT.</p>					
Publicise importance of contracts being well managed and the development of contract management where performance has not met expectations	Deputy Chief Finance Officer	50	31/03/22	14/03/19	31/03/22
<p>Comments: From October 2019 the CP Team will present management information to ELT with the aim of cascading to service areas. This will identify areas for improvement and successful practice. These updates to ELT and DMT's will remain on-going.</p>					

Risk Code	Risk	Responsible Officer	Risk Category	Last Reviewed	Issue Type	Risk Treatment	Initial Rating	Revised Rating	Future Rating	Eff. of Control
SR25	Insufficient organisational capacity or resources to deliver all services as before and respond to changing needs and changing circumstances	Chief Executive Head of Human Resources & Organisational Development Deputy Chief Finance Officer Head of Policy, Partnerships & Scrutiny	BHCC Strategic Risk, Professional / Managerial	27/01/21	Threat	Treat	 L4 x I4	 L3 x I4		Revised: Uncertain

Causes

Link to Corporate Plan 2020-23. Attributes 7 'How will the plan be delivered' actions to achieve 'A well run council', action 7.2.

The capacity required to deliver services is impacted by a number of internal and external factors which include:

- Budget pressures caused by reductions in Local Government funding and the Covid-19 pandemic;
- Increasing demand for services across health and adult social care;
- The non-defined timescale of managing the pandemic response and recovery alongside business as usual;;
- The impacts and uncertainty of Brexit, including potential impacts on resourcing;
- A complex political environment of no overall control;
- An engaged and at times challenging environment of industrial relations.

These affect our ability to manage the resilience of our organisation which is exacerbated by the reduction in staffing over the last decade, including a reduction in leadership capacity in the top four tiers of the organisation.

Potential Consequence(s)

1. Failure to deliver required changes in the organisation
2. Lack of engagement from trade unions and/or complex employee relations issues
3. Capacity to undertake change work to design high quality services, and to redesign services in line with reduced resource is lost
4. Difficulty of retaining the right staff with the right skills to key posts
5. Council delivery alters and working methods change permanently due to Covid-19 and new technology
6. Negative impact on fulfilment of actions to improve equalities and other statutory duties
7. Partnership working becomes more fragile as a result of changed arrangements after Covid-19
8. Personal resilience tested by increased workloads, different ways of working and less certainty leading to potential stress and sickness
9. Less ability to be agile and flex to the organisation's needs, drive high quality services and increased performance
10. Less resilience as an organisation.

Existing Controls

First Line of Defence: Management Controls

1. Decision making through the budget process includes consideration of resources to deliver on priorities
2. Support from Performance, Improvement and Performance (PIP) and other support services to support the modernisation programme
3. Management capacity and capability being enhanced by Leadership Performance Management processes and Development Programme, and support delivered via the Leadership Network.
4. Information received from the Staff Survey is analysed, and plans in place to mitigate these.
5. Human Resources & Organisational Development (HROD) activity has been pulled together into single 'Our People Promise' to ensure there is an attractive and competitive employment offer to attract and retain the right staff with the right skills.
6. Business Planning process including Directorate Plans to identify key priorities, and plans kept under review to manage capacity.
7. Some statutory Performance Indicators (PIs) are Key PIs and are reported regularly to ELT, quarterly or annually.
8. HR Business Partners support Directorate Management Teams (DMTS) to monitor people related data including staff absence compliance with people related processes such as 121s, return to work interviews, and wider data insight to indicate where there are issues of capacity.
9. A robust wellbeing offer is in place, designed to address all wellbeing needs, and also specific needs related to Covid19.

Second Line of Defence: Corporate Oversight

1. Executive Leadership Team (ELT) lead delivery of governance arrangements
2. Corporate Delivery Modernisation Board (CMDDB) and Directorate Modernisation Boards have oversight of a portfolio of modernisation projects and programmes enabling increased organisational capacity such as ICT infrastructure, Business Improvement, Workstyles, People and Culture Change.
3. Constitutional Working Group input to streamline governance arrangements and structure
4. ELT and City Management Board exchange details of working arrangements and changes to key personnel across organisations.
5. Members Policy Chairs Board and Policy & Resources Committee have oversight of key policy priorities.
6. SR25 Organisational Capacity reported to and receives focus at Audit & Standards Committee at least annually.

Third Line of Defence Independent Assurance:

1. budget process includes capacity as a key consideration
2. Local Government Peer Review 2017 focussed on Leadership and Industrial Relations.

Internal Audit on Organisational Capacity in September 2017, opinion 'Partial assurance

Reason for Uncertainty in Effectiveness of Controls: Decisions on priorities and resource could impact on the capacity of officers' to deliver on all priorities identified, whilst maintaining services

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
ELT to agree longer term strategic approach and ways of working to include new technologies and accommodation	Head of Human Resources & Organisational Development	0	31/03/22	18/01/21	31/03/22
<p>Comments: A significant amount of initial work has taken place to consider future ways of working, and an engagement exercise is planned to ensure we take advantage of new ways of working established during Covid19, and maximise potential efficiencies in how we use resources. An ELT away day started the work to consider the drivers that should determine our future ways of working, and this risk action will be further updated following the scoping of this work.</p>					
HR & OD delivery of management development programme to enhance capacity of first 4 tiers of staff	Head of Human Resources & Organisational Development	55	31/03/22	02/01/17	31/03/22
<p>Comments: In the light of Covid-19 HROD has replaced the original leadership development programme with a range of other initiatives which are being accessed by staff, in particular regular sessions with the Leadership Network (top 4 tiers of management). The success of these initiatives will be measured by the quality of leadership in the organisation, including the management scores in the staff survey. The monthly leadership network meetings cover a variety of topics to support immediate development needs such as resilience, managing through crisis, managing beyond crisis and wellbeing. There have also been sessions on digital leadership and ongoing opportunities for access to bespoke development, coaching and action learning sets. Alongside this a management development programme has been launched that has enabled our managers to network with each other, and access development to support them leading teams through the pandemic. A focus on management and leadership development will continue as the organisation approaches the future, and Covid renewal and recovery, particularly in leading the organisation to take advantage of the opportunities that Covid presents.</p>					
HR work with others on our people strategy (Our People Promise) taking into account organisational needs and informed by our staff survey, corporate plan and our workforce data	Head of Human Resources & Organisational Development	45	31/03/22	01/04/16	31/03/22

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
<p>Comments: Modernisation funds secured to continue to progress this work through to March 2023. The Leadership Development performance appraisal system continues to be embedded including the 360 mid-year appraisal process. 3 mandatory elements out of the Leadership Development programme were rolled out before Covid19: ‘Inspirational communications’, ‘holding challenging conversations’ and ‘working with members’, and further development has been put in place to respond to the challenges of Covid19. The wellbeing work stream has been reviewed and work around mental health and physical activity has been prioritised, alongside support specific to the challenges of Covid19. The results of our wellbeing survey and the recent Covid-19 PULSE survey are being used to shape a new wellbeing strategy. The attendance and wellbeing team in HR is targeting activity according to sickness data, and in response to the increase in sickness in certain areas of the council during 19/20 attributable to mental health and stress . Since Covid19 sickness has reduced but the focus on mental health and stress continues.</p> <p>The Action plan for the Fair and Inclusive work will prioritise issues related to recruitment and retention over the next 12 months to address some key issues. In summary these issues are: the council’s workforce is not representative of the community we serve, BME applicants are less likely to be offered a role with the council, and a disproportionate number of our BME staff are employed at lower grades.</p> <p>Work is underway to implement a number of improvements to our reward offer from 1st April 2021, including an annual leave purchase scheme, rental loans scheme, pension awareness session, shared cost Additional Voluntary Contributions and pay protection for medical redeployees.</p> <p>Work is ongoing under the Ways of Working Recovery Sub-Group to consider the current ways of working and opportunities for improving our employment offer whilst ensuring staff have a safe working environment. This work is being taken forward collaboratively to consider the ways of working into the future that will allow us to take forward the opportunities from our changed ways of working, including offering more choice and flexibility to our staff whilst improving the way we deliver services to residents and visitors.</p> <p>Next steps:</p> <ol style="list-style-type: none"> 1. Develop wellbeing strategy in response to PULSE and Wellbeing survey results (HR Lead Consultant , March 2021) 2. Continue mandatory briefings for Fair and Inclusive Action Plan (Workforce Development, Lead Consultant, September 2021). 3. Implementation of the reward changes (Lead Consultant, Reward, Policy and Projects Team March 2021). 4. Ways of Working Group to undertake engagement on future ways of working (Head of HROD, May 2021) Measures of success: <ul style="list-style-type: none"> Deliver specified and non-cashable benefits for the project/programme (September 2021). 10 % improvement in staff survey results against ‘I feel valued by my employer’ and ‘my employer cares about my wellbeing’ question (Staff Survey – May 2019, to be measured in survey May 2021). 10% improvement in equality data regarding representation of staff with a protected characteristic (March 2021). 					

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
<p>Internal Audit review completed in September 2017. This flagged a greater need to focus on resource implications, rather than the council keeping everything running, sometimes carrying greater risks.</p> <p>Comments: Post Covid-19 will be an opportunity to review capacity. Capacity was included as part of budget process for 2019/20 and 2020/21. It is difficult to ascertain the cost of statutory versus discretionary services because many activities span both. A more detailed priority-based budget process is being pursued to create the new Medium Term Financial Strategy from 2020/21 - planning has commenced for this, as has work to identify the resources required for core risk management around activities such as Health & Safety and Information Governance. It has been acknowledged by the Audit & Standards Committee that a No Overall Control political balance makes closing down services that may be near to being unsafe or unviable is not straight forwards.</p>	Deputy Chief Finance Officer	45	31/03/22	06/10/17	31/03/22
<p>Some corporate services have integrated into Orbis partnership following conclusion of Inter Authority Agreement (IAA) in May 2017. Most services fully integrated in terms of management, however position in Surrey could potentially affect full integration of Finance and HR in the future. In addition decisions on HR, Finance, and Property mean that full integration of these services now will not happen. Efforts will continue with East Sussex on HR and Finance.</p> <p>Comments: It is considered that ongoing integration (with the exception of Property) between Brighton & Hove and East Sussex is desirable. A challenge remains on disaggregation of budgets, and a refreshed set of management arrangements from November 2019.</p>	Deputy Chief Finance Officer	50	31/03/22	13/10/16	31/03/22

Appendix 2: A guide on the risk management process and how Members might want to ask questions of Risk Owners in relation to Strategic Risks

1.0 Across the council there are a number of risk registers which prioritise risks consistently by assigning risk scores 1-5 to the likelihood (denoted by 'L') of the risk occurring, and the potential impact (denoted by 'I') if it should occur. These L and I scores are multiplied; the higher the result of L x I, the greater the risk e.g. L4xI4 which denotes a Likelihood score of 4 (Likely) x Impact score of 4 (Major).

		IMPACT				
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
LIKELIHOOD	Almost Certain (5)	0	0	0	0	0
	Likely (4)	0	0	0	1	0
	Possible (3)	0	0	0	1	1
	Unlikely (2)	0	0	0	0	1
	Almost Impossible (1)	0	0	0	0	0

2.0 A colour coded system, similar to the traffic light system, is used to distinguish risks that require intervention. Red risks are the highest, followed by Amber risks and then Yellow, and then Green.

3.0 The Strategic Risk Register (SRR) mostly include Red and Amber risks. Each strategic risk has a unique identifying number and is prefixed by 'SR' representing that it is a strategic risk.

4.0 Each risk is scored twice with an Initial ('Now') level of risk and a Revised (Future) risk score:

- a) Initial Risk Score reflects the Existing Controls under the 'Three Lines of Defence' methodology which is good practice and helps to establish the First Line – Management Controls; Second Line – Corporate Oversight; and Third Line – Independent Assurance and the currency and value of each control in managing the risk. Therefore the Initial Risk Score represents the 'as is' / 'now' position for the risk, taking account of existing controls.
- b) The Revised Risk Score focuses on the application of time and expenditure to future reduce the likelihood or impact of each risk and is based on the assumption that any future Risk Actions, as detailed in risk registers, will have been delivered to timescale and will have the desired impact.
- c) Where initial and revised scores are the same – the Risk Owners are asked to consider the 4Ts of Risk Treatments (Treat/Tolerate/Terminate/Transfer) and change the scoring or remove all future risk actions/move them to existing control. This is on the understanding that the risk action should either reduce the likelihood and/or reduce the impact – if none of this is true, there will not be any reason to undertake the action.

Suggested questions for Members to ask Risk Owners and officers on Strategic Risks

The Audit & Standards Committee has a role to monitor and form an opinion on the effectiveness of risk management and internal control. As part of discharging this role the Committee focuses on at least two Strategic Risks at each of their meetings.

The Committee invite the Risk Owners of Strategic Risks to attend Committee and answer their questions based on a CAMMS Risk report appended to each report. In the CAMMS Risk report, the Risk Owner:

1. Describes the risks, the cause and potential consequences, the officers involved and provides an **Initial Risk Score** which takes account of the existing controls in place to mitigate the risk.
2. Existing Controls are set out using the Three Lines of Defence model:
 - 1st line: management controls
 - 2nd line: corporate oversight
 - 3rd line: independent assurance

in order that Members can identify where the assurance comes from, and how frequently it is reviewed and in the case of the 3rd line if audits or inspections have happened, when did it happen, what the results were. Risk Owners ensure that existing controls continue to operate effectively.

3. (Future) Risk Actions then are detailed and allocated to individuals with percentage achieved against target dates, with commentary on the current position. This provides the **Revised Risk Score** which is based on the assumption that all the risks actions have been successfully delivered.

The Risk Owners of Strategic Risks will always be an Executive Leadership Team (ELT) officer, and they may bring other officers who are more closely connected to the mitigating work.

Three questions are suggested to be explored by the A&S Committee:

1. Is the Risk Description appropriately defined? Does the Committee understand the cause and potential consequences?
2. Is the Committee reassured that each (future) Risk Action either reduces the impact or likelihood of the risk? Are members reassured that risk actions are actually being delivered?
3. In respect of the Revised Risk Score does the Committee feel comfortable with Risk Owner's assessment? This represents the risk level that the organisation is prepared to accept.

How Members and officers can input on Strategic Risks (SRs)

The risk management process benefits from input by Council Members and by staff at all levels. The opportunities to do this are:

Members to ELT leads	Officers to Line Manager or Risk Manager	Officers to their lead Directorate Management Team (DMT)	DMT to ELT
Each SR is discussed between the regular meetings with Committee Chairs	The Behaviour Framework expects all officers to escalate risks and/or or suggest mitigations to their line managers. If officers feel they do not have appropriate access to their line managers, they may escalate risk to the Risk Management Lead who can offer internal consultancy support	Risks may get discussed as part of staff meeting, PDPs/121s/ team and service meetings. Any significant risks to be escalated through to their Head of Service/Assistant Director to raise through the management chain and discuss at quarterly DMT risk reviews facilitated by the Risk Management Lead. DMTs may request that the Risk Management Lead offers risk management support, e.g. to assist officers to develop a robust risk register.	The quarterly SR review includes a summary of Directorate Risks reviewed at DMTs
Members are responsible for raising risks that they identify with their contract officers, often the Head of Service, Assistant Director or Executive Director	Any Member risk suggestion should be responded to by the officer once the ELT discussion has taken place.	The ELT lead within a directorate will discuss escalated risks with the DMT at least on a fortnightly basis and will seek assistance as required. They have access to ELT and determine the way forward in consultation with the Risk Management Lead,	The ELT lead (i.e. an Executive Director/Lead Officer) within a directorate will discuss escalated risks with the ELT and determine the way forward i.e. whether to add to the Strategic Risk Register in consultation with the Risk Management Lead

Subject:	Debtors – Update on Internal Audit Actions		
Date of Meeting:	9 March 2021		
Report of:	Acting Chief Finance Officer		
Contact Officer:	Name:	Jane Strudwick	Tel: 01273 291255
	Email:	Jane.strudwick@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 At the Audit & Standards Committee on the 27 October 2020 the Committee approved a recommendation that the Acting Chief Finance Officer report back to a future Audit & Standards Committee on progress on the actions within the 2019/20 Internal Audit report on Debtors.
- 1.2 The purpose of this report is to provide Members with that update. The last report on Debtors was finalised in July 2020. The report included eight actions: four high priority actions, three medium priority actions and one low priority action.

2. RECOMMENDATIONS:

- 2.1 That the Audit & Standards Committee note the report.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The 2019/20 Internal Audit report on Debtors provided Partial Assurance over the controls operating within the area and recommended the following actions to address the issues:
 - **Management of Aged Debtors** - The Aged Debtor Report will be worked through by the new Corporate Debt Campaign Team. New recovery routes will be agreed with service areas, and court action will be reintroduced on a trial basis;
 - **Non-Payment of Commercial Waste Invoices** - The Commercial Waste team will prioritise the recovery of unpaid invoices from customers who have not paid for two months or more. Services will be withdrawn if payment is not made or a reasonable payment plan is not set up;
 - **Performance Monitoring** - The Central Collection Team and the Data Operations Team will continue their work to implement the new monthly reporting process;
 - **Invoice Accuracy:**
 - (i) Service teams will continue to be reminded of the importance of having complete and accurate debtor details.

- (ii) New guidance notes will be issued, and visits made to service areas where necessary.
- (iii) When invoice set-up requests are lacking in the correct detail, they will be rejected and referred back to the originating team to provide accurate information;
- **Invoice Set-up Procedures and Online Forms** - The new working group led by the Purchase-to-Pay (P2P), Banking & Income Operations Lead will review the invoice set-up procedures and online forms, with the aim of re-designing and improving the whole process;
- **Evidence to Support Changes made to Debtor Accounts & System Notes** - The Corporate Debt, Banking & Income Manager and the Adult Social Care (ASC) Accounts Receivable/Accounts Payable Lead will remind staff of the importance of recording sufficient system notes. Team guidance and procedure notes will be reviewed and updated where necessary;
- **Salary Overpayments** - The Corporate Debt, Banking & Income Manager and the ASC Accounts Receivable/Accounts Payable Lead will liaise with the Financial Accounting team to explore options for changing the current process, so that salary overpayments can be easily attributable to the relevant service team;
- **Guidance Notes for Setting Up New Debtors** - The guidance notes for setting up new debtors will be updated and circulated to all members of the Central Collection Team.

The update on the above actions is attached as Appendix 1 to this report.

3.2 The Business Operations service set up a Debt Recovery Project to improve the Corporate Debt Recovery service. This was as a direct result of the 2019/20 Internal Audit Report and in response to addressing and improving the in-year debt recovery performance. The project was set up with four workstreams covering:

- Service Processes, Customer Interaction & Raising Invoices;
- Recovery Cycle: Processes, Policies and Documentation;
- Corporate Debt Team: Escalation of debt for further recovery & enforcement options;
- Write Off Process & Bad Debt Calculation.

An overview of this project is attached as Appendix 2 to this report.

3.3 The Committee should note, however, that Covid has had a significant impact on the progress on the actions contained in the report and also on the Debt Recovery Project as follows:

- In response to the government's hardship support and recommendations from the council's Covid 'Hardship Cell', the Acting Chief Finance Officer took the decision in February 2020 to move to a light touch debt recovery approach in respect of both Corporate and ASC debt. The service is continuing to operate a sensitive approach to debt recovery during the pandemic;
- For a large period, the team operated without their external phone lines which led an increase in customer e-mail volumes. As an interim measure, mobile phones were purchased to enable officers to work remotely and take customer calls at home. A corporate "soft phone" telephony solution was

commissioned and was put in place in October 2020 allowing the service to resume a fuller debt collection telephone service in addition to its standard letter approach to chasing outstanding debt;

- The service has had to divert debt recovery resources to other critical areas across the Business Operations service (e.g. social care and payments) to meet business need;
- The project manager role for the Debt Recovery project was also impacted which led to a delay in the set-up of the project;
- Long Term Sickness of the Accounts Receivable manager has also impacted;
- The Campaign team, intended to be set up as part of the Corporate Debt Project to drive debt collection forward, was delayed by seven months.

3.4 In the meantime, proactive support is being provided to people and businesses falling into arrears, particularly encouraging people to make contact when they are getting into difficulty so that alternative payment arrangements can be made to help them and to minimise the likelihood of debt write off. Further options, for example, SMS texting, are being explored in this respect.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 This report was requested by the Audit & Standards Committee on the 27 October 2020.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 None.

6. CONCLUSION

6.1 All actions and recommendations from the report have been considered and built into the Debt Recovery Project and will be acted upon, notwithstanding the current impact of the pandemic on services. The Committee is asked to note the report.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 There are no direct financial implications arising from this report, as the implementation of the audit recommendations are anticipated to be met within existing resources. The Covid-19 pandemic has affected debt recovery processes, but in the future it is hoped that the processes detailed in the report will lead to improved collection and, ultimately, lower write-off of debt.

Finance Officer Consulted: Peter Francis

Date: 4/2/21

Legal Implications:

7.2 There are no legal implications arising from the update report.

Lawyer Consulted: Elizabeth Culbert

Date: 040221

Equalities Implications:

7.3 There are no direct equalities implications.

Sustainability Implications:

7.4 There are no direct sustainability implications.

Brexit Implications:

7.5 There are no direct Brexit implications

Any Other Significant Implications:

7.6 There are no other significant implications

SUPPORTING DOCUMENTATION

Appendices:

1. Progress on Actions in the 2019/20 Internal Audit Report on Debtors
2. Overview of the Debt Recovery Project

Background Documents

1. 2019/20 Internal Audit Report on Debtors

Appendix 1

Ref	Audit Area	Agreed Action	Responsible Department	Target Implementation Date	Update on Action
1	Management of Aged Debtors	The Aged Debtor Report will be worked through by the new Corporate Debt Campaign Team. New recovery routes will be agreed with service areas, and Court action will be reintroduced on a trial basis.	Business Operations	31/12/2020	<p>The Campaign team was due to start in March 20; however, this was delayed until 5 October 2020 due to Covid. The team have been working through aged debt reports in liaison with the Central Collection team. Due to the training programme for the team, recovery did not start until mid-November. The Campaign team are working on debt over 90 days old and are exploring recovery options as part of workstream 3 of the Debt Recovery project</p> <p>Workstream 2 of the above-mentioned Debt Recovery project has re-designed the recovery routes and the documentation is currently being revised. Communications that fall within each of the 4 recovery routes have been scoped.</p> <p>Court action to recover debt has not been possible due to COVID due to courts not currently taking on cases and a backlog.</p>
2	Non-Payment of Commercial Waste Invoices	The Commercial Waste team will prioritise the recovery of unpaid invoices from customers who have not paid for two months or more. Services will be withdrawn if payment is not made or a	City Clean	31/12/2020	<p>Update from Nicholas Downs – 21/01/21:</p> <p>The action has been partially met and the service has liaised with Internal Audit to agree a new date of April 21 to have the process fully dialled in. The service is currently removing bins from customers who have / or are not paying.'</p>

Ref	Audit Area	Agreed Action	Responsible Department	Target Implementation Date	Update on Action
		reasonable payment plan is not set up.			
3	Performance Monitoring	The Central Collection Team and the Data Operations Team will continue their work to implement the new monthly reporting process.	Business Operations	31/12/2020	<p>A number of outstanding debt reports are distributed to services on a regular basis to the key service contact.</p> <p>The Data Operations team are continuing to work on an outstanding debt report to be included in the TBM report distribution each month. Once reporting is in place, regular service review meetings will be set up with key debt areas to discuss outstanding debt.</p> <p>The Central Collection team now run weekly reports and the manager and team leader meet weekly to discuss work distribution across the team to ensure resources are working on the relevant areas of collection; this prioritisation is based on both amount and age of debt. A significant increase of in-year debt recovery has indicated this to be a successful approach; however, another lockdown period has impacted the team's recovery work.</p>
4	Invoice Accuracy	<p>a) Service teams will continue to be reminded of the importance of having complete and accurate debtor details.</p> <p>b) New guidance notes will be issued, and visits made to</p>	Business Operations	31/12/2020	As part of their processes for raising debt, the Central Collection team reject / return any invoice request forms from services that have inaccurate details. The service is currently working on an electronic solution to include validation, with the Digital team in IT&D.

Ref	Audit Area	Agreed Action	Responsible Department	Target Implementation Date	Update on Action
		<p>service areas where necessary.</p> <p>c) When invoice set-up requests are lacking in the correct detail, they will be rejected and referred to the originating team to provide the accurate information.</p>			<p>Workstream 1 of the Debt Recovery project have been undertaking some data analyse on debt raised by services through the Central Collection team. The team supporting this workstream are prioritising their engagement approach based on the findings. This workstream will be communicating with all services raising debt and looking at opportunities to collect income prior to service delivery rather than retrospectively. They will also issue clear guidance on the process of raising debt as well as the recovery process that follows.</p>
5	Invoice Set-up procedures and Online Forms	The new working group led by the P2P, Banking & Income Operations Lead will review the invoice set-up procedures and online forms, with the aim of re-designing and improving the whole process.	Business Operations	31/03/2021	<p>The Business Operations service are currently exploring the opportunity to use the in-house case management system for all forms / workflows coming into the service; the invoice request forms are part of the scope for this project.</p> <p>The in-house case management system is managed and maintained by the internal Digital team within IT&D; the service requirements are in their pipeline of work awaiting development. The redesign of the work request form has been completed and has been submitted to the Digital team.</p>
6	Evidence to Support Changes Made to Debtor	The Corporate Debt, Banking and Income Manager and the ASC Accounts Receivable/Accounts Payable & EA Lead will	Business Operations	31/03/2021	<p>Completed.</p> <p>Full process maps and updated procedure notes are also being compiled to support service resilience. The process maps and procedure notes</p>

Ref	Audit Area	Agreed Action	Responsible Department	Target Implementation Date	Update on Action
	Accounts & System Notes	remind staff of the importance of recording sufficient system notes. Team guidance and procedure notes will be reviewed and updated where necessary.			will be a reference point for all staff when carrying out processes.
7	Salary Overpayments	The Corporate Debt, Banking and Income Manager and the ASC Accounts Receivable/Accounts Payable & EA Lead will liaise with the Financial Accounting team to explore options for changing the current process, so that salary overpayments can be easily attributable to the relevant service team.	Business Operations	31/03/2021	Due to capacity issues in the HR systems team this has not been able to be progressed. The HR Operations service have been consulted. The work will be added to the HR systems team pipeline and prioritised alongside other projects with resources allocated.
8	Guidance Notes for Setting Up New Debtors	The guidance notes for setting up new debtors will be updated and circulated to all members of the Central Collection Team.	Business Operations	31/03/2021	This action is currently with the ASC Accounts Receivable/Accounts Payable & EA Lead The guidance notes will need to be revised and reissued to the team once any changes have been made as a result of the Debt Recovery project.

Business Operations - Debt Recovery Project

Start: 03/08/20 (this was started prior to COVID-19 but had to stop at a very early stage)

Finish: 31/03/21

Project Sponsor: Lorraine Kuhler; P2P, Banking & Income Operations Lead

Project Manager: Kalavati Palmer; Corporate Project Manager

Project Overview:

Current Performance – KPIs:		
	Corporate Debt – target 96.5%	ASC Debt – target 96%
19/20 – Q2	81.73%	80.67%
19/20 – Q3	87.56%	78.93%
19/20 – Q4	86.03%	83.39%
20/21 – Q1	84.58%	81.07%

These targets need to be reviewed as part of the project, they currently feel unrealistic, but it is hard to assess what a realistic target would be when the processes are hindering performance. We have changed the team’s operating model so that the whole team works on recovering both corporate and ASC debt however it has been noticed that when attention is shown to one the other suffers but there is still some training to be done in the ASC area which could cause short term detriment to corporate recovery.

Over £52m of sundry debt and £18m of adult social care invoices are raised annually. This project was set up to look at the 4 main areas impacting the Business Operations Central Collection Team’s success in recovering this income effectively with the aim to improve and modernise processes, consider alternative methods to raising debt across the council, manage debt more effectively and increase debt recovery performance. The Central Collection team is one of the 7 main debt hubs in the organisation raising invoices and collecting income on behalf of multiple services across the council, including adult social care which is approximately 25% of the overall debt book. The project has been split in to 4 workstreams, detailed below, to look at processes within service areas prior to the invoice being raised, the recovery process within CCT, the opportunity to use a corporate debt/enforcement team for escalated/aged debt and finally the write off process and bad debt calculation process.

Each workstream is dependent on the others working effectively for there to be an overall improvement in the service and for a financial benefit to be seen by the organisation therefore, some dedicated project resource has been assigned to ensure this project is moved forward at pace in a governed environment, with project documentation being completed to evidence actions and results at every stage.

Workstream 1

Service Processes, Customer Interaction & Raising Invoices

Participants: Les Vickers, Yvonne Phillips, Colin McLean, Toby Gould

Aims:

- 1) Work with services to identify any areas that could be collecting income at point of sale.
- 2) Work with services to identify opportunities to collect deposits – reducing the debt before it’s raised (room bookings etc.)
- 3) Understand the services that have CRMs, databases or spreadsheets that we could use to create interfaces rather than completing invoice request forms and them having to be manually raised – ensure data being captured is relevant
- 4) Link in to the overarching project of building electronic forms, rolling out to services once available

Workstream 2

Recovery Cycle: Processes, Policies and Documentation

Participants: Les Vickers, Gareth Moulpied, Adrian West, Colin McLean, Toby Gould

Aims:

- 1) Scope out the current process and understand where it ‘fails’
- 2) Re-write new recovery processes that are fit for purpose – multiple processes are required to cover the various services; incorporating modern recovery approaches and system enhancements where possible
- 3) Resource planning for new/additional stages
- 4) In liaison with transformation hub review reporting requirements to enable targeted debt recovery driven by data analytics
- 5) Re-write policies
- 6) Re-write communications & documentation
- 7) Engage with services regarding new processes

Workstream 3

Corporate Debt Team: Escalation of debt & Enforcement options

Participants: Paul Willard, Les Vickers, Adrian West, Lucas Murray, Gareth Moulpied, Toby Gould

Aims:

- 1) Utilising a campaign team to work on the current aged debt, where possible data cleansing in the process
- 2) Exploring enforcement options for the various debt types that reach the end of the debt recovery cycle unrecovered
- 3) Agreeing the escalation of debt process between the central collection team and corporate debt/enforcement team
- 4) Provide some analysis of how recoverable the corporate debt is at each stage i.e. 120-365 days, 1-2years etc. up to write off stage – need to say what are we doing with this analysis
- 5) Explore the relationship with legal services and set up regular review meetings moving forward – do we need to add in service review meetings as well

Workstream 4

Write Off Process & Bad Debt Calculation

Participants: Lorraine Kuhler, Les Vickers, Heather Bentley, Jeff Coates

Aims:

- 1) Agree a quarterly reconciliation format for the bad debt provision
- 2) Analyse the issues the current provision presents us with – due to the percentages being too low
- 3) Understand the patterns in recovering the aged debt (utilising the analysis work from workstream 3)
- 4) Research the methodology used in other organisations, starting with our ORBIS partners
- 5) Write a paper for FSMT with a proposal of revised calculation method (percentages)

Proposed Overall Outcomes/Benefits:

- Only true debt is raised by services
- Debt being recovered in a timely manner, targeted and driven by data analytics, thereby improving the council's cash flow
- Decrease in write offs, more income received into the organisation
- Improved processes for raising invoices, maximising self-service and automation opportunities including automated/electronic authorisation
- Shortened and modernised recovery processes, clearer documentation and enhanced signposting to payment options
- Enforcement options available being maximised and debt being chased and recovered in a timely manner
- Improved KPI figures and revised targets that have been researched and realistic to the type of debt being recovered
- Write Offs completed quarterly with service areas having an increased awareness of aged debt in their area and the budget impacts
- A bad debt calculation that is fit for purpose and addressing a realistic percentage of the debt book that may be irrecoverable
- Raise awareness of raising debt across the council

Subject:	Internal Audit Progress Report – Quarter 3 (1 September to 31 December 2020)		
Date of Meeting:	9 March 2021		
Report of:	Acting Chief Finance Officer		
Contact Officer:	Mark Dallen (Audit Manager)		
	Name:	Russell Banks (Chief Internal Auditor)	Tel: 07795 336145 07824 362739
	Email:	mark.dallen@brighton-hove.gov.uk russell.banks@eastsussex.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 The purpose of this report is to provide Members with an update on all internal audit and counter fraud activity completed during quarter 3 (2020/21), including a summary of all key audit findings. The report also includes an update on the performance of the Internal Audit service during the period.

2. RECOMMENDATIONS:

- 2.1 That the Committee note the report.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 As a result of the Covid-19 pandemic there was disruption to the delivery of the Internal Audit plan during the first two quarters on 2020/21. From September 2020, the service has attempted to resume normal audit activities which have focused on the delivery of a revised and re-prioritised internal audit plan, which was approved by the Audit & Standards Committee in October 2020.
- 3.2 This report provides an update on that progress and includes a narrative summary of all audits that have been finalised in the quarter as well as details of counter fraud activity delivered during the period.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 Full details of both the audit and non-audit work delivered during quarter 3 are detailed in Appendix 1, together with our progress against our performance targets.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 None.

6. CONCLUSION

6.1 The Committee is asked to note the report.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 *It is expected that the revised Internal Audit and Corporate Fraud Plan 2020/21 will be delivered within existing budgetary resources. Progress against the plan and action taken in line with actions support the robustness and resilience of the council's practices and procedures in support of the council's overall financial position.*

Finance Officer Consulted: James Hengeveld

Date: 23/02/21

Legal Implications:

7.2 *The Accounts and Audit Regulations 2015 require the Council to 'undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards'. It is a legitimate part of the Audit and Standards Committee's role to review the level of work completed and planned by internal audit.*

Lawyer Consulted: Victoria Simpson

Date: 23/02/21

Equalities Implications:

7.3 There are no direct equalities implications.

Sustainability Implications:

7.4 There are no direct sustainability implications.

Brexit Implications:

7.5 There are no direct Brexit implications.

Any Other Significant Implications:

7.6 None.

SUPPORTING DOCUMENTATION

Appendices:

1. Internal Audit Progress Report Quarter 3 - 2020/21.

Background Documents:

1. Internal Audit Strategy and Annual Audit Plan 2020/21.
2. Revised Internal Audit Plan 2020/21.

Internal Audit and Counter Fraud Quarter 3 Progress Report 2020/21

CONTENTS

1. Summary of Completed Audits and Covid-19 Related Work
2. Counter Fraud and Investigation Activities
3. Action Tracking
4. Amendments to the Audit Plan
5. Internal Audit Performance

1. Summary of Completed Audits

General Data Protection Regulation (GDPR) (Follow-Up) – Reasonable Assurance

1.1 This audit was a follow-up of the previous GDPR audit which provided an opinion of Partial Assurance. This audit was undertaken to ensure actions have been implemented as agreed and to identify any further work required to support the Authority's control framework for complying with the requirements of the GDPR.

1.2 In April 2016, the European Union introduced the GDPR, with the intention of strengthening data protection rights for individuals within the EU and came into effect on 25th May 2018. This Regulation also applies to organisations outside the EU that offer goods or services to individuals within the EU. The UK government has confirmed that the UK's decision to leave the EU will not affect compliance with the GDPR.

1.3 Failure to comply with the GDPR could result in reputational damage and substantial fines by the Information Commissioner's Office of up to 4% of annual global revenue or 20 million Euros, whichever is the greater.

1.4 We have been able to provide Reasonable Assurance over the controls operating within the area under review because:

- Three of the eight actions agreed in the 2018/19 GDPR audit have been fully implemented. Data protection risks are recorded on in a risk register, service-specific privacy notices can now be found on the council's website, and a template has been introduced for assessment of processing activities taking place on the basis of legitimate interests;
- Where agreed actions have not yet been fully implemented, notable improvement has been made in key areas. For example, in relation to Subject Access Requests (SARs), staff resourcing has been addressed to process the backlog of requests, and a significant decrease in the number of SARs which are overdue has been observed. However, timeframes are still being exceeded in some instances, and key information such the caseworker for the request and the stage it is at are not yet recorded;
- Mandatory GDPR training is in place for all employees, which covers staff obligations in reporting breaches promptly, and key policies and procedures are in the process of being updated to reflect current data protection legislation. However, not all documents have yet been updated and shared with staff on the Wave intranet site;
- Some areas of concern are still present, including information asset registers not being routinely reviewed, and recording and reporting of data breaches not optimised. The imminent introduction of specialised software is intended to facilitate good practice in these areas and will include

management of records of processing, privacy impact assessments and risk, and is also being explored for use in the recording and management of data breaches.

1.5 We agreed actions with management for all four medium and one low priority findings identified during the audit.

Patch Management – Reasonable Assurance

1.6 With ever increasing reliance on computer systems, an effective patch management process is crucial to ensure that critical security weaknesses are promptly closed, and systems remain available and up to date. However, patch management processes need to ensure systems can continue to work effectively with other hardware and software following the application of a patch.

1.7 This audit was undertaken with a focus on patching in relation to desktop and laptop devices via the Microsoft System Centre Configuration Manager (SCCM), and a sample of critical systems hosted on-premises. Infrastructure patching arrangements (including servers and switches) were not included within the scope of the audit as these were reviewed within the recent Cyber Security audit.

1.8 The purpose of the audit was to provide assurance that controls are in place to meet the following objectives:

- Patches for all systems and applications in use are identified and applied to all relevant devices on the network;
- Patches are applied in a timely manner and prioritised appropriately;
- Use of outdated, unsupported software (for which patches are no longer available) is minimised. Where remaining in use, additional precautions are taken to mitigate the risk associated with such software;
- Sufficient testing and roll back arrangements are in place to ensure disruption to users and service provision from the application of patches is minimised;
- Comprehensive records of patch application are maintained.

1.9 We were able to provide Reasonable Assurance over the effectiveness of the control framework for Patch Management for the following reasons:

- Good practice was demonstrated in relation to patching, as patches are identified and deployed in a timely manner to relevant council devices;
- Testing of patches and updates is robust for both laptop/desktop devices and sampled critical systems, serving to identify and allow correction of problems prior to wider roll-out. Rollback arrangements are also in place should application of a patch have an adverse effect;

- Patches and updates are applied with consideration to balancing the benefits of patching against the risk of doing so, and the desire for user convenience.

1.10 Some opportunities to improve controls were also identified, including:

- Governance arrangements in respect of patching require improvement as we found there is a lack of oversight of patching, and reports on the Council's patching status are not routinely run to be viewed by management;
- Centralised documentation covering patching, such as the Patch Management Policy, is not up to date. Additionally, key information is not formally recorded, including roles and responsibilities in relation to patching activities, and the expected target times for patches to be applied (and monitored).

1.11 We worked with management to agree actions to respond to two medium and two low risk findings identified during the audit.

City Clean – Fleet (Follow-up) – Reasonable Assurance

1.12 Internal Audit commenced an investigation within Fleet Management in November 2018. The findings from this initial investigation resulted in the suspension of two officers, and the referral of potential criminal offences to Sussex Police.

1.13 In response to the above investigation, we issued a subsequent internal control report (in June 2020), the purpose of which was to highlight any weaknesses in management controls that had been identified during the investigative process. This report detailed 34 actions for improvement that were agreed with the service and summarised for Audit and Standards Committee in July 2020.

1.14 The objective of this latest audit was to follow up on the actions agreed from the previous report, to provide assurance that these have been implemented and that key financial controls are in place and operating effectively. It should be noted that due to Covid-19 working arrangements, we have been unable to conduct site visits and therefore, have placed more reliance than usual on updates provided by senior management as opposed to physical observation of controls.

1.15 As a result of our follow up work, we are now able to provide reasonable assurance that appropriate improvements have been made. Of the 34 agreed actions from the June 2020 report, 27 had been fully implemented, five had been part implemented and two had not yet implemented. Key areas where we have obtained assurance on improvements since the original audit include:

Contracts and Procurement - There are improved purchasing controls within the Workshop/Fleet Department. All minor parts are checked out or ordered through a new dedicated stores officer and orders over an agreed value now require authorisation by the Head of Fleet or the Workshop & Fleet Manager. An asset management system has now been introduced for larger pieces of hardware used in the workshop. Vehicle parts must only be procured from approved suppliers and all staff in the service

have been reminded of the expectations in the Employee Code of Conduct and have confirmed receipt of this and the declaration of interest guidance.

Recruitment/Pay and Allowance Issues - Clear instructions are now detailed in the Recruitment Policy to make it explicit the key principles of the requirement to be consistent and impartial in the treatment of candidates throughout the whole process, and all managers have been informed that in order to recruit they must have successfully completed the recruitment and selection e-learning with the last 12 months. All reference requests for CityClean recruitments are now submitted and reviewed by the HR Recruitment Team and the Council's corporate contract for the sourcing of agency staff is now used if agency staff are required. We also note that standby and on-call rotas have been removed. Only the Head of Fleet or the Workshop & Fleet Manager can now authorise Workshop overtime and annual leave and we can confirm that the levels of staff overtime have dropped significantly.

Personal Use of Vehicles - Any new vehicles procured for staff use would now have to be supported by a business case reviewed by the Operations Manager and Head of Fleet and that any hire, demonstration, or lease vehicles are only sourced where a business need exists. In addition, log-books are now in operation for all vehicles used by multiple staff and the use of fuel cards has been reduced. Previous incidents of deliberate vehicle damage have been reported to the police and improved security arrangements are now partly in place. Instances of damage are no longer occurring.

1.16 In addition to the above, there are a number of areas where further improvements to control have been agreed with management. These include:

- exploring the possibility of appointing an in-house procurement specialist;
- improving the system for the use of emergency order numbers;
- developing a Driver Handbook, and monitoring compliance with it through the monthly Operator Licence compliance meeting;
- reviewing the arrangement for providing cars and vans where they are required as part of some job roles;
- removal of an unapproved WiFi network at the depot;
- installation of CCTV to help prevent future deliberate damage to vehicles.

Working Time Directive (Follow-up) – Partial Assurance

1.17 The Working Time Regulations (1998) brought the European Working Time Directive (EWTD) into UK law. The regulations set down entitlements of employees to maximum working hours, rest periods, rest breaks whilst at work, annual leave and working arrangements for night workers. For most employees there is a maximum working week of 48 hours, normally averaged over 17 weeks. An employee may work more than 48 hours per week if they complete a written opt-out agreement. Some workers, for example those under 18 and drivers of larger vehicles, cannot opt out.

1.18 The original audit review in this area was delivered during 2019/20, partly as a consequence of a finding from the investigation into a fatal accident at a school, where a caretaker had multiple contracts with the Council for an aggregate of 50 hours per week. This previous audit report resulted in a Partial Assurance opinion, with seven actions agreed with management.

1.19 Although appropriate actions had been agreed as part of the previous report and some progress had been made, we have again concluded Partial Assurance over the controls operating within this area. The main reason for this was that, of the seven agreed actions from the original report, only three had been addressed at the time of the follow-up audit.

1.20 Weekly reports are extracted from the payroll system which detail all employees exceeding the Working Time Directive (WTD) limits, and these show whether an opt-out agreement and a WTD risk assessment form have been recorded. However, monitoring of the reports has not taken place since Covid-19 began to have an impact on the service.

1.21 Our analysis of a sample report from July 2020 found that 34 members of staff had exceeded the WTD limit, but only eight of these had an opt-out agreement recorded on the payroll system, and only five had both an opt-out and a WTD risk assessment recorded. In September 2020, 14 out of 44 employees exceeding the WTD limit had an opt-out recorded, and only nine had both an opt-out and risk assessment recorded.

1.22 The Human Resources section of the Wave now has a page dedicated to the Working Time Regulations, with a standard opt-out agreement available to download. There is also a link to the Health & Safety pages, which have been updated to include a WTD risk assessment form and guidance. However, further improvements agreed in the original audit report, such as the revision of the Performance Toolkit and the Workplace Induction Checklist, have not yet been implemented.

1.23 We also note that the corporate induction courses for managers and staff have not yet been updated to cover the Working Time Regulations.

1.24 Renewed actions and revised target dates have been agreed for the remaining actions to be implemented by the 30 June 2021 and a further follow up will be carried out by Internal Audit sometime after this date.

Direct Payments (Follow-up) – Partial Assurance

1.25 Direct payments are made to individuals to meet some or all their eligible health care and support needs. Direct payments were introduced to offer a greater level of independence to service users by providing them directly with funds to procure their own care rather than receiving service provision arranged directly by the Council. At the time of this follow up audit (August 2020), there were

approximately 550 direct payment recipients with a forecast spend of £8.8m in the current financial year.

1.26 The previous audit report gave a Minimum Assurance opinion, with eight actions agreed with the service. The objective of this audit was therefore to follow up on the previous review to provide assurance that actions have been implemented and that effective control arrangements are in place to ensure funds have been paid, accounted for correctly and used for their intended purpose.

1.27 Our follow up found that although progress is being made by the service, only two of the eight actions arising from the previous audit had been implemented, with four actions partly implemented. In particular, we identified that at the time of our review, there was still a backlog of direct payment reviews.

1.28 An additional temporary resource, brought in by management, has been targeting surplus balances but excess surpluses on direct payment accounts had in fact risen since the original audit, with the balance that could potentially be returned to the Council at approximately £1.3m.

1.29 Monitoring of accounts was still found to be ad hoc with very few private bank statements being received. This impacts on the team's ability to check on client expenditure and to ensure adequate care is being obtained.

1.30 There remains a lack of adequate reports from the organisations looking after the supported bank accounts and prepaid cards on behalf of the Council. This shortfall increases the risk to the Council that its clients are receiving inadequate levels of care or, the Council is incurring unnecessary expenditure if a client is over funded. Although work has begun on securing a new contract for pre-paid cards, the service is still being provided outside of a contract, as this expired in May 2019.

1.31 The service is seeking to update an old service level agreement with the registered charity that manages the finances for approximately 300 Council clients. A contract or other formal agreement is not currently in place to support this arrangement.

1.32 Five actions were restated from the original audit, with target implementation dates set to be completed by February 2021. Officers from HASC will be attending the Audit and Standards Committee meeting to provide an update on these actions as previously requested by the Committee.

Home Care (Follow-up) - Partial Assurance

1.33 The Council has a statutory obligation to provide home-based care support services. The focus is on a person's wellbeing through supporting them to live as independently as possible for as long as possible. Individuals' care needs are identified in their care/support plan and can include any support service, including personal and non-personal care.

1.34 Expenditure on the homecare is forecast to be £13.08m against a budget of £9.923m for 2020/2021 and supports approximately 2,100 clients.

1.35 Our previous audit report, from February 2020, gave a Minimal Assurance opinion, with five improvement actions agreed with the service.

1.36 The objective of this audit was therefore to follow up on that previous reviews to provide assurance that actions have been implemented to ensure correct payments are being made to service providers and the necessary data is obtained to facilitate the appropriate monitoring of care provided.

1.37 Based on our follow up work we have only been able to provide Partial Assurance because significant control issues with the payment system reported in our last two audit reviews had still not been addressed. Specifically, there remained a significant risk that controls do not prevent overpayments to service providers. In some cases, there was also insufficient information provided by care providers to allow effective monitoring of the care hours provided. In a similar finding to the previous audit, overpayments had been made to some service providers.

1.38 At the time of our audit review the software used to collate the information about services provided was still not working effectively. As a result, an in-house solution was in the process of being developed to improve the processes for ensuring that service providers are paid accurately and to help reduce the risk of overpayments.

1.39 Since the middle of September 2020, a member of the Business Operations team had been tasked with scrutinising timesheets submitted by providers claiming *planned*, rather than actual hours. The purpose of this was to act as a compensating control for some of the current control shortfalls.

1.40 In addition to the weaknesses in system controls, it was found that there is insufficient clarity in the roles and responsibilities of Adult Social Care and Business Operations staff in relation to the assignment of payment and performance controls.

1.41 A total of five improvement actions have been agreed with management to address these control issues, with the target implementation dates by the end of March 2021. A further follow up will therefore be carried out by Internal Audit as part of our 2021/22 audit plan.

Payroll Control Issues – No specific opinion given

1.42 Following the departure of a number of key staff at the beginning of 2020 an error was made closing the payroll for the month of May 2020 that resulted in the payroll system being temporarily locked with transactions not being able to be processed. The issue could not be fixed by in house staff and took some time to resolve following the commissioning of additional services from the software supplier.

1.43 In addition, a further problem arose which impacted on the reconciliation of the payroll system with the Council's general ledger. This in turn held up the production and circulation of the Council's budgetary control reports. This issue was complex and time-consuming to resolve.

1.44 In response to the above, we undertook a short review to help identify any lessons to be learned for the organisation and consequently a number of actions have now been implemented or agreed to reduce the risk of further problems of this nature arising with the operation of the system. These included:

- Upgrading the payroll system to the latest version;
- Improved guidance notes and training for staff;
- Additional oversight and management in this area of the Business Operations service;
- A configuration review of the system by the software supplier.

Middle Street Primary – No specific opinion given

1.45 In October 2020, Internal Audit and Counter Fraud received a notification about potential financial irregularities concerning purchases made using a supplier purchasing account at the school. The issues identified related to a supplier account administered by a former employee of the school.

1.46 After investigation it was identified that the majority of the suspect transactions had in fact been paid for using the personal card of the former employee. In a small number of cases, some potentially private purchases were identified which were paid for using the school's purchasing card. The transactions concerned totalled less than £250.

1.47 It was determined that although there was insufficient evidence to take further action in response to the allegation of irregularities, our review did identify a number of issues indicating weaknesses in controls. Actions were therefore agreed to ensure improvement of the following areas:

- Strengthening controls to ensure the independent review of all purchasing card statements, receipts and other key documentation;
- Restricting the use of supplier accounts to be used for school transactions only;
- Improved controls to prevent sharing of the school's purchasing card;
- Improved petty cash reconciliation procedures.

1.48 The school has agreed to implement all of these actions.

EU Interreg Grant – SCAPE (Claim 7)

1.49 This is an EU Interreg project that requires grant certification at least once a year. The full title of the project is Shaping Climate Change Adaptive Places. The total value of the project is approximately £488,000 (Grant expected £293,000).

1.50 No significant issues were identified in the grant certification.

EU Interreg Grant- BioCultural Heritage Tourism (BCHT)

1.51 This is an EU Interreg project that requires grant certification at least once a year. The total cost of the project between 2018 and 2021 is approximately £463,000. The grant expected is £320,000. This was the fifth claim on this project.

1.52 No significant issues were identified in the grant certification.

Transport Capital Grant (2019/20)

1.53 This was the certification of the Local Transport Capital Block Funding (Integrated Transport and Highway Maintenance) Specific Grant for 2019/20. The audit work included testing to certify £4.1m of expenditure incurred in 2019/20. We note that despite this, a carry forward from 2018/19 and an allocation of £5.6m in 2019/20, meant that £4.7m was carried forward to 2020/21. This carry forward was disclosed on the audit certificate sent to the Department for Transport with plans in place to use the funding during 2020/21.

Covid-19 Work in Quarter

1.54 During quarter 3 (2020/21), Internal Audit continued to redirect some of its resources to support the organisation in its response to the issues arising from the Coronavirus pandemic, but this support was significantly reduced as compared to the previous two quarters.

1.55 In Quarter 3, the support provided has included:

- Some continued support to the Business Rate Team with regard to the verification of Business Rate Grants;
- Supporting the Ways of Working Recovery Group;
- Supporting Public Health with the Covid-19 related work (two members of the Counter Fraud Team).

2. Proactive Counter Fraud Work

2.1 Internal Audit deliver both reactive and proactive counter fraud services across the Orbis partnership. Work to date has focussed on the following areas:

National Fraud Initiative (NFI) Exercise

2.2 Internal Audit coordinated the recent submission of Council datasets to the biennial NFI exercise. Results from the data matching will be provided to the Council on 31 January 2021 at which point Internal Audit will liaise with the relevant departments to ensure that flagged matches are investigated and actioned appropriately. Results from the exercise will be shared with the committee in future progress updates.

Fraud Risk Assessments

2.3 Fraud risk assessments are regularly reviewed to ensure that the current fraud threat for the Council has been considered and appropriate mitigating actions identified. We have updated the risk assessment to include new and emerging threats as a result of the COVID-19 pandemic. This includes potential threats to payroll, staff frauds relating to home working and cyber frauds.

Fraud Response Plans

2.4 The Fraud Response Plans take into consideration the results of the fraud risk assessments and emerging trends across the public sector in order to provide a proactive counter fraud programme. The Fraud Response Plans include a pilot data analytics programme for key financial systems. Work on the key financial data analytics that includes creditors, debtors and payroll commenced in quarter three.

Fraud Awareness

2.5 The team have published fraud bulletins raising awareness to emerging threats, in particular recent risks from the Covid-19 pandemic. These were published on the intranet and shared with high risk service areas. In addition, the team continues to monitor intelligence alerts and work closely with neighbouring councils to share intelligence and best practice.

Reactive Counter Fraud Work - Summary of Completed Investigations

COVID-19 Business Grants

2.6 Internal Audit are continuing to provide the Business Rates Team with advice and support when administering applications for the Small Business Grant and the Retail, Hospitality and Leisure Grant Fund. This has included investigation of alleged false applications for the grant.

Adult Social Care

2.7 Internal Audit have continued to provide advice and support to Adult Social Care on individual cases where concerns have been expressed over false applications, the potential deprivation of capital and the misuse direct payments.

Housing Tenancy & Local Taxation

2.8 In addition to the above, a key focus area remains housing tenancy fraud and local taxation. Resources have been impacted by COVID-19 and the redeployment of staff, however, the following progress has been made:

- Tenancy fraud identified in 6 cases, resulting in 5 properties returned to the Council;
- Single Person Discounts to the value of £22,935.71 have been removed from council tax accounts following investigation.

3. Action Tracking

3.1 All high priority actions agreed with management as part of individual audit reviews are subject to action tracking. As at the end of quarter 3, 84% of high priority actions due had been implemented.

3.2 As at the end of December 2020, there were four high priority actions which were overdue. Details of these are provided below, together with a revised deadline for implementation.

Details of Audit, Risk and Action	Dir.	Due date	Revised date	Progress and comments
<p><u>HASC Temporary Accommodation</u></p> <p>Two providers were used to spot purchase places when general needs temporary accommodation is unavailable (i.e. if an individual is evicted/barred from general needs accommodation). Use of these providers has resulted in high levels of spend which is not in line with corporate procurement processes.</p>	HNC/ HASC	31/12/20	End May 2021	The service had planned to undertake a re-procurement of all emergency accommodation provision to start in March 2020, but this was paused due to COVID-19, and the need to allow all rough sleepers to be provided with accommodation. The revised specification is due to be finalised by 30/1/21, ready for Procurement to run the tender process, with new (flexible 18 month) contracts in place by May 2021.
<p><u>Residential and Nursing Care</u></p> <p>It is a Care Act requirement for care plans to be reviewed annually. The audit found that this is not always happening. There is a risk clients care needs are not</p>	HASC	31/12/20	Propose to stop tracking this action	The service have explained that they have achieved an improvement in our waiting lists through the development and use of more proportionate

Details of Audit, Risk and Action	Dir.	Due date	Revised date	Progress and comments
<p>being met and/or that the Council may be paying for nursing care that is no longer required by the client.</p> <p>The service agreed an action to improve performance with a revised target set of 60% but which prioritises clients in nursing care settings.</p>			<p>but revisit as part of an audit in 2021/22</p>	<p>assessment tools, thus creating the capacity to prioritise planned reviews.</p> <p>Current performance (of long term reviews) has been reported at 52.52% set against a target of 60%.</p> <p>Performance against this indicator is tracked regularly with the Operational Leads, via the corporate performance framework (as this is a key indicator within the corporate KPI set), and report directly through to councillors via the Performance Information Group (made up of representatives of the Health and Wellbeing Board).</p> <p>The HASC Modernisation programme seeks to further improve this performance via the implementation of our new target operating model.</p>
<p><u>Debtors</u></p> <p>Our 2019/20 report found that debt recovery performance reports are not currently circulated to all relevant service teams. Although a report template had been developed this control had not yet been put in place.</p>	<p>F&R</p>	<p>31/12 2020</p>	<p>To be agreed as part of the 2020/21 audit process.</p>	<p>The delivery of this action has been put back due to the impact of Covid-19 and the absence of key staff. Our 2020/21 audit is in progress and this will include a follow-up on the progress with regard to this action.</p> <p>A separate agenda item for this meeting includes an update on progress with addressing previous audit findings with regard to the Debtors System</p>

Details of Audit, Risk and Action	Dir.	Due date	Revised date	Progress and comments
<p><u>Debtors</u></p> <p>Our sample testing of unpaid invoices found that reminders and arrears notices were being issued as expected, but in many of the sampled cases the recovery process had then ceased.</p> <p>It was agreed that the latest Aged Debtor Report would be worked through by the new Corporate Debt Campaign Team. New recovery routes would be agreed with service areas, and Court action will be reintroduced on a trial basis.</p>	F&R	31/12/22 020	To be agreed as part of the 2020/21 audit process.	<p>The delivery of this action has been put back due to the impact of Covid-19 and the absence of key staff. Our 2020/21 audit is in progress and this will include a follow-up on the progress with regard to this action.</p> <p>A separate agenda item for this meeting includes an update on progress with addressing previous audit findings with regard to the Debtors System.</p>

4. Amendments to the Audit Plan

4.1 The Audit & Standards Committee agreed a revised Internal Audit Plan in October 2020. Since then there have been several additions and deletions to the revised plan as detailed in the two tables below.

Deletions or postponements to the revised 2020/21 Internal Audit Plan

Planned audit	Rationale for deletion or postponements
School Attendance	This audit has been postponed at the request of FCL due to the impact of Covid-19 on schools and will be considered as a priority for delivery in 2021/22.
Better Lives, Stronger Communities Programme	With a new HASC Modernisation Business Case submitted in November 2020, to realign ways of working, governance and deliver significant financial savings, this planned review will require rescheduling for the latter half of 2021/22.

Health and Social Care Integration (Strategic Risk 20)	This audit has been postponed at the request of HASC due to the impact of Covid-19 on their services and will be considered as a priority for delivery in 2021/22.
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Additions to the revised 2020/21 Internal Audit Plan

Planned audit	Rationale for addition
Payroll Control Issues	This review was added to the revised plan following the referral of a systems issue to Internal Audit. A summary of this work is included in Section 1 of this report
IT Access Management	This audit was added to the audit plan in Quarter 3 following some issues identified with regard to how network permissions had been managed in a front line service. These issues were treated as a data breach which was separately investigated by the Council's Information Governance Officers.
Middle Street Primary School	Audit requested at the request of the school following the identification of a potential irregularity. A summary of this work is included in Section 1 of this report

4.2 In addition to the above there are a significant number of Covid-19 related central government grants that will require certification in the coming months. At present it is likely that the majority of this work will fall into the 2021/22 financial year and therefore these have not been detailed here.

5. Internal Audit Performance

5.1 In addition to the annual assessment of internal audit effectiveness against Public Sector Internal Audit Standards (PSIAS), the performance of the service is monitored on an ongoing basis against a set of agreed key performance indicators as set out in the following table:

Aspect of Service	Orbis IA Performance Indicator	Target	RAG Score	Actual Performance
Quality	Annual Audit Plan agreed by Audit Committee	By end April	G	Approved by Audit & Standards Committee on 10 March 2020. (Revised plan approved by Audit &

Aspect of Service	Orbis IA Performance Indicator	Target	RAG Score	Actual Performance
				standards Committee 27 October 2020)
	Annual Audit Report and Opinion	By end July	G	2019/20 Annual Report and Opinion approved by Audit Committee on 21 July 2020
	Customer Satisfaction Levels	90% satisfied	G	100%
Productivity and Process Efficiency	Audit Plan – completion to draft report stage		A	During the COVID-19 pandemic, the audit plan has been suspended to allow the organisation to respond to the emerging pandemic.
Compliance with Professional Standards	Public Sector Internal Audit Standards	Conforms	G	January 2018 – External assessment by the South West Audit Partnership gave an opinion of ‘Generally Conforms’ – the highest of three possible rankings. June 2020 - Internal Self-Assessment completed, no major areas of non-compliance with PSIAS or our own processes identified.
	Relevant legislation such as the Police and Criminal Evidence Act, Criminal Procedures and Investigations Act	Conforms	G	No evidence of non-compliance identified
Outcome and degree of influence	Implementation of management actions agreed in response to audit findings	95% for high priority agreed actions	A	84% at end of quarter 3.
Our staff	Professionally Qualified/Accredited	80%	G	91%

Audit Opinions and Definitions

Opinion	Definition
Substantial Assurance	Controls are in place and are operating as expected to manage key risks to the achievement of system or service objectives.
Reasonable Assurance	Most controls are in place and are operating as expected to manage key risks to the achievement of system or service objectives.
Partial Assurance	There are weaknesses in the system of control and/or the level of non-compliance is such as to put the achievement of the system or service objectives at risk.
Minimal Assurance	Controls are generally weak or non-existent, leaving the system open to the risk of significant error or fraud. There is a high risk to the ability of the system/service to meet its objectives.

Subject:	Internal Audit Strategy and Indicative Annual Audit Plan 2021/22		
Date of Meeting:	9 March 2020		
Report of:	Acting Chief Finance Officer		
Contact Officer:	Mark Dallen, Audit Manager	Tel. 07795 336145	
	Name: Russell Banks, Orbis Chief Internal Auditor	Tel. 07824 362739	
	Email: Russell.banks@eastsussex.gov.uk, Mark.dallen@brighton-hove.gov.uk		
Ward(s) affected:	All		

FOR GENERAL RELEASE**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 Members are asked to review the attached draft of the Internal Audit Strategy and Indicative Annual Audit Plan for 2021/22 (Appendix 1).

This includes:

- the proposed programme of internal audit and counter-fraud work for the coming year (Appendix 2);
- the Internal Audit Charter which sets out the purpose, authority and responsibilities of the Internal Audit function (Appendix 3).

2. RECOMMENDATIONS:

- 2.1 That the Internal Audit Strategy and Indicative Annual Audit Plan for 2021/22 is approved subject to the identification of any areas for further consultation, or the potential addition or deletion of reviews currently included in the plan.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 Regulation 5 of The Accounts and Audit Regulations 2015 requires the Council to 'undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes'. In addition the Public Sector Internal Audit Standards (PSIAS) require "senior management" and "the board" to approve internal audit activity's plans and resource requirements and the Internal Audit Charter.
- 3.2 For Brighton & Hove, "senior management" is the Executive Leadership Team (ELT) and the "board" is the Audit & Standards Committee.

- 3.3 A copy of the Internal Audit Strategy and Indicative Annual Audit Plan for 2021/22 is included as Appendix 1 and 2.
- 3.4 The development of the annual plan involves extensive consultation with key stakeholders and horizon scanning is undertaken to ensure audit activity is proactive and future focussed. For 2021/22, the plan composes 1,668 days, an increase of 129 days from 2020/21.
- 3.5 Unlike the plan presented in previous years to the March Audit & Standards Committee this is an indicative (or summarised) plan. This means that the plan includes only details of key financial systems, grant claims and other work that it is essential that we deliver in the 2021/22 financial year. The decision to present the Committee with an indicative plan is to allow for audit priorities to be reconsidered after the completion of the second lockdown period. It is intended that a more detailed plan will then be presented to the Audit and Standards Committee in July 2021.
- 3.6 The strategy, which accompanies the schedule of audits, details the priorities for delivering an effective internal audit and counter fraud service together with details of the quality assurance and performance management arrangements for the coming year.
- 3.7 The Internal Audit Charter (Appendix 3) describes the purpose, authority and responsibilities on internal audit, its statutory basis and the standards which underpin best practice.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The 2021/22 audit plan will be again be delivered in partnership with our colleagues from East Sussex County Council and Surrey County Council as part of Orbis Internal Audit. The service will be delivered predominantly by a sovereign team of staff based at Brighton & Hove City Council supplemented by two specialist teams (ICT and Corporate Fraud) who will undertake audit work across the Orbis partnership. There are also resources in place to allow the delivery external IT and other specialist audits if required.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 The process of compiling the Internal Audit plan has involved substantial consultations, including with members of ELT, heads of service and other senior management staff.

6. CONCLUSION

- 6.1 The Internal Audit Strategy and Annual Audit Plan, attached at Appendix 1 and 2, sets out proposals for maintaining an adequate and effective system of internal audit for 2020/21.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 It is expected that the 2021/22 Internal Audit plan will be delivered within the proposed budgetary resources.
- 7.2 The strategy and plan and action taken in line with recommendations from audits support the robustness and resilience of the council's practices and procedures and support the council's overall financial position.

Finance Officer Consulted: James Hengeveld

Date: 18/02/21

Legal Implications:

- 7.3 *This report sets out the council's plan for conforming with Regulation 5 of the Accounts and Audit Regulations 2015 which requires the Council to 'undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes.' It is within the delegated authority of the Audit and Standards Committee to approve the Plan.*

Lawyer Consulted: Victoria Simpson

Date: 23/2/21

Equalities Implications:

- 7.4 Not applicable.

Sustainability Implications:

- 7.5 Not applicable

Any Other Significant Implications:

- 7.6 None.

SUPPORTING DOCUMENTATION

Annexes:

- 1 & 2. Internal Audit Strategy and Annual Audit Plan 2021/22.
3. Internal Audit Charter

Background Documents

None

Draft Internal Audit Strategy and Annual Audit Plan 2021-2022

1. Role of Internal Audit

1.1 The full role and scope of the Council's Internal Audit Service is set out within the Internal Audit Charter and Terms of Reference, the latest version of which is attached to this Strategy as Appendix 3.

1.2 The mission of Internal Audit, as defined by the Chartered Institute of Internal Auditors (CIIA), is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight. Internal Audit is defined as *"an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes."*

1.3 The organisation's response to internal audit activity should lead to a strengthening of the control environment, thus contributing to the overall achievement of organisational objectives.

2. Risk Assessment and Audit Planning

2.1 The City County Council's Internal Audit Strategy and Annual Audit Plan is updated annually and is based on a number of factors, especially management's assessment of risk (including that set out within the strategic and departmental risk registers) and our own risk assessment of the Council's major systems and other auditable areas. This allows us to prioritise those areas to be included within the audit plan on the basis of risk.

2.2 Due to the uncertainty created by the impact of Covid 19, the 2021/22 plan focusses primarily on the core assurance areas (such as all key financial systems), the highest priority reviews across the council, grant claims and known key priority projects/programmes, with the remainder of the direct audit days earmarked as emerging risks/contingency. Appropriate provision will also be made for counter fraud activities, which will continue in 2021/22 as normal. By adopting this approach, as well as delivering the planned work on core assurance areas, we will add internal audit activities to our plans throughout the year as new risks and priorities emerge. All of this will be regularly and comprehensively reported to ELT and the Audit and Standards Committee and will enable us to maximise our responsiveness and focus our resources on the most relevant and priority areas.

2.3 It is important to note that this slightly revised planning strategy for the year ahead will not result in any reduced internal audit coverage for the Council. The approach is simply intending to help ensure we remain as reactive as possible to the rapidly changing risk landscape across the Authority in such unprecedented times.

2.4 The annual planning process has once again involved consultation with a range of stakeholders, to ensure that their views on risks and current issues, within individual directorates and corporately, are identified and considered. In order to ensure that the most effective use is made of available resources, to avoid duplication and to minimise service disruption, efforts will continue to be made to identify, and where possible, rely upon, other sources of assurance available. The following diagram sets out the various sources of information used to inform our 2021/22 audit planning process:



2.5 In order to ensure audit and assurance activity is properly focussed on supporting the delivery of the Council’s priorities, the audit plan has taken into account the outcomes that have been agreed in the Council Plan to make Brighton & Hove, a fairer city with a sustainable future. These are a:

- City to call home;
- City working for all;
- Stronger city;
- Growing and learning city;
- Sustainable city;
- Healthy and caring city.

2.4 In producing the audit plan (which is set out in Appendix A to this report) the following key principles continue to be applied:

- All key financial systems are subject to a cyclical programme of audits covering, as a minimum, compliance against key controls;
- Previous reviews which resulted in ‘minimal assurance’ audit opinions will be subject to a specific follow-up review to assess the effective implementation by management of agreed actions. This will also include a number of previous reviews with a ‘partial assurance’ opinion where deemed necessary or where the area under review is considered to be of a higher risk nature;
- Any reviews which we were unable to deliver during the previous financial year will be considered once again as part of our audit planning risk assessment, and prioritised as appropriate.

2.5 In addition, formal action tracking arrangements are in place to monitor the implementation by management of all individual high-risk recommendations, with the results of this work reported to the Audit and Standards Committee on a quarterly basis.

2.6 During the last four years, Brighton and Hove City Council, Surrey County Council and East Sussex County Council and have been working together to develop and form the Orbis Partnership, Brighton & Hove City Council

covering a range of business services, including internal audit. This work has resulted in the formation of a single, integrated internal audit service from April 2018, involving three locality-based teams supported by two specialist teams in the areas of ICT audit and counter fraud. It is our ambition that this will provide greater resilience and capacity for our partner councils whilst also building on existing high-quality services.

3. Key Issues

3.1 In times of significant transformation, organisations must both manage change effectively and ensure that core controls remain in place. In order to respond to the continued reduction in financial resources and the increased demand for services, the Council needs to consider some radical changes to its service offer in many areas.

3.2 Internal Audit must therefore be in a position to give an opinion and assurance that covers the control environment in relation to both existing systems and these new developments. It is also essential that this work is undertaken in a flexible and supportive manner, in conjunction with management, to ensure that both risks and opportunities are properly considered. During 2021/22, a number of major organisational initiatives will feature within the audit plan, with the intention that Internal Audit is able to provide proactive advice, support and assurance as these programmes progress. These include:

- The ongoing impact of Covid and the Covid Recovery Programme on the Council;
- The Adult Social Care Modernisation programme;
- Corporate Systems replacement strategy and implementation.

3.3 As explained above, in recognition of current uncertainties and that in some cases, sufficient information regarding the full extent of future changes and associated risks may not yet be known, the 2021/22 audit plan will, as in previous years, include a proportion of time classified as 'Emerging Risks'. This approach has been adopted to enable Internal Audit to react appropriately throughout the year as new risks materialise and to ensure that expertise in governance, risk and internal control can be utilised early in the change process.

3.4 In view of the above, Internal Audit will continue to work closely with senior management and Members throughout the year to identify any new risks and to agree how and where audit resources can be utilised to best effect.

3.5 The results of all audit work undertaken will be summarised within quarterly update reports to the Audit & Standards Committee, along with any common themes and findings arising from our work.

4. Counter Fraud

4.1 Managing the risk of fraud and corruption is the responsibility of management. Internal Audit will, however, be alert in all its work to risks and exposures that could allow fraud or corruption and will investigate allegations of fraud and corruption in line with the Council's Anti-Fraud and Corruption Strategy.

4.2 The Chief Internal Auditor should be informed of all suspected or detected fraud, corruption or irregularity in order to consider the adequacy of the relevant controls and evaluate the implication for their opinion on the control environment.

4.3 In addition, Internal Audit will promote an anti-fraud and corruption culture within the Council to aid the prevention and detection of fraud. Through the work of the Counter Fraud Team, Internal Audit will maintain a fraud risk assessment and deliver a programme of proactive and reactive counter fraud services to help ensure that the Council continues to protect its services from fraud loss. This will include leading on the National Fraud Initiative data matching exercise on behalf of the Council, which amongst other things, will provide additional assurance over the Covid Business Grants the Council has paid.

5. Matching Audit Needs to Resources

5.1 The overall aim of the Internal Audit Strategy is to allocate available internal audit resources so as to focus on the highest risk areas and to enable an annual opinion to be given on the adequacy and effectiveness of the Council’s governance, risk and control framework.

5.2 In addition to this, resources have been allocated to the external bodies for whom Orbis Internal Audit also provide internal audit services, at an appropriate charge. These include the South Downs National Park Authority, Horsham District Council, Elmbridge District Council and East Sussex Fire Authority.

5.3 Internal audit activities will be delivered by a range of staff from across the Orbis Internal Audit Service, maximising the value from a wide range of skills and experience available. In the small number of instances where sufficient expertise is not available from within the team, mainly in highly technical areas, externally provided specialist resources will continue to be utilised.

5.4 The following table summarises the level of audit resources expected to be available for the City Council in 2021/22 (expressed in days), compared to the equivalent number of planned days in previous years. The overall level of resource has increased compared with the previous year as a result of efficiencies generated from within the service, particularly associated with successful recruitment processes and the associated reduction in reliance on more expensive external contractors/agency staff. The level of resource is considered to be sufficient to allow Internal Audit to deliver its risk based plan in accordance with professional standards¹ and to enable the Chief Internal Auditor to provide his annual audit opinion.

Table 1: Annual Internal Audit Plan – Plan Days

	2017/18	2018/19	2019/20	2020/21	2021/22
Plan Days	1,792	1,564	1,540	1,540	1,669*

*includes the provision of 250 days of housing tenancy fraud work for HNC.

¹ Public Sector Internal Audit Standards (PSIAS)
Brighton & Hove City Council

6. Audit Approach

6.1 The approach of Internal Audit is to use risk based reviews, supplemented in some areas by the use of compliance audits and themed reviews. All audits have regard to management's arrangements for:

- Achievement of the organisation's objectives;
- Reliability and integrity of financial and operational information;
- Effectiveness and efficiency of operations and programmes;
- Safeguarding of assets; and
- Compliance with laws, regulations, policies, procedures and contracts.

6.2 In addition to these audits, and the advice on controls given on specific development areas which are separately identified within the plan, there are a number of generic areas where there are increasing demands upon Internal Audit, some of which cannot be planned in advance. For this reason, time is built into the plan to cover the following:

- Contingency – an allowance of days to provide capacity for unplanned work, including special audits and management investigations. This contingency also allows for the completion of work in progress from the 2020/21 plan;
- Advice, Management, Liaison and Planning - an allowance to cover provision of ad hoc advice on risk, audit and control issues, audit planning and annual reporting, ongoing liaison with service management and Members, and audit management time in support of the delivery of all audit work, planned and unplanned.

6.3 In delivering this strategy and plan, we will ensure that liaison has taken place with the Council's external auditors, Grant Thornton, to ensure that the use of audit resources is maximised, duplication of work is avoided, and statutory requirements are met.

7. Training and Development

7.1 The effectiveness of the Internal Audit Service depends significantly on the quality, training and experience of its staff. Training needs of individual staff members are identified through a formal performance and development process and are delivered and monitored through on-going management supervision.

7.2 The team is also committed to coaching and mentoring its staff, and to providing opportunities for appropriate professional development. This is reflected in the high proportion of staff holding a professional internal audit or accountancy qualification as well as several members of the team continuing on professional training and new apprenticeship training during 2021/22.

8. Quality and Performance

8.1 With effect from 1 April 2013, all of the relevant internal audit standard setting bodies, including CIPFA, adopted a common set of Public Sector Internal Audit Standards (PSIAS). These are based on the Institute of Internal Auditors International Professional Practices Framework and replace the previous Code of Practice for Internal Audit in Local Government.

8.2 Included within the new Standards is the requirement for the organisation to define the terms 'Board' and 'senior management' in the context of audit activity. This has been set out within the Internal Audit Charter, which confirms the Audit and Standards Committee's role as the Board.

8.3 The PSIAS require each internal audit service to maintain an ongoing quality assurance and improvement programme based on an annual self-assessment against the Standards, supplemented at least every five years by a full independent external assessment. The outcomes from these assessments, including any improvement actions arising, will be reported to the Audit and Standards Committee, usually as part of the annual internal audit report. For clarity, the Standards specify that the following core principles underpin an effective internal audit service:

- Demonstrates integrity;
- Demonstrates competence and due professional care;
- Is objective and free from undue influence (independent);
- Aligns with the strategies, objectives, and risks of the organisation;
- Is appropriately positioned and adequately resourced;
- Demonstrates quality and continuous improvement;
- Communicates effectively;
- Provides risk-based assurance;
- Is insightful, proactive, and future-focused;
- Promotes organisational improvement.

8.4 In addition, the performance of Orbis Internal Audit continues to be measured against key service targets focussing on service quality, productivity and efficiency, compliance with professional standards, influence and our staff. These are all underpinned by appropriate key performance indicators as set out in Table 2 below.

8.5 At a detailed level each audit assignment is monitored, and customer feedback sought. There is also ongoing performance appraisals and supervision for all Internal Audit staff during the year to support them in achieving their personal targets.

8.6 In addition to the individual reports to management for each audit assignment, reports on key audit findings and the delivery of the audit plan are made to the Audit and Standards Committee on a quarterly basis. An Annual Internal Audit Opinion is also produced each year.

8.7 Whilst Orbis Internal Audit liaises closely with other internal audit services through the Sussex and Surrey audit and counter fraud groups, the Home Counties Chief Internal Auditors' Group and the Local Authority Chief Auditors' Network, we are continuing to develop joint working arrangements with other local authority audit teams to help improve resilience and make better use of our collective resources.

Table 2: Performance Indicators

Aspect of Service	Orbis IA Performance Indicators	Target
Quality	<ul style="list-style-type: none"> Annual Audit Plan agreed by Audit & Standards Committee Annual Audit Report and Opinion Satisfaction levels 	<p>By end April</p> <p>To inform AGS 90% satisfied</p>
Productivity and Process Efficiency	<ul style="list-style-type: none"> Audit Plan – completion to draft report stage by 31 March 2022 	90%
Compliance with Professional Standards	<ul style="list-style-type: none"> Public Sector Internal Audit Standards Relevant legislation such as the Police and Criminal Evidence Act, Criminal Procedures and Investigations Act 	<p>Conforms</p> <p>Conforms</p>
Outcomes and degree of influence	<ul style="list-style-type: none"> Implementation of management actions agreed in response to audit findings 	95% for high priority
Our Staff	<ul style="list-style-type: none"> Professionally Qualified/Accredited 	80%

Russell Banks
Orbis Chief Internal Auditor

DRAFT INTERNAL AUDIT PLAN 2021/22



Planned Audit Reviews

Review Name	Outline Objective
Finance and Resources	
Accounts Payable	To review the processes and key controls relating to the accounts payable system, including those in place for ensuring the accuracy of vendor details, the processing of invoices, goods receipting and promptness of payments.
Accounts Receivable	To review the processes and key controls relating to the accounts receivable system, including those in place for ensuring the accuracy of customer details, completeness, accuracy and timeliness of invoicing, recording and matching payments to invoices, and debt recovery.
Business Grants Post Assurance Work	Independent post payment assurance work as required by the Department for Business, Energy and Industrial Strategy.
Agency Staff Contract (Follow-up)	A follow-up of our report finalised in March 2020 that concluded Partial Assurance. To ensure that all claims are checked and appropriately authorised, are genuine and that Agency Staff are accurately paid.
Business Rates	That controls over business rate collection are effective including billing, collection, recovery and reliefs.
Capital Programme	To review processes and key financial controls across the Council in relation to capital expenditure monitoring, funding, receipts, borrowing and capital accounting.
Care Payments	To examine the key controls over care payments including residential, home care and fostering.
Council Tax	To provide assurance that controls over council tax collection are effective, including billing, collection, recovery and the award of discounts.
Housing and Council Tax Benefits	Review of Housing Benefit and Council Tax Reduction controls to ensure that benefits are accurately and promptly paid to those with a legitimate entitlement.
Payroll	To review controls in relation to the staff payment system, including those relating to starters, leavers, temporary and permanent payments, variations of pay, and pre-employment checks.
Revenue Budget Management	A review of the Council's budget management arrangements, to include an assessment of the extent to which planned savings are being delivered.

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Review Name	Outline Objective
Families, Children and Learning	
Home to School Transport Grants	To check and certify the grants (including Covid related) in accordance with the requirements of the Department for Education.
Schools Audits	Allocation to include a sample of individual schools, general advice and the communication of guidance and best practice to schools.

Review Name	Outline Objective
Health and Adult Social Care	
ASC Modernisation Programme	An audit to review progress with HASC modernisation. To replace the 2020/21 audit review of the Better Lives, Stronger Communities Programme. To provide advice and support and assurance over the programme management arrangements.
Direct Payments (Follow-up)	A follow-up on the 2020/21 audit that concluded Partial Assurance.
Home Care (Follow-up)	A follow-up on the 2020/21 audit that concluded Partial Assurance.
Public Health Prep Grant (HIV)	To check and certify the grant in accordance with the requirements of the Department for Education.
Track and Trace Grant	To check and certify the grant in accordance with the requirements of the Department for Education.

Review Name	Outline Objective
Environment, Economy and Culture	
Bus Subsidy Grants	To check and certify the grants (including Covid 19 related grants) in accordance with the requirements of the Department for Transport.
Covid-19 Emergency Active Travel Grant	To check and certify the grant in accordance with the requirements of the Department for Transport.
EU Grant - Shaping Climate change Adaptive PlacEs (SCAPE)	To provide financial scrutiny and certification of the grant in accordance with the EU First Level Controller requirements.
EU Interreg Grant – Blueprint for a Circular Economy	To provide financial scrutiny and certification of the grant in accordance with the EU First Level Controller requirements.
EU Interreg Grant- Brighton Cultural Heritage Tourism	To provide financial scrutiny and certification of the grant in accordance with the EU First Level Controller requirements.

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Highways Contract Management (Follow-up)	To follow-up on the 2020/21 audit of Highways Contract Management (finalised July 2020) that concluded Partial Assurance.
Transport Capital Grants	To check and certify the grant in accordance with the requirements of the Department for Transport.

Review Name	Outline Objective
Neighbourhoods, Communities and Housing	
EU Grant - Solar Adoption Rise in the Two Seas (Solarise)	To provide financial scrutiny and certification of the grant in accordance with the EU First Level Controller requirements.
EU Grant - Sustainable Housing Initiatives in Excluded Neighbourhoods (SHINE)	To provide financial scrutiny and certification of the grant in accordance with the EU First Level Controller requirements.
Housing Rents	To provide assurance over the systems and procedures for the billing and collection of housing rents.
Housing Repairs	To follow-up on the 2020/21 audit of the Housing Repairs Insourcing Project (finalised in October 2020) that concluded Partial Assurance.
Housing and Right to Buy	The investigation and prevention of HRA housing fraud, including illegal subletting and the prevention of Right to Buy irregularities.

Review Name	Outline Objective
IT and Information Governance Audits	
Email Communication (personal and sensitive encryption)	The audit will seek to provide assurance over the effectiveness of the arrangements for email communication involving personal and sensitive information. The audit will consider the methods used to encrypt emails, training/awareness of staff and a high-level review of compliance across the Council.
Post BREXIT Information Governance Arrangements	Following the Brexit transition period ending, this audit will seek to provide assurance that Council data is being stored appropriately and in-line with relevant legislation. The review will also consider the guidance being provided to members of staff across the Council to help ensure continued compliance.
IT&D Strategic and Operational Risk	With organisations placing an even greater reliance on IT and the support provided by their IT departments, the Council needs to adapt to address the risks accordingly and ensure

DRAFT INTERNAL AUDIT PLAN 2021/22



Review Name	Outline Objective
Management Arrangements	that ownership is appropriate. This audit will seek to provide assurance that appropriate risk management arrangements are in place across the Council in relation to IT&D, with awareness and ownership of risks across all Council departments, including within IT&D.
Access Management (Follow-up)	This audit will follow-up the previous Access Management audit to ensure actions have been implemented as agreed and to identify any work required to further improve the control environment.
Pier Application Control Audit	The council's payroll and HR processes are hosted on the Personal Information and Employment Resource (PIER) system. This application audit will review all major input, processing and output controls, including the controls in place to interface with any other systems and ensure appropriate system ownership and responsibilities are known.
Accessibility Audit	The Council has a requirement to comply with the Public Sector Bodies (Website and Mobile Applications) Accessibility Regulations 2018, failure to do so will represent a breach of the Equality Act 2010 and Disability Discrimination Act 1995. The new regulations mean that the Council have a legal duty to make sure all its websites and applications meet accessibility requirements. This audit will review the action taken by the Council, and controls in place to ensure that all of its internal and externally facing websites and applications meet and continue to comply with the new regulations.
Support to the Access Management Project	Orbis IA will provide independent advice, support and challenge on risk, control and governance issues to the joint HR/IT&D Access Management project.
Surveillance Cameras (Follow-Up)	This audit will follow-up the previous Surveillance Cameras audit to ensure actions have been implemented as agreed and to identify any further work required to further improve the control environment.
Cloud Computing (Follow-Up)	This audit will follow-up the previous Cloud Computing audit to ensure actions have been implemented as agreed and to identify any further work required to further improve the control environment.
Network Security (Follow-Up)	This audit will follow-up the previous Network Security audit to ensure actions have been implemented as agreed and to identify any further work required to further improve the control environment.

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Review Name	Outline Objective
Home Connection Application Control Audit	Home Connection is the system used to allow citizens to 'bid' for Council properties. This application audit will review all major input, processing and output controls, including interfaces with any other systems and ensure appropriate system ownership and responsibilities are known.
Corporate systems replacement strategy and implementation. (Subject to approval of project)	Orbis IA will attend programme board and working group meetings to provide independent advice, support and challenge on risk, control, probity and governance issues. In addition to attendance at programme board and working group meetings, we will identify a number of key focus areas over which we will seek to provide assurance to the programme.

Review Name	Outline Objective
Strategy Governance & Law	
Corporate Governance	Provisional time to support the Council's risk management and governance arrangements and processes.

Review Name	Outline Objective
Internal Audit Service Management and Delivery	
Action Tracking	Ongoing action tracking and reporting of agreed, high risk actions.
Annual Internal Audit Report and Opinion and Annual Governance Statement	Creation of Annual Report and Opinion and assistance with preparation of the Annual Governance Statement.
Audit and Fraud Management	Overall management of all audit and counter fraud activity, including work allocation, work scheduling and Orbis Audit Manager meetings.
Audit and Fraud Reporting	Production of periodic reports to management and Audit Committee covering results of all audit and anti-fraud activity.
Audit Committee and other Member Support	Ongoing liaison with Members on internal audit matters and attending Audit Committee meetings and associated pre-meetings.
Client Service Liaison	Liaison with clients and departmental management teams throughout the year.
Client Support and Advice	Ad hoc advice, guidance and support on risk, internal control and governance matters provided to clients and services throughout the year.

**DRAFT INTERNAL AUDIT PLAN
2021/22**



Review Name	Outline Objective
Orbis IA Developments	Internal Audit and corporate fraud service developments, including quality improvement and ensuring compliance with Public Sector Internal Audit Standards.
Organisational Management Support	Attendance and ongoing support to organisational management meetings, e.g. Orbis Customer Board, Information Governance Board, Orbis Customer Board, Corporate Health and Safety meetings.
Strategy and Annual Audit Planning	Development and production of the Internal Audit Strategy and Annual Audit Plan, including consultation with management and Members.
System Development and Administration	Development and administration of Audit and Fraud Management systems.

INTERNAL AUDIT CHARTER

1. Introduction

This Charter describes for the Council the purpose, authority and responsibilities of the Internal Audit function in accordance with the UK Public Sector Internal Audit Standards (PSIAS).

The PSIAS require that the Charter must be reviewed periodically and presented to “senior management” and “the board” for approval. For the purposes of this charter “senior management” will be the Executive Leadership Team (ELT) and the board will be the Audit & Standards Committee (described generically in this Charter as the Audit Committee).

The Charter shall be reviewed annually and approved by CMT and the Audit & Standards Committee. The Chief Internal Auditor is responsible for applying this Charter and keeping it up to date.

2. Internal Audit Purpose

The mission of Internal Audit is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.

Internal Audit is defined in the PSIAS as “an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.”

Internal Audit supports the whole Council to deliver economic, efficient and effective services and achieve the Council’s vision, priorities and values.

3. Statutory Requirement

Internal Audit is a statutory service in the context of the Accounts and Audit Regulations 2015, which require every local authority to maintain an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes taking into account public sector internal auditing standards or guidance.

These regulations require any officer or Member of the Council to:

- make available such documents and records; and
- supply such information and explanations;

as are considered necessary by those conducting the audit.

This statutory role is recognised and endorsed within the Council's Financial Regulations.

In addition, the Council's S151 Officer has a statutory duty under Section 151 of the Local Government Act 1972 to establish a clear framework for the proper administration of the authority's financial affairs. To perform that duty the Section 151 Officer relies, amongst other things, upon the work of Internal Audit in reviewing the operation of systems of internal control and financial management.

4. Internal Audit Responsibilities and Scope

Annually the Chief Internal Auditor is required to provide to the Audit Committee an overall opinion on the Council's internal control environment, risk management arrangements and governance framework to support the Annual Governance Statement.

Internal Audit is not responsible for control systems. Responsibility for effective internal control and risk management rests with the management of the Council.

Internal Audit activity must be free from interference in determining the scope of activity, performing work and communicating results.

The scope of Internal Audit includes the entire control environment and therefore all of the Council's operations, resources, services and responsibilities in relation to other bodies. In order to identify audit coverage, activities are prioritised based on risk, using a combination of Internal Audit and management risk assessment (as set out within Council risk registers). Extensive consultation also takes place with key stakeholders and horizon scanning is undertaken to ensure audit activity is proactive and future focussed.

Internal audit activity will include an evaluation of the effectiveness of the organisation's risk management arrangements and risk exposures relating to:

- Achievement of the organisation's strategic objectives;
- Reliability and integrity of financial and operational information;
- Efficiency and effectiveness of operations and activities;
- Safeguarding of assets; and
- Compliance with laws, regulations, policies, procedures and contracts

5. Independence

Internal Audit will remain sufficiently independent of the activities that it audits to enable auditors to perform their duties in a way that allows them to make impartial and effective professional judgements and recommendations. Internal auditors should have no operational responsibilities.

Internal Audit is involved in the determination of its priorities in consultation with those charged with governance. The Chief Internal Auditor has direct access to, and freedom to report in their own name and without fear of favour to, all officers and Members and particularly those charged with governance. This independence is further safeguarded by ensuring that the Chief Internal Auditor's formal appraisal/performance review is not inappropriately influenced by those subject to audit. This is achieved by ensuring that both the Chief Executive and the Chairman of the Audit Committee have the opportunity to contribute to this performance review.

All Internal Audit staff are required to make an annual declaration of interest to ensure that objectivity is not impaired and that any potential conflicts of interest are appropriately managed.

6. Appointment and Removal of the Chief Internal Auditor

The role of Chief Internal Auditor is a shared appointment across the 3 Orbis partner authorities (East Sussex County Council, Surrey County Council and Brighton & Hove City Council).

In order to ensure organisational independence is achieved, all decisions regarding the appointment and removal of the Chief Internal Auditor will be made following appropriate consultation with Member representatives from each of the authorities' audit committees.

7. Reporting Lines

Regardless of line management arrangements, the Chief Internal Auditor has free and unfettered access to report to the S151 Officer; the Monitoring Officer; the Chief Executive; the Audit Committee Chair; the Leader of the Council and the Council's External Auditor.

The Audit Committee will receive reports on a periodic basis – as agreed with the Chair of the Audit Committee – on the results of audit activity and details of Internal Audit performance, including progress on delivering the audit plan.

8. Fraud & Corruption

Managing the risk of fraud and corruption is the responsibility of management. Internal Audit will, however, be alert in all its work to risks and exposures that could allow fraud or corruption and will investigate allegations of fraud and corruption in line with the Council's Anti Fraud and Corruption Strategy.

The Chief Internal Auditor should be informed of all suspected or detected fraud, corruption or irregularity in order to consider the adequacy of the relevant controls and evaluate the implication for their opinion on the control environment.

Internal Audit will promote an anti-fraud and corruption culture within the Council to aid the prevention and detection of fraud.

9. Consultancy Work

Internal Audit may also provide consultancy services, generally advisory in nature, at the request of the organisation. In such circumstances, appropriate arrangements will be put in place to safeguard the independence of Internal Audit and, where this work is not already included within the approved audit plan and may affect the level of assurance work undertaken; this will be reported to the Audit Committee.

In order to help services to develop greater understanding of audit work and have a point of contact in relation to any support they may need, Internal Audit has put in place a set of service liaison arrangements that provide a specific named contact for each service; and, regular liaison meetings. The arrangements also enable Internal Audit to keep in touch with key developments within services that may impact on its work.

10. Resources

The work of Internal Audit is driven by the annual Internal Audit Plan, which is approved each year by the Audit Committee. The Chief Internal Auditor is responsible for ensuring that Internal Audit resources are sufficient to meet its responsibilities and achieve its objectives.

Internal Audit must be appropriately staffed in terms of numbers, grades, qualifications and experience, having regard to its objectives and to professional standards. Internal Auditors need to be properly trained to fulfil their responsibilities and should maintain their professional competence through an appropriate ongoing development programme.

The Chief Internal Auditor is responsible for appointing Internal Audit staff and will ensure that appointments are made in order to achieve the appropriate mix of qualifications, experience and audit skills. The Chief Internal Auditor may engage the use of external resources where it is considered appropriate, including the use of specialist providers.

11. Due Professional Care

The work of Internal Audit will be performed with due professional care and in accordance with the UK Public Sector Internal Audit Standards (PSIAS), the Accounts and Audit Regulations (2015) and with any other relevant statutory obligations and regulations.

In carrying out their work, Internal Auditors must exercise due professional care by considering:

- The extent of work needed to achieve the required objectives;
- The relative complexity, materiality or significance of matters to which assurance procedures should be applied; and
- The adequacy and effectiveness of governance, risk management and control processes;
- The probability of significant errors, fraud or non-compliance; and

- The cost of assurance in proportion to the potential benefits.

Internal Auditors will also have due regard to the Seven Principles of Public Life – Selflessness; Integrity, Objectivity; Accountability; Openness; Honesty; and Leadership.

12. Quality Assurance

The Chief Internal Auditor will control the work of Internal Audit at each level of operation to ensure that a continuously effective level of performance – compliant with the PSIAS is maintained.

A Quality Assurance Improvement Programme (QAIP) is in place which is designed to provide reasonable assurance to its key stakeholders that Internal Audit:

- Performs its work in accordance with its charter;
- Operates in an effective and efficient manner; and,
- Is adding value and continually improving the service that it provides.

The QAIP requires an annual review of the effectiveness of the system of Internal Audit to be conducted. Instances of non-conformance with the PSIAS, including the impact of any such non-conformance, must be disclosed to the Audit Committee. Any significant deviations must be considered for inclusion in the council's Annual Governance Statement.

January 2020

Subject:	Annual Surveillance Report 2020		
Date of Meeting:	9th March 2021		
Report of:	Executive Lead Officer Strategy Governance & Law		
Contact Officer:	Name:	Jo Player	Tel: 01273 29-2488
	Email:	Jo.player@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 The purpose of this report is to appraise Committee of the activities that have been undertaken utilising the powers under the Regulation of Investigatory Powers Act 2000 (RIPA) since the last report to Committee in January 2020.
- 1.2 The report also introduces a revised Policy and Guidance document

2. RECOMMENDATIONS:

- 2.1 That Committee agree that the continued use of covert surveillance be approved as an enforcement tool to prevent and detect crime and disorder investigated by its officers, providing the activity is in line with the Council's Policy and Guidance and the necessity and proportionality rules are stringently applied.
- 2.2 That the surveillance activity undertaken by the authority since the report to Committee in January 2020 as set out in paragraph 3.3 is noted.
- 2.3 That the continued use of the ~~amended~~ Policy and Guidance document as set out in Appendix 1 be approved.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The Regulation of Investigatory Powers Act 2000 (RIPA) is the law governing the use of covert surveillance techniques by Public authorities, including local authorities. RIPA was enacted as part of a suite of legislation flowing from the Human Rights Act 1997. RIPA requires that when public authorities need to use covert techniques to obtain information about someone, they do it in a way that is necessary and compatible with human rights.
- 3.2 RIPA regulates the interception of communications, directed and intrusive surveillance and the use of covert human intelligence sources (informants). Local authorities may only carry out directed surveillance, access certain communications data and use informants.
- 3.3 The Council has carried out one surveillance operation since the last report to Committee in January 2020. There have been no surveillance authorisations granted in the 5 years previous to that.

- 3.4 The Protection of Freedoms Act was enacted in November 2012. Since then, approval must be sought from a Magistrate when local authorities wish to conduct surveillance activity, access communications data and use informants. This is in addition to the authorisation by an Authorising Officer who meets the criteria regarding their position within the authority.
- 3.5 In addition to seeking the approval of a Magistrate, all applications must meet the Serious Offence test. This stipulates that any directed surveillance is restricted to the investigation of offences that carry a custodial sentence of six months or more. The only offence where this will not apply is in regard to the investigation of underage sales of tobacco or alcohol.
- 3.6 In November 2018 the Investigatory Powers Commissioner's Office (previously the Office of the Surveillance Commissioner) audited the authority's use of RIPA in the last three years since the previous audit in 2015. The inspector recommended that the Policy and Guidance document was updated, to reflect the new Codes of Practice in relation to social media. The policy and guidance document is updated annually and was updated to reflect the recommendation of the inspector.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The only alternative is to curtail the use of RIPA but this is not considered an appropriate step.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 There has been no consultation in the compilation of this report as it is a requirement of the Code of Practice pursuant to section 71 of RIPA that elected members review the authority's use of RIPA and set the policy once a year.

6. CONCLUSION

- 6.1 It is essential that officers are able to use the RIPA powers where necessary and within the threshold set out in the Protection of Freedoms Act 2012, but only after excluding all other methods of enforcement. An authorisation will only be given by the relevant 'Authorising Officer' following vetting by the 'Gatekeeper' therefore it is unlikely that the powers will be abused. There is now the additional safeguard of judicial sign off.
- 6.2 The implementation of the Annual review has made the whole process transparent and demonstrates to the public that the correct procedures are followed.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 There are no financial implications arising from this report. Any covert surveillance undertaken needs to be met from within current budget resources

Finance Officer Consulted: Michael Bentley

Date: 02/02/21

Legal Implications:

7.2

The legal framework governing the use of covert surveillance and accessing communications data is addressed in the body of the report. Adherence to the Council's policy and procedures – which are subject to annual review by this Committee - ensures that the Council's powers are exercised lawfully and proportionately

Lawyer Consulted:

Elizabeth Culbert

Date: 010321

Equalities Implications:

7.3

The proper and consistent application of the RIPA powers should ensure that a person's basic human rights are not interfered with, without justification. Each application will be assessed by the gatekeeper for necessity and proportionality prior to the authorisation by a restricted number of authorising officers. The application will also be signed off by a Magistrate. This process should identify any inconsistencies or disproportionate targeting of minority groups and enable action to be taken to remedy any perceived inequality. However an equality Impact assessment is being written.

Sustainability Implications:

7.4

There are no sustainability implications

Crime & Disorder Implications:

7.5

If used appropriately, the activities described in this report should enhance our capacity to tackle crime and disorder

Risk and Opportunity Management Implications:

7.6

None

Public Health Implications:

7.7

None

Corporate / Citywide Implications:

7.8

Proper application of the powers will help to achieve fair enforcement of the law and help to protect the environment and public from rogue trading and illegal activity.

Any Other Significant Implications:

7.9

None

SUPPORTING DOCUMENTATION

Appendices:

1. Policy and Guidance Document version November 2018

Background Documents:

1. None



**Brighton & Hove
City Council**

Corporate Policy & Procedures Document on the Regulation of Investigatory Powers Act 2000 (RIPA)

- Use of Directed Surveillance
- Use of Covert Human Intelligence Sources
- Accessing Communications Data

Jo Player
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Version: January 2021

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The Regulation of Regulatory Powers Act 2000 refers to 'Designated Officers'. For ease of understanding and application this document refers to 'Authorising Officers'.

Introduction

This document is based on the requirements of the Regulation of Investigatory Powers Act 2000 (RIPA) and the Home Office's Code of Practices for Directed Surveillance and Covert Human Intelligence Sources (CHIS) and Accessing Communications data. It takes into account the oversight provisions contained in the revised Code of Practice for Covert Surveillance and the revised Code of Practice that deals with Access to communications data that came into force on 6th April 2010. Officers should also bear in mind Procedures and Guidance issued by the Office of the Surveillance Commissioner in December 2014, and guidance issued in the revised code of practice in August 2018, when applying for, and authorising applications. This policy and procedures document sets out the means of compliance with, and use of, the Act by The Council. It is based upon the requirements of the Act and the Home Office's Codes of Practice on Covert Surveillance and Covert Human Intelligence Sources, together with the Revised Draft Code of Practice on Accessing Communications Data

The authoritative position on RIPA is the Act itself and any Officer who is unsure about any aspect of this document should contact the Head of Safer Communities or the Head of Law, for advice and assistance.

This document has been approved by elected members and is available from the Head of Safer Communities.

The Head of Safer Communities will maintain the Central Register of all authorisations, reviews, renewals, cancellations and rejections. It is the responsibility of the relevant Authorising Officer to ensure that relevant form is submitted, for inclusion on the register, within 1 week of its completion.

This document will be subject to an annual review by the Head of Safer Communities and will be approved by elected members.

In terms of monitoring e-mails and internet usage, it is important to recognise the interplay and overlap with the Council's Information Technology policies and guidance, the Telecommunications (Lawful Business Practice)(Interception of Communications) Regulations 2000, the Data Protection Act 1998 and its Code Of Practice and the General Data Protection Regulations. RIPA forms should only be used where **relevant** and they will only be **relevant** where the **criteria** listed are fully met.

Policy Statement

The Council takes its statutory responsibilities seriously and will at all times act in accordance with the law and takes necessary and proportionate action in these types of matters. In that regard the Head of Safer Communities is duly authorised to keep this document up to date and amend, delete, add or substitute relevant provisions, as necessary. For administrative and operational effectiveness, the Head of safer Communities is authorised to add or substitute Authorising Officers with the agreement of the Senior Responsible Officer.

It is this Council's Policy that

- All covert surveillance exercises conducted by the Council should comply with the requirements of RIPA
- An Authorisation will only be valid if initialled by a gatekeeper and signed by an authorising officer.
- Authorising 'Access to Communications data' will be restricted to the Head of Safer Communities. The National Anti Fraud Network will become the Single Point of Contact for purposes of Access to Communications Data.

Senior Responsible Officer

The revised Code of Practice recommends that each public authority appoints a Senior Responsible Officer. This officer will be responsible for the integrity of the process in place within the public authority to authorise directed surveillance; compliance with the relevant Acts and Codes of Practice; engagement with the Commissioners and Inspectors when they conduct their inspections and where necessary overseeing the implementation of any post inspection action plans recommended or approved by a Commissioner.

The Senior Responsible Officer should be a member of the corporate management team and for the purposes of this policy the Executive Director Finance and Resources has been so delegated. It is the responsibility of the Senior Responsible Officer to ensure that all authorising officers are of an appropriate standard in light of any recommendations in the inspection reports prepared by the Office of the Surveillance Commissioners. Where an inspection report highlights concerns about the standards of authorising officers, it is the responsibility of the Senior Responsible Officer to ensure these concerns are addressed.

Authorising Officers Responsibilities

The Regulation of Investigatory Powers (Directed Surveillance and Covert Human Intelligence Sources) Order 2010 and the Regulation of Investigatory Powers (Communications Data) Order 2010, specify the seniority of officers who are able to authorise surveillance activity and access to communications data. These are Directors, Head of Service, Service Manager or equivalent.

It is essential that Senior Managers and Authorising Officers take personal responsibility for the effective and efficient operation of this document.

It is the responsibility of the Senior Responsible Officer in conjunction with the Head of Safer Communities to ensure that sufficient numbers of Authorising Officers receive suitable training on RIPA and this document, and that they are competent.

It will be the responsibility of those Authorising Officers to ensure that relevant members of staff are also suitably trained as 'Applicants'.

An authorisation must not be approved until the Authorising Officer is satisfied that the activity proposed is necessary and proportionate.

However it will be the responsibility of the gatekeeper to review any applications prior to submission to the Authorising Officer. They should ensure that the correct form has been used. These are the latest Home Office forms and are available on the HO website and that the applicant has obtained a Unique Reference Number (URN) from the Partnership Support Officer Safer Communities Services. The gatekeeper should also ensure that the form has been correctly completed and contains sufficient detail and information to enable the authorising officer to make an informed decision whether to authorise the application. The gatekeeper should also scrutinise the form to ensure that it complies with the necessity and proportionality requirements before the authorising officer receives the form. A gatekeeper should be a person with sufficient knowledge and understanding of the enforcement activities of the relevant public body, who should vet the applications as outlined above. Once the gatekeeper is satisfied with the application they should initial the form and submit any comments on the application in writing to the Authorising Officer and provide necessary feedback to the applicant. In order that there is consistency with the quality of applications the Head of Safer Communities and Principal Trading Standards Officer will act as gatekeepers for the Council. It should be noted that the Head of Safer Communities will not act as gatekeeper and Authorising Officer on the same application.

- **Necessary** in this context includes consideration as to whether the information sought could be obtained by other less invasive means, and that those methods have been explored and been unsuccessful or could have compromised the investigation. The Authorising Officer must be satisfied that there is necessity to use covert surveillance in the proposed operation. In order to be satisfied there must be an identifiable offence to prevent or detect before an authorisation can be granted on the grounds falling within sec 28(3)(b) and 29(3)(b) of RIPA and ss6(3) and 7(3) of RIP(S)A. The application should identify the **specific offence** being investigated (**including the Act and section**) and the **specific point(s) to prove** that the surveillance is intended to gather evidence about. The applicant must show that the operation is **capable of gathering that evidence** and that such **evidence is likely to prove** that part of the offence.
- Deciding whether the activity is **proportionate** includes balancing the right to privacy against the seriousness of the offence being investigated. Consideration must be given as to whether the activity could be seen as excessive. An authorisation should demonstrate how the

Authorising Officer has reached the conclusion that the activity is proportionate to what it seeks to achieve; including an explanation of the reasons why the method, tactic or technique proposed is not disproportionate to what it seeks to achieve. A potential model answer would make it clear that the 4 elements of proportionality had been fully considered.

1. Balancing the size and scope of the operation against the gravity and extent of the perceived mischief,
2. Explaining how and why the methods to be adopted will cause the least possible intrusion on the target and others,
3. That the activity is an appropriate use of the legislation and the only reasonable way, having considered all others, of obtaining the necessary result and,
4. Evidencing what other methods had been considered and why they were not implemented.

Authorising Officers must pay particular attention to Health & Safety issues that may be raised by any proposed surveillance activity. Approval must not be given until such time as any health and safety issue has been addressed and/or the risks identified are minimised.

Authorising Officers must ensure that staff who report to them follow this document and do not undertake any form of surveillance, or access communications data, without first obtaining the relevant authorisation in compliance with this document.

Authorising Officers must ensure when sending copies of any forms to the Head of Safer Communities for inclusion in the Central Register, that they are sent in **sealed** envelopes and marked **Strictly Private & Confidential**.

General Information on RIPA

The Human Rights Act 1998 (which brought much of the European Convention on Human Rights and Fundamental Freedoms 1950 into UK domestic law) requires the City Council, and organisations working on its behalf, to respect the private and family life of citizens, his home and his correspondence.

The European Convention did not make this an absolute right, but a qualified right. Therefore, in certain circumstances, the City Council may interfere in an individual's right as mentioned above, if that interference is:-

- a. **In accordance with the law;**
- b. **Necessary;** and
- c. **Proportionate.**

The Regulation of Investigatory Powers Act 2000 (RIPA) provides a statutory mechanism (i.e. 'in accordance with the law') for authorising **covert surveillance** and the use of a '**covert human intelligence source**' ('CHIS') – e.g. undercover agents, and **Accessing Communications data**. It seeks to ensure that any interference with an individual's right under Article 8 of the European Convention is necessary and proportionate. In doing so, the RIPA seeks to ensure both the public interest and the human rights of individuals are suitably balanced.

Directly employed Council staff and external agencies working for the City Council are covered by the Act for the time they are working for the City Council. All external agencies must, therefore, comply with RIPA and the work carried out by agencies on the Council's behalf must be properly authorised by an Authorising Officer after scrutiny by a gatekeeper.

A list of officers who may authorise Directed Surveillance is kept by the Head of Safer Communities and the current list is attached at **Appendix 1**. This list will be updated annually. The designated gatekeepers for the Council are the Principal Trading Standards Officer and the Head of Safer Communities. For the purposes of Accessing Communications Data the Designated Persons (Authorised Officers) is the Head of Safer Communities.

If the correct procedures are not followed, evidence may be dis-allowed by the courts, a complaint of mal-administration could be made to the Ombudsman, and/or the Council could be ordered to pay compensation. Such action would not, of course, promote the good reputation of the City Council and will, undoubtedly, be the subject of adverse press and media interest.

A flowchart of the procedures to be followed appears at **Appendix 2**. A list of useful websites is available at **Appendix 3**.

What RIPA Does and Does Not Do

RIPA does:

- Requires prior authorisation of directed surveillance
- Prohibits the Council from carrying out intrusive surveillance
- Requires authorisation of the conduct and use of a CHIS
- Require safeguards for the conduct and use of a CHIS
- Requires proper authorisation to obtain communication data
- Prohibits the Council from accessing 'traffic data'

RIPA does not:

- Make unlawful conduct which is otherwise lawful
- Prejudice or dis-apply any existing powers available to the City Council to obtain information by any means not involving conduct that may be authorised under this Act. For example, it does not affect the Council's current powers to obtain information via the DVLA or to get information from the Land Registry as to the ownership of a property.

If the Authorising Officer or any Applicant is in any doubt, they should ask the Head of Safer Communities or the Head of Law before any directed surveillance, CHIS, or Access to Communications is authorised, renewed, cancelled or rejected.

Types of Surveillance

'Surveillance' includes

- Monitoring, observing, listening to persons, watching or following their movements, listening to their conversations and other such activities or communications.
- Recording anything mentioned above in the course of authorised surveillance
- Surveillance, by or with, the assistance of appropriate surveillance device(s).

Surveillance can be overt or covert.

Overt Surveillance

Most surveillance activity will be done overtly, that is, there will be nothing secretive, clandestine or hidden about it. In many cases, officers will be behaving in the same way as a normal member of the public (e.g. in the case of most test purchases), and/or will be going about Council business openly (e.g. a Neighbourhood Warden walking through the estate).

Similarly, surveillance will be overt if the subject has been told it will happen (e.g. where a noisemaker is warned (preferably in writing) that noise will be recorded if the noise continues, or where an entertainment licence is issued subject to conditions, and the licensee is told that officers may visit without notice or identifying themselves to the owner/proprietor to check that the conditions are being met.

The following are NOT normally Directed Surveillance:

- Activity that is observed as part of normal duties, e.g. by an officer in the course of day-to-day work.
- CCTV cameras (unless they have been directed at the request of investigators) – these are overt or incidental surveillance, and are regulated by the Data Protection Act.

Covert Surveillance

Covert Surveillance is carried out in a manner calculated to ensure that the person subject to the surveillance is unaware of it taking place. (Section 26(9)(a) RIPA) It is about the intention of the surveillance, not about whether they are actually aware of it; it is possible to be covert in Council uniform where, for example, the person is intended to mistake the reason for the officer being there.

RIPA regulates two types of covert surveillance, (Directed Surveillance and Intrusive Surveillance) and the use of Covert Human Intelligence Sources (CHIS).

Directed Surveillance

Directed Surveillance is surveillance which: -

- Is covert; and
- Is not intrusive surveillance;
- Is not carried out in an immediate response to events which would otherwise make seeking authorisation under the Act unreasonable, e.g. spotting something suspicious and continuing to observe it; and
- It is undertaken for the purpose of a **specific investigation** or **operation** in a manner **likely to obtain private information** about an individual (whether or not that person is specifically targeted for purposes of an investigation).

Private information in relation to a person includes any information relating to his private and family life, his home and his correspondence. The fact that covert surveillance occurs in a public place or on business premises does not mean that it cannot result in the obtaining of private information about a person. Prolonged surveillance targeted on a single person will undoubtedly result in the obtaining of private information about him/her and others that s/he comes into contact, or associates, with.

Examples of Expectations of Privacy:

Two people are holding a conversation on the street and, even though they are talking together in public, they do not expect their conversation to be overheard and recorded by anyone. They have a 'reasonable expectation of privacy' about the contents of that conversation, even though they are talking in the street.

The contents of such a conversation should be considered as private information. A directed surveillance authorisation would therefore be appropriate for a public authority to record or listen to the conversation as part of a specific investigation or operation and otherwise than by way of an immediate response to events.

A Surveillance officer intends to record a specific person providing their name and telephone number to a shop assistant, in order to confirm their identity, as part of a criminal investigation.

Although the person has disclosed these details in a public place, there is nevertheless a reasonable expectation that the details are not being recorded separately for another purpose. A directed surveillance authorisation should therefore be sought.

For the avoidance of doubt, only those officers designated as 'Authorising Officers' for the purpose of RIPA can authorise 'Directed Surveillance' IF, AND ONLY IF, the RIPA authorisation procedures detailed in this document, are followed.

Reconnaissance- Examples

Officers wish to drive past a café for the purposes of obtaining a photograph of the exterior. Reconnaissance of this nature is not likely to require a directed surveillance authorisation as no private information about any person is likely to be obtained or recorded. If the officers chanced to see illegal activities taking place, these could be recorded and acted upon as 'an immediate response to events'. If, however, the officers intended to carry out the exercise at a specific time of day, when they expected to see unlawful activity, this would not be reconnaissance but directed surveillance, and an authorisation should be considered. Similarly, if the officers wished to conduct a similar exercise several times, for example to establish a pattern of occupancy of the premises

by any person, the accumulation of information is likely to result in the obtaining of private information about that person or persons and a directed surveillance authorisation should be considered.

Intrusive Surveillance

This is when it: -

- Is covert;
- Relates to residential premises and private vehicles; and
- Involves the presence of a person in the premises or in the vehicle or is carried out by a surveillance device in the premises/vehicle. 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.

Only police and other law enforcement agencies can carry out this form of surveillance.

Council Officers must not carry out intrusive surveillance.

Notes about 'Intrusive'

Surveillance is generally 'Intrusive' only if the person is on the same premises or in the same vehicle as the subject(s) of the surveillance. Carrying out surveillance using private residential premises (with the consent of the occupier) as a 'Static Observation Point' does not make that surveillance 'Intrusive'. A device used to enhance your external view of property is almost never an *intrusive* device. A device would only become *intrusive* where it provided a high quality of information from inside the *private residential premises*. A device used to enhance your external view of property is almost never an *intrusive* device. A device would only become intrusive where it provided a high quality of information from inside the *private residential premises*. If premises under surveillance are known to be used for legally privileged communications, that surveillance must also be treated as *intrusive*.

Examples:

Officers intend to use an empty office to carry out surveillance on a person who lives opposite. As the office is on the 4th floor, they wish to use a long lens and binoculars so that they can correctly identify and then photograph their intended subject covertly. This is NOT intrusive surveillance, as the devices do not provide high quality evidence from inside the subject's premises. Officers intend using a surveillance van parked across the street from the subject's house. They could see and identify the subject without binoculars but have realised that, if they use a 500mm lens, as the subject has no net curtains or blinds, they should be able to see documents he is reading. This IS intrusive surveillance, as the evidence gathered is of a high quality, from inside the premises, and is as good as could be provided by an officer or a device being on the premises.

Examples of different types of Surveillance

Type of Surveillance	Examples
<u>Overt</u>	<ul style="list-style-type: none"> • Police Officer or Parks Warden on patrol • Sign-posted Town Centre CCTV cameras (in normal use) • Recording noise coming from outside the premises after the occupier has been warned that this will occur if the noise persists. • Most test purchases (where the officer behaves no differently from a normal member of the public).
<u>Covert</u> but not requiring prior authorisation	<ul style="list-style-type: none"> • CCTV cameras providing general traffic, crime or public safety information.
<u>Directed</u> (must be RIPA authorised)	<ul style="list-style-type: none"> • Officers follow an individual or individuals over a period, to establish whether s/he is working when claiming benefit or off long term sick from employment. • Test purchases where the officer has a hidden camera or other recording device to record information that might include information about the private life of a shop-owner, e.g. where s/he is suspected of running his business in an unlawful manner.
<u>Intrusive</u>	<ul style="list-style-type: none"> • Planting a listening or other device (bug) in a person's home or in their private vehicle. <p style="text-align: center;">THE COUNCIL CANNOT CARRY OUT THIS ACTIVITY AND FORBIDS ITS OFFICERS FROM CARRYING IT OUT</p>

Conduct and Use of a Covert Human Intelligence Source (CHIS)

Who is a CHIS?

A Covert Human Intelligence Source (CHIS) is someone who establishes or maintains a personal or other relationship for the covert purpose or facilitating anything falling under the following bullet points;

- Covertly uses such a relationship to obtain information or to provide access to any information to another person or,
- Covertly discloses information obtained by the use of such a relationship, or as a consequence of the existence of such a relationship.

RIPA may or may not apply in circumstances where members of the public volunteer information to the Council or to contact numbers set up to receive such information (such as benefit fraud hotlines). It will often depend on how the information was obtained. If an individual has obtained the information in the course of or as a result of a personal or other relationship it may be that they are acting as a CHIS. The contrast is between such a person and one who has merely observed the relevant activity from 'behind his (actual or figurative) net curtains.

A relationship is covert if it is conducted in a manner that is calculated to ensure that one of the parties to the relationship is unaware of its purpose.

If a person who volunteers information is then asked to obtain further information, it is likely that they would either become a CHIS or that a directed surveillance authorisation should be considered.

Examples of a CHIS may include:

- Licensing officers, working with the Police, covertly building a business relationship with a cab company which is believed to be using unlicensed drivers.
- Food safety officers posing as customers to get information on what is being sold at premises and developing a relationship with the shopkeeper beyond that of supplier and customer

What must be authorised?

Officers must not create or use a CHIS without prior authorisation. If there is any doubt as to whether an individual is acting as a CHIS advice should be sought from the Head of Safer Communities.

- Creating (or "Conduct of") a CHIS means procuring a person to establish or maintain a relationship with a person so as to secretly obtain and pass on information. The relationship could be a personal or 'other' relationship (such as a business relationship) and obtaining the information may be either the only reason for the relationship or be incidental to it. Note that it can also include asking a person to continue a relationship which they set up of their own accord.

- Use of a CHIS includes actions inducing, asking or assisting a person to act as a CHIS and the decision to use a CHIS in the first place.

Online Covert Activity

The growth of the internet, and the extent of the information that is now available online, presents new opportunities for public authorities to view or gather information which may assist them in preventing or detecting crime or carrying out other statutory functions, as well as in understanding and engaging with the public they serve. It is important that public authorities are able to make full and lawful use of this information for their statutory purposes. Much of it can be accessed without the need for RIPA authorisation; use of the internet prior to an investigation should not normally engage privacy considerations. But if the study of an individual's online presence becomes persistent, or where material obtained from any check is to be extracted and recorded and may engage privacy considerations, RIPA authorisations may need to be considered. The following guidance is intended to assist public authorities in identifying when such authorisations may be appropriate. The internet may be used for intelligence gathering and/or as a surveillance tool. Where online monitoring or investigation is conducted covertly for the purpose of a specific investigation or operation and is likely to result in the obtaining of private information about a person or group, an authorisation for directed surveillance should be considered, as set out elsewhere in this code. Where a person acting on behalf of a public authority is intending to engage with others online without disclosing his or her identity, a CHIS authorisation may be needed (paragraphs 4.10 to 4.16 of the Covert Human Intelligence Sources code of practice provide detail on where a CHIS authorisation may be available for online activity).

In deciding whether online surveillance should be regarded as covert, consideration should be given to the likelihood of the subject(s) knowing that the surveillance is or may be taking place. Use of the internet itself may be considered as adopting a surveillance technique calculated to ensure that the subject is unaware of it, even if no further steps are taken to conceal the activity. Conversely, where a public authority has taken reasonable steps to inform the public or particular individuals that the surveillance is or may be taking place, the activity may be regarded as overt and a directed surveillance authorisation will not normally be available. As set out below, depending on the nature of the online platform, there may be a reduced expectation of privacy where information relating to a person or group of people is made openly available within the public domain, however in some circumstances privacy implications still apply. This is because the intention when making such information available was not for it to be used for a covert purpose such as investigative activity. This is regardless of whether a user of a website or social media platform has sought to protect such information by restricting its access by activating privacy settings.

Where information about an individual is placed on a publicly accessible database, for example the telephone directory or Companies House, which is commonly used and known to be accessible to all, they are unlikely to have any reasonable expectation of privacy over the monitoring by public authorities of that information. Individuals who post information on social media networks and other websites whose purpose is to communicate messages to a wide audience are also less likely to hold a reasonable expectation of privacy in relation to that information.

Whether a public authority interferes with a person's private life includes a consideration of the nature of the public authority's activity in relation to that information. Simple reconnaissance of such sites (i.e. preliminary examination with a view to establishing whether the site or its contents are of interest) is unlikely to interfere with a person's reasonably held expectation of privacy and

therefore is not likely to require a directed surveillance authorisation. But where a public authority is systematically collecting and recording information about a particular person or group, a directed surveillance authorisation should be considered. These considerations apply regardless of when the information was shared online. See above.

Example 1: *A police officer undertakes a simple internet search on a name, address or telephone number to find out whether a subject of interest has an online presence. This is unlikely to need an authorisation. However, if having found an individual's social media profile or identity, it is decided to monitor it or extract information from it for retention in a record because it is relevant to an investigation or operation, authorisation should then be considered.*

Example 2: *A customs officer makes an initial examination of an individual's online profile to establish whether they are of relevance to an investigation. This is unlikely to need an authorisation. However, if during that visit it is intended to extract and record information to establish a profile including information such as identity, pattern of life, habits, intentions or associations, it may be advisable to have in place an authorisation even for that single visit. (As set out in the following paragraph, the purpose of the visit may be relevant as to whether an authorisation should be sought.)*

Example 3: *A public authority undertakes general monitoring of the internet in circumstances where it is not part of a specific, ongoing investigation or operation to identify themes, trends, possible indicators of criminality or other factors that may influence operational strategies or deployment. This activity does not require RIPA authorisation. However, when this activity leads to the discovery of previously unknown subjects of interest, once it is decided to monitor those individuals as part of an on-going operation or investigation, authorisation should be considered.*

In order to determine whether a directed surveillance authorisation should be sought for accessing information on a website as part of a covert investigation or operation, it is necessary to look at the intended purpose and scope of the online activity it is proposed to undertake. Factors that should be considered in establishing whether a directed surveillance authorisation is required include:

- Whether the investigation or research is directed towards an individual or organisation;
- Whether it is likely to result in obtaining private information about a person or group of people (taking account of the guidance at paragraph 3.6 above);
- Whether it is likely to involve visiting internet sites to build up an intelligence picture or profile;
- Whether the information obtained will be recorded and retained;
- Whether the information is likely to provide an observer with a pattern of lifestyle;
- Whether the information is being combined with other sources of information or intelligence, which amounts to information relating to a person's private life;
- Whether the investigation or research is part of an ongoing piece of work involving repeated viewing of the subject(s);
- Whether it is likely to involve identifying and recording information about third parties, such as friends and family members of the subject of interest, or information posted by third parties, that may include private information and therefore constitute collateral intrusion into the privacy of these third parties.

Internet searches carried out by a third party on behalf of a public authority, or with the use of a search tool, may still require a directed surveillance authorisation (see paragraph 4.32).

Example: *Researchers within a public authority using automated monitoring tools to search for common terminology used online for illegal purposes will not normally require a directed*

surveillance authorisation. Similarly, general analysis of data by public authorities either directly or through a third party for predictive purposes (e.g. identifying crime hotspots or analysing trends) is not usually directed surveillance.

It is not unlawful for a member of a public authority to set up a false identity but it is inadvisable for a member of a public authority to do so for a covert purpose without authorisation. Using photographs of other persons without their permission to support the false identity infringes other laws.

Juvenile Sources and Vulnerable Individuals

Juvenile Sources

Special safeguards apply to the use or conduct of juvenile sources (i.e. under 18 year olds). **On no occasion can a child under 16 years of age be authorised to give information against his or her parents.**

Authorisations for juvenile CHIS must not be granted unless: -

- A risk assessment has been undertaken as part of the application, covering the physical dangers and the psychological aspects of the use of the child
- The risk assessment has been considered by the Authorising Officer and he is satisfied that any risks identified in it have been properly explained; and
- The Authorising Officer has given particular consideration as to whether the child is to be asked to get information from a relative, guardian or any other person who has for the time being taken responsibility for the welfare of the child.

Only the Chief Executive may authorise the use of Juvenile Sources.

Vulnerable Individuals

A Vulnerable Individual is a person who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of himself or herself, or unable to protect himself or herself against significant harm or exploitation.

A Vulnerable Individual will only be authorised to act as a source in the most exceptional of circumstances.

Only the Chief Executive may authorise the use of Vulnerable Individuals.

Test Purchases

Carrying out test purchases will not require the purchaser to establish a relationship with the supplier with the covert purpose of obtaining information and, therefore, the purchaser will not normally be a CHIS. For example, authorisation would not normally be required for test purchases carried out in the ordinary course of business (e.g. walking into a shop and purchasing a product over the counter).

By contrast, developing a relationship with a person in the shop, to obtain information about the seller's suppliers of an illegal product (e.g. illegally imported products) will require authorisation as a CHIS. Similarly, using mobile hidden recording devices or CCTV cameras to record what is going on in the shop will require authorisation as directed surveillance. A combined authorisation can be given for a CHIS and also directed surveillance.

Please also see below under 'Serious Crime'

Anti-social behaviour activities (e.g. noise, violence, racial harassment etc)

Persons who complain about anti-social behaviour, and are asked to keep a diary, will not normally be a CHIS, as they are not required to establish or maintain a relationship for a covert purpose. Recording the level of noise (e.g. the decibel level) will not normally capture private information and, therefore, does not require authorisation.

Recording sound (with a DAT recorder) on private premises could constitute intrusive surveillance, unless it is done overtly. For example, it will be possible to record if the noisemaker is warned that this will occur if the level of noise continues.

Placing a covert stationary or mobile video camera outside a building to record anti social behaviour on residential estates will require prior authorisation.

Accessing Communications Data

Local authority employees will no longer be able to use their powers under relevant legislation and the exemption under the Data Protection Act 1998. The disclosure of communications data by Communication service providers will now only be permitted if a Notice to obtain and disclose (or in certain circumstances an Authorisation for an Officer to obtain it themselves) has been issued by the 'Designated person'.

Authorities are required to nominate Single Point of Contacts (SPOC) and that person(s) must have undertaken accredited training.

'Designated Persons' within the Council is now limited to the Head of Safer Communities.

Local authorities may only access to Customer Data or Service Data. **They cannot access 'traffic data'.**

Customer data (Subscriber)

Customer data is the most basic information about users of communication services.

It includes:-

- The name of the customer
- Addresses for billing, etc.
- Contact telephone numbers
- Abstract personal records provided by the customer (e.g. demographic information or sign up data)
- Account information (bill payment arrangements, bank or credit/debit card details)
- Services subscribed to.

Service Data (Service user)

This relates to the use of the Service Provider services by the customer, and includes:-

- Periods during which the customer used the service
- Information about the provision and use of forwarding and re-direction services
- Itemised records of telephone calls, internet connections, etc
- Connection, disconnect and re-connection
- Provision of conference calls, messaging services, etc
- Records of postal items, etc
- Top-up details for pre-pay mobile phones.

Traffic Data

This is data about the communication. It relates to data generated or acquired by the Service Provider in delivering or fulfilling the service. **Local authorities do not have access to this data.**

Authorisation Procedures

Directed surveillance and the use of a CHIS can only be lawfully carried out if properly authorised, and in strict accordance with the terms of the authorisation. **Appendix 2** provides a flow chart of the process to be followed.

Authorising Officers

Directed surveillance and or the use of CHIS can only be authorised by the officers listed in this document attached at appendix 1. Authorising officers should ensure that they undertake at least one refresher training course on RIPA during each calendar year. The list will be kept up to date by the Head of Safer Communities and amended as necessary. The SRO can add, delete or substitute posts to this list as required.

Authorisations under RIPA are separate from delegated authority to act under the Council's Scheme of Delegation and internal departmental Schemes of Management. RIPA authorisations are for specific investigations only, and must be renewed or cancelled once the specific surveillance is complete or about to expire.

Only the Chief Executive can authorise the use of a CHIS who is a juvenile or a vulnerable person or in cases where it is likely that confidential information will be obtained through the use of surveillance.

Authorising Officers–Access to Communications data

The Head of Safer Communities are the 'Designated persons' permitted to authorise the obtaining and disclosing of communications data. The National Anti Fraud Network will be the Single Point of Contact.

Training Records

A certificate of attendance will be given to anyone undertaking training in relation to the use of RIPA. Training will be recorded on their individual learning and development plan.

Single Points of Contact under Part 1 of the Act are required to undertake accredited training. A record will be kept of this training and any updating. This record is kept by NAFN. Designated persons are also required to be suitably trained.

Application Forms

Only the currently approved forms, available on the Home Office website, may be used. Any other forms will be rejected by the gatekeeper/authorising officer. Applications for communications data should be made via the NAFN website. Please contact NAFN for further information on this process – contact details on the Wave.

A gatekeeper role will be undertaken by either the Head of Safer Communities or the Principal Trading Standards Officer who will check that the applications have been completed on the correct forms, have a URN and that they contain sufficient grounds for authorisation. They will provide feedback to the applicant and will initial the forms before being submitted to the authorising officer.

The Head of Safer Communities can fulfil both the role as gatekeeper and authorising officer but will not fulfil both roles for an individual application.

Grounds for Authorisation

Directed Surveillance or the Conduct and Use of the CHIS and Access to Communications Data can be authorised by an Authorising Officer where he believes that the authorisation is necessary in the circumstances of the particular case. For local authorities the only ground that authorisation can be granted is;

- For the prevention or detection of crime

Serious Crime and Non RIPA Surveillance

Serious Crime

From 1st November 2012, the Protection of Freedoms Act introduced an additional requirement for officers seeking to use directed surveillance or CHIS. From this date, with the exception of Trading Standards' work regarding test purchases for alcohol and tobacco, all applications must meet the 'serious crime' threshold. This has been identified as any offence for which the offender could be imprisoned for 6 months or more. An analysis of relevant offences indicates that covert surveillance may therefore be used by, Trading Standards (various offences including doorstep crime and counterfeiting), Waste Enforcement (fly tipping), Fraud against the Council and Child Protection and Adult Safeguarding issues. Where an offence meets the serious crime threshold, the applicant will apply to the Authorising Officer in the normal way via a gatekeeper, but will then need to attend Magistrate's Court to obtain judicial sign off.

Non RIPA Surveillance

This new process will automatically restrict the use of surveillance activity under the RIPA framework by a number of our services as the offences they deal with do not meet the serious crime threshold.

RIPA does not grant any powers to carry out surveillance, it simply provides a framework that allows authorities to authorise surveillance in a manner that ensures compliance with the European Convention on Human Rights. Equally, RIPA does not prohibit surveillance from being carried out or require that surveillance may only be carried out following a successful RIPA application.

Whilst it is the intention of this Authority to use RIPA in all circumstances where it is available, for a Local Authority, this is limited to preventing or detecting crime and from 1st November 2012 to serious crime. The Authority recognises that there are times when it will be necessary to carry out covert directed surveillance when RIPA is not available to use. Under such circumstances, a RIPA application must be completed and clearly endorsed in red 'NON-RIPA SURVEILLANCE' along the top of the first page. The application must be submitted to a RIPA Authorising Officer in the normal fashion, who must consider it for Necessity and Proportionality in the same fashion as they would a RIPA application. The normal procedure of timescales, reviews and cancellations must be followed. Copies of all authorisations or refusals, the outcome of reviews or renewal applications and eventual cancellation must be notified to the Head of Safer Communities who will keep a

separate record of Non-RIPA activities, and monitor their use in the same manner as RIPA authorised activities.

Assessing the Application Form

Before an Authorising Officer authorises an application, **they must**

Be mindful of this Corporate Policy & Procedures Document

Satisfy themselves that the RIPA authorisation is

- **in accordance with the law,**
- **Necessary** in the circumstances of the particular case on the ground specified above; and
- **Proportionate** to what it seeks to achieve

This means that they must consider

- whether other less invasive methods to obtain the information have been considered. The least intrusive method will normally be considered the most proportionate unless for example it is impractical or would undermine the investigation.
- balance the right of privacy against the seriousness of the offence under investigation. When considering necessity and proportionality, an authorising officer should spell out in terms of the 5 W's, (who, what, why, where, when and how) what specific activity is being sanctioned.
- Take account of the risk of intrusion into the privacy of persons other than the specified subject of the surveillance (**Collateral Intrusion**).
- Ensure that measures are taken wherever practicable to avoid or minimise collateral intrusion.
- Set a date for review of the authorisation and review on only that date where appropriate.
- Ensure that the form carries a unique reference number
- Ensure that the applicant has sent a copy to the Head of Safer Communities for inclusion in the Central Register within 1 week of the authorisation.
- Ensure that the application is cancelled when required.

NB the application **MUST** make it clear how the proposed intrusion is necessary and how an absence of this evidence would prejudice the outcome of the investigation. If it does not then the application **SHOULD** be refused. Some guidance on how to complete the form for both authorising officers and applicants is available at **Appendix 4** and **Appendix 5**

Retention and Destruction of the Product

Where the product of surveillance could be relevant to pending or future legal proceedings, it should be retained in accordance with established disclosure requirements for a suitable further period. This should be in line with any subsequent review. Attention should be drawn to the requirements of the Code of Practice issued under the Criminal Procedures and Investigations Act 1996. This states that material obtained in the course of a criminal investigation and which may be relevant to the investigation must be recorded and retained.

There is nothing in RIPA 2000 which prevents material obtained from properly authorised surveillance being used in other investigations. However we must be mindful to handle store and destroy material obtained through the use of covert surveillance appropriately. It will be the responsibility of the Authorising Officer to ensure compliance with the appropriate data protection

requirements and to ensure that any material is not retained for any longer than is necessary. It will also be the responsibility of the Authorising Officer to ensure that the material is disposed of appropriately.

Confidential Material

Particular care should be taken where the subject of the investigation or operation might reasonably expect a high degree of privacy, or where confidential information is involved.

Confidential Information consists of matters subject to legal privilege, confidential personal information or confidential journalistic information. So for example extra care should be taken where through the use of surveillance, it would be possible to obtain knowledge of discussions between a minister of religion and an individual relating to the latter's spiritual welfare, or where matters of medical or journalistic confidentiality, or legal privilege may be involved.

Where it is likely, through the use of surveillance, that confidential information will be obtained, authorisation can only be granted by Heads of Service or in their absence the Chief Executive.

Descriptions of what may constitute legally privileged information are set out in section 98 of Police Act 1997 and further guidance is set out in Paragraphs 3.4-3.9 of the Home Office Code of Practice on Covert Surveillance.

Confidential Personal Information and Confidential Journalistic Information

Similar considerations to those involving legally privileged information must also be given to authorisations that involve the above. Confidential personal information is information held in confidence relating to the physical or mental health or spiritual counselling concerning an individual (whether living or dead) who can be identified from it. This information can be either written or oral and might include consultations between a doctor and patient or information from a patient's medical records. Spiritual counselling means conversations between an individual and a Minister of Religion acting in an official capacity, where the individual being counselled is seeking or the Minister is imparting forgiveness, absolution or the resolution of conscience with the authority of the Divine Being(s) of their faith.

Confidential journalistic material includes material acquired or created for the purpose of journalism and held subject to an undertaking to hold it in confidence, as well as communications resulting in information being acquired for the purposes of journalism and held subject to such an undertaking.

Further information or guidance regarding Confidential Information can be obtained from the Head of Law or the Head of Safer Communities.

Additional Safeguards when Authorising a CHIS

When authorising the conduct or use of a CHIS, the Authorising Officer **must also**

- Be satisfied that the **conduct** and/or **use** of the CHIS is proportionate to what is sought to be achieved;

- Be satisfied that **appropriate arrangements** are in place for the management and oversight of the CHIS and this must address health and safety issues through a risk assessment; At all times there will be a person designated to deal with the CHIS on behalf of the authority and for the source's security and welfare. This person should be in at least the position of Head of Service.
- Consider the likely degree of intrusion of all those potentially affected;
- Consider any adverse impact on community confidence that may result from the use or conduct or the information obtained; and
- Ensure **records** contain particulars and are not available except on a need to know basis

Records must be kept that contain the information set out in Statutory Instrument 2000/2725 – The Regulation of Investigatory Powers (Source Records) Regulations 2000. Further guidance on the requirements can be obtained from the Head of Safer Communities.

Duration

The application form **must be reviewed in the time stated and cancelled** once it is no longer needed. The 'authorisation' to conduct the surveillance lasts for a maximum of 3 months for Directed Surveillance and 12 months for a Covert Human Intelligence Source. In respect of a notice or authorisation to obtain communications data the period is one month.

Authorisations can be renewed in writing when the maximum period has expired. The Authorising Officer must consider the matter afresh, including taking into account the benefits of the surveillance to date, and any collateral intrusion that has occurred.

The renewal will begin on the day when the authorisation would have expired.

Urgent authorisations, if not ratified by written authorisation, will cease to have effect after 72 hours, beginning from the time when the authorisation was granted.

Working with Other Agencies

If an officer wishes to utilise the CCTV system operated by the Police

Directed Surveillance Authorisation must be obtained before an approach is made to the Control Room. If immediate action is required an Authorisation must be obtained within 72 hours of the request being made.

When some other agency has been instructed on behalf of the City Council to undertake any action under RIPA, this Document and the Forms in it must be used (as per normal procedure) and the agency advised or kept informed, as necessary, of the various requirements. They must be made aware explicitly what they are authorised to do.

When another Enforcement Agency (e.g. Police, HMRC etc): -

Wish to use the City Council's resources (e.g. CCTV surveillance systems), that agency must use its own RIPA procedures. Before any Officer agrees to allow the City Council's resources to be used for the other agency's purposes, they must obtain a copy of that agency's RIPA form, or written confirmation that a Directed Surveillance Authorisation is in place.

Wish to use the City Council's premises for their own RIPA action, the Officer should, normally, co-operate with the same, unless there is security or other good operational or managerial reasons as to why the City Council's premises should not be used for the agency's activities. Suitable insurance or other appropriate indemnities may be sought, if necessary, from the other agency for the City Council's co-operation in the agent's RIPA operation. In such cases, however, the City Council's own RIPA forms should not be used as the City Council is only 'assisting' not being 'involved' in the RIPA activity of the external agency.

Record Management

A Central Register of all Authorisation Forms will be maintained and monitored by the Head of safer Communities.

Records maintained in the Department

- A copy of the Forms together with any supplementary documentation and notification of the approval given by the Authorising Officer;
- A record of the period over which the surveillance has taken place;
- The frequency of reviews prescribed by the Authorising Officer;
- A record of the result of each review of the authorisation;
- A copy of any renewal of an authorisation, together with supporting
- Documentation submitted when the renewal was requested;
- The date and time when any instruction was given by the Authorising Officer;
- The Unique Reference Number for the authorisation (URN).

Central Register maintained by Safer Communities

Authorising Officers must forward details of each form to The partnership support officer Safer Communities for the Central Register, **within 1 week of the authorisation, review, renewal, cancellation or rejection.**

Records will be retained for six years from the ending of the authorisation. The Office of the Surveillance Commissioners (OSC) and the Interception Commissioner can audit/review the City Council's policies and procedures, and individual authorisations.

Consequences of Non Compliance

Where covert surveillance work is being proposed, this Policy and Guidance must be strictly adhered to in order to protect both the Council and individual officers from the following:

- **Inadmissible Evidence and Loss of a Court Case / Employment Tribunal / Internal Disciplinary Hearing** – there is a risk that, if Covert Surveillance and Covert Human Intelligence Sources are not handled properly, the evidence obtained may be held to be inadmissible. Section 78 of the Police and Criminal Evidence Act 1984 allows for evidence that was gathered in a way that affects the fairness of the criminal proceedings to be excluded. The Common Law Rule of Admissibility means that the court may exclude evidence because its prejudicial effect on the person facing the evidence outweighs any probative value the evidence has (probative v prejudicial).
- **Legal Challenge** – as a potential breach of Article 8 of the European Convention on Human Rights, which establishes a “right to respect for private and family life, home and correspondence”, incorporated into English Law by the Human Rights Act (HRA) 1998. This could not only cause embarrassment to the Council but any person aggrieved by the way a local authority carries out Covert Surveillance, as defined by RIPA, can apply to a Tribunal – see section 15.
- **Offence of unlawful disclosure** – disclosing personal data as defined by the DPA that has been gathered as part of a surveillance operation is an offence under Section 55 of the Act. Disclosure can be made but only where the officer disclosing is satisfied that it is necessary for the prevention and detection of crime, or apprehension or prosecution of offenders. Disclosure of personal data must be made where any statutory power or court order requires disclosure.
- **Fine or Imprisonment** – Interception of communications without consent is a criminal offence punishable by fine or up to two years in prison.
- **Censure** – the Office of Surveillance Commissioners conduct regular audits on how local authorities implement RIPA. If it is found that a local authority is not implementing RIPA properly, then this could result in censure.

Oversight by Members

- Elected Members shall have oversight of the Authority’s policy and shall review that policy annually.
- The report to members shall be presented to the Elected Members by the SRO. The report must not contain any information that identifies specific persons or operations.
- Alongside this report, the SRO will report details of ‘Non-RIPA’ surveillance in precisely the same fashion
- Elected Members may not interfere in individual authorisations. Their function is to, with reference to the reports; satisfy themselves that the Authority’s policy is robust and that it is being followed by all officers involved in this area. Although it is elected members who are accountable to the public for council actions, it is essential that there should be no possibility of political interference in law enforcement operations.

Concluding Remarks

Where there is an interference with the right to respect for private life and family guaranteed under Article 8 of the European Convention on Human Rights, and where there is no other source of lawful authority for the interference, or if it is held not to be necessary or proportionate to the circumstances, the consequences of not obtaining or following the correct authorisation procedure may be that the action (and the evidence obtained), is held to be inadmissible by the Courts pursuant to Section 6 of the Human Rights Act 1998.

Obtaining an authorisation under RIPA and following this document will ensure, therefore, that the action is carried out in accordance with the law and subject to stringent safeguards against abuse of anyone's human rights.

Authorising Officers should be suitably competent and must exercise their minds every time they are asked to sign the request. They must never sign or rubber stamp form(s) without thinking about their personal and the City Council's responsibilities.

Any boxes not needed on the Form(s) must be clearly marked as being 'NOT APPLICABLE', 'N/A' or a line put through the same. Great care must also be taken to ensure accurate information is used and is inserted in the correct boxes. Reasons for any refusal of an application must also be kept on the form and the form retained for future audits.

For further advice and assistance on RIPA, please contact the Head of Safer Communities.

Directed Surveillance/CHIS Forms can be obtained from the Home Office website or from NAFN in relation to Access to Communications Data.

Appendix 1: List of Authorising Officers

List of Authorised Officers

Post	Name
Head of Safer Communities	Jo Player
Head of Revenues and Benefits	Graham Bourne

Designated Person for Approving a Notice in Respect of Access to Communications Data

- Head of Safer Communities: Jo Player

Single Point of Contact for Accessing Communications Data

- National Anti Fraud Network (NAFN)

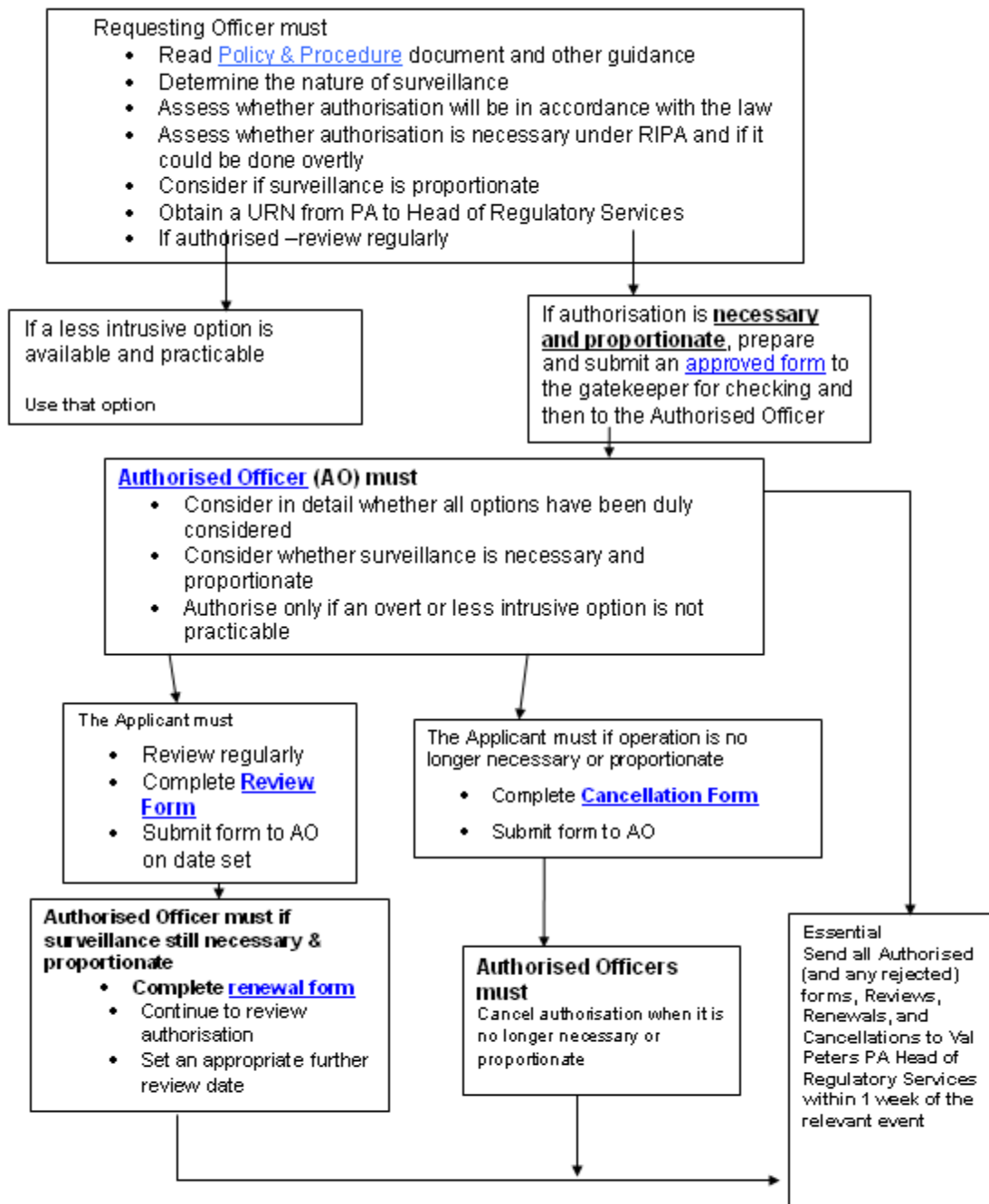
Gatekeepers

- Head of Safer Communities: Jo Player
- Principal Trading Standards Officer: John Peerless

Please contact Charlotte Farrell for a URN

Appendix 2: Flow chart outlining process

Authorising Directed Surveillance Process



Appendix 3: List of Useful Websites

RIPA Forms, Codes of Practice and Advice

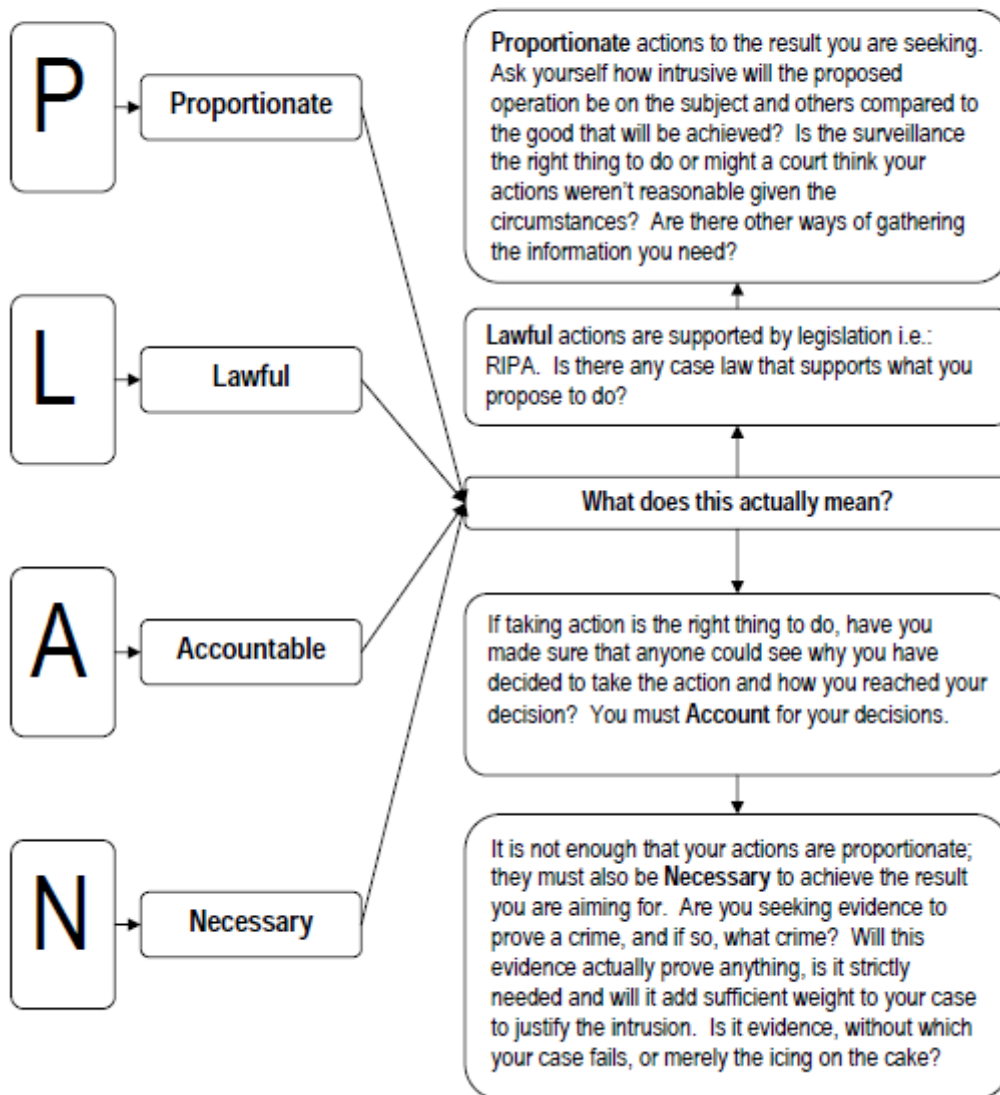
The policy requires you to use the most up-to-date versions of forms and codes of practice. Rather than reproduce forms and codes of practice that are subject to change, we have provided links to the currently approved versions. You should access the document you require by following the relevant link.

- The most up-to-date RIPA forms must always be used. These are available from the Home Office website and may be found by following this link :
<http://www.homeoffice.gov.uk/counter-terrorism/regulation-investigatory-powers/ripa-forms/>
- The full text of the Codes of Practice are available here :
<http://www.homeoffice.gov.uk/counter-terrorism/regulation-investigatory-powers/ripa-codes-of-practice/>
- The Act is available here:
<http://www.legislation.gov.uk/ukpga/2000/23/contents>
- The Office of Surveillance Commissioners website has some useful information and advice and is available here :
<http://surveillancecommissioners.independent.gov.uk/>

Appendix 4: Guidance for Authorising Officers

APPENDIX FOUR

Notes for Guidance for Authorisation – Directed Surveillance



Authorised Officer's Statement

12. Authorising Officer's Statement. [Spell out the "5 Ws" – Who, What, Where, When, Why and the following box.]
I hereby authorise directed surveillance defined as follows: [Why is the surveillance necessary directed against, Where and When will it take place, What surveillance activity/equipment is achieved?]
13. Explain why you believe the directed surveillance is necessary. [Code paragraph 2.4] Explain why you believe the directed surveillance to be proportionate to what is sought to be achieved by carrying it out. [Code paragraph 2.5]

You must start by fully explaining what operation you are authorising. State why the surveillance is necessary to the case, what will be achieved, how it will be carried out, how many people used, what equipment / vehicles / technology you authorise the use of and where the operation will happen.

Make sure it is clear exactly what it is that you are authorising.

Now you must explain your decision. Simply stating that you "agree with the officer who applied for the reasons they gave" is not acceptable. You must give, in your own words, a detailed account of how you came to decide that the operation was necessary and proportionate. Make sure that you review the guidance in section seven and show how the evidence is necessary to the offence, and how the offence is one that it is necessary to investigate. Now ensure that you demonstrate how the officer has shown the need to obtain the evidence to be proportionate, when balanced against the person's expectation of privacy, the privacy of innocent third parties and the seriousness of the offence.

If you have completed a surveillance authorisation worksheet, go back over this as you should have already stated your reasons there.

You must explain why you feel it is in the public interest to carry out the action; is it serious, prevalent in the area, an abuse of position, premeditated? Why do you think that the investigation will be prejudiced without surveillance? Are you certain there is no other obvious and less intrusive way of obtaining the information? Does it need to be done? Record everything in this section.

This section must stand on its own, if you are called to court to justify your authorisation.

Authorised Officer's Statement

14. (Confidential Information Authorisation.) Supply detail demonstrating compliance with 3.1 to 3.12		This section is to be completed only by the Senior Authorised Officer if confidential information might be obtained. They should explain why they felt it to be appropriate for the surveillance to be carried out. To comply with the codes, show how further measures, such as more regular reviews and stricter limitations, have been put in place due to the particularly sensitive nature of the operation.
<p>This should be no more than four weeks from the date of authorisation. If you wish to restrict the length of time an officer may carry out surveillance for, you can use this box to set an early review date.</p>		
Date of first review	<p>Programme for subsequent reviews of this authorisation: [Code paragraph 4.22]. Only complete dates after first review are known. If not or inappropriate to set additional review dates then leave blank.</p>	
<p>Use this box to record dates for review. The normal review period is no longer than every four weeks. It doesn't have to be completed but is useful to do so, especially when a shorter review period is appropriate.</p>		<p>Finally, write your name, sign the form giving the date and time. You must also record the expiry date. This is always three months, to the minute, from the date that the authorisation was given, no longer, or shorter. The operation can be cancelled before this date if appropriate. (See 7.14 (above) for guidance.)</p>
Name (Print)	Grade / Rank	
Signature	Date and time	
<p>Expiry date and time [e.g.: authorised on 30 June 2005, 23.59]</p>		<p>Expiry date and time [e.g.: authorised on 1 April 2005 - expires]</p>

Sections 15 and 16:

These sections relate to oral authorisations that may be granted or renewed only in urgent cases. In the case that an oral authorisation is granted, the AO should record the reasons why they considered the case urgent and why they believed it was not practicable to delay in order for the investigator to complete an application. Urgent oral authorisations last for seventy-two hours from the time of the authorisation. The officer carrying out the surveillance must complete a written application at the earliest opportunity, not necessarily at the end of the seventy-two hours.

Appendix 5: Guidance for Applicants

The RIPA 1 Form – Guidance Notes on Completion

The diagram shows the RIPA 1 Form with the following fields and callouts:

- Directed Surveillance Unique Reference Number (URN)** (to be supplied by the central monitoring officer). Callout: Unique reference number. This must be provided by the Authorising Officer.
- PART II OF THE REGULATION OF INVESTIGATORY POWERS ACT (RIPA) 2000**
- APPLICATION FOR AUTHORISATION TO CARRY OUT DIRECTED SURVEILLANCE**
- Public Authority** (including full address). Callout: Record your name. Not the name of the officers carrying out the surveillance (unless that is you).
- Unit/Branch/Division**. Callout: What public body do you work for? Record it here.
- Full address**. Callout: Full address of your dept / office / building.
- Contact details**. Callout: What dept / unit do you work in? Record it here.
- Investigation/Operation Name (if applicable)**. Callout: You can give the operation a name if you wish.
- Investigating Officer (if a person other than the applicant)**. Callout: If the person who is the investigator in the case is someone other than you, record their name here.
- Details of application:**
 - 1. Give rank or position of authorising officer in accordance with the Regulation of Investigatory Powers (Directed Surveillance and Covert Human Intelligence Sources) Order 2003; No. 3171. For local authorities exact position of the authorising officer should be given. For example, Head of Trading Standards.
- Callout at the bottom:** You must give the position of the Authorised Officer who will be reviewing the application. You do not need to give their name. This should be their full job title, rank or position.

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Enter a summary of the reason for the operation and what you are planning to do. Be brief: what will you do, why are you doing it and what will you get out of it?

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.

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

Name:

- Address:
- DOB:
- Other information as appropriate:

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

What methods will you use for the surveillance? What are the technical aspects? Who, what, when, where, how long, how many, equipment etc. Mention everything. You will not be authorised to do things you don't mention here.

Who are you intending to gather evidence on? If you do not know the identity of all parties you must describe them as best as you are able.

What evidence do you intend to obtain from the surveillance? Specify exactly what you intend to get, how much and what types. This is so a judgement can be made on the weight of the evidence that you will get. Be careful what you write here: when you have achieved these aims the surveillance must stop immediately.

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<p>Specify the offences that you are investigating or preventing. State why the information has to be obtained by surveillance, why do you need it for the reason you specified? How is it essential to the case?</p>	<p>6. Identify on which grounds the directed surveillance is necessary under Section 28(3) of RIPA. Delete that are inapplicable. Ensure that you know which of these grounds you are entitled to rely on. (SI 2003 No 3171)</p> <ul style="list-style-type: none">• In the interests of national security;• For the purpose of preventing or detecting crime or of preventing disorder;• In the interests of the economic well-being of the United Kingdom;• In the interests of public safety;• for the purpose of protecting public health;• for the purpose of assessing or collecting any tax, duty, levy or other imposition, contribution or charge payable to a government department; <p>7. Explain why this directed surveillance is necessary on the grounds you have identified [Code paragraph 2.4]</p> <p>8. Supply details of any potential collateral intrusion and why the intrusion is unavoidable. [Bear in mind Code paragraphs 2.6 to 2.10.] Describe precautions you will take to minimise collateral intrusion</p>	<p>Cross out the conditions that do not apply to you. In the case of a local authority, the only one that <i>does</i> is prevention or detecting crime or disorder.</p>
<p>Collateral intrusion is where the operation interferes with the private lives of those not intended to be subject to the surveillance. This could be members of the suspect's family, their partners, colleagues or members of the public. You must identify where there is a risk that you will gather this sort of information. You must take steps to minimise this risk and show that the risk left is unavoidable: what times are you conducting surveillance? Can you avoid catching others on camera? Do you have facilities to remove identifying features? The AO must be satisfied that the need to carry out the operation outweighs this risk.</p>		

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This is where you must justify your actions as proportionate. You should have completed a planner and decided that surveillance is necessary and the last resort. Record here what you have done already and what you cannot do as it'll prejudice the investigation. Tell the AO why the need to carry out the action outweighs the suspect's right to privacy. How serious is the matter? How intrusive will the operation be on the suspect and on others? What might happen if you don't carry out surveillance? Why can't you get the information in other ways? What will be achieved by gathering the evidence?

9. Explain why this directed surveillance is proportionate to what it s
be on the subject of surveillance or on others? And why is this
surveillance in operational terms or can the evidence be obtained
2.5]

...ive might it
by the need for
...? (Code paragraph
2.5]

10. Confidential information [Code paragraphs 3.1 to 3.12].

INDICATE THE LIKELIHOOD OF ACQUIRING ANY CONFIDENTIAL INFORMATION.

11. Applicant's details

Name (print)		Tel No:	
Grade/Rank		Date	
Signature			

Confidential information is *special knowledge* of a person's religious, political or medical life or information of a confidential journalistic nature (journalistic sources). Communications subject to legal privilege are also confidential. If there is a chance that you might gather this sort of information, indicate the risk here. The authorisation can then only be given by the person within your public body designated by the RIPA code of practice for this purpose.

Finish by giving your name, telephone number, job title or rank. Date the form and sign it.

Subject:	Standards Update		
Date of Meeting:	9th March 2021		
Report of:	Monitoring Officer		
Contact Officer:	Name:	Victoria Simpson	Tel: 01273 294687
	Email:	Victoria.Simpson@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE**1. PURPOSE OF REPORT AND POLICY CONTEXT**

1.1 This report seeks to update Members on Standards-related matters.

2. RECOMMENDATIONS

2.1 That Audit & Standards Committee note the information provided in this Report on member complaints and on standards-related matters.

3. UPDATE ON COMPLAINTS THAT MEMBERS HAVE BREACHED THE COUNCIL'S CODE OF CONDUCT FOR MEMBERS and STANDARDS TRAINING**COMPLAINTS ABOUT MEMBER CONDUCT**

3.1 The complaints referred to in the last Standards Update as **O, I/2020** and **J/2020** all remain at preliminary assessment stage at time of writing.

3.2 Four additional complaints alleging that current Members of the Council have breached the Code of Conduct have been received in since the last Update was finalised: **L/2021, M/2021, N/2021 and O/2021**. The first complaint alleges misconduct by an elected Member toward the complainant over a period of time, while the second concerns the conduct of an elected Member at a meeting of Full Council. The last two (unrelated) complaints relate to alleged failures to communicate with ward constituents and to a further complaint about a comment and image posted on social media by an elected Member respectively.

3.3 All four of these recent complaints remain at preliminary assessment stage at time of writing and will be the subject of a future report to this Committee in due course.

STANDARDS TRAINING FOR MEMBERS

3.4 Ensuring that member training on the Code of Conduct for Members and related topics is made available to all elected Members is a key means by which this Committee discharges its responsibilities to promote high standards of conduct.

3.5 Dates are being identified in the corporate calendar for refresher training for all Members on standards matters, with the aim of offering two alternative slots before the end of April 2021. All Members of the Council are encouraged to attend.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 The council is obliged under the Localism Act to make arrangements for maintaining high standards of conduct among members and to make arrangements for the investigation of complaints. The current arrangements and the proposals in this Report reflect this. No alternative proposals are suggested.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 No requirement to consult with the local community has been identified.

6. CONCLUSION

6.1 Members are asked to note the contents of this Report, which aims to assist the Committee in discharging its responsibilities for overseeing that high standards of conduct are maintained in a way which is compliant with local requirements.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 There are no additional financial implications arising from the recommendation in this Report. All activity referred to has been, or will be, met from existing budgets.

Finance Officer Consulted James Hengeveld

Date: 25/02/21

Legal Implications:

7.2 These are covered in the body of the Report.

Lawyer Consulted: Victoria Simpson

Date: 7/02/21

Equalities Implications:

7.3 There are no equalities implications arising from this Report.

Sustainability Implications:

7.4 There are no sustainability implications arising from this Report.

Any Other Significant Implications:

7.5 None identified.

SUPPORTING DOCUMENTATION

Appendices:

None

Background Documents:

None

