



August 17th, 2023

Notice Of Meeting

You are requested to attend the meeting to be held on Thursday, 17th August 2023 at 6:00 pm in Microsoft Teams & Downshire Civic Centre.

Committee Membership 2023 - 2024

Councillor L McEvoy **Chairperson**

Councillor C Enright **Deputy Chairperson**

Councillor J Brennan

Councillor P Byrne

Councillor O Hanlon

Councillor R Howell

Councillor T Kelly

Councillor A Lewis

Councillor D McAteer

Councillor A Mathers

Councillor S O'Hare

Councillor A Quinn

Councillor H Reilly

Councillor G Sharvin

Councillor D Taylor

Agenda

1.0 Introduction and Apologies

Mr C Mallon

2.0 Declaration of Interest

3.0 Action Sheet arising from SPR Committee Meeting held on 15 June 2023

 *Draft SPR-Action Sheet arising from 15 June 2023.pdf*

Page 1

For Discussion/Decision

4.0 Officer report on Notice of Motion – Memorial to Crossgar’s Titanic Victim, James McGrady

 *Officer report on Notice of Motion Memorial to Crossgars Titanic Victim James McGrady.pdf*

Page 10

5.0 Revised Terms of Reference for Councillors' Equality and Good Relations Reference Group

 *Revised Terms of Reference for Councillors' Equality and Good Relations Reference Group.pdf*

Page 13

 *Appendix I - Draft revised Terms of Reference for Councillors' Equality and Good Relations Reference Group.pdf*

Page 16

6.0 New Council Complaints Handling Procedure - Implementation of Northern Ireland Public Sector Ombudsman (“NIPSO”) Model Complaints Handling Procedure Parts 1-3

 *Report to SPR Committee 17 August 2023.pdf*


Page 18

 *NMDDCDraft LG MCHP Part 1 The Procedure 28.07.2023.pdf*

Page 22

 *NMDDCCHP Part 2.pdf*

Page 24

 *Draft NMDDC MCHP Part 3 Guide for Complainants.pdf*

Page 65

7.0 Revised Records Management Policy and Procedure


 *SPR Report - Revised RMPP.pdf*

Page 75


 *Records Management Policy V1-3.pdf* *Page 78*

 *Records Management Procedures V1-3.pdf* *Page 84*


8.0 Council Decision-Making Processes

 *Council Decision-Making Processes.pdf* *Page 136*

 *Decision Making Process - Appendix 1.pdf* *Page 138*

 *Decision Making Process - Appendix 2.pdf* *Page 141*

9.0 Business Continuity Policy

 *SPR Report -Business Continuity Policy August 2023.pdf* *Page 144*


 *NMD Business Continuity Policy June 2023.pdf* *Page 147*

 *Copy of Business Impact Analysis - template example.pdf* *Page 156*

 *Departmental Business Continuity Plan - Maintaining Critical Services - template.pdf* *Page 157*

 *Departmental Business Continuity Plan - Recovery of Non-Critical Services - template.pdf* *Page 165*

 *Departmental Critical Contacts Register - word template.pdf* *Page 172*

 *Copy of Departmental Critical Contacts Register - excel template.pdf* *Page 177*

Items deemed to be exempt under paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (NI) 2014

10.0 Sale of No 13 and No 15, The Square, Ballynahinch

This item is deemed to be exempt under paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person and the public may, by resolution, be excluded during this item of business.

 *SPR - Ballynahinch Square Update - Aug23 (002).pdf* *Not included*

 *Appendix A - The Square Ballynahinch 24.07.23.pdf* *Not included*

11.0 Proposed Renewal of a Licence of lands at Castle Park, Newcastle to National Westminster Bank for a Mobile Bank Unit

This item is deemed to be exempt under paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person and the public may, by resolution, be excluded during this item of business.

 ***SPR AUG 17 Licence at Castle Park Newcastle.pdf*** ***Not included***

 ***Map for Licence at Castle Park.pdf*** ***Not included***

12.0 Proposed Lease of Area for Mobile phone installation at Downpatrick HRC Site

This item is deemed to be exempt under paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person and the public may, by resolution, be excluded during this item of business.

 ***Proposed Lease of Area for Mobile Phone Installation at Downpatrick HRC.pdf*** ***Not included***

 ***Drawings Map of proposed mobile phone installation at Downpatrick HRC site.pdf*** ***Not included***

 ***Killough Rd Civic Amenity Site Folio DN208122 Map TL251.pdf*** ***Not included***

13.0 Kilkeel Bowling Pavilion

This item is deemed to be exempt under paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person and the public may, by resolution, be excluded during this item of business.

 ***SPR - Kilkeel Bowling Pavilion - August 2023.pdf*** ***Not included***

 ***Copy of Appendix 1 - CE Register.pdf*** ***Not included***

14.0 Director Recruitment

This item is deemed to be restricted by virtue of Paragraphs 1-3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - Information relating to any individual, information which is likely to reveal the identity of an individual and information relating to the financial or business affairs of any particular person (including the Council holding that information). The public may, by resolution, be excluded during this item of business

 ***Director Recruitment SPRC 2023-08-17.pdf*** ***Not included***

 ***Appendix 1 LGSC COP extract.pdf*** ***Not included***

 ***Appendix 2 Director Outline Recruitment Timetable.pdf*** ***Not included***

FOR NOTING Items deemed to be exempt under paragraph 3 of Part 1 of Schedule 6 of

15.0 Consent to assign Lease of lands at Ballykinlar.

This item is deemed to be exempt under paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person and the public may, by resolution, be excluded during this item of business.

 *Surrender of Lease of Lands at Ballykinlar.pdf* **Not included**


16.0 Quarter 1 Management Accounts – 2023/24

This item is deemed to be exempt under paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public may, by resolution, be excluded during this item of business.

 *Management Accounts Q1 202324.pdf* **Not included**

 *Appendix 1 - Mgt Accs by Directorate at 30.06.23.pdf* **Not included**

 *Appendix 2 - Mgt Accs by Assitant Directorate at 30.06.23.pdf* **Not included**

 *Appendix 3 - Mgt Accs by Expense Code at 30.06.23.pdf* **Not included**

 *Appendix 4 - Payroll Report as at 30.06.23.pdf* **Not included**

17.0 Belfast Region City Deal: Annual Report

This item is deemed to be exempt under paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person and the public may, by resolution, be excluded during this item of business.

 *BRCDC Annual Report (002).pdf* **Not included**

 *RESTRICTED - BRCDC Annual Report 2022-23 for Partner Approval.pdf* **Not included**

18.0 Staff Matter: Sustainability & Environment

This item is deemed to be exempt under paragraph 3 and 4 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - Information relating to the financial or business affairs of any particular person (including the Council holding that information) - and the public may, by resolution, be excluded during this item of business; Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the Council or a government department and employees of, or office holders under, the Council.

 *Staff Matter SE 100823 Final3.pdf* **Not included**

19.0 Newry Leisure Centre (NLC) – Swimming Pool


 *SPR - Newry Leisure Centre Swimming Pool August 2023.pdf*


Not included

For Noting

20.0 Statutory reporting: 1) Section 75 Policy Screening Report – Quarterly Report for period April – June 2023 2) Newry, Mourne and Down District Council Public Authority Statutory Equality and Good Relations Duties Annual Progress Report 2022-2023

 *Statutory reporting - Quarterly Policy Screening Report for period April - June 2023 Annual Report to ECNI.pdf* *Page 178*

 *Appendix I - Section 75 Policy Screening Report Quarterly Report for period April June 2023.pdf* *Page 181*

 *Appendix II - NMDDC Public Authority Statutory Equality and Good Relations Duties Annual Progress Report 2022-2023.pdf* *Page 186*

21.0 Sickness Absence

 *Sickness Absence report August 2023.pdf* *Page 218*

22.0 Draft NILGA Corporate Plan 2023-2027

 *Draft NILGA Corporate Plan Report.pdf* *Page 221*

 *NILGA Strategic Context Corporate Plan.pdf* *Page 223*

 *Correspondence from NILGA regarding Draft Corporate Plan.pdf* *Page 232*

23.0 Closed / Open Reporting

 *SPR Report - Closed Open Sessions Report__.pdf* *Page 233*

 *Confidential information slides.pdf* *Page 237*

| ACTION SHEET – STRATEGY, POLICY AND RESOURCES COMMITTEE MEETING (SPR) – THURSDAY 15 MARCH 2023 | | | | | |
|---|-------------------------|---|---------------------|-------------------------------|------------------------------|
| Minute/Ref: | Subject | Decision | Lead Officer | Action taken/Progress to date | Remove from Action Sheet Y/N |
| SPR/041/2023 | Governance Arrangements | <p>It was agreed that Elected Members approve the following recommendations:</p> <ol style="list-style-type: none"> 1. Council approve that the Annual Meeting of Council will take place at 6pm on Monday 1st June 2023, in Downshire Civic Centre, Downpatrick, in accordance with the Local Government Act (NI) 2014 which states that in an election year, the Annual Meeting of Council must take place within 21 days of the election. 2. Delegated authority be given to the Chief Executive to make essential, urgent decisions, as required during period from 3 April 2023 to the first Full Council Meeting (6 June 2023) after the Annual Meeting. 3. Under Standing Order 29.2: "any motion to add to, vary or revoke these Standing Order will, when proposed and seconded, stand adjourned without discussion to the next ordinary Meeting of the Council. The mandatory standing orders may not be added to, varied or revoked by the Council." It is recommended that Council adopt the amendment to the Standing Orders as detailed at 2.3 of this report at the next Council Meeting on 3rd April 2023. | J. Kelly | Actioned | Y |
| | | | J. Kelly | Actioned | Y |
| | | | J. Kelly/S. Taggart | Actioned | Y |

ITEMS RESTRICTED IN ACCORDANCE WITH PART 1 OF SCHEDULE 6 OF THE LOCAL GOVERNMENT ACT (NI) 2014

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| SPR/052/2023 | Newry Leisure Centre (NLC) – Swimming Pool | <p>It was agreed to approve the following recommendations:</p> <ul style="list-style-type: none"> To order pool tiles for Newry Leisure Centre as per section 2.1.5 of the report. A future report will be tabled at SPR Committee in June 2023 outlining a programme of works and timescales for pool tile repairs. | P Tamati | Report on Agenda for August SPR. | Y |
| <u>ACTION SHEET – STRATEGY, POLICY AND RESOURCES COMMITTEE MEETING (SPR) – THURSDAY 15 JUNE 2023</u> | | | | | |
| SPR/062/2023 | Action Sheet of the Strategy, Policy and Resources Committee Meeting held on Thursday 16 March 2023. | <p>It was agreed to approve the action sheet from the Strategy, Policy and Resources Committee Meeting held on 16 March 2023.</p> <p>Mrs Kelly agreed to revert back to Councillor McAteer regarding an update on lease at McGrath House, Hill Street, Newry.</p> <p>Mrs Kelly agreed to revert back to Councillor Lewis regarding Kings Coronation – If all funding had been availed off.</p> <p>Report to be brought back to June SPR regarding NLC – Swimming Pool</p> <p>SPR/040/2023 – Rebellion Anniversaries Mrs Kelly to email update to Councillor Brennan</p> | J Kelly | Agreed | Y |
| | | | J Kelly | Actioned | Y |
| | | | J Kelly | Actioned | Y |
| | | | P Tamati | Report on agenda for August SPR. | Y |
| | | | J Kelly | Actioned | Y |
| SPR/063/2023 | Strategy Policy and Resources Committee Terms of Reference | <p>It was agreed that Elected Members approve the Strategy, Policy and Resources Committee Terms of Reference.</p> | J Kelly | Actioned | Y |
| SPR/064/2023 | To agree start times for SPR Committee meetings 2023-2024 | <p>It was agreed Elected Members that the Strategy, Policy and Resources Committee Meetings would commence monthly at 6.00pm.</p> | J Kelly | Actioned | Y |

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| SPR/065/2023 | Notice of Motion – Mourmes Gateway Project | <p>It was agreed Elected Members approve to adopt the Notice of Motion as amended: "This Council notes with concern the continued lack of clarity regarding the Visitor Centre located at Thomas' Mountain and Gondola' elements of the Mourmes Gateway Project. Council will; revisit the stakeholder engagement process and undertake a robust consultation on the project with residents, workers and businesses within the district via the project board for approval and actively investigate and develop alternatives to the Mourne Gateway Project which will both meet the funding criteria while enhancing this Area of Outstanding Natural Beauty. Officers to bring back a paper to Committee that provides a full and comprehensive update on the status of the project thus far. A schedule of key stakeholder and interested parties should be provided as part of this update."</p> <p>Report be brought back to the next meeting on how Notice of Motions should be dealt with at committees.</p> <p>J. Kelly to prepare report regarding "In Committee" Items as raised by Cllr Byrne.</p> | J Kelly/A Patterson | Report being brought to September SPR | N |
| | | | J Kelly/S Taggart | Report on agenda for August SPR | Y |
| | | | J Kelly | Report on agenda for August SPR. | Y |
| SPR/066/2023 | Revised Access to Information Policy and Procedure (ATIPP) | It was agreed Elected Members approve ATIPP. | E Cosgrove | Agreed | Y |
| SPR/067/2023 | Revised Conflicts of Interest Policy and Procedures | It was agreed to approve the COIPP. | E Cosgrove | Agreed | Y |

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| SPR/068/2023 | Performance Improvement Plan 2023-24 | It was agreed to approve the following recommendations: | <ul style="list-style-type: none"> The Performance Improvement Plan 2023-24 (including the five performance improvement objectives), Consultation and Engagement Report 2023-24 and Objective Delivery Plans 2023-24. That the Performance Improvement Plan 2023-24 is published following full Council ratification in July 2023. | G Byrne | Agreed | Y |
| SPR/069/2023 | Director Business Plan 2023-24 | It was agreed that Elected Members approve the following recommendations: | <ul style="list-style-type: none"> Assessment of the Chief Executive's Business Plan and Corporate Services Directorate Business Plan 2022-23 Chief Executive's Business Plan and Corporate Services Directorate Business Plan 2023-24 | J Kelly | Agreed | Y |
| SPR/070/2023 | Renewal of Lease of Office at Down Arts Centre | It was agreed that Elected Members approve to enter into a Lease in respect of the offices shown outlined in red on the map with Down Community Arts for a period of five years subject to the market rent set out in this report. | | P Rooney | Agreed | Y |
| SPR/071/2023 | Extension to area leased at Dungormley Estate, Newtownhamilton | It was agreed that Elected Members approve to lease the lands outlined in green on the map attached to the report for a term of 961 years from 1st June 2023 paying the Lease Premium set out in this report. | | P Rooney | Agreed | Y |

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| SPR/072/2023 | Request to lease lands at Bunkers Hill, Castlewellan | <p>It was agreed that Elected Members approve the following recommendations:</p> <ul style="list-style-type: none"> That Council's external legal advisors who acted for Council in the acquisition of the lands at Bunkers Hill contact NIHE regarding the release of the restrictive covenant. Once agreement has been reached to remove the restrictive covenant to lease the lands hatched red on the map attached to the report to the party identified within the report for the remainder of the Original Term subject to market value rent and / or premium to be determined by Council's valuer. | P Rooney | Agreed | Y |
| SPR/073/2023 | Surrender of lease of pitch at Carrigenagh Road playing fields, Kilkeel | It was agreed Elected Members approve to permit the Club named in the report to surrender the Lease in respect of a pitch at Carrigenagh Road Playing Fields subject to consent from the Lands Tribunal. | P Rooney | Agreed | Y |
| SPR/074/2023 | Proposed lease of Saintfield Community Centre | It was agreed Elected Members approve to extend the term of years previously agreed from 15 years to 25 years in respect of the proposed lease of Unit B Saintfield Community Centre. | P Rooney | Agreed | Y |
| SPR/075/2023 | Request to dispose of strip of land at Saintfield Community Centre | <p>It was agreed that Elected Members approve the following recommendations:</p> <p>It was agreed that Elected Members approve to the sale of the lands outlined in red on the attached map to the party detailed in the report for the value determined by Council's valuer subject to the purchaser erecting at their own cost a suitable boundary to be agreed with Council Officers.</p> | P Rooney | Agreed | Y |

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| SPR/076/2023 | Request to lease lands at Killough playing fields, Killough | It was agreed that Elected Members approve to lease the lands outlined in red on the map attached to the report to the party identified within the report for a term of three years subject to market value rent. | P Rooney | Agreed | Y |
| SPR/077/2023 | Request for Wayleave at Slieve Gullion Forest Park | It was agreed that Elected Members approve to enter into the Wayleave Agreement in respect of lands at Slieve Gullion Forest Park subject to market value consideration if any. | P Rooney | Agreed | Y |
| SPR/078/2023 | Lease of The Old Gasworks Site, Newry | It was agreed to defer this item. | P Rooney | Agreed | N |
| SPR/079/2023 | Renewal of Licence for portacabin at Shandon Park, Newry | It was agreed Elected Members approve to enter into a Licence with the Club noted in the report in respect of the plot of land as is outlined in green on the attached map for a period up to 30th July 2024 with a one year extension running from 1st August 2024 until 30th July 2025 provided that planning is obtained at a peppercorn licence fee subject to Departmental Consent. | P Rooney | Agreed | Y |
| SPR/080/2023 | Lease of Ballynahinch Market House | It was agreed Elected Members approve to enter into a Lease with the successful Expression of Interest applicant noted in the report in respect of Ballynahinch Market House for a term of up to 25 years at the market rent noted in the report. | P Rooney | Agreed | Y |
| SPR/081/2023 | Renewal of licences at Crossmaglen Community Centre | It was agreed Elected Members approve to the granting of annual licence agreements with the parties identified in the report for a period of up to three years subject to the licence fees noted in the report, subject to Departmental Consent being obtained in respect of the Licensee paying less than the market value licence fee. | P Rooney | Agreed | Y |

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| SPR/082/2023 | Civil Engineering Minor Works Framework Procurement | It was agreed Elected Members approve officers to conduct a 2 stage open tender procurement process including a PQ and ITT process to select a Contractor(s) for a maximum period of 4 years and up to £12 million with a review and break clause on the second and third anniversary. | P Rooney | Agreed | Y |
| SPR/083/2023 | NCCR – BRCD Approval of Public Realm Compensation Event | It was agreed Elected Members approve the appointment of the incumbent design team of the NCCR programme to undertake the Public Realm design and delivery as set out in this report. | C Boyd | Agreed | Y |
| SPR/084/2023 | Provisional of Internal Audit Services 2023-2027 | It was agreed Elected Members approve the additional Internal Audit Spend as detailed in the officer's report to ensure Council has an adequate control environment. | G Byrne | Agreed | Y |

FOR NOTING – This item is deemed to be exempt under paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014

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| SPR/085/2023 | DfC Budget 2023/24 – | It was agreed to note the impact of the proposed Rates Support Grant cut and funding of the Labour Market Partnerships and to review the Councils EQIA responses at Appendix 3 and 4. | G Byrne | Agreed | Y |
| SPR/086/2023 | Management Accounts – Year End 2022/23 | It was agreed to note the Year End Management Accounts 2022/23 update. | G Byrne | Agreed | Y |

FOR NOTING

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| SPR/087/2023 | 2022/23 FOI/EIR/DP/RM Monitoring Statistics | It was agreed to note the monitoring statistics | E Cosgrove | Agreed | Y |
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| SPR/088/2023 | Annual report period 1 April 2022 – 31 March 2023 – Requests related to naming Council facilities, planting trees and to locate Artworks/Sculptures on Council property | It was agreed to note the completed annual return prepared and submitted to DAERA on 30 May 2023 to meet their requested deadline of 20 June 2023. | C Moffett | Agreed | Y |
| SPR/089/2023 | Statutory Reporting – Section 75 Policy Screening Report – Quarterly Report for Period January – March 2023 | It was agreed to note the Section 75 Policy Screening Report – Quarterly Report for period January – March 2023 | C Moffett | Agreed | Y |
| SPR/090/2023 | Digital Communications and Marketing Activity Report – Local Council Elections Count, 19 & 20 May 2023 | It was agreed to note the contents of the report. | V Keegan | Agreed | Y |
| SPR/091/2023 | The Department of Health and Department of Justice draft Domestic and Sexual Abuse Strategy 2023 – 2030 and associated Equality and Human Rights Screening | It was agreed to note the consultation response on the draft Domestic and Sexual Abuse Strategy 2023 – 2030 and Equality and Rural Needs Screening (Appendix 1). | G Scott | Agreed | Y |
| SPR/092/2023 | The Department of Justice consultation on Forms of Evidence of Domestic Abuse that should Trigger an Automatic Prohibition on cross-examination in person in family proceedings and associated Equality and Human Rights Screening | It was agreed to note The Department of Justice consultation on Forms of Evidence of Domestic Abuse that should Trigger an Automatic Prohibition on cross-examination in person in family proceedings and associated Equality and Human Rights Screening. | G Scott | Agreed | Y |

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|--------------|---|--|----------|--------|---|
| SPR/093/2023 | Minutes of Mourne Gateway Project – Project Board Meeting held on Friday 3 rd March 2023 | It was agreed to note the Minutes of Mourne Gateway Project – Project Board Meeting held on Friday 3 rd March 2023. | C Mallon | Agreed | Y |
| SPR/093/2023 | Minutes of Newry City Centre Regeneration Programme Board Meeting held on Thursday 23 rd March | It was agreed to note the Minutes of Newry City Centre Regeneration Programme Board Meeting held on Thursday 23 rd March 2023 | C Mallon | Agreed | Y |

END

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| Report to: | Strategy, Policy and Resources Committee |
| Date of Meeting: | 11 August 2022 |
| Subject: | Officer report on Notice of Motion – Memorial to Crossgar’s Titanic Victim, James McGrady |
| Reporting Officer (Including Job Title): | Colin Moffett, Assistant Director Corporate Planning & Policy (Acting) |
| Contact Officer (Including Job Title): | Colin Moffett, Assistant Director Corporate Planning & Policy (Acting) Suzanne Rice, Corporate Policy and Equality Officer |

Confirm how this Report should be treated by placing an x in either:-

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| For decision | X | For noting only | |
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| 1.0 | Purpose and Background |
| 1.1 | <p>The following Notice of Motion in the name of Councillor Bowsie was tabled for consideration at Council Meeting on 3 April 2023:</p> <p><u>C/104/2023 Notice of Motion – Memorial to Crossgar’s Titanic Victim, James McGrady</u></p> <p><i>"This Council recognises the significance of the Titanic’s legacy, the public interest in the tragedy and the importance of remembering the local lives that were lost on it; Tasks the Council to prepare a report with the view to installing a memorial to Crossgar’s Titanic victim, James McGrady, in a public space in Crossgar and recommends liaising with a maritime historian and the council’s heritage officer to ensure this memorial is accurate and befitting to this Titanic worker."</i></p> <p>Agreed: The Motion was referred to the Equality and Good Relations Forum in accordance with Standing Order 16.1.6.</p> |
| 1.2 | <p>The Motion was discussed at the Councillors’ Equality and Good Relations Reference Group on 1 August 2023.</p> <p>Councillor Bowsie was present at the meeting and provided context to the notice of motion suggesting that this be a ‘Titanic style’ bench located in Crossgar with an information panel referencing the Titanic, explaining Crossgar’s link to the Titanic; James McGrady who is recorded as the last body recovered.</p> <p>Members were advised that requests related to benches and information panels fall within the scope of the Council’s Policy on Naming Council Facilities and are considered through this process by an Officer Assessment Panel.</p> <p>Following discussion, members of the Reference Group were supportive of the notice of motion.</p> |

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| | Key issues |
| 2.1 | During discussion, Members enquired as to whether there were other victims of the Titanic that lived within the Council district. |
| 2.2 | As noted in section 1.2, Members were advised that requests related to benches and information panels fall within the scope of the Council's Policy on Naming Council Facilities and are considered through this process by an Officer Assessment Panel. These requests are progressed as per Council's Policy on Naming Council facilities. |
| 3.0 | Recommendations |
| 3.1 | To note the notice of motion has been considered and discussed at the Councillors' Equality and Good Relations Reference Group on 1 August 2023 and that members of the Reference Group were supportive of the notice of motion to place a 'Titanic style' bench located in Crossgar with an information panel referencing the Titanic, explaining Crossgar's link to the Titanic; James McGrady who is recorded as the last body recovered. Should Council agree to approve the Notice of Motion this will be progressed as per Council's Policy on Naming Council facilities. |
| 4.0 | Resource implications |
| 4.1 | Resource implications associated with this Notice of Motion include the cost of purchasing and designing a 'Titanic style' bench and information panel, installation and ongoing maintenance. |
| 5.0 | Due regard to equality of opportunity and regard to good relations (complete the relevant sections) |
| 5.1 | <i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i> It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations <input checked="" type="checkbox"/> |
| 5.2 | <i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please complete the following: The policy (strategy, policy initiative or practice and / or decision) has been equality screened <input type="checkbox"/> The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation <input type="checkbox"/> |

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| 5.3 | <p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/></p> <p>Consultation period will be 12 weeks <input type="checkbox"/></p> <p>Consultation period will be less than 12 weeks (rationale to be provided) <input type="checkbox"/></p> <p><i>Rationale:</i></p> |
| 6.0 | Due regard to Rural Needs (please tick all that apply) |
| 6.1 | <p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Rural Needs Impact Assessment completed <input type="checkbox"/></p> |
| 7.0 | Appendices |
| | N/A |
| 8.0 | Background Documents |
| | NMDDC Policy on Naming Council facilities |

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|---------------------------|---|
| Report to: | Strategy, Policy and Resources Committee |
| Date of Meeting: | 17 August 2023 |
| Subject: | Revised Terms of Reference for Councillors' Equality and Good Relations Reference Group |
| Reporting Officer: | Colin Moffett, Assistant Director Corporate Planning & Policy (Acting) |
| Contact Officers: | Colin Moffett, Assistant Director Corporate Planning & Policy (Acting) Suzanne Rice, Corporate Policy and Equality Officer |

Confirm how this Report should be treated by placing an x in either:-

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|---------------------|-------------------------------------|------------------------|--------------------------|
| For decision | <input checked="" type="checkbox"/> | For noting only | <input type="checkbox"/> |
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| 1.0 | Purpose and Background |
| 1.1 | <p>The Councillors' Equality and Good Relations Reference Group is a facilitated discussion space, serving as a 'barometer of opinion', playing a role in considering and discussing politically sensitive and contentious issues, with a view of reaching a common understanding, agreement and actions which will enhance and promote equality of opportunity and good relations.</p> <p>The Terms of Reference has been reviewed and updated to reflect the change in political party membership within Council following the recent local government elections.</p> <p>The revised Terms of Reference (Appendix I) was tabled for consideration and noted at the Councillors' Equality & Good Relations Reference Group meeting on 1 August 2023.</p> |
| 2.0 | Key issues |
| 2.1 | <p>It has been necessary to review the membership of the Reference Group due to changes in the political parties.</p> <p>The terms of reference have also been revised to reflect that this is a facilitated discussion space.</p> |
| 3.0 | Recommendations |
| 3.1 | To consider and agree to the revised Terms of Reference of the Councillors' Equality and Good Relations Reference Group |
| 4.0 | Resource implications |

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| 4.1 | No financial or resources implications are anticipated. |
| 5.0 | Due regard to equality of opportunity and regard to good relations (complete the relevant sections) |
| 5.1 | <p><i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i></p> <p>It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations <input checked="" type="checkbox"/></p> |
| 5.2 | <p><i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>The policy (strategy, policy initiative or practice and / or decision) has been equality screened <input type="checkbox"/></p> <p>The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation <input type="checkbox"/></p> |
| 5.3 | <p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/></p> <p>Consultation period will be 12 weeks <input type="checkbox"/></p> <p>Consultation period will be less than 12 weeks (rationale to be provided) <input type="checkbox"/></p> <p><i>Rationale:</i></p> |
| 6.0 | Due regard to Rural Needs (please tick all that apply) |
| 6.1 | <p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> |

| | | |
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| | Rural Needs Impact Assessment completed | <input type="checkbox"/> |
| 7.0 | Appendices | |
| | Appendix I - Draft revised Terms of Reference for Councillors' Equality and Good Relations Reference Group | |
| 8.0 | Background Documents | |
| | Newry, Mourne and Down District Council Equality Scheme. | |

COUNCILLORS' EQUALITY AND GOOD RELATIONS REFERENCE GROUP

- Terms of Reference -

Scope:

The Councillors' Equality and Good Relations Reference Group will primarily be a facilitated discussion space. It will serve as a 'barometer of opinion', playing a role in considering and discussing politically sensitive and contentious issues, including those relating to events, centenaries, policy and procedure, single issues requiring specific consideration for advice, and guidance on the establishment of wider good relations fora etc with a view of reaching a common understanding, agreement and actions which will enhance and promote equality of opportunity and good relations.

Membership:

Membership shall be respectful of the party political representation on the Council and acknowledge majority/minority political party dynamics whilst taking account of the need to create a space for minority political voices.

No single political party shall hold more than two membership places in any year, with the two largest political parties being entitled to hold two membership positions.

Membership shall be composed of:

- One Councillor nominated from each of the political parties and Independent grouping.
- Further nominees, as required, from the two largest political parties in line with their entitlement to hold a maximum of two membership positions.
- Political parties and the Independent grouping can nominate a substitute in the event of a member not being available to attend a meeting.

Chairperson:

Meetings do not operate with a chairperson and is a facilitated discussion space.

Meetings:

The Reference Group is a facilitated discussion space and does not have decision making powers, it makes recommendations only. Recommendations arising will be tabled at the Council's Strategy, Policy and Resources Committee for consideration.

It does not operate to any quorum and meetings proceed regardless of numbers in attendance.

Meetings will be convened by the Chief Executive.

Officers:

Chief Executive, Director of Corporate Services, Head of Corporate Policy, Corporate Policy and Equality Officer.

Press:

Not open to the press.

Public:

Not open to the public.

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| | |
|---------------------------|--|
| Report to: | Strategy, Policy and Resources Committee |
| Date of Meeting: | 17 August 2023 |
| Subject: | New Council Complaints Handling Procedure - Implementation of Northern Ireland Public Sector Ombudsman ("NIPSO") Model Complaints Handling Procedure Parts 1-3 |
| Reporting Officer: | Gerry McBride, Head of Administration and Customer Services |
| Contact Officers: | Gerry McBride, Head of Administration and Customer Services Josephine Kelly, Director of Corporate Services |

| | | | |
|---------------------|--|------------------------|--|
| For decision | X | For noting only | |
| 1.0 | Purpose and Background | | |
| 1.1 | The purpose of this report is to bring to Members attention the new Complaints Handling Procedures which Council is required to adopt. The new Procedures will replace Council's current 3-stage complaints model with a new 2-stage Complaints Procedure. Upon implementation of the new Procedure the current complaints procedure will cease to be operational. | | |
| 1.2 | It is a mandatory requirement for Council to adopt the MCHP, in full, to ensure it meets NIPSO's MCHP test of compliance. Councils have been given a limited discretion to customise the documents in terms of corporate branding, operational processes and governance arrangements, which will vary across the 11 Councils. | | |
| 1.3 | In accordance with Part 3 of the Public Services Ombudsman Act (Northern Ireland) 2016 the Northern Ireland Public Services Ombudsman (NIPSO) was empowered to introduce Model Complaints Handling Procedures for all organisations within their remit. | | |
| 1.4 | This matter was previously reported to the Strategy, Policy and Resources Committee on 12 August 2021 at which Members agreed to respond positively to the consultation paper provided by NIPSO on the proposed Model Complaints Handling Procedure ("MCHP"). | | |

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| 1.5 | In the intervening period Council has been represented on an 11 Council Operational Network which has worked with NIPSO as a pilot for the new MCHP to refine the documents to meet the needs of the Local Government Sector. |
| 2.0 | Key issues |
| 2.1 | NIPSO published the mandatory MCHP for Local Government on 1 July 2023. Councils have 6 months to implement the new Procedure. |
| 2.2 | <p>The MHCP introduces a two-stage complaints Procedure with required response times as follows:</p> <p>Stage 1 Frontline response– 5 working days</p> <p>Stage 2 Investigation – 20 working days.</p> |
| 2.3 | <p>The Model Complaints Procedures comprise three parts:</p> <p>Part 1 – The Procedure – sets out the two-stage process for handling complaints for the Local Government Sector.</p> |
| 2.4 | <p>Part 2 – Organisational Guidance – is an internal document covering areas such as when and how to use the CHP, the essential compliance activity and governance arrangements.</p> <p>Part 3 – Guide for Person who wishes to make a complaint – public facing document providing guidance for complainants on how to make a complaint.</p> <p>Attached are the Parts 1-3 draft documents as modified for implementation by Council.</p> |
| 2.4 | <p>Characteristics of the new CHP worthy of particular note are:</p> <ul style="list-style-type: none"> • How complaints can be made (social media communications will be redirected to Council’s Customer Services portal) • What is and is not a complaint – this is purposely detailed and practical examples are provided to assist complainants • Time limit for making complaints • Timescales for responses • Dealing with particular complaints e.g. third party and anonymous complaints • Expected behaviours from staff and customers • The requirements to record, report and publicise complaints information • The requirement to learn from complaints. |

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| 2.5 | It is proposed that operational responsibility for responding to complaints should ordinarily sit with Assistant Directors who manage the service being complained about. In certain circumstances it may be necessary to escalate a complaint to a Director, for example, if the complaint references the Assistant Director who would ordinarily have responsibility for responding. |
| 2.6 | The Chief Executive and Directors will have oversight of the ongoing implementation of the CHP through structured reporting requirements, internal and external, quarterly and annually, with reports also being provided to Elected Members by way of fulfilling their scrutiny role. |
| 2.7 | A Complaints Tracker has been developed using Sharepoint to support the recording, monitoring and reporting requirements utilising existing resource. A new on-line complaints form will be provided with hard copy complaint forms available on request. |
| 2.8 | <p>To ensure Council's obligations under the new CHP can be met a training programme will be provided to staff and Elected Members.</p> <p>An electronic resource folder will also be available to support staff in responding effectively to complaints, including response templates and best practice guidance.</p> |
| 3.0 | Recommendation |
| 3.1 | It is recommended that Council agree to adopt the model MCHP as published by NIPSO and replace its current policy documents with the attached customised version within the period of 6 months from the publication date as required. |
| 4.0 | Resource implications |
| 4.1 | There are no resource implications for Council, save Officer time in the implementation of the new CHP and staff training. |
| 5.0 | Due regard to equality of opportunity and regard to good relations (complete the relevant sections) |
| 5.1 | <p><i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i></p> <p>It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations. <input checked="" type="checkbox"/></p> |

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| 5.2 | <p><i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>The policy (strategy, policy initiative or practice and / or decision) has been equality screened. <input type="checkbox"/></p> <p>The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation. <input type="checkbox"/></p> |
| 5.3 | <p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/></p> <p>Consultation period will be 12 weeks <input type="checkbox"/></p> <p>Consultation period will be less than 12 weeks (rationale to be provided) <input type="checkbox"/></p> <p><i>Rationale:</i></p> |
| 6.0 | <p>Due regard to Rural Needs (please tick all that apply)</p> |
| 6.1 | <p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Rural Needs Impact Assessment completed <input type="checkbox"/></p> |
| 7.0 | <p>Appendices</p> <p>Customised documents</p> <p>Part 1 – The Procedure</p> <p>Part 2 – Organisational Guide</p> <p>Part 3 – Guide for Person who wishes to make a complaint.</p> |
| 8.0 | <p>Background Documents –</p> <p>None.</p> |

Newry, Mourne & Down District Council

The Model Complaints Handling Procedure (MCHP)

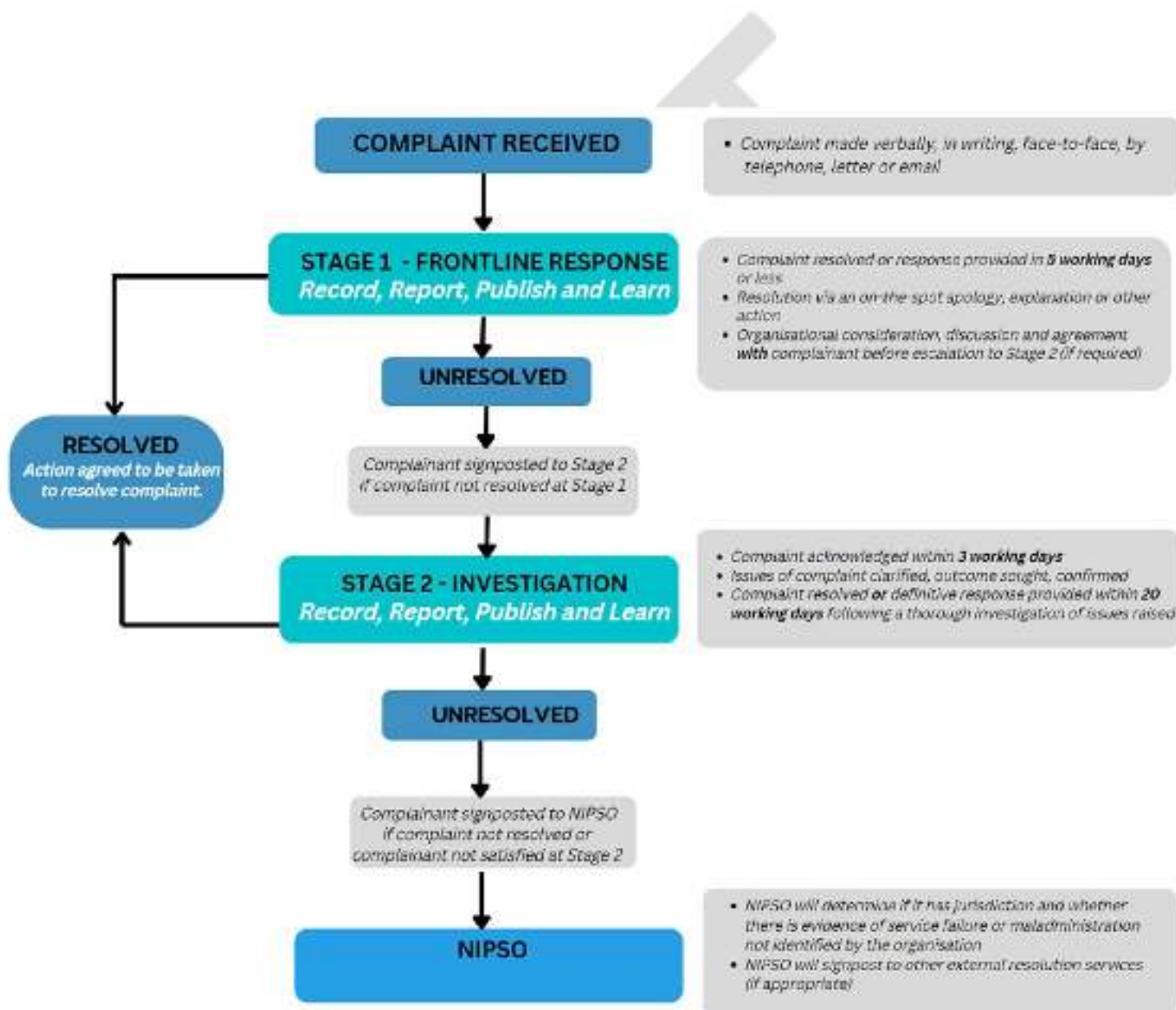
Part 1

The Procedure

The Model Complaints Handling Procedure

To comply with NIPSO's Model Complaints Handling Procedure (MCHP), your complaints handling procedure must have two stages. NIPSO expect the majority of complaints to be handled at stage 1. If the customer remains dissatisfied after Stage 1, they can request that the organisation look at it again, at stage 2. If the organisation considers a complaint is complex, and requires an in-depth investigation, the organisation should consider it first at stage 1 and, following discussion and agreement with the customer, move the complaint to stage 2.

Below is an overview of the MCHP. The detailed operations of the MCHP are provided at Part 2, section 2 of NIPSO's MCHP Organisational Guide.



Newry, Mourne & Down District Council

Complaints Handling Procedure (CHP)

Organisational Guide

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Newry, Mourne and Down District Council Complaints Handling Procedure

Foreword from Marie Ward, Chief Executive

At Newry, Mourne and Down District Council we value feedback from our customers and use information from them to help us improve our services.

This complaints handling procedure reflects our commitment to respond positively to complaints.

The procedure has been developed by senior local government complaints handling officers working with the Northern Ireland Public Sector Ombudsman (NIPSO). The aim was to produce a standard approach to complaints handling across local government, which complies with NIPSO's guidance on model complaints handling procedures.

The procedure seeks to enable us to resolve customer dissatisfaction as quickly as possible and as closely as possible to the point of service delivery. We will conduct thorough, impartial, and fair investigations of customer complaints to ensure, where appropriate, we can make evidence-based decisions on the facts of the complaint.

We appreciate that we are not going to be able to resolve every complaint to the satisfaction of every customer and not every complaint will be upheld. However, the procedure aims to help us 'get it right first time' and have quicker, more streamlined complaints handling with local, early resolution by capable, well-trained staff.

We acknowledge that complaints provide valuable feedback which will enable us to continuously review our service delivery and identify where we can do things better. Handled well, complaints can give our customers a form of redress when things go wrong and also help us improve our services.

This complaints handling procedure will help us to do our job better and improve relationships with our customers by keeping dissatisfied customers at the heart of our customer complaints procedure whilst also seeking to continuously improve our services by learning from your feedback.

Marie Ward, Chief Executive

| Contents | Page |
|---|------|
| Foreword from Chief Executive | 2 |
| Section 1: When and How to Use the Complaints Handling Procedure (CHP) | |
| What is a complaint? | 5 |
| Who can make a complaint? | 7 |
| Supporting the customer | 7 |
| Expected behaviours | 8 |
| Maintaining confidentiality and data protection | 9 |
| How complaints may be made | 10 |
| Time limit for making complaints | 10 |
| Particular circumstances | 11 |
| Complaints by (or about) a third party (see also 'Complaints about contracted or commissioned services/ALEOs') | 11 |
| Serious, high-risk or high-profile complaints | 11 |
| Anonymous complaints | 12 |
| What if the customer does not want to complain? | 12 |
| Complaints involving more than one area or organisation | 12 |
| Complaints about contracted or commissioned services/ALEOs | 13 |
| Complaints about senior staff | 14 |
| Complaints and other processes | 14 |
| Complaints and service requests | 14 |
| Complaints and disciplinary or whistleblowing processes | 14 |
| Contact from MLAs or Councillors | 15 |
| Complaints and compensation claims | 15 |
| Complaints and legal action | 15 |
| Complaints relevant to other agencies | 15 |
| What to do if the CHP does not apply | 16 |
| Section 2: The Operations of the CHP | 17 |
| The definition of a complaint | 17 |
| The complaints handling process | 17 |
| Resolving the complaint | 17 |
| What to do when you receive a complaint | 18 |
| Stage 1: Frontline response | 19 |
| Notifying staff members involved | 19 |
| Timelines | 19 |
| Extension to the timeline | 20 |

| | |
|---|-------------|
| Closing the complaint at the frontline response stage | 20 |
| Stage 2: Investigation | 21 |
| Acknowledging the complaint | 21 |
| Contents | Page |
| Agreeing the issues of complaint and outcome sought | 22 |
| Notifying staff members involved | 23 |
| Investigating the complaint | 23 |
| Alternative complaint resolution approaches | 23 |
| Meeting with the customer during the investigation | 24 |
| Timelines | 24 |
| Extension to the timeline | 24 |
| Closing the complaint at investigation stage | 25 |
| Signposting to NIPSO | 26 |
| Post-closure contact | 27 |
| Section 3: Governance of the CHP | 28 |
| Roles and responsibilities | 28 |
| Recording, reporting, publicising, and learning from complaints | 30 |
| Recording complaints | 31 |
| Reporting of complaints | 31 |
| Publicising complaints information | 32 |
| Learning from complaints | 32 |
| Monitoring compliance and performance | 33 |
| Future revisions of the MCHP | 34 |
| NIPSO advice and support | 34 |
| Training | 34 |
| NIPSO website | 34 |
| Complaints handler networks | 35 |
| Appendix 1 - Potential Stage 1 Complaints | 36 |
| Appendix 2 - Complex complaints not to be handled through the CHP | 38 |
| Appendix 3 - Timelines | 40 |

Section 1: When and How to Use the Complaints Handling Procedure (CHP)

What is a Complaint?

1. Newry, Mourne and Down District Council's (NMDDC's) definition of a complaint is: 'An expression of dissatisfaction by one or more members of the public about NMDDC's action or lack of action, or about the standard of service provided by or on behalf of NMDDC.'
2. For clarity, where an employee also receives a service from NMDDC as a member of the public, they may complain about that service.
3. A complaint may relate to the following, but is not restricted to this list:
 - failure or refusal to provide a service
 - inadequate quality or standard of service, or an unreasonable delay in providing a service
 - dissatisfaction with one of our policies or its impact on the individual
 - failure to properly apply law, procedure or guidance when delivering services
 - failure to follow the appropriate administrative process
 - conduct, treatment by or attitude of a member of staff or contractor (except where there are arrangements in place for the contractor to handle the complaint themselves: please see section 'Complaints about Contracted Services at page 13)
 - a concern about the actions or service of an organisation who is delivering services on our behalf
 - disagreement with a decision, (except where there is a statutory procedure for challenging that decision, or an established appeals process)
 - dissatisfaction with how an element of a planning decision was administrated.
4. **Appendix 1** provides a range of examples of potential complaints we may receive at stage 1, and how these may be handled.
5. A complaint is **not**:
 - a routine first-time request for a service (see section 'Complaints and service requests' at page 14)
 - a first-time report of a fault
 - a request for compensation only (see section 'Complaints and compensation claims' at page 15)
 - issues that are in court or have already been heard by a court or a tribunal (see section 'Complaints and legal action' at page 15)

- disagreement with a decision where there is a statutory procedure for challenging that decision (such as freedom of information and subject access requests), or an established appeals process followed throughout the sector (such as planning or a parking ticket appeal)
 - a request for information under the Data Protection or Freedom of Information (Northern Ireland) Acts
 - a grievance by a staff member or a grievance relating to employment or staff recruitment
 - a concern raised internally by a member of staff which was not about a service they received (such as a whistleblowing concern)
 - a concern about a child or an adult's safety
 - an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision
 - abuse or unsubstantiated allegations about our organisation or staff where such actions would be covered by our Policy & Procedure for the Personal Safety of Employees exposed to Workplace Violence and abuse from the Public.
 - a concern about the actions or service of a different organisation, where we have no involvement in the issue (**except** where the other organisation is delivering services on our behalf: see section 'Complaints about contracted services' at page 13)
 - challenges to decisions made via formal decision-making channels i.e. a customer is dissatisfied with a planning decision, but not with any element of the process that led to the decision.
6. We will not treat these issues as complaints. We will instead direct customers to use the appropriate procedures. Some situations can involve a combination of issues, where some are complaints and others are not, and each situation should be assessed on a case-by-case basis.
7. If a matter is not a complaint, or not suitable to be handled under the Complaints Handling Procedure (CHP), we will explain this to the customer, and tell them what (if any) action we will take, and why [please see section '*What to do if the CHP does not apply*' at page 16].
8. Some complaints may be more complex. Examples of potentially complex complaints include:
- complaints about senior staff
 - complaints involving more than one department within the organisation
 - compounded complaints about both an original issue and the organisation's handling of the complaint
 - complaints about the administration process of a planning decision.

9. **Appendix 2** provides examples of more complex complaints which are not appropriate for this CHP. The section on '*Complaints relevant to other agencies*' at page 15 provides information about some of the other agencies that may be able to assist customers if their complaint is not appropriate for this CHP.

Who can make a complaint?

10. Anyone who receives, requests, or is affected by our services can make a complaint. This is not restricted to 'service users' and their relatives or representatives but may also include people who come into contact with or are affected by these services, such as:
- a resident living in a neighbourhood where NMDDC is running an event
 - a third-party stakeholder interested in the administration of a planning decision.

In this procedure these people are termed 'customers', regardless of whether they are or were using a service.

11. We also accept complaints from the representative of a person who is dissatisfied with our service. Please see section '*Complaints by (or about) a third party*' at page 11.

Supporting the customer

12. All members of the community have the right to equal access to our complaints procedure. It is important to recognise the barriers that some customers may face barriers to complaining. These may be physical, sensory, communication or language barriers, but can also include their anxieties and concerns. Customers may need support to overcome these barriers.
13. We are aware that some groups will not have the same access to information as others. In particular:
- People with sensory, learning, communication and mobility disabilities may require printed information in other formats;
- Members of ethnic minority groups, whose first language is not English;
- Children and young people may not be able to fully access or understand information.
14. We have legal duties to make our complaints service accessible under equalities legislation. Section 75 of the Northern Ireland Act 1998 (the Act) requires NMDDC, in carrying out its functions relating to Northern Ireland to have due regard to the need to promote equality of opportunity and regard to the desirability of promoting good relations across nine categories. Our Equality Scheme, approved by the Equality

Commission for Northern Ireland, sets out how the Council proposes to fulfil our Section 75 statutory duties.

15. To ensure quality of opportunity in accessing information, we will provide information in alternative formats on request, where reasonably practicable. Where the exact request cannot be met we will ensure a reasonable alternative is provided. Alternative formats may include Easy Read, Braille, audio formats (CD, mp3 or DAISY), large print or minority languages to meet the needs of those for whom English is not their first language.

Expected behaviours

16. We expect all staff to demonstrate a high level of candour, honesty, and openness when dealing with and investigating complaints. Complaints should be received with a willingness to listen to challenge about our services and/or service delivery. We expect staff to be responsive in dealing with complaints to help build and maintain customer relations.
17. Example behaviours expected from staff and customers are set out below.
 - We expect all staff to behave in a professional manner and treat customers with courtesy, respect and dignity. We also ask customers bringing a complaint to treat our staff with respect. We ask customers to engage actively with the complaints handling process by:
 - telling us their key issues of concern and organising any supporting information they want to give us (we understand that some people will require support to do this)
 - working with us to agree the key points of complaint when an investigation is required
 - responding to reasonable requests for information.
18. We have a policy in place for when these standards are not met which is our Policy & Procedure for the Personal Safety of Employees exposed to Workplace Violence and abuse from the Public.
19. We recognise that people may act out of character in times of trouble or distress. Sometimes a health condition or a disability can also affect how a person expresses themselves. The circumstances leading to a complaint may also result in the customer displaying unacceptable behaviours.
20. Customers who have a history of challenging or inappropriate actions, or have difficulty expressing themselves, may still have a legitimate grievance, and we will treat all complaints seriously. However, we also recognise that the actions of some customers may result in unreasonable demands on time and resources or unacceptable behaviour towards our staff. We will, therefore, apply our policies and procedures to protect staff from unacceptable actions such as unreasonable persistence, threats or offensive behaviour from customers. Where we decide to control access to a customer under the terms of our policy, we have a procedure in place to communicate that decision, notify the customer of their right of appeal, and

review any decision to control contact with us in accordance with our Policy & Procedure for the Personal Safety of Employees exposed to Workplace Violence and abuse from the Public.

21. If we decide to control a customer's contact, we will be careful to follow the process set out in our Policy & Procedure for the Personal Safety of Employees exposed to Workplace Violence and abuse from the Public policy and to minimise any controls on the customer's access to the complaints process. We will normally continue investigating a complaint even where contact controls are in place (for example, limiting communication to letter or to a named staff member). In some cases, it may be possible to continue investigating the complaint without contact from the customer. This would be as a last resort, should be as limited as possible (for a limited time, or about a limited set of subjects) and requires manager approval. Where access to the complaint process is controlled, we must signpost the customer to NIPSO [please see section 'The Complaints Handling Procedure - Signposting to NIPSO' at page 26].
22. NIPSO has guidance on 'Promoting positive behaviour and managing unacceptable actions' available at www.nipso.org.uk.
23. Council's Policy & Procedure for the Personal Safety of Employees exposed to Workplace Violence and abuse from the Public can be found using the following link.

Maintaining confidentiality and data protection

24. Confidentiality is important in complaints handling. This includes maintaining the customer's confidentiality and confidentiality in relation to information about staff members, contractors or any third parties involved in the complaint.
25. This should not prevent us from being open and transparent, as far as possible, in how we handle complaints. This includes sharing as much information with the complainant (and, where appropriate, any affected staff members) as we can. When sharing information, we should be clear about why the information is being shared and our expectations on how the recipient will use the information.
26. We must always bear in mind legal requirements, for example data protection legislation, as well as internal policies on confidentiality and the use of customer information. Should staff require further advice on this they should contact the Data Protection Officer or a member of the Compliance Team.
27. Examples of situations where a response to a complaint may be limited by confidentiality are:
 - where a complaint has been raised against a staff member and has been upheld – we will advise the customer that their complaint is upheld, but would not share specific details affecting staff members, particularly where disciplinary action is taken.
 - where someone has raised a concern about a child or an adult's safety and is unhappy about how that has been dealt with – we would look into this to check whether the safety concern had been properly dealt with, but we would not share any details of our findings in relation to the safety concern.

How complaints may be made

28. Complaints may be made verbally or in writing, including face-to-face, by telephone, letter or email. We will try to be as flexible as possible to remove any barriers to customers submitting complaints.
29. Where a complaint is made **verbally**, we will make a record of the key issues of complaint raised. Where it is clear that a complex complaint may be required to be investigated at stage 2, we will firstly consider it at stage 1, and if helpful, complete a complaint form with the customer's input to ensure full details of the complaint are documented. It is good practice to confirm the details with the person to prevent any misunderstandings. However, there is no requirement for the person to complete a complaint form, and it is important that the completion of a complaint form does not present a barrier to people complaining.
30. Complaint issues may also be raised on **digital platforms** (including **social media**).
31. Where a complaint issue is raised via a digital channel managed and controlled by NMDDC (for example an official Twitter address or Facebook page), we will explain that we do not take complaints on social media, but we will tell the person how they can complain.
32. Where a complaint issue is raised via a digital channel managed and controlled by NMDDC (for example an official Twitter address or Facebook page):
 - we will normally respond by explaining that we do not normally take complaints on social media and telling the person how they can complain
 - in exceptional circumstances, we may respond to very simple complaints on social media. This will normally only be appropriate where an issue is likely to affect a large number of people, and we can provide a very simple response (for example, an apology for a cancelled bin service or late cancellation of an information session).
33. We may also become aware that an issue has been raised via a digital channel not controlled or managed by us (for example a YouTube video or post on a private Facebook group). In such cases we **may** respond, where we consider it appropriate, by telling the person how they can complain.
34. We must always be mindful of our data protection obligations when responding to issues online or in a public forum [please see section '*Maintaining confidentiality and data protection*' at page 9].

Time limit for making complaints

35. The customer should raise their complaint within six months of when they first knew of the problem, unless there are special circumstances for considering complaints beyond this time (for example, where a person was not able to complain due to serious illness or recent bereavement or was unaware of the issue).
36. Where a customer has received a stage 1 response, and wishes to escalate to stage 2, unless there are special circumstances, they should request this either:

- within six months of when they first knew of the problem; or
 - within two months of receiving their stage 1 response (if this is later).
37. We will not apply the above time limits in a rigid fashion. In determining whether to apply discretion outside these time limits, the following factors are relevant: taking into account the seriousness of the issue, the availability of relevant records and staff involved, how long ago the events occurred, and the likelihood that an investigation will lead to a practical benefit for the customer or useful learning for the organisation.
38. At the conclusion of the complaints procedure, the complainant has the right to complain to NIPSO and the time limit for this is usually within six months of completing our complaints procedure. However, NIPSO has discretion to waive this time limit and may do so if NIPSO considers special circumstances apply.

Particular circumstances

Complaints by (or about) a third party

(See also 'Complaints about contracted or commissioned services / ALEOs')

39. Sometimes a customer may be unable or reluctant to make a complaint on their own. We will accept complaints from third parties, which may include relatives, friends, advocates and advisers. Where a complaint is made on behalf of a customer, we must ensure that the customer has authorised the person to act on their behalf. It is good practice to ensure the customer understands their personal information will be shared as part of the complaints handling process (particularly where this includes sensitive personal information). This can include complaints brought by parents on behalf of their child, if the child is considered to have capacity to make decisions for themselves.
40. The provision of a signed mandate from the customer will normally be sufficient for us to investigate a complaint. If we consider it is appropriate, we can take verbal consent direct from the customer to deal with a third party and would normally follow up in writing to confirm this.
41. In certain circumstances, a person may raise a complaint involving another person's personal data, without receiving consent. The complaint should still be investigated where possible, but the investigation and response may be limited by considerations of confidentiality. The person who submitted the complaint should be made aware of these limitations and the effect this will have on the scope of the response.
42. See also section '*Maintaining confidentiality and data protection*' at page 9.

Serious, high-risk or high-profile complaints

43. We will take particular care to identify complaints that might be considered serious, high-risk or high-profile, as these may require particular action or raise critical issues that need senior management's direct input. Serious, high-risk or high-profile complaints should normally be handled at stage 2 following full and careful consideration at stage 1 first [please see section '*Stage 2 Investigation*' at page 21].
44. We define potential high-risk or high-profile complaints as those that may:

- involve serious service failure
- generate significant and ongoing press interest
- present issues of a highly sensitive nature, for example concerning:
- present issues of a highly political nature.

Anonymous complaints

45. We value all complaints, including anonymous complaints, and will take action to consider them further wherever this is appropriate. Generally, we will consider anonymous complaints if there is enough information in the complaint to enable us to make further enquiries. Any decision not to pursue an anonymous complaint must be authorised by an appropriate manager.
46. If we pursue an anonymous complaint further, we will record it as an anonymous complaint together with any learning from the complaint and action taken.
47. If an anonymous complainant makes serious allegations, these should be dealt with in a timely manner under relevant procedures. This may not be the complaints procedure and could instead be relevant child protection, adult protection or disciplinary procedures.

What if the customer does not want to complain?

48. If a customer has expressed dissatisfaction in line with our definition of a complaint but does not want to complain, we will explain that complaints offer us the opportunity to improve services where things have gone wrong. We will encourage the customer to submit their complaint and allow us to handle it through the CHP. This will ensure that the customer is updated on the action taken and gets a response to their complaint.
49. If the customer insists they do not wish to complain, we are not required to progress the complaint under this complaints procedure. However, we should record the complaint as an anonymous complaint (including minimal information about the complaint, without any identifying information) to enable us to track trends and themes in complaints. Where the complaint is serious, or there is evidence of a problem with our services, we should also look into the matter to remedy this (and record any outcome).
50. Please refer to the example in **Appendix 1** for further guidance.

Complaints involving more than one area or organisation

51. If a complaint relates to the actions of two or more areas within our organisation, we will tell the customer who will take the lead in dealing with the complaint and explain that they will get only one response covering all issues raised.
52. If a customer complains to us about the service of another organisation or public service provider, but we have no involvement in the issue, the customer should be advised to contact the appropriate organisation directly.

53. If a complaint relates to our service and the service of another organisation or public service provider, and we have a direct interest in the issue, we will handle the complaint about the organisation through the CHP. If we need to contact an outside body about the complaint, we will be mindful of data protection [please see section '*Maintaining confidentiality and data protection*' at page 9].
54. Such complaints may include a complaint against a third party and/or a contractor who provides a service on our behalf.

Complaints about contracted or commissioned services / ALEOs

55. We may use Arm's Length External Organisations (ALEOs) to deliver certain services. They are 'arm's-length' because we retain a degree of control or influence, usually through a funding agreement, and 'external' because they have a separate identity to us. An example might be a charitable organisation delivering leisure and culture services on our behalf.
56. Where we use an ALEO or contractor to deliver a service on our behalf we recognise that we remain responsible and accountable for ensuring that the services provided meet our standards (including in relation to complaints). We will either do so by:
 - ensuring the contractor complies with this procedure; or
 - ensuring the contractor has their own procedure in place, which fully meets the standards in this procedure. At the end of the investigation stage of any such complaints the contractor must ensure that the customer is signposted to NIPSO.
57. Dependent on our arrangements with the contractor or ALEO, we may also apply a hybrid approach to handling complaints about organisations delivering services on our behalf, e.g., stage 1 of the complaints process is conducted by the contractor / ALEO and stage 2 is conducted by NMDDC. Staff should confirm the complaints handling arrangements for each contractor / ALEO regarding the management of complaints prior to commencing this process. Where a complaint about a contractor or ALEO is submitted to NIPSO, NIPSO will treat it as a complaint about NMDDC.
58. We will confirm that service users are clearly informed of the process and understand how to complain. We will also ensure that there is appropriate provision for information sharing and governance oversight where required.
59. We retain discretion to investigate complaints about organisations contracted to deliver services on our behalf even where the procedure has normally been delegated.
60. Contracted service providers/ALEO's will be required to report back to NMDDC and share their complaints data relating to the delivery of the contract or commissioned service for monitoring and learning purposes. This will help ensure that we meet our overall governance responsibility for the provision of the service.

Complaints about senior staff

61. Complaints which involve decisions or actions involving senior staff can be more difficult, as there may be a conflict or perceived conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We must ensure we have strong governance arrangements in place that set out clear procedures for handling such complaints.
62. Complaints about senior staff members will ordinarily be dealt with by a more senior officer. Where this is not possible or were considered necessary NMDDC may seek to have the complaint investigated by an individual of suitable seniority from an independent organisation eg. Local Government Staff Commission.

Complaints and other processes

63. Complaints can sometimes be confused (or overlap) with other processes, such as disciplinary or whistleblowing processes. Specific examples and guidance on how to handle these are below.

Complaints and service requests

64. If a customer asks NMDDC to do something (for example, provide a service or deal with a problem), and this is the first time the customer has contacted us, this would normally be a routine service request and not a complaint.
65. Service requests can lead to complaints, if the request is not handled promptly or the customer is then dissatisfied with how we provide the service.

Complaints and disciplinary or whistleblowing processes

66. If the issues raised in a complaint overlap with issues raised under a disciplinary or whistleblowing process, we still need to respond to the complaint.
67. Our response must be careful not to share confidential information (such as anything about the detail of whistleblowing or disciplinary investigations, or outcomes for individual staff members). It should focus on whether we failed to meet our service standards, where relevant, or expected standards and what we have done to improve things, in general terms. It is important to make clear to the complainant what issues they have raised are being dealt with under other procedures.
68. Staff investigating such complaints will need to take extra care to ensure that:
 - we comply with all requirements of the CHP in relation to the complaint (as well as meeting the requirements of the other processes)
 - all complaint issues which can be addressed (sometimes issues can get missed if they are not relevant to the overlapping process); and
 - we keep records of the investigation that can be made available to NIPSO if required. This can be problematic when the other process is confidential, because NIPSO will normally require documentation of any correspondence

and interviews to show how conclusions were reached. We will need to bear this in mind when planning any elements of the investigation that might overlap (for example, if staff are interviewed for the purposes of both the complaint and a disciplinary procedure, they should be assured that any evidence given will be confidential. However, it may be made available to NIPSO).

Contact from MLAs/Councillors

69. Where MLAs or Councillors make a complaint on behalf of a constituent NMDDC will deal with the complaint following this CHP and keep the MLA or Councillor informed of progress.
70. In this regard elected members should be aware of special arrangements for elected members in relation to seeking third party consent (the Information Commissioner's Office has guidance on this: <https://ico.org.uk/media/for-organisations/documents/1432063/constituency-case-work-of-mps-and-the-processing-of-sensitive-personal-data.pdf>).

Complaints and compensation claims

71. Where a customer is seeking financial compensation **only**, this is not a complaint. However, in some cases, the customer may want to complain about the matter leading to their financial claim, and they may seek additional outcomes, such as an apology or an explanation. Where appropriate, we will consider that matter as a complaint, but may deal with the financial claim separately. The compensation claim may also form part of the resolution of the complaint. It may be appropriate to extend the timeframes for responding to the complaint, to consider the financial claim.

Complaints and legal action

72. Where a customer says that legal action is being actively pursued, this should not be handled under this CHP and the customer should be directed to NMDDC's legal process.
73. Where a customer indicates that they are thinking about legal action, but have not yet commenced this, they should be informed that if they take such action, they should notify the complaints handler and/or the complaints manager and that the complaints process, in relation to the matters that will be considered through the legal process, will be closed. Any outstanding complaints must still be addressed through the CHP.
74. If an issue has been, or is being, considered by a court, we will generally not consider the same issue under the CHP though this should not prevent any learning from the issue raised in the legal action being implemented.

Complaints relevant to other agencies

75. Customers may raise concerns about issues which cannot be handled through this CHP, but which other agencies may be able to provide assistance with or may have an interest in. The organisations may include:

Northern Ireland Commissioner for Children and Young People:

Website: www.niccy.org

Equality Commission for Northern Ireland

Website: www.equalityni.org

Advice NI

Website: www.adviceni.net

76. This list is not exhaustive, and it is important to consider the circumstances of each case, and whether another organisation may also have a role to play.

What to do if the CHP does not apply

77. If the issue does not meet the definition of a complaint or if it is not appropriate to handle it under this procedure (for example, due to time limits), we will explain to the customer why we have made this decision. We will also tell them what action (if any) we will take (for example, if another procedure applies), and advise them of their right to contact NIPSO if they disagree with our decision not to respond to the issue as a complaint.
78. Where a customer continues to contact us about the same issue, we will explain that we have already given them our final response on the matter and signpost them to NIPSO. We may also consider whether we need to take action under our Policy & Procedure for the Personal Safety of Employees exposed to Workplace Violence and abuse from the Public.

Section 2: The Operations of the CHP

The definition of a complaint

79. Key to ensuring effective complaint handling and central to introducing our CHP is having a definition of what a complaint is. Our agreed definition of a complaint is:

'An expression of dissatisfaction by one or more members of the public about NMDDC's action or lack of action, or about the standard of service provided by or on behalf of our organisation'.

The complaints handling process

80. Our CHP aims to provide a quick, simple and streamlined process for responding to complaints early and locally by our capable, well-trained staff. The aim is, where possible, to resolve the complaint to the customer's satisfaction. Where this is not possible, the customer should be provided with a clear and reasoned response to their complaint.

Resolving the complaint

81. A complaint is resolved when both we and the customer agree what action (if any) will be taken to provide full and final resolution for the customer. Occasionally this may be done without making a decision about whether the complaint is upheld or not upheld. In many cases, however, it may be possible to resolve complaints and make a decision about whether the complaint is upheld or not upheld.
82. You should try to resolve complaints wherever possible, although NMDDC accept this will not be possible in all cases.
83. A complaint may be resolved at any point in the complaints handling process, including during the investigation stage. It is particularly important that we try to resolve complaints where there is an ongoing relationship with the customer or where the complaint relates to an ongoing issue that may give rise to future complaints if the matter is not fully resolved.
84. It may be helpful to use alternative complaint resolution approaches when trying to resolve a complaint [please see section '*Alternative complaint resolution approaches*' at page 23].
85. Where a complaint is resolved, we do not normally need to continue looking into it or provide a response on all points of complaint. There must be a clear record of how the complaint was resolved, what action was agreed, and the customer's agreement to this as a final outcome. In some cases, it may still be appropriate to continue looking into the issue, for example where there is evidence of a wider problem or potential for useful learning. You should use your professional judgment in deciding whether it is appropriate to continue looking into a complaint that is resolved.

86. In all cases, we must record the complaint outcome (resolved), any action taken and signpost the customer to stage 2 (for stage 1 complaints) or to NIPSO as usual [please see section 'Signposting to NIPSO' at page 26].
87. If the customer and our organisation are not able to agree a resolution, we then follow this CHP to provide a clear and reasoned response to each of the issues raised.

What to do when you receive a complaint

88. When you receive a complaint, you should consider four key questions. This will help you to either respond to the complaint quickly (at stage 1) or determine whether the complaint is more suitable for stage 2:

What exactly is the customer's complaint (or complaints)?

89. It is important to be clear about exactly what the customer is complaining about. You may need to ask the customer for more information and probe further to get a full understanding.
90. You will need to decide whether the issue can be defined as a complaint and whether there are circumstances that may limit our ability to respond to the customer (such as the time limit for making complaints, confidentiality, anonymity or the need for consent). You should also consider whether the complaint is serious, high-risk or high-profile.
91. If the matter is not suitable for handling as a complaint, you will explain this to the customer and signpost them to the relevant procedure or NIPSO for further advice.
92. In most cases, this step will be straightforward. If it is not, the complaint may need to be handled at stage 2 following discussion and agreement with the customer [please see section 'Stage 2: Investigation' at page 21].

What does the customer want to achieve by complaining?

93. At the outset, you will clarify the outcome the customer wants. Of course, the customer may not be clear about this, and we may need to probe further to find out what they expect, and whether they can be satisfied.

Can I achieve this, or explain why not?

94. If you can achieve the expected outcome, for example by providing an on-the-spot apology or explain why they cannot achieve it, you should do so.
95. The customer may expect more than we can provide. If so, we will tell them as soon as possible.
96. Complaints which can be resolved or responded to quickly should be managed at stage 1 [please see section 'Stage 1: Frontline response' at page 19].

If I cannot respond, who can help?

97. If the complaint is simple and straightforward, but you cannot deal with it because, for example, you are unfamiliar with the issues or area of service involved, you should pass the complaint to someone who can respond quickly.
98. If it is not a simple and straightforward complaint that can realistically be closed within 5 working days (or 10, if an extension is appropriate), it should firstly be fully considered at stage 1, in case, for example there is a resolution that has not yet been considered. Following full consideration at stage 1 and discussion and agreement with the customer, the complaint should be moved to stage 2. A record should be made of the decision to move the complaint to stage 2. If the customer refuses to engage at stage 1, insisting that they want their complaint investigated, a record of this should be made and the complaint handled immediately at stage 2 [please see section 'Stage 2: Investigation' at page 21].

Stage 1: Frontline response

99. Frontline response aims to respond quickly (**within 5 working days**) to straightforward complaints.
100. Any member of staff may deal with complaints at this stage (including the staff member complained about, for example with an explanation or apology). The main principle is to respond to complaints at the earliest opportunity and as close to the point of service delivery as possible.
101. We may respond to the complaint by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. We may also explain that, as an organisation that values complaints, we may use the information given when we review service standards in the future. If we consider an apology is appropriate, we may wish to follow NIPSO's [Guidance on issuing an Apology](#).
102. All complaints should be fully considered at stage 1 to identify any opportunities for resolution. Only after discussion and agreement with the customer, will the complaint be moved to stage 2: Investigation. The decision to handle the complaint at stage 2 should be recorded.

Notifying staff members involved

103. If the complaint is about the actions of another staff member, the complaint should be shared with them, where possible, before responding (although this should not prevent us responding to the complaint quickly, for example where it is clear that an apology is warranted).

Timelines

104. Frontline response must be completed **within 5 working days**, although in practice we would often expect to respond to the complaint much sooner. 'Day one' is always

the date of receipt of the complaint (or the next working day if the complaint is received on a weekend or public holiday).

Extension to the timeline

105. In exceptional circumstances, a short extension of time may be necessary due to unforeseen circumstances (such as the availability of a key staff member). Extensions must be agreed with an appropriate manager. We will tell the customer about the reasons for the extension, and when they can expect a response. **The maximum extension that can be granted is 5 working days (that is, no more than ten working days in total from the date of receipt).**
106. If a complaint will take more than 5 working days to look into, it should be handled at stage 2 immediately. Any movement of a complaint to stage 2 should be discussed and agreed with the customer first. The decision and rationale for the decision should be recorded. The only exception to this is where the complaint is simple and could normally be handled within 5 working days, but it is not possible to begin immediately (for example, due to the absence of a key staff member). In such cases, the complaint may still be handled at stage 1 if it is clear that it can be handled within the extended timeframe of up to **10 working days**.
107. If a complaint has not been closed within 10 working days, it should be escalated to stage 2 for a final response following discussion and agreement with the customer.
108. **Appendix 2** provides further information on timelines.

Closing the complaint at the frontline response stage

109. If we convey the decision face-to-face or on the telephone, we are not required to write to the customer as well (although we may choose to). We must:
 - tell the customer the outcome of the complaint (whether it is resolved, upheld, partially upheld or not upheld)
 - explain the reasons for our decision (or the agreed action taken to resolve the complaint – please see section ‘Resolving the complaint’ at page 17)
 - explain that the customer can escalate the complaint to stage 2 if they remain dissatisfied and how to do so (we should not signpost to NIPSO until the customer has completed stage 2).
110. You should keep a full and accurate record of the decision given to the customer. If you are not able to contact the customer by telephone, or speak to them in person, you should provide a written response to the complaint where an email or postal address is provided, covering the points above.
111. If the complaint is about the actions of a particular staff member(s), you should share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to).
112. The staff member handling the complaint should consider whether any learning has been identified. Where learning has been identified, this should be recorded to enable reporting [please see section ‘Learning from complaints’ at page 32].

113. The complaint should then be closed and the complaints system updated accordingly.

Stage 2: Investigation

114. Stage 2 is appropriate where:

- the customer is dissatisfied with the frontline response or refuses to engage at the frontline stage and would like their complaint to be investigated. Unless exceptional circumstances apply, the customer should escalate the complaint within six months of when they first knew of the problem or within two months of the stage 1 response, whichever is later [please see section '*Time limit for making a complaint*' at page 10. Exceptional circumstances will be considered and if acceptable, we will accept the complaint outside of these timeframes]
- the complaint is complex (for example where the customer has raised a number of issues, or where information from several sources is needed before we can establish what happened and/or what should have happened)
- the complaint relates to serious, high-risk or high-profile issues [please see section '*Serious, high-risk or high-profile complaints*' at page 11].

115. An investigation aims to explore the complaint in more depth and establish all the relevant facts. The aim is to resolve the complaint where possible, or to give the customer a full, objective and proportionate response that represents our final position. Wherever possible, complaints should be investigated by someone not involved in the complaint (for example, a line manager or a manager from a different area/department. The organisation should decide at what level in the organisation a final complaint response at stage 2 can be signed off).

116. Details of the complaint must be recorded on the complaints system. Where appropriate, this will be done as a continuation of frontline response. If the investigation stage follows a frontline response, the officer responsible for the investigation should have access to all case notes and associated information.

117. The beginning of stage 2 is a good time to consider whether complaint resolution approaches other than investigation may be helpful [please see section '*Alternative complaint resolution approaches*' at page 23].

Acknowledging the complaint

118. Complaints must be acknowledged **within 3 working days** of receipt at stage 2.

119. You should issue the acknowledgement in a format which is accessible to the customer, taking into account their preferred method of contact.

120. Where the points of complaint and expected outcomes are clear from the complaint, you should set these out in the acknowledgement and ask the customer to get in touch with us immediately if they disagree (see '*Agreeing the issues of complaint and outcome sought*' at page 22).

121. Where the points of complaint and expected outcomes are not clear, you should tell the customer in the acknowledgement letter that we will contact them to discuss this.

Agreeing the issues of complaint and outcome sought

122. It is important to be clear from the start of stage 2 about the issues of complaint to be investigated and what outcome the customer is seeking. We may also need to manage the customer's expectations about the scope of our investigation.
123. Where the issues of complaint and outcome sought are clear, we can confirm our understanding of these with the customer when acknowledging the complaint.
124. Where the issues of complaint and outcome sought are not clear, we must contact the customer to confirm these. We will normally need to speak to the customer (by phone or face-to-face) to do this effectively. In some cases, it may be possible to clarify complaints in writing. The key point is that we need to be sure we and the customer have a shared understanding of the complaint. When contacting the customer, we will be respectful of their stated preferred method of contact. We should keep a clear record of any discussion with the customer.
125. In all cases, we must have a clear shared understanding of:

126. **What are the issues of complaint to be investigated?**

While the complaint may appear to be clear, agreeing the issues of complaint at the outset ensures there is a shared understanding and avoids the complaint changing or confusion arising at a later stage. The issues of complaint should be specific enough to direct the investigation, but broad enough to include any multiple and specific points of concern about the same issue.

We will make every effort to agree the issues of complaint with the customer (alternative complaint resolution approaches may be helpful at this stage). In very rare cases, it may not be possible to agree the issues of complaint (for example, if the customer insists on an unreasonably large number of complaint issues being separately investigated, or on framing their complaint in an unacceptable way). We will manage any such cases in accordance with our Policy & Procedure for the Personal Safety of Employees exposed to Workplace Violence and abuse from the Public, bearing in mind that we should continue to investigate the complaint (as we understand it) wherever possible.

127. **Is there anything we can't consider under the CHP?**

We must explain if there are any issues that are not suitable for handling under the CHP [please see section 'What to do if the CHP does not apply' at page 16].

128. **What outcome does the customer want to achieve by complaining?**

Asking what outcome the customer is seeking helps direct the investigation and enables us to focus on resolving the complaint where possible.

129. **Are the customer's expectations realistic and achievable?**

It may be that the customer expects more than we can provide or has unrealistic expectations about the scope of the investigation. If so, we should make this clear to the customer as soon as possible.

Notifying staff members involved

130. If the complaint is about the actions of a particular staff member/s, you should notify the staff member/s involved (including where the staff member/s is/are not named, but can be identified from the complaint). You should:
- share the complaint information with the staff member/s (unless there are compelling reasons not to)
 - advise them how the complaint will be handled, how they will be kept updated and how we will share the complaint response with them
 - discuss their willingness to engage with alternative complaint resolution approaches (where applicable); and
 - signpost the staff member/s to a contact person who can provide support and information on what to expect from the complaint process (this must not be the person investigating or signing off the complaint response).
131. If it is likely that internal disciplinary processes may be involved, the requirements of that process should also be met. It is important that there is clear separation between the complaint and the disciplinary process and that staff are aware of the remit of both.

Investigating the complaint

132. It is important to plan the investigation before beginning. The staff member investigating the complaint should consider what information they have and what they need about:
- what happened? (this could include, for example, records of phone calls or meetings, work requests, recollections of staff members or internal emails)
 - what should have happened? (this should include any relevant policies or procedures that apply); and
 - is there a difference between what happened and what should have happened, and is NMDDC responsible?
133. In some cases, information may not be readily available. We will balance the need for the information against the resources required to obtain it, taking into account the seriousness of the issue (for example, it may be appropriate to contact a former employee, if possible, where they hold key information about a serious complaint).
134. If we need to share information internally or externally, NMDDC will be mindful of our obligations under data protection legislation.

[NIPSO has resources to assist organisations conducting investigations, including: An Investigation Plan template and Decision-making tool for complaint investigators]

Alternative complaint resolution approaches

135. Some complex complaints, or complaints where customers and other interested parties have become entrenched in their position, may require a different approach to

resolving the matter. Where we think it is appropriate, we may use alternative complaint resolution approaches such as complaint resolution discussions, mediation or conciliation to try to resolve the matter and to reduce the risk of the complaint escalating further. If mediation is attempted, a suitably trained and qualified mediator will be used. Alternative complaint resolution approaches may help NMDDC and the customer to understand what has caused the complaint, and so are more likely to lead to mutually satisfactory solutions.

136. Alternative complaint resolution approaches may be used to resolve the complaint entirely, or to support one part of the process, such as understanding the complaint, or exploring the customer's desired outcome.
137. If NMDDC and the customer (and any staff member(s) involved) agree to using alternative complaint resolution approaches, it is likely that an extension to the timeline will need to be agreed. This should not discourage the use of these approaches.

Meeting with the customer during the investigation

138. To effectively investigate the complaint, it may be necessary to arrange a meeting with the customer. Where a meeting takes place, we will always be mindful of the requirement to investigate complaints (including holding any meetings) within 20 working days wherever possible. Where there are difficulties arranging a meeting, this may provide grounds for extending the timeframe.
139. As a matter of good practice, a written record of the meeting should be completed and provided to the customer. Alternatively, and by agreement with the person making the complaint, we may provide a record of the meeting in another format. We will notify the person making the complaint of the timescale within which we expect to provide the record of the meeting.

Timelines

140. The following deadlines are appropriate to cases at the investigation stage (counting day one as the day of receipt, or the next working day if the complaint was received on a weekend or public holiday):
 - complaints must be acknowledged **within 3 working days**
 - a full response to the complaint should be provided as soon as possible but not later than **20 working days** from the time the complaint was received for investigation.

Extension to the timeline

141. Not all investigations will be able to meet this deadline. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the **20-working day** timeline. It is important to be realistic and clear with the customer about timeframes, and to advise them early if we think it will not be possible to meet the **20-day timeframe**, and why. We should bear in mind that extended delays may have a detrimental effect on the customer and any staff member/s complained about (if applicable).

142. Any extension must be considered and approved by an appropriate manager. A clear rationale should be recorded on each occasion for the appropriate manager to consider and approve. The manager should consider the legitimacy of the reasons provided before approving any extension. There should be a clear record of what action has been taken to progress the complaint during the extension timeframe before a further extension is approved. The customer and any member/s of staff complained about should be kept updated on the reason for the delay and give them a revised timescale for completion. You should contact the customer and any member/s of staff complained about **at least once every 20 working days** to update them on the progress of the investigation. Repeated extensions should be avoided where possible as this can lead to a loss of faith in the process by the customer.
143. The reasons for an extension might include the following:
- essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, customer or others but the person is not available because of long-term sickness or leave.
 - we cannot obtain further essential information within normal timescales; or
 - the customer has agreed to alternative complaint resolution approaches as a potential route for resolution.

These are only a few examples, and we will judge the matter in relation to each complaint. However, an extension would be the exception.

144. **Appendix 3** provides further information on timelines.

Closing the complaint at the investigation stage

145. The final response to the complaint should be in writing (or by the customer's preferred method of contact) and must be signed off by a manager or officer who is empowered to provide the final response on behalf of NMDDC.
146. We will tell the customer the outcome of the complaint (whether it is resolved, upheld, partially upheld, or not upheld). The quality of the complaint response is very important and in terms of good practice should:
- be clear and easy to understand, written in a way that is person-centred and non-confrontational
 - avoid technical terms, but where these must be used, an explanation of the term should be provided
 - address all the issues raised and demonstrate that each element has been fully and fairly investigated
 - include an apology where things have gone wrong (this is different to an expression of empathy) and any other action to be taken to put things right
 - highlight any area of disagreement and explain why no further action can be taken
 - indicate that a named member of staff is available to clarify any aspect of the letter.

147. In the same correspondence, and within two weeks of the day the complaints procedure is exhausted/completed, the customer must be advised of our statutory requirements:
- The customer has exhausted/completed our complaints procedure; and
 - if the customer is not satisfied with the outcome of the local process and stage 2, the customer may seek a review by NIPSO [please see section 'Signposting to NIPSO' below].
148. Where a complaint has been resolved, our final response does not need to provide a decision on all points of complaint but should instead confirm the resolution agreed [please see section 'Resolving the complaint' at page 17].
149. If the complaint is about the actions of a particular staff member(s), we will share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to).
150. A record of the decision, and details of how it was communicated to the customer, should be recorded on the complaints system.
151. Before the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified. Where learning has been identified, this should be recorded to enable reporting.

Signposting to NIPSO

152. Once the investigation stage has been completed, the customer has the right to approach NIPSO if they remain dissatisfied. We must make clear to the customer:
- **their right to ask NIPSO to consider the complaint**
 - **the time limit for doing so**
 - **how to contact NIPSO.**
153. NIPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. NIPSO looks at issues such as service failure and maladministration (administrative fault), and the way we have handled the complaint. There are some subject areas that are not within NIPSO's jurisdiction, but it is NIPSO's role to determine whether an individual complaint is one that they can consider (and to what extent). All investigation responses must signpost to NIPSO.
154. NIPSO recommends that we use the wording below to inform customers of their right to ask NIPSO to consider the complaint. This information should only be included on NMDDC's final response to the complaint.

Information about NIPSO

The Northern Ireland Public Services Ombudsman (NIPSO) is the final stage for complaints about the majority of public services in Northern Ireland. This includes complaints about NMDDC. NIPSO is an independent organisation that investigates complaints. The service provided by NIPSO is free. It is not an advocacy or support

service (but there are other organisations who can help you with advocacy or support).

If you remain dissatisfied when you have considered this response, you can ask NIPSO to look at your complaint. NIPSO generally expect complaints to be brought to it:

- within 6 months since you received correspondence from NMDDC informing you that the complaints handling procedure is complete and of your right to refer your complaint to NIPSO.

NIPSO will generally ask complainants to provide details of their complaint and a copy of the final response from the organisation. You can do this online at [How do I make a complaint to NIPSO? : NIPSO • Office of the Northern Ireland Ombudsman](#) or call them on Freephone 0800 34 34 24.

You may wish to get independent support or advocacy to help you progress your complaint. Organisations who may be able to assist you are:

- Advice NI

Website: www.adviceni.net

Freephone: 0800 915 4604

NIPSO's contact details are:

The Northern Ireland Public Services Ombudsman
33 Wellington Place
Belfast
BT1 6HN

Tel Freephone: 0800 34 34 24

Email: nipso@nipso.org.uk

Web: www.nipso.org.uk

Post-closure contact

155. If a customer contacts us for clarification when they have received our final response, it is permissible to have further discussion with the customer to clarify our response and answer their questions. This can be used as a further opportunity to try to resolve the complaint and the organisation's commitment to improvement and learning. However, if the customer is dissatisfied with our response or does not accept our findings, we will explain that we have already given them our final response on the matter and signpost them to NIPSO.

Section 3: Governance of the CHP

Roles and responsibilities

156. NIPSO recommend that as part of introducing a CHP, all staff are made aware of:
- the CHP
 - how to handle and record complaints at the frontline response stage
 - who they can refer a complaint to, in case they are not able to handle the matter
 - the need to try and resolve complaints early and as close to the point of service delivery as possible; and
 - their clear authority to attempt to resolve any complaints they may be called upon to deal with.
157. Awareness training on the CHP will be part of NMDDC's induction process for all new staff. More in-depth and refresher training will be provided to relevant staff on a regular basis.
158. Senior management will ensure that:
- NMDDC's final position on a complaint investigation is signed off by an appropriate manager or officer in order to provide assurance that this is the definitive response of NMDDC and that the complainant's concerns have been taken seriously
 - it maintains overall responsibility and accountability for the management and governance of complaints handling (including complaints about contracted services)
 - it has an active role in, and understanding of, the CHP (although not necessarily involved in the decision-making process of complaint handling)
 - mechanisms are in place to ensure a consistent approach to the way complaints handling information is managed, monitored, reviewed and reported at all levels in NMDDC; and
 - complaints information e.g. number of complaints received, types/issues of complaint received, number of complaints resolved/upheld/not upheld/partially upheld, complaint outcomes, [please see section '*Recording, reporting, publicising and learning from complaints*' at page 30] etc. is annually published; and
 - complaints information is used to improve services, and this is evident from regular publications.
159. **Elected members** also play a key role in the accountability and governance of complaints handling. Their role is to:

- ensure complaints data is scrutinised, analysed and routinely considered as part of leadership information (annually, as a minimum)
 - provide the necessary challenge and hold senior staff to account for the organisation's performance in complaints handling and management
 - provide strategic leadership to drive the required culture of openness in organisations where complaints are welcomed and valued.
160. The strategic oversight and scrutiny role of elected members is designed to promote effective organisational learning from complaints. This helps to ensure early warning signs are identified and acted upon so that the need for potential future actions, such as public inquiries into wider and more serious issues, which often originate from complaints, may be negated.
161. The following are examples of questions elected members may ask senior staff in their scrutiny of complaints data:
- *What were the main issues of complaint received?*
 - *What was the organisational learning from the complaints received?*
 - *What actions were taken as a result of lessons learned from complaints?*
 - *How many complaints were referred to NIPSO?*
 - *What were NIPSO's recommendations and were they complied with (if applicable)?*
162. **Senior Management Team (Chief Executive and Directors):** The Senior Management Team provides leadership and direction in ways that guide and enable us to perform effectively across all services. This includes driving a culture change where complaints are welcomed and valued, ensuring that there is an effective CHP that is followed by all staff and assists organisational learning from the complaints received and having an appropriate recording and reporting system in place to enable the organisation to report annually on complaints performance and learning from complaints. The Senior Management Team may take a personal interest in all or some complaints or may delegate responsibility to senior staff to sign-off on final complaint responses. Regular management reports assure the Senior Management Team of the quality of complaints performance.
163. The Senior Management Team is also responsible for ensuring that there are governance and accountability arrangements in place in relation to complaints about contractors/Arms Length External Organisations [ALEOs]. This includes:
- ensuring performance monitoring for complaints is a feature of the service/management agreements between NMDDC and contractors/ALEOs
 - setting clear objectives in relation to this complaints procedure and putting appropriate monitoring systems in place to provide NMDDC with an overview of how the contractor/ALEO is meeting its objectives.

164. **Assistant Directors:** On the Senior Management Team's behalf, Assistant Directors are responsible for:
- managing complaints and the way we learn from them
 - reporting complaints quarterly to the senior management team
 - overseeing the implementation of actions required as a result of a complaint
 - investigating complaints; and
 - They are also responsible for preparing and signing off decisions for customers, so they should be satisfied that the investigation is complete, and their response addresses all aspects of the complaint. However, Assistant Directors may decide to delegate some elements of complaints handling (such as investigations and the drafting of response letters) to other senior staff. Where this happens, Assistant Directors should retain ownership and accountability for the management and reporting of complaints.
165. **The Head of Administration and Customer Services:** The Head of Administration and Customer Services will provide and ensure the provision of proactive expert advice, knowledge and support to staff and elected members in relation to complaints handling. He/she is responsible for ensuring the reporting requirements under the CHP, for quarterly and annual reporting information, are met. This includes ensuring that all services record and track complaints information using the designated system in a timely and accurate manner. The Head of Administration and Customer Services is also expected to proactively drive service improvements and initiatives with senior managers based on data collated through implementation of the CHP.
166. **The Learning and Development Manager:** The Learning and Development Manager is responsible for ensuring all new staff receive awareness training on the CHP as part of the induction process, and, in conjunction with the Head of Administration and Customer Services, that staff and elected members receive bespoke training which meets service needs to ensure a professional and consistent approach to complaints handling.
167. **The organisation's NIPSO liaison officer:** Our NIPSO liaison officer's role includes providing complaints information in an orderly, structured way within requested timescales, providing comments on factual accuracy on our behalf in response to NIPSO reports, and confirming and verifying that recommendations have been implemented].

Recording, reporting, publicising and learning from complaints

168. Complaints provide valuable customer feedback. One of the aims of the CHP is to identify opportunities to improve services across NMDDC. By recording and analysing complaints data, we can identify and address the causes of complaints and, where appropriate, identify training opportunities and introduce service improvements.
169. We also have arrangements in place to ensure complaints about contractors or ALEOs are recorded, reported on and publicised in line with this CHP.

Recording complaints

170. It is important to record suitable data to enable us to fully investigate and respond to the complaint, as well as using our complaint information to track themes and trends. As a minimum, the following should be recorded for each complaint:
- the date the complaint was received
 - the customer's name and contact details
 - the issue/nature of the complaint
 - the service the complaint refers to
 - staff member responsible for handling the complaint
 - action taken and outcome at frontline (stage 1) response
 - the date frontline (stage 1) response was issued
 - the date request for stage 2 investigation was received (if applicable)
 - any extensions authorised at stage 2 (if applicable)
 - action taken and outcome at investigation (stage 2) (if applicable)
 - whether the complaint was resolved, upheld, partially upheld, not upheld
 - date the investigation response was issued at stage 2 (if applicable)
 - the underlying cause of the complaint and any remedial action taken
 - any organisational learning as a result of the complaint.
 - NMDDC will record the outcome of the NIPSO's investigation (where applicable and possible). It is good practice to record the full journey of a complaint, as this allows organisations to use the information to identify good practice or areas for improvement. For example, where there are a high number of complaints 'not upheld' by the organisation but then 'upheld' by NIPSO, this could suggest that there are opportunities to improve complaints handling at a local level.
171. If the customer does not want to provide any of this information, we will reassure them that it will be managed appropriately, and record what we can. If the customer submits their complaint to NIPSO and NIPSO decide to investigate the complaint, NMDDC will receive a copy of the report and the details of the complaint.
172. Individual complaint files will be stored in line with our Retention and Disposal Schedule.

Reporting of complaints

173. We have a process for the internal reporting of complaints information, including analysis of complaints trends. Regularly reporting the analysis of complaints information helps to inform management of areas where services need to improve.
174. We will report at least **quarterly** to senior management on:
- complaints performance statistics

- analysis of the trends and outcomes of complaints (this should include highlighting where there are areas where few or no complaints are received, which may indicate either good practice or that there are barriers to complaining in that area).

Publicising complaints information

175. We publish on a **quarterly** basis information on complaints outcomes and actions taken to improve services i.e. good practice and lessons learned.
176. This demonstrates the improvements resulting from complaints and shows that complaints can help to improve our services. It also helps ensure transparency in our complaints handling service and will help to show our customers that we value their complaints.
177. We will publish an **annual** complaints performance report on our website in line with NIPSO requirements and provide this to NIPSO (on request only). This summarises and builds on the quarterly reports to senior management we have produced about our services. It includes:
- complaint performance statistics;
 - complaint trends and the actions that have been or will be taken to improve services as a result; and
 - lessons learned from complaints.
178. These reports must be easily accessible to members of the public and available in alternative formats as requested.
179. In addition, NIPSO recommend a common dataset for complaints information across all public sector organisations. It is expected that we will work together with other local government sector organisations to publish an overall complaints report.

Learning from complaints

180. We must have clear systems in place to act on issues identified in complaints. As a minimum, we must:
- seek to identify the root cause of complaints
 - take action to reduce the risk of recurrence
 - systematically review complaints performance reports to improve service delivery.
181. Learning may be identified from individual complaints (regardless of whether the complaint is upheld or not) and from analysis of complaints data.
182. Where we have identified the need for service improvement in response to an individual complaint, we will take appropriate action. The process should meet the following minimum standard:
- the action needed to improve services must be authorised by an appropriate manager

- an officer (or team) should be designated the 'owner' of the issue, with responsibility for ensuring the action is taken
 - a target date must be set for the action to be taken
 - the designated individual must follow up to ensure that the action is taken within the agreed timescale
 - where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved
 - any learning points should be shared with relevant staff.
183. NIPSO has issued guidance on **Learning from complaints** which can be accessed at www.nipso.org.uk
184. Senior management will review the information reported on complaints regularly to ensure that any trends or wider issues which may not be obvious from individual complaints are quickly identified and addressed. Where we identify the need for service improvement, we will take appropriate action (as set out above). Where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved.

Monitoring compliance and performance

Compliance

185. Like all local government bodies, we are required to comply with the MCHP under section 38(2) of the legislation, six months after NIPSO publishes the MCHP.
186. NIPSO expect NMDDC to have appropriate self-assessment arrangements in place to assure ourselves that our CHP is operating in accordance with the MCHP (NIPSO has available self-assessment templates), and to track performance as set out in our CHP. Any significant changes to the CHP would require NIPSO to be notified for prior approval.
187. NIPSO will monitor our compliance with the MCHP both through the complaints it investigates and through our standards function, including quality checks of published and available complaints procedures. Any feedback on issues which could affect compliance will be provided directly to NMDDC in the first instance, in line with NIPSO's 'Support and Intervention Policy'.
188. Under the terms of the legislation, NIPSO may also declare that an organisation is non-compliant. NIPSO intend to use this option as a means of last resort in the event that attempts to work with NMDDC to facilitate implementation have failed. If NIPSO does declare a CHP to be non-compliant with the MCHP it will, in line with the legislation, give reasons in writing and specify any modifications to the CHP which would result in the declaration being withdrawn.

Future revisions of the MCHP

189. The MCHP may be reviewed and revised periodically. Any revisions to the MCHP will be managed by NIPSO. Where we or a public body considers that an amendment to Parts 1, 2 or 3 is required, we are required to prepare and submit a request for change to NIPSO. This should briefly describe the change requested, explain why the change is proposed and highlight any associated issues in relation to costs, time, quality or risks.
190. NIPSO will consider and decide upon any request, in consultation with the relevant public sector and other relevant stakeholders. This will help to ensure consistency of approach across the sector by ensuring that only the current agreed version of the MCHP is available to the sector at any given time. Importantly it will also allow for an accurate evaluation of the complaints procedure when appropriate.
191. While public sector bodies, including NMDDC may use the MCHP Parts 1-3 as templates to develop our own CHP, it is important to remember that the MCHP Parts 1-3 may only be altered, amended or changed by NIPSO.

NIPSO advice and support

Training

192. NIPSO's MCHP Parts 1-3 places a strong emphasis on early management of complaints, effective recording of complaints and staff being properly trained and empowered to deal with complaints. All staff need to have an understanding of how to deal with complaints and the appropriate knowledge and skills to do so effectively. This includes being aware of how we identify complaints and when we are authorised to use a range of measures to respond to a complaint such as a simple apology where appropriate.
193. It is for us to identify the training needs of appropriate staff to ensure they have the skills and confidence to use the authority delegated to them. NIPSO's Complaints Standards Team will endeavour to provide training and guidance on specific aspects of complaints handling. Further details may be obtained from <https://nipso.org.uk/nipso/>

NIPSO website

194. The NIPSO website provides a centre for best practice in complaints handling. It contains information to help support improvement in public sector complaints handling, including published MCHPs for public bodies in NI, implementation and compliance guidance, and best practice and training resources.

Complaints handler Networks

195. NIPSO supports a Local Government complaints handling network. The remit of this group includes identifying, developing and evaluating best practice, supporting complaints handling practitioners and providing a forum for benchmarking complaints performance. The network is used to help take forward the ongoing standards work of NIPSO in areas such as developing standardised complaints recording categories.

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Appendix 1 – Potential Stage 1 Complaints

The following tables give examples of complaints that may be considered at the frontline stage and suggest possible actions.

| Complaint | Possible actions |
|--|--|
| <p>A customer reports that their bin has not been emptied for two weeks in a row. The first time the issue was reported, it was a service request. The second consecutive service failure is a complaint and is handled through the CHP.</p> | <ul style="list-style-type: none"> • Apologise to the customer. • Liaise with the waste management department to investigate the reason for the service fault. • Maintain contact with and update the complainant whilst liaising with relevant organisational personnel. • Ensure that the service is provided the following week. Check in with the customer the following week to ensure the service was provided. • Record all details of the complaint for monitoring and learning purposes. |
| <p>A customer complains that the changing facilities in a council operated leisure facility are dirty.</p> | <ul style="list-style-type: none"> • Communicate clearly with the customer by thanking them for drawing the matter to the organisation's attention and assure them that the complaint will be investigated. • Liaise with leisure centre management personnel to investigate the status of the changing facilities. • Ensure leisure centre management rectify the issue. Maintain communication with the customer and update them on the progress of the complaint. • Record all details of the complaint for monitoring and learning purposes. |
| <p>The customer complains that a night-working refuse collector woke her up by making excessive noise.</p> | <ul style="list-style-type: none"> • Apologise to the customer for the inconvenience caused. • Explain our policy on refuse collection, in particular the approach to night working. • Tell the customer that you will pass on details of the complaint to the service to highlight the noise issue and ask the service to do what they can to control noise in the future. • Record all details of the complaint for monitoring and learning purposes. |
| <p>The customer expresses dissatisfaction in line with the definition of a complaint, but says she does not want to complain – just wants to tell us about the matter.</p> | <ul style="list-style-type: none"> • Tell the customer that we value complaints because they help to improve services. Encourage them to submit the complaint. • In terms of improving service delivery and learning from mistakes, it is important that customer feedback, such as this, is recorded, evaluated and acted upon. |

| Complaint | Possible actions |
|-----------|--|
| | <ul style="list-style-type: none"><li data-bbox="667 309 1418 472">• If the customer still insists that they do not want to complain, record the matter as an anonymous complaint. This will avoid breaching the complaints handling procedure. Reassure the customer that they will not be contacted again about the matter.<li data-bbox="667 477 1418 548">• Record all details of the complaint for monitoring and learning purposes. |

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Appendix 2 – Complex complaints not to be handled through the CHP

A concern may not necessarily be a complaint. For example, a customer might make a routine first-time request for a service. This is not a complaint, but the issue may escalate into a complaint if it is not handled effectively and the customer has to keep on asking for service.

1. In some cases, a measure of discretion or further clarification is required in determining whether something is a complaint that should be handled through this procedure or another matter which should be handled through another process. There are also some specific circumstances when complaints should be handled in a particular manner.
2. The following paragraphs provide examples of the types of issues or concerns that must not be handled through the complaints handling procedure. This is not a full list, and you should decide the best route based on the individual case.

Planning decisions

3. Customers may express dissatisfaction after the refusal of a planning **decision** or other related permissions. An example would be dissatisfaction with a condition of consent or an enforcement action.
4. Planning applicants, or their agent, have the right to appeal to the Planning Appeals Commission about the planning decision. Appeals may be determined on the basis of a hearing, written representations with an accompanied site visit or by written representations with a Planning Appeals Commissioner's site visit.
5. Customers who are dissatisfied with one of our planning decisions, and who have a right to appeal to the Planning Appeals Commission, should be directed to this service. However, some complaints about planning matters are from third parties such as neighbours. These customers do not have the right of appeal to the Planning Appeals Commission. These complaints, and those complaints about the administration of the planning process, should be considered through the CHP.

Claims for compensation only

6. A customer may seek to use the CHP to obtain compensation from us if they consider us liable. This includes issues such as personal injury or loss of. Where it is clear from the information provided by the customer that the matter is not a complaint but is a claim **only** and the outcome sought is compensation, it may not be appropriate to consider the matter as a complaint. Claims for compensation **only** are not complaints, so you must not handle them through the CHP. You should be clear, however, that where a customer wants to complain about the matter leading to their request for compensation, for example the condition of a public road causing damage to a motor vehicle, you may consider that matter as a complaint. The request for compensation may or may not be dealt with separately. You may decide to suspend complaint action pending the outcome of the claim for compensation. If you do this, you must notify the customer and explain that the complaint will be fully considered when the compensation claim has been decided.

7. If you receive a compensation claim, you should explain to the customer the process for claiming compensation in line with our policy on these claims.
8. You may still make 'time and trouble' payments for inconvenience suffered by customers, in line with our policy on such matters. This is distinct from compensation claims].

Licence decisions

9. We are responsible for issuing various licences, including public entertainment, HMO (Houses in Multiple Occupation), caravan licenses. These have their own legal redress. Customers who are dissatisfied with these decisions will have to pursue this through the correct procedure for the type of licence they want.

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Appendix 3 - Timelines

General

- References to timelines throughout the CHP relate to working days. We do not count non-working days, for example weekends, public holidays and days of industrial action where our service has been interrupted.

Timelines at frontline response (stage 1)

- We will aim to achieve frontline response within 5 working days. The date of receipt is day 1, and the response should be provided (or the complaint escalated) on day 5, at the latest.
- If we have extended the timeline at the frontline response stage in line with the CHP, the response should be provided (or the complaint escalated) on day 10, at the latest.

Transferring cases from frontline response to investigation:

- If the customer wants to escalate the complaint to the investigation stage, the reason must be recorded at stage 1 and the case must be passed for investigation without delay. In practice this will mean on the same day that the customer is told this will happen.

Timelines at investigation (stage 2)

- For complaints at the investigation stage, day 1 is:
 - the day the customer requested or agreed the matter to be considered at the investigation stage (stage 2).
- We must acknowledge the complaint within 3 working days of receipt at stage 2 i.e. by day 3.
- We should respond in full to the complaint by day 20, at the latest. We have 20 working days to investigate the complaint, regardless of any time taken to consider it at the frontline response stage.
- Exceptionally, we may need longer than the 20-working day limit for a full response. If so, we will explain the reasons to the customer, and update them (and any staff involved) at least once every 20 working days.

Frequently asked questions

What happens if an extension is granted at stage 1, but then the complaint is escalated?

- The extension at stage 1 does not affect the timeframes at stage 2. The stage 2 timeframes apply from the day the complaint was received at stage 2 (we have 20 working days from this date, unless an extension is granted).

What happens if we cannot meet an extended timeframe?

- If we cannot meet the extended timeframe at stage 1, the customer should be notified. The complaint should be discussed with the customer and if in agreement, the complaint

should be moved to stage 2. The maximum timeframe allowed for a stage 1 response is 10 working days.

11. If we cannot meet the extended timeframe at stage 2, a further extension may be approved by an appropriate manager if there are clear reasons for this. There should be a clear record of what action has been taken to progress the complaint during the extension timeframe before a further extension is approved. This should only occur in exceptional circumstances (the original extension should allow sufficient time to realistically investigate and respond to the complaint). Where a further extension is agreed, we should explain the situation to the customer and give them a revised timeframe for completion. We must update the customer and any staff involved in the investigation at least once every 20 working days.

What happens when a customer asks for stage 2 consideration a long time after receiving a frontline response?

12. Unless exceptional circumstances exist, customers should bring a stage 2 complaint within six months of learning about the problem, or within two months of receiving the stage 1 response (whichever is latest).

Newry, Mourne & Down District Council

Guide for Person who wishes to make a Complaint

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Introduction

This document is Part 3 of NIPSO's Model Complaints Handling Procedure (MCHP). It has been prepared to assist public bodies to communicate and make accessible its complaints handling procedure to its customers and those people who wish to make a complaint. The document provides customers with clear and straight-forward information on an organisation's complaints handling procedure that follows NIPSO's MCHP.

It is important to make customers aware of their right to complain and how to do so. Information about the procedure should be easily accessible at all times, not just made available when a customer wishes to complain.

Arrangements about how to make a complaint must be widely publicised, simple and clear, and made available in all areas of service provision. Public bodies should, therefore, consider the most effective ways to ensure maximum accessibility, such as online information about how to access the complaints procedure which should be clearly visible on the landing/home page of the organisation's website. Traditional methods such as leaflets can also be helpful and organisations should consider where these can most effectively be displayed.

Customers must, where appropriate, have the support they need to articulate their concerns and successfully navigate the complaints procedure. A range of methods for complaining by whatever means is easiest for the customer and should be provided and accepted to ensure accessibility to the complaints procedure. This may include frontline staff assisting the customer by writing the complaint for them.

Public bodies should also take into account individual requirements, for example less-abled people; people with learning difficulties; people who are deaf or hard of hearing (including British Sign Language users); people with a visual impairment; and people whose first language is not English. Where appropriate, suitable arrangements should be made for the specific needs of those who wish to complain, including provision of interpreting services, access to support or advocacy, and information in a variety of formats and languages, at suitable venues, and at suitable times. The organisation information should make clear what adjustments are available and how they can be accessed.

To comply with NIPSO's MCHP, Newry, Mourne and Down District Council must provide and publish guidance for complainants on how to make a complaint.

The template below was developed by NIPSO in collaboration with Operational Network members. The template is designed to be an internal document for your organisation to adopt. The language used reflects its status as an internal document.

Contents

| | |
|--|----|
| What is a complaint? | 4 |
| What can I complain about? | 4 |
| What can't I complain about? | 4 |
| Who can complain? | 5 |
| How do I complain? | 5 |
| How long do I have to make a complaint? | 6 |
| What happens when I have complained? | 6 |
| Stage 1: Frontline response | 6 |
| Stage 2: Investigation | 7 |
| What if I'm still dissatisfied? | 7 |
| Getting help to make my complaint | 8 |
| Our contact details | 9 |
| A Quick guide to our Complaints Procedure | 10 |

DRAFT

Newry, Mourne and Down District Council is committed to providing high-quality customer services.

We value complaints and use information from them to help us improve our services.

1. If something goes wrong or you are dissatisfied with our services, please tell us. This document describes our complaints procedure and how to make a complaint. It also tells you about how we will handle your complaint and what you can expect from us.

What is a complaint?

2. We regard a complaint as 'an expression of dissatisfaction by one or more members of the public about our action or lack of action, or about the standard of service provided by us or on our behalf'.

What can I complain about?

3. You can complain about things like:
 - failure or refusal to provide a service
 - inadequate quality or standard of service, or an unreasonable delay in providing a service
 - dissatisfaction with one of our policies or its impact on the individual
 - failure to properly apply law, procedure or guidance when delivering services
 - failure to follow the appropriate administrative process
 - conduct, treatment by or attitude of a member of staff or contractor (except where there are arrangements in place for the contractor to handle the complaint themselves: please see section 'Complaints about Contracted Services at page 13)
 - a concern about the actions or service of an organisation who is delivering services on our behalf
 - disagreement with a decision, (except where there is a statutory procedure for challenging that decision, or an established appeals process)
 - dissatisfaction with how an element of a planning decision was administered.
4. Your complaint may involve more than one of Newry, Mourne and Down District Council's services or be about someone working on our behalf.

What can't I complain about?

5. There are some things we can't deal with through our complaints handling procedure. These include:
 - a routine first-time request for a service (see section 'Complaints and service requests' at page 14)
 - a first-time report of a fault
 - a request for compensation only (see section 'Complaints and compensation claims' at page 15)

- issues that are in court or have already been heard by a court or a tribunal (see section 'Complaints and legal action' at page 15)
- disagreement with a decision where there is a statutory procedure for challenging that decision (such as freedom of information and subject access requests), or an established appeals process followed throughout the sector (such as planning or a parking ticket appeal)
- a request for information under the Data Protection or Freedom of Information (Northern Ireland) Acts
- a grievance by a staff member or a grievance relating to employment or staff recruitment
- a concern raised internally by a member of staff which was not about a service they received (such as a whistleblowing concern)
- a concern about a child or an adult's safety
- an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision
- abuse or unsubstantiated allegations about our organisation or staff where such actions would be covered by our Policy & Procedure for the Personal Safety of Employees exposed to Workplace Violence and abuse from the Public.
- a concern about the actions or service of a different organisation, where we have no involvement in the issue (**except** where the other organisation is delivering services on our behalf: see section 'Complaints about contracted services' at page 13)
- challenges to decisions made via formal decision-making channels i.e. a customer is dissatisfied with a planning decision, but not with any element of the process that led to the decision.

6. If other procedures or rights of appeal can help you resolve your concerns, we will give information and advice to help you.

Who can complain?

7. Anyone who receives, requests or is directly affected by our services, or a service contracted or commissioned by us, can make a complaint to us. This includes the representative of someone who is dissatisfied with our service (for example, a relative, friend, advocate or adviser). If you are making a complaint on someone else's behalf, you will normally need their written consent. Please also read the section on 'Getting help to make your complaint' below.

How do I complain?

8. You can complain in person at *any of our staffed offices or facilities*, by phone, in writing or by email or via our *on-line complaints form*, <https://www.newrymournedown.org/complaints-form> Complaints may be made verbally or in writing, including face-to-face, by telephone, letter or email. We will try to be as flexible as possible to remove any barriers to customers submitting complaints

Where a complaint issue is raised via a digital channel managed and controlled by Council (for example an official Twitter address or Facebook page), we will explain that we do not take complaints on social media, but we will tell you how you can complain.

9. It is easier for us to address complaints if you make them quickly and directly to the service concerned. So please talk to a member of our staff at the service you are complaining about. Then they can try to resolve the issue.

10. When complaining, please tell us:

- your full name and contact details
- as much as you can about the complaint
- what has gone wrong; and
- what outcome you are seeking.

Our contact details are available *at the end of this document*.

How long do I have to make a complaint?

11. Normally, you must make your complaint within six months of:

- the event you want to complain about; or
- finding out that you have a reason to complain.

12. In exceptional circumstances, we may be able to accept a complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why.

What happens when I have complained?

13. We will always tell you who is dealing with your complaint and provide contact details. Our complaints procedure has two stages.

Stage 1: Frontline response

14. We aim to respond to complaints quickly (where possible, when you first tell us about the issue). This could mean an on-the-spot apology and explanation if something has clearly gone wrong, or immediate action to resolve the problem.

15. We will give you our decision at stage 1 in 5 working days or less, unless there are exceptional circumstances.

16. If you are not satisfied with the response, we give at stage 1, we will tell you what you can do next. If you choose to, you can take your complaint to stage 2. You must normally ask us to consider your complaint at stage 2 either:

- within six months of the event you want to complain about or finding out that you have a reason to complain; or
- within two months of receiving your stage 1 response from us (if this is later).

17. In exceptional circumstances, we may be able to accept a stage 2 complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why.

Stage 2: Investigation

18. Stage 2 deals with two types of complaint: those that have not been resolved at stage 1 and those that clearly require in-depth investigation, and so are handled at this stage following discussion and agreement with you. If you do not wish your complaint to be handled at stage 1, you can ask us to handle it at stage 2 instead.
19. When using stage 2:
- we will acknowledge receipt of your complaint within **3** working days
 - we will confirm our understanding of the complaint we will investigate and what outcome you are looking for
 - we will try to resolve your complaint where we can (in some cases we may suggest using an alternative complaint resolution approach, such as mediation); and
 - where we cannot resolve your complaint, we will give you a full response as soon as possible, normally within **20** working days.
20. If our investigation will take longer than 20 working days, we will tell you. We will tell you our revised time limits and keep you updated on progress.

What if I'm still dissatisfied?

21. After we have given you our final decision, if you are still dissatisfied with our decision or the way we dealt with your complaint, you can ask the Northern Ireland Public Services Ombudsman (NIPSO) to look at it.

NIPSO is the final stage for complaints about the majority of public services in Northern Ireland. This includes complaints about us. NIPSO is an independent organisation that investigates complaints. The service provided by NIPSO is free. It is not an advocacy or support service (but there are other organisations who can help you with advocacy or support).

If you remain dissatisfied when you have a final response from us, you can ask NIPSO to look at your complaint. NIPSO generally expect complaints to be brought to it:

- within 6 months since you received correspondence from us informing you that the complaints handling procedure is complete and of your right to refer your complaint to NIPSO.

NIPSO will generally ask you to provide details of your complaint and a copy of our final response to your complaint. You can do this online at www.NIPSO.org.uk or call them on Freephone 0800 34 34 24.

You may wish to get independent support or advocacy to help you progress your complaint. See the section on 'Getting help to make my complaint' below.

NIPSO's contact details are:

The Northern Ireland Public Services Ombudsman
 33 Wellington Place
 Belfast
 BT1 6HN

Tel Freephone: 0800 34 34 24
 Email: nipso@nipso.org.uk
 Web: www.nipso.org.uk

(If you would like to visit in person, you must make an appointment first)

The freepost address is:
 FREEPOST NIPSO

22. If NIPSO cannot investigate your complaint and your complaint requires an alternative route for independent review, NIPSO will tell you and provide you with the relevant contact details.

Getting help to make my complaint

23. We understand that you may be unable or reluctant to make a complaint yourself. We accept complaints from the representative of a person who is dissatisfied with our service. We can take complaints from a friend, relative, or an advocate, if you have given them your consent to complain for you.

24. You can find out about advocates in your area by contacting,

Northern Ireland Commissioner for Children and Young People:
 Website: www.niccy.org

Equality Commission for Northern Ireland
 Website: www.equalityni.org

Advice NI
 Website: www.adviceni.net

25. You can find out about advisers in your area through Advice NI

Advice NI

Website: www.adviceni.net

26. We are committed to making our service easy to use for all members of the community. In line with our statutory equality duties, we will always ensure that reasonable adjustments are made to help you access and use our services. If you have trouble putting your complaint in

writing, or want this information in another language or format, such as large font, or Braille, please tell us in person, contact us on 0300 013 4000 email us at info@nmandd.org.

27. Our contact details

28. Please contact us by the following means:

- Oifig an Iúir
Newry Office
Monaghan Row
Newry
BT35 8DJ
- Oifig Dhún Pádraig
Downpatrick Office
Downshire Civic Centre
Ardglass Road
BT30 6GQ
- Council: 0330 137 4000
- Email: info@nmandd.org

We can also give you this leaflet in other languages and formats (such as large print, audio and Braille).

A quick guide to our Complaints Procedure



| | |
|---|--|
| Report to: | Strategy, Policy and Resource Committee |
| Date of Meeting: | 17 August 2023 |
| Subject: | Revised Records Management Policy and Procedure |
| Reporting Officer (Including Job Title): | Edel Cosgrove - Head of Compliance |
| Contact Officer (Including Job Title): | Sally Andrée – Records Manager Edel Cosgrove - Head of Compliance |

Confirm how this Report should be treated by placing an x in either:-

| | | | |
|---------------------|-------------------------------------|------------------------|--------------------------|
| For decision | <input checked="" type="checkbox"/> | For noting only | <input type="checkbox"/> |
|---------------------|-------------------------------------|------------------------|--------------------------|

| | |
|------------|--|
| 1.0 | Purpose and Background |
| 1.1 | The purpose of the report is to seek Members approval on the revised Records Management Policy and Procedure (RMPP). |
| 1.2 | The revised RMPP details how Council will meet its statutory obligations in relation to a series of legislation and associated guidance; the Public Records Act (NI) 1923, Disposal of Documents Order (No. 167) 1925, Section 46 of the Freedom of Information Act 2000 – Records Management Code of Practice, Data Protection Act 2018, UK General Data Protection Regulations (UK GDPR); Freedom of Information Act 2000, Environmental Information Regulations 2004, Re-Use of Public Sector Information Regulations 2015, the Local Government Act (Northern Ireland) 1972, the Local Government Act (Northern Ireland) 2014 and Section 75 of the Northern Ireland Act 1998 and to meet the demands of the growth in digital technology. |
| 1.3 | Whilst the review has brought some amendments to both documents, the main changes are the addition of new sections within the Procedure to assist staff with electronic records management and also to highlight the role of the Information Asset Owner. |
| 1.4 | The draft will replace the existing RMPP. |
| 2.0 | Key issues |
| 2.1 | The RMPP were approved in 2019 and an eLearning module created in 2020, however both awareness of the procedures and the numbers who have completed the training requires attention. The RM team has supported business areas on various projects to ensure robust records management practices. The new sections within the revised RMPP focus on identifying a record and creating logical and sustainable departmental file management systems. |
| 2.2 | The Role of the Information Asset Owner (IAO) (pages 29-30) provides greater detail of the IAO role and complements the work carried out in the revised Retention and Disposal Schedule, awaiting approval by the DFC Minister and ratification by the NI Assembly. |
| 2.3 | For ease of reference the Policy amendments are shown as tracked changes and, in the Procedure, the new sections and main amendments are included via track changes or in red or blue text on the following pages: |

| | |
|-------------------|--|
| <p>2.4</p> | <p>Procedure: Pages 6 – 8 Defining a Record - new Pages 9 – 12 E-Records Management - new Pages 13 – 16 E-Records Naming Convention – new and updated Page 17 Version Control – IT amendment re file titles and table added to provide clarification on version numbering Page 18 replacement of MS Windows with 'product in use' Page 19 update to Record Creation Page 20 update to Record Maintenance and addition of link to ATIPP slides Page 22 amendment to update disposal process with Information Asset Owner Page 23 amendment to Lost and Missing Records Page 25 addition of link to ATIPP slides Page 26 Record formats new and amended Page 29 Roles and Responsibilities – addition of Head of Compliance and Records Management Team duties and amendment to IT Department responsibilities. Pages 30 – 31 Role of the Information Asset Owner Page 31 amendment to Monitoring Page 32 Appendix B – Data Classification, Protective Marking and Information Handling has now been incorporated into the main body of the Procedure and L&S Drives added to Page 36 Pages 36 and 40 One Drive replaced with Office 365</p> <p>Appendices updates and new additions Appendix A – revised text Pages 39-44 Appendix B – addition of Data Minimisation Page 45 Appendix D – Archive Box Label Template Page 49 Appendix E – Disposal of Records Form Page 50 Appendix G – Guidance and Best Practice Page 52</p> |
| <p>3.0</p> | <p>Recommendations</p> |
| <p>3.1</p> | <p>It is recommended Members approve the revised RMPP.</p> |
| <p>4.0</p> | <p>Resource implications</p> |
| <p>4.1</p> | <p>None identified.</p> |
| <p>5.0</p> | <p>Due regard to equality of opportunity and regard to good relations (complete the relevant sections)</p> |
| <p>5.1</p> | <p><i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i></p> <p>It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations <input checked="" type="checkbox"/></p> |
| <p>5.2</p> | <p><i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |

| | |
|-----|---|
| | <p>If yes, please complete the following:</p> <p>The policy (strategy, policy initiative or practice and / or decision) has been equality screened <input type="checkbox"/></p> <p>The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation <input type="checkbox"/></p> |
| 5.3 | <p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/></p> <p>Consultation period will be 12 weeks <input type="checkbox"/></p> <p>Consultation period will be less than 12 weeks (rationale to be provided) <input type="checkbox"/></p> <p><i>Rationale:</i></p> |
| 6.0 | <p>Due regard to Rural Needs (please tick all that apply)</p> |
| 6.1 | <p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Rural Needs Impact Assessment completed <input type="checkbox"/></p> |
| 7.0 | <p>Appendices</p> <p>Revised RMPP</p> |
| 8.0 | <p>Background Documents</p> <p>Current RMPP presented to the Strategy, Policy and Resources Committee 12.09.2019</p> |

Records Management Policy



Policy Control

| | |
|---|--|
| Policy reference: | CS30 |
| Title: | Records Management Policy |
| Version: | 1.3 |
| Directorate/Departmental ownership: | Corporate Services/Administration |
| Officer responsible: | Assistant Director Corporate Services |
| Corporate Management Team authorised on: | 26 July 2023 |
| Senior Management Team authorised on: | 09 August 2023 |
| Strategic, Policy and Resources Committee authorised on: | |
| Council authorised on: | |
| Review date: | |
| Location where document is held and referenced: | Responsible Department <input checked="" type="checkbox"/> |

Version Control

| Version | Date | Amendments made | Amended By |
|----------------------|--------------------------|---|------------------------------|
| V0.1 | 30/08/19 | Authorised by Corporate Management Team | Sally Andrée |
| V0.2 | 05/09/19 | Authorised by Senior Management Team with amendment to Beach Clause | Sally Andrée |
| V0.3 | 13/09/19 | Authorised by Strategy, Policy and Resources Committee with inclusion of guidance on Transferring Records (Procedures, Page 19) | |
| V0.3 | 07/10/19 | Authorised by Council | Sally Andrée |
| V1.0 | 15/10/21 | Approved version published | Sally Andrée |
| V1.1 | 28/06/23 | Added Control table, page 2 Amendment to legislation - UK GDPR, page 3 | Sally Andrée |

| Version | Date | Amendments made | Amended By |
|-------------|-----------------|---|----------------------|
| | | <p><u>Updated record requirements adding Relevant and Timely, page 4</u></p> <p>Procedure: <u>Pages 6 – 8 Defining a Record - new</u> <u>Pages 9 – 12 E-Records Management - new</u> <u>Pages 13 – 16 E-Records Naming Convention – new and updated</u> <u>Page 17 Version Control – IT amendment re file titles and table added to provide clarification on version numbering</u> <u>Page 18 replacement of MS Windows with 'the product in use'</u> <u>Page 19 update to Record Creation</u> <u>Page 20 update to Record Maintenance and addition of link to ATIPP slides</u> <u>Page 22 amendment to update disposal process with Information Asset Owner</u> <u>Page 23 amendment to Lost and Missing Records</u> <u>Page 25 addition of link to ATIPP slides</u> <u>Page 26 Record formats new and amended</u> <u>Page 29 Roles and Responsibilities – addition of Head of Compliance and Records Management Team duties and amendment to IT Department responsibilities.</u> <u>Pages 30 – 31 Role of the Information Asset Owner</u> <u>Page 31 amendment to Monitoring</u> <u>Page 32 Appendix B – Data Classification, Protective Marking and Information Handling has now been incorporated into the main body of the Procedure and L&S Drives added to Page 36</u> <u>Pages 36 and 40 One Drive replaced with Office 365</u></p> <p>Appendices updates and new additions <u>Appendix A – revised text Pages 39-44</u> <u>Appendix B – updated Glossary Page 45</u> <u>Appendix D – Archive Box Label Template Page 49</u> <u>Appendix E – Disposal of Records Form Page 50</u> <u>Appendix G – Guidance and Best Practice Page 52</u></p> | |
| <u>V1.1</u> | <u>30/06/23</u> | <u>Provided comments/amends in track changes</u> | <u>Edel Cosgrove</u> |
| <u>V1.2</u> | <u>03/07/23</u> | <u>Updated as per amends</u> | <u>Sally Andrée</u> |
| <u>V1.3</u> | <u>26/07/23</u> | <u>Authorised by Corporate Management Team with amendments to Roles and Responsibilities (Assistant Director, Head of Compliance, Records Manager & Records Officer)</u> | <u>Sally Andrée</u> |
| <u>V1.3</u> | <u>10/08/23</u> | <u>Procedure updated as per IT amendments via track changes – pages 6, 14, 17, 18, 29, 36 and 40 as above</u> | <u>Sally Andrée</u> |

Records Management Policy

Title

Newry, Mourne and Down District Council's (NMDDC) Records Management Policy

Statement

NMDDC endorses the Records Management Policy as a framework for the Council's compliance with the Public Records Act (NI) 1923, Disposal of Documents Order (No. 167) 1925, Section 46 of the Freedom of Information Act 2000 – Records Management Code of Practice, Data Protection Act 2018, [UK](#) General Data Protection Regulations ([UK](#) GDPR), Freedom of Information Act 2000, Environmental Information Regulations 2004, Re-Use of Public Sector Information Regulations 2015, the Local Government Act (Northern Ireland) 1972, the Local Government Act (Northern Ireland) 2014 and Section 75 of the Northern Ireland Act 1998.

Aim

The aim of the Records Management Policy is to ensure NMDDC's compliance with statutory and regulatory requirements affecting the use and retention of records. NMDDC's records are a vital corporate asset: they provide evidence of Council's actions and decisions. NMDDC is committed to creating, receiving and maintaining authentic, reliable and useable records, which are capable of supporting business functions and activities for as long as they are required and will provide sufficient resources and training to ensure the Council keeps the records it needs for business, regulatory, legal and accountability purposes.

Definition

Records Management is defined in BS ISO 15489-1:2016 Information and Documentation - Records Management, as the field of management responsible for the efficient and systematic control of the creation, receipt, maintenance, use and disposition of records, including the processes for capturing and maintaining evidence of and information about business activities and transactions in the form of records.

The Records Management Policy will ensure that all records are:

- **Authentic**
It must be possible to prove that records are what they purport to be and who created them, by keeping a record of their management through time. Where information is later added to an existing document within a record, the added information must be signed and dated. With electronic records, changes and additions must be identifiable through audit trails.
- **Accurate**
Records must accurately reflect the transactions that they document.
- **Accessible**
Records must be readily available when needed.
- **Complete**
~~Records must be sufficient in content, context and structure to reconstruct the relevant activities and transactions that they document.~~
Records must be captured in full.
- **Comprehensive**
Records must document the complete range of an organisation's business.

- **Compliant**
Records must comply with any record keeping requirements resulting from legislation, audit rules and other relevant regulations.
- **Effective**
Records must be maintained for specific purposes and the information contained in them must meet those purposes. Records will be identified and linked to the business process to which they are related.
- **Relevant**
Records need to meet current and potential users' needs.
- **Secure**
Records must be securely maintained to prevent unauthorised access, alteration, damage or removal. They must be stored in a secure environment, the degree of security reflecting the sensitivity and importance of the contents. Where records are migrated across changes in technology, the evidence preserved must remain authentic and accurate.
- **Timely**
Information is recorded and available as soon after the event as possible.

Scope

NMDDC's corporate records are a unique and irreplaceable resource, and the proper management of this resource is necessary to satisfy Council's internal business processes and to comply with the law. A small percentage of NMDDC's records will be selected for permanent preservation because of their long term historical / research value and as an enduring record of the conduct and management of the Council.

The Records Management Policy applies to all Council staff, including temporary staff, and Elected Members who create, receive, use and maintain records in the course of Council business. It also applies to contractors, consultants, volunteers, third parties and contracted out services, that have access to, process or manage Council records.

The Records Management Policy applies to all records, regardless of the format or technology used to create and store them, that are created, received, maintained and held in the course of Council business and thereafter retained for a set period to provide evidence of its activities and transactions.

The Records Management Policy includes all records that are held or processed on all Council sites and/or shared with, or managed by, third parties and to business information systems used to create, store, maintain and archive or dispose of records.

Related Policies

NMDDC's Retention & Disposal Schedule
 NMDDC's Information Security Policy
 NMDDC's Access to Information Policy & Procedure
 NMDDC's IT Policies & Procedure
 NMDDC's [Social Media & Acceptable Use](#) Policy & Procedure
 NMDDC's Privacy Notice
 NMDDC's Publication Scheme
 NMDDC's Customer Services [Standards Charter](#)

Breach of this Policy

Any breach of this Policy and its associated procedures by staff will be investigated in accordance with Council's disciplinary procedure, any action taken will depend on the circumstances of each individual case. Any breach of this Policy and its associated procedure by non-staff will be investigated and steps taken in accordance with the law and any relevant contract.

Procedures, Best Practice and Guidance

The Records Management Procedure attached hereto and Best Practice and Guidance documents produced by the Records Management Team must be adhered to in the delivery of this Policy.

Equality Screening

This policy has been equality screened and the outcome is that it not be subject to an Equality Impact Assessment (with no mitigating measures required).

Rural Impact Assessment

Due regard to rural needs has been considered and a rural needs impact assessment has been completed.

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Records Management Procedure



Contents

- Introduction.....4
- Defining a record6
 - The definition of 'document' and 'record'6
 - Checklist – What is a record?8
- E-records Management.....9
 - Creating and managing folders.....9
 - Deleting folders10
 - Creating documents11
 - Saving documents.....11
 - Shared documents and records12
 - Confidential shared documents and records12
 - Personal documents.....12
 - Deleting documents and records12
- E-records Naming Convention13
 - Naming folders and files13
 - Naming Emails and Correspondence.....15
 - Table of Abbreviations.....16
- Version Control17
- Record Lifecycle.....19
 - Record Creation19
 - Record Maintenance.....20
 - Record Access20
 - Record Disclosure20
 - Record Security21
 - Record Closure21
 - Record Disposal22
 - Vital Records Management.....22
 - Lost / Missing Records.....23
 - Tracking Records24
 - Transferring Records24
- Record Formats.....26
 - Email and Messaging Channels.....26
 - Paper Diaries26
- Roles and Responsibilities29
 - Responsibilities of Third Parties30
 - Role of the Information Asset Owner30
 - Training31
 - Monitoring and Review31

- Data Classification, Protective Marking and Information Handling32
 - Data Classification.....32
 - Protective Marking33
 - Information Handling35
 - Information Rights Management for Email.....38
- Appendices39
 - Appendix A – Corporate File Plan.....39
 - Appendix B – Glossary of Terms45
 - Appendix C – Certificate of File Closure.....48
 - Appendix D – Archive Box Label Template.....49
 - Appendix E – Disposal of Records Form50
 - Appendix F – File Tracking Schedule.....51
 - Appendix G – Records Management Guidance and Best Practice52

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Introduction

Records Management is defined as the field of management responsible for the efficient and systematic control of the creation, receipt, maintenance, use and disposition of records, including the processes for capturing and maintaining evidence of and information about business activities and transactions in the form of records.

Newry, Mourne and Down District Council's (NMDDC) records are Council's corporate memory and, as such, it is vital that Council prioritise the management of every facet of a record from creation through to disposal in an appropriate manner.

Records are a valuable resource and records management is the process by which NMDDC manages all aspects of records and information, from creation through to eventual disposal (Records Life Cycle). The aim of the accompanying guidance documents is to ensure:

Accountability – records are adequate to account fully and transparently for all business actions and decisions in particular to protect legal and other rights of staff or those affected by those actions; facilitate audit or examination; and provide credible and authoritative evidence.

Accurate – records accurately reflect the transactions they document.

Accessibility – records can be located when needed and only those persons with a legitimate right can access the records. The information within them is displayed consistently and the current version is identified where multiple versions exist.

Storage – electronic and physical storage is utilised fully to ensure the correct and secure management of records.

Interpretation - the context of the record can be interpreted, i.e.

- Who – identification of staff who created or added to the record;
- When – during which business process; and
- How – the record is related to other records.

Quality – records can be trusted - are complete and accurate and reliably represent the information that was actually used in, or created by, the business process and a record's integrity and authenticity can be demonstrated.

Maintenance through time - that the qualities of availability, accessibility, interpretation and trustworthiness can be maintained for as long as the record is needed despite changes of format and changes to the corporate structure.

Security – records are secure from unauthorised or inadvertent alteration or erasure, access and disclosure. They are properly controlled and there are audit trails to track all use and changes in order to ensure that records are held in a robust format which remains readable for as long as records are required.

Retention and disposal – records are retained and disposed of appropriately in accordance with NMDDC's Retention and Disposal Policy and Schedule ([R&DS](#)).

Staff are trained – that all staff are made aware of their responsibilities and use their time effectively regarding records management.

Legislation

In addition to being an efficient business tool for Council, an effective records management policy is required to allow NMDDC to manage all its records in accordance with legislative requirements.

The Public Records Act (NI) 1923 established the Public Record Office of Northern Ireland (PRONI) as the place of deposit for public records, created the roles of Keeper and Deputy Keeper of the records and defined the context of public records.

The Disposal of Documents Order (No. 167) 1925 sets out how public authorities should deal with the disposal of public records once their business need comes to an end, i.e. destruction of those records that have no long-term value or the preservation and transfer of records selected for permanent preservation to PRONI.

The Code of Practice under Section 46 of the Freedom of Information Act 2000 (FOIA) provides guidance to public authorities on the keeping, management and destruction of records.

The aims of the code are twofold, the first aim is to provide a suitable set of practices in relation to the creation, management and disposal of public records and the second deals with the arrangements for reviewing and transferring the records to a place of deposit once their administrative use has come to an end.

The FOIA and the Environmental Information Regulations 2004 (EIR) give the public the legal right of access to recorded information held by public authorities, unless a relevant exemption applies.

The Data Protection Act 2018 (DPA) and UK General Data Protection Regulations (UK GDPR) give anyone the right to information held about them by a public authority and set out rules to ensure that information is handled properly, unless a relevant exemption applies.

The Re-Use of Public Sector Information Act 2015 (RPSI) governs the use of public sector information for a purpose other than the initial public task it was produced for. RPSI is about permitting re-use of recorded information and how it is made available. In Northern Ireland the OpenDataNI Portal facilitates the re-use of public sector information through published datasets.

The roles and functions of councils, established in the Local Government Act (Northern Ireland) 1972, require a commitment to the development of an efficient and effective records management system. The Local Government Act (Northern Ireland) 2014 confers upon the Council the power of general competence and a duty to continuous performance improvement.

Compliance with the Records Management Policy and Procedure will be augmented by the creation and maintenance of departmental records management manuals that document departmental practices around record creation, storage, management and disposal in line with this procedure.

Related NMDDC Policies

NMDDC's Retention & Disposal Schedule

NMDDC's Information Security Policy

NMDDC's Access to Information Policy & Procedure

NMDDC's IT Policies & Procedure

NMDDC's **Media-Social Media & Acceptable Use** Policy & Procedure

NMDDC's Privacy Notice

NMDDC's Publication Scheme

NMDDC's Customers Services **Standard Charter**

Defining a record

A lot of information is generated as part of your day-to-day work, but most of it would not be classified as a record. It will help your workload if you understand how to recognise the difference between records and the kind of superfluous material which can be destroyed.

The definition of 'document' and 'record'

In records management it is important to be clear about the difference between a document and a record.

A document is any piece of written information in any form, produced or received by an organisation or person. It can include databases, website, email messages, word and excel files, letters, and memos. Some of these documents will be ephemeral or of very short-term value and should never end up in a records management system (such as invitations to lunch).

Some documents will need to be kept as evidence of business transactions, routine activities or as a result of legal obligations, such as policy documents. These should be placed into an official filing system and at this point, they become official records. In other words, all records start off as documents, but not all documents will ultimately become records.

Record means anything in which information is recorded, regardless of format, created or received, maintained and disposed of by any organisation in the transaction of business or the conduct of affairs which provide evidence of actions taken and decisions made.

In other words, records are the final products of your work, or the information that feeds into those final products. A record shows what happened or what was intended to happen and tracks decisions as well as the options that were available to inform those decisions.

Records may exist in contracts, memos, paper files, electronic files, reports, emails, CCTV footage, digital media, social media posts or business information systems.

How to recognise Council records

There are certain records that are vital to the running of the Council. The following list outlines some of the key types of Council records, but there will be others:

- customer records, for example, application forms, certificates, licences, receipts, etc.;
- staff records including contracts and attendance details;
- records relating to the governance of the Council including Council and Committee agendas, minutes. In addition, there may be emails or notes concerning the background to meetings which might also be considered records if they include decisions;
- records which relate to the legal and financial position of the Council, including contracts, financial records, accident reports and property deeds; and
- records which feed into the history of the Council, including records about the origin of the Council and its departments, community planning, strategic planning, etc.

How to recognise superfluous material

Some information has no significant operational, informational or evidential value and so should be destroyed as soon as its use has passed.

Under the UK GDPR and DPA, the Council is required to keep personal data only as long as is necessary. An individual can request access to all personal data, including emails and other correspondence, by making a subject access request under the DPA. It is advisable to delete or destroy any personal data once it has become superfluous. You can read more about the legislation in Council's Access to Information Policy and Procedure.

Other examples of superfluous material are: meeting requests, notifications of acceptance or apologies, duplicate documents, marketing materials, forms, manuals, etc.

What should I file?

You should file any document that is important to you in your work for NMDDC, for example:

- the final version of a letter, presentation, report, spreadsheet, etc.;
- non-routine emails;
- minutes of meetings if you are the secretary; and
- documents you need to keep for legal reasons.

You should not file information that is of no continuing value to Council's work, for example:

- working drafts, duplicates, junk mail, newsletters, notices, trade literature;
- personal or local copies of records that are filed elsewhere, e.g. policies, reports; and
- routine emails such as invitations to meetings or acknowledgements.

There will be times when you need to exercise your judgement on whether or not you should file something. Ask yourself, *'would I or a colleague need this information in the future in order to understand properly the work to which it relates?'* If the answer is 'yes' then file it and if it is 'no', or if you are unsure check with your line manager or the Records Management team.

Classification of records

A Classification Scheme is a system in which your business area decides the naming convention and organisational principles of your record keeping system.

Classification work commenced with Council's updated R&DS categorising records into functions, activities and transactions and these are being further developed into an organisational classification scheme for each department. This is a cooperative effort involving the Records Management team and business areas.

Checklist – What is a record?

This checklist has been designed to help you determine whether or not an item should be treated as a record.

If the answer to any of the questions is 'Yes' then the item is a record and it should be captured and filed in an official record keeping system.

| | |
|--|--------|
| Was it made or received in the course of official business? | YES/NO |
| Does it document a function of the organisation? | YES/NO |
| Does it document an action taken? | YES/NO |
| Does it document an action made? | YES/NO |
| Does it document the formulation of a policy? | YES/NO |
| Does it document a decision-making process? | YES/NO |
| Does it document a change to organisational policy or procedure? | YES/NO |
| Does it have financial implications? | YES/NO |
| Does it have legal implications? | YES/NO |
| Is it required for the operation or administration of normal business processes? | YES/NO |
| Does it need to be approved by another individual or body? | YES/NO |
| Does it need to be reported to another individual or body? | YES/NO |
| Does it set a precedent? | YES/NO |
| Is it governed by legislation? | YES/NO |
| Does it affect or protect the rights and entitlements of citizens? | YES/NO |

- Any officer who creates a record is responsible for ensuring that it is captured in an official record keeping system.
- Any officer who receives a record from outside the Council is responsible for ensuring that it is captured in an official record keeping system.
- If you receive a record from another officer in the Council, you should not have to file it as it should already have been captured.

E-records Management

In March 2021, the Strategy, Policy and Resources Committee endorsed prioritising a digital first approach to Council records¹. A digital record is defined as electronic information in any form created or received and maintained by an organisation or person in the transaction of Council business or the conduct of affairs and kept as evidence of such activity.

Electronic records should be arranged consistently and logically so that they can easily be found and used. They should be structured into folders and sub-folders with the other electronic records, including emails, that belong with that subject, case or project. The default space for storing electronic records is the Q Drive.

Each business area needs a sustainable system for managing electronic information and this takes time, however, when the system is running effectively it will save time for everyone. It will also support more effective information management and knowledge sharing, helping you meet your objectives and work more efficiently.

Creating and managing folders

A folder is a container within a file system used to store records (and other folders). It is the principal building block of a filing structure. Ideally, you will be able to identify and manage the contents of your folders without having to open and review the content of each individual file, document, or email. Defining a strong folder and file naming system creates good habits, reduces the time and effort required to manage your electronic records, and supports business continuity and compliance for the office.

The best folder structure is the one that mimics the way you work, e.g. if you plan important tasks quarterly or annually then a new folder for each quarter or year's work is a good starting point and if you work on projects then create a new folder for each project but with the same sub-folders for each.

Browsing through folders and finding files should be intuitive. If the method of organisation is tedious, it's going to be hard for the rest of the team to follow. For company projects, pick something that works well for everyone in the team, since everyone may not search for a file or folder in the same way you do. If you want to maintain your folder structure long-term, you'll want to make sure everyone understands (and hopefully likes!) the system.

Folder names should be unique, short and meaningful: this will facilitate more efficient sharing and retrieval of information. Folders should be named according to activity or transaction rather than directorate, department, business area and must NEVER be personal names. They should describe the work that is being done, not who is doing it.

New top-level folders on a shared drive should only be created with the agreement of the Information Asset Owner/Administrator. They must have an owner, who will agree the names of lower-level structures and access rights to all folders in the structure.

Lower-level folders should contain files in all formats (Word, Excel, PowerPoint etc.) You should not maintain separate folders for different file formats, such as a folder for Word files and another for Excel spreadsheets: records should be managed according to function, not format.

¹ [Strategy, Policy and Resource Committee Minutes 11 March 2021](#)

If for any reason the contents of the folders need to be protected or secure, **a service request should be made to the IT HelpDesk via Hornbill. You must advise the Records Manager that a hidden folder has been created.**

Folders should be closed and locked if there has been no activity for 12 months or if the number of items in the folder exceeds 100, since managing and searching for documents becomes difficult and slow.

Folders that are in continuous use should be closed annually. For example, for agendas, minutes and background papers for meetings; 'archives' should be created annually so that efficient information management and retrieval can be maintained.

A folder should also be closed if the work associated with it has ceased, for example a project is completed.

The business area must decide on whether it is important to divide folders and sub-folders by date, client, project, subject matter, usage, etc, to maximise the usability of the folder for retrieval and disposal.

Folder names should not be repeated in the hierarchy as redundant detail only increases the length of file names and paths. Instead of:

Q:/Compliance/Operations/Compliance Team Meetings/Meetings 2023/May/10.05.2023Minutes.doc

Use:

Q:/Compliance/Operations/Team Meetings/2023/May/Minutes.doc

A strong folder structure:

- groups together records by function, such as putting all contracts or complaints in one location;
- groups together records by cut-off and retention period for easy deletion at the end of the deletion period – don't mix your 1 year and 6 year records;
- allows for easy identification of individual records without having to open each file to determine what it contains; and
- is straightforward and quick for everyday use – resist overcomplicating and don't add too many folders.

Deleting folders

All electronic folders must be managed according to retention schedules. A folder should contain documents which have the same retention period attached to them in order to facilitate easy management of the destruction of data at the appropriate time.

Very few documents should be retained on network drives permanently. Retention schedules provide rules for the retention and destruction of records. Other saved information should be held for up to 6 years after business use has ceased.

A folder should be deleted when:

- its contents have reached their destruction date or have been moved to an alternative archive folder for retention management. Folders should not be deleted along with their contents unless a review of use has been carried out;
- it contains duplicate information for individual or team reference and the business use has expired;
- it contains working documents, e.g. report updates (not official drafts) and other information on which a record has been based, where the business use has expired; and

- the folder contains duplicate information for individual or team reference and the business use has expired.

Staff must record all deletion of electronic records in accordance with the [Record Disposal](#) guidance below.

Creating documents

When you create a document, you need to make decisions about its purpose and content so that it can be effectively managed throughout its lifecycle.

You should use templates to create frequently used types of documents, such as reports, minutes, press releases and presentations. They provide a consistent and professional format with appropriate branding and document properties, and prevent information being overwritten. This is especially important for documents which are routinely released to the public.

Templates should be named according to the rules described in this guidance and be available for all to use on a shared drive within an appropriately named folder. A template can be identified by the file extension .dotx for Word documents, .xltx for Excel, or .potx for PowerPoint.

When creating new documents, spreadsheets, presentations, etc on the departmental Q Drive they must be saved within a relevant folder and not on the same level as folders as this will disrupt the filing structure. If it relates to a new project or new calendar year, etc. create a new folder first before saving the record within it.

Saving documents

Outlook is a communication, not document management, system, and should not be used to store email messages, see [Guide to Email Records Management](#) for information on managing your mailbox.

When a document is ready to be saved, there should be one logical location for it, usually on the departmental Q Drive. You should not keep duplicate records. If required, links to a document can be stored in other folders for specific circumstances, such as when they provide background to the work files saved in that folder. To create a shortcut, right click on the document name and choose Create Shortcut.

Related information is sometimes held in both paper and electronic formats, for example, where a paper correspondence file contains incoming letters and the responses are held electronically. This is referred to as a 'hybrid' file and it must be cross-referenced. The paper folder name and location should be added to a document called Paper folder properties which should appear at the top of the electronic folder. The folder title should also note that it is hybrid. Similarly, the paper file should contain a reference to the location of the electronic folder.

PDFs

A PDF retains its original security features and recipients cannot edit the information unless the author allows editing, therefore:

- When sending a final document by email, save and send it as a PDF rather than the native file.
- When saving a corporate document to the R Drive or Intranet, save it as a PDF rather than a native file.

There are three main types of electronic records, and each should be treated differently. Documents should be named according to guidance on [Naming Convention](#) and [Version Control](#).

Shared documents and records

These are documents and records that are shared among colleagues, and constitute the bulk of the information most of us use every day. As soon as a document reaches a point where it is to be shared with or reviewed by colleagues, it should be stored on a drive accessible to that person or group. This prevents duplication of documents and reduces network traffic.

Attaching documents to emails means a document is duplicated to every recipient and causes congestion on the servers. More importantly, it will cause uncertainty as to which is the latest or authoritative version of a document. **If you are notifying colleagues via email that a document is available on the shared drive, provide a link to that document instead**, using the 'point and click' method. See [Guide to Email Records Management](#) on how to create a hyperlink.

Working documents containing incomplete information, which have not contributed to any final business decisions, should be deleted as soon as they are no longer of use, for example when the final version of the document has been approved.

Storing documents and records on a shared drive offers the following advantages:

- avoids duplication;
- allows for accurate version control; and
- improves access for information retrieval, both for business use and as necessary to respond to information requests.

These documents and records should be stored on a shared drive.

Confidential shared documents and records

Records should be open and accessible unless it can be shown that it is necessary to restrict access to them. Examples of confidential information include minutes and reports from closed sections of meetings, and documents containing personal information such as employee or customer data.

Access to folders can be restricted to particular individuals or groups. You must contact the IT Helpdesk via Hornbill to set up restricted access to shared folders.

Passwords should be used sparingly and preferably in circumstances where access is limited to one or a few people. You should also consider the risks involved when staff are away from the office, and access is needed to password-protected documents. Passwords should be removed when a document is ready to be shared.

These documents and records should be stored on a shared drive.

Personal documents

These documents contain information that is personal to its creator and not related to functions and duties performed for work but is linked to their work, e.g. Learning & Development Certificates; People, Perform Grow forms, etc.

These documents and records should be stored on the personal drive.

Deleting documents and records

Destroy electronic documents and records in the same way as physical ones: the content determines the nature of the file, i.e. document or record; use the [R&DS](#) to ensure compliance and complete the [Disposal of Records Form](#) for all Council electronic records.

E-records Naming Convention

Make finding electronic records easier

This document is intended to provide a common set of rules to apply to the naming of electronic records. The conventions are primarily intended for use with Windows based software and documents such as word-processed documents, spreadsheets, presentations, emails and project plans. 'File names' are the names that are listed in the file directory and that users give to new files when they save them for the first time.

The conventions assume that a logical directory structure or filing scheme is in place and that similar conventions are used for naming the levels and folders within the directory structure.

Why use naming conventions?

Naming records consistently, logically and in a predictable way will distinguish similar records from one another at a glance, and by doing so will facilitate the storage and retrieval of records, which will enable users to browse file names more effectively and efficiently. Naming records according to agreed conventions should also make file naming easier for colleagues because they will not have to 're-think' the process each time.

Multiple documents stored on shared drives can become unruly quickly. Without a naming convention it is difficult for users to determine the version status and whether the record has been acted upon. All records should be named consistently with a method for naming that is documented, shared, and agreed upon by the service area.

Naming folders and files

In addition to using a strong folder structure, appropriately naming your files and folders is an advantage to managing your records properly.

Metadata is data that describes the context, content and structure of a record and helps users to easily search for and find a record. Metadata will also allow users to manage a record throughout its life cycle. By ensuring the title of the record contains information such as the subject, date created, description, author, etc. users can search across a wide range of data to find both paper and electronic records efficiently.

Do:

1. Keep file names short, meaningful and specific.
2. Use keywords to reflect the purpose of the document and make the name meaningful to others to allow it to be easily located both now and in the future.
3. Use a structured approach placing emphasis on the strongest element at the front of the title sequence, e.g. a case reference number.
4. For readability, start all names with a capital letter. Start additional words within names with capital letters. Capitalize any acronyms in names.
5. Avoid initials, acronyms and abbreviations unless regularly in use, easily recognisable and will remain understandable during the retention period.

Business areas should create a "Read Me" file that contains a brief glossary of terms for the sake of future clarity.

6. Use capital letters to delimit words, **not** spaces, hyphens or underscores.
7. Keep file names brief – ensure file names **do not exceed** 50 characters in length (including spaces and file extension). Note that even if a file name is only 50 characters long, it might exceed the total recommended character length of the file path because of where it sits in the filing structure. Microsoft Windows does not support files whose entire file path exceeds **200 characters** and the IT Department is therefore **unable to support, back-up, or restore any provide assistance with such files or folders.**
8. When using a date in the file name always state the date in this format:

YYYY or YYYY-MM or YYYY-MM-DD

Using this format means that the chronological order of the records is maintained when files names are listed in the file directory which assists with file retrieval.

To ensure that files are sorted in proper chronological order, the most significant date and time components should appear first followed by the least significant components. If all the other words in the file name are the same, this convention will allow us to sort by year, then month, then date.

9. When using a number in a file always give it two digits, i.e. 01-99.
10. Save digital photographs as '.jpg' files and must not exceed 2Mb in size. Exemptions must be approved by the IT Department.
11. When saving items such as digital photographs and scanned images, change the title from the system-generated number to something meaningful.

Don't

1. Repeat a name that is included in the folder name and avoid repetition and redundancy.
2. Use staff or team names within the file name as this may prevent others from locating the file, can be confusing and/or superfluous and may result in a data protection breach;
3. Use terms such as 'my', 'stuff', 'general' or 'miscellaneous' or generic terms such as 'Meeting', 'Presentation', 'Latest Version'.
4. Use non-alphanumeric characters, such as: ? ; : / \ < > * & \$ £ + = and full-stops/dots. Hyphens may be used.
5. Use all capital letters in the naming of your document.
6. Identify electronic file format information, powerpoint presentation, email, excel, etc. as this is automatically captured in the metadata.
7. Use initials when referring to individuals always use the name in full, e.g. 20230112 MeetingWithJohnSmith and not 2023.0112 MeetingWithJS.
8. Use words describing the form or format of a document; words such as 'draft', 'letter', 'presentation', 'spreadsheet', should not be used at the start of file names.
9. Use names that lead to confusion, e.g. 'Final, Final Draft', 'Old' or 'Don't Use'. If a file is in draft form, then then version numbering will reflect this, if it is no longer in use, then archive or delete

it as appropriate.

Naming Emails and Correspondence

The file names of emails and correspondence should include:

- the name of the correspondent;
- an indication of the subject;
- the date of the correspondence; and
- whether it is incoming or outgoing.

You don't need to include an indication of the subject, as it's given in the folder name.

If you are saving an email with attachments use **'att'** in the file name along with the number of attachments contained within it, e.g. .../Complaints/.../

JSmithS2I1 20230630att3.msg (ordered alphanumerically)

First incoming correspondence of a Stage 2 complaint on 30/06/2023 from J Smith with 3 attachments.

Remove 'FW' and 'RE' from the titles of emails saved to folders.

To ensure that files are sorted in proper chronological order, the most significant date and time components should appear first followed by the least significant components. If all the other words in the file name are the same, this convention will allow us to sort by year, then month, then date.

Remember, MS Office cannot guess what you mean and so you need to be accurate and maintain that accuracy with all associated files for a particular topic or service.

Naming elements

The name of the document is made up of elements that when brought together will form the filename. The filename should also appear in the footer information. Using naming elements is beneficial because once you become familiar with the agreed upon naming convention its use efficiently relays a lot of information. Key elements include:

- transaction, project or account number;
- subject or activity (required);
- document form;
- date (required if not using Version); and
- version (required if not using date).

Document Form

Use one of the abbreviations below to identify the document form. If you require a new abbreviation, please email the Records Management Team and we will add it to the template.

Table of Abbreviations

| | | | |
|-----|--------------------|-----|--------------------|
| ACK | Acknowledgement | LTR | Letter |
| ACT | Action Request | MEM | Memo (Internal) |
| AGD | Agenda | MIN | Minutes |
| AGR | Agreement | MNL | Manual |
| ANN | Announcement | MTG | Meeting |
| APP | Appendix | NSL | Newsletter |
| ART | Article | PLN | Plan |
| BIO | Biography | PMT | Permit |
| BRC | Brochure | POL | Policy |
| BRN | Briefing Note | PPR | Paper |
| CHT | Chart | PRC | Procedure |
| CON | Contract | PRF | Profile |
| COM | Customer Complaint | PRO | Proposal |
| COV | Cover Page | PRS | Presentation |
| DFT | Discussion Draft | PRL | Press Release |
| DRT | Directory | REQ | Request |
| DWG | Drawing | RES | Response |
| EXA | Example | RPT | Report |
| FCT | Fact Sheet | RVW | Review |
| FRM | Form | SCH | Schedule |
| GRA | Grant | SPE | Speech |
| GUI | Guidelines | SRY | Survey |
| INT | Interview | SUM | Summary |
| INV | Invoice | SUP | Supplement |
| INX | Index | TML | Timeline |
| LGL | Legal Document | TOR | Terms of Reference |

Version Control

Version control is the process by which different drafts and versions of a document or record are managed. It is a tool which tracks a series of draft documents, culminating in a final version. It is important that the system is applied systematically and consistently, particularly when a document is updated by different people and at different times. Version control is beneficial for documents such as policies, procedures or regulations.

Using a system of version control means that:

- there is an 'audit trail' of how a document developed during the drafting process;
- you can be confident that you have the most up to date version of a document;
- you can prove which documents were 'in force' at a particular date – this might be crucial for appeals processes, for example; and
- you can confidently delete draft or redundant versions of documents.

Version control is achieved by adding a number at the end of a file title. Each successive draft of a document is numbered sequentially from 0-1, 0-2, 0-3... until a finalised version is complete. This would be titled version 1-0. If version 1-0 is to be revised, drafts would be numbered as 1-1, 1-2, etc. until version 2-0 is complete.

NOTE: the version number added to the **file title** must be written with a hyphen '-' and not a full stop/dot '.' in accordance with the guidance set out in [Naming folders and files](#).

Version Details

| Draft Versions | |
|----------------|--|
| 0-1 | Initial draft of a new document sent for review |
| 0-2 | Second draft sent for review |
| 3-1 | Initial draft of previously approved document, e.g. updating the 3 rd version of a policy |
| Final Versions | |
| 1-0 | Final version of the first issue of a document |
| 4-0 | Final version of the fourth issue of a document |

In addition to adding the version number to the end of the file title, it should also be displayed within the document where it may be written as 1.0, 2.1, etc. The version number should appear on any document title page and also in the header or footer of each page. To ensure against the accidental loss of final versions of records, a read-only tag can also be applied. Should any changes to this document be made, the user will be prompted to save the file with a new title.

Version Control Tables

Some documents will require a version control table, which should be inserted at the beginning or end of the document. This approach may be necessary for documents where there are legal or regulatory reasons for having a clear audit trail of changes. It is also good practice for all policy documents. The version control table (see example below) must be updated each time a change is made to the document. It details:

- the new version number;
- the date of the change;
- the person making the change; and
- the purpose of the change or the change itself.

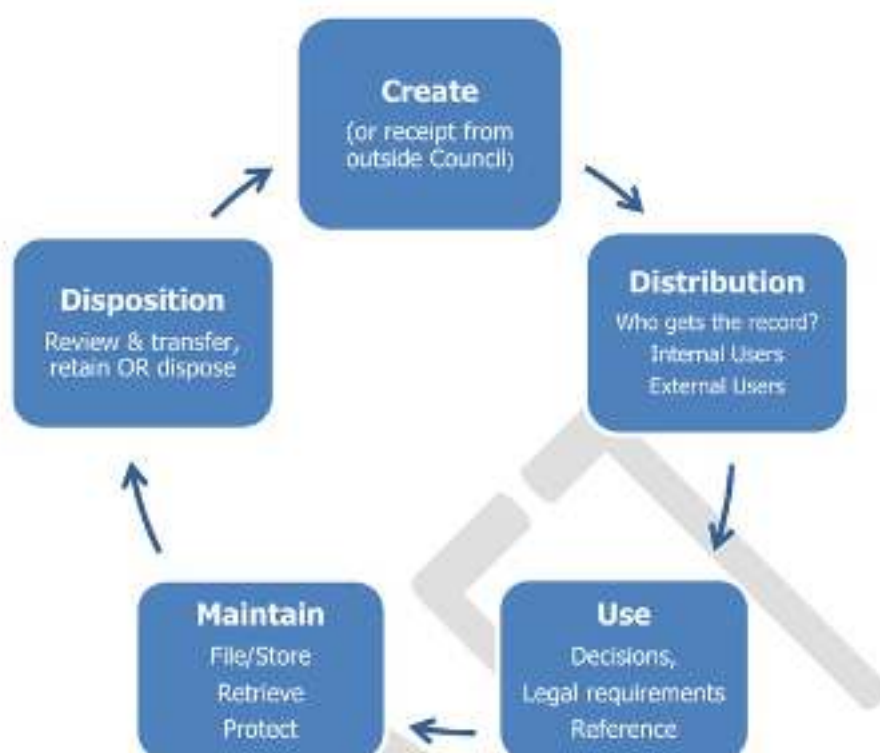
| Version | Date | Changes | Author |
|---------|------------|--|---------|
| 0.1 | 21/03/2018 | Initial Draft to Working Group | J Smith |
| 0.2 | 02/04/2018 | Suggested amendments added by track changes | J Smith |
| 1.0 | 06/06/2018 | Final version approved by SMT | J Smith |
| 1.1 | 08/09/2018 | Draft revision of Section 2.3 to clarify procedure | E Brown |
| 2.0 | 10/09/2018 | Revision approved by SMT | J Smith |
| 3.0 | 03/05/2019 | Update to contact details | M White |

Keeping Drafts and Final Versions of Documents

Once a document is finalised, a decision should be made on whether the drafts should be kept or whether they can be deleted. In the majority of cases it is possible to delete drafts once the final version of a document has been agreed. This will reduce confusion caused by the duplication of documents and means that there is less danger of earlier versions being accidentally made available or having to be provided under the FOIA. Drafts must be kept if it is necessary to preserve a record of the process of developing the document. This may be, for example to maintain a record of why particular changes were made or to help when the document is redeveloped at some future date.

'DRAFT' or 'FINAL' watermarks must be added to documents, spreadsheets and powerpoint presentations, to make their status clear to all users. Use MS Office Help to advise on adding watermarks as the steps will vary dependent on the version of [the product in use MS Windows](#).

Record Lifecycle



The record life cycle describes the different stages records follow in their lifespan from creation or receipt to use and maintenance and finally disposal which is either the destruction or permanent preservation of the record.

A records management system captures, manages and provides access to records from creation through to disposal. NMDDC has three types of manual record systems, these are:

Physical paper record systems;

Unstructured electronic record systems, e.g. network drives and electronic mailboxes; and

Structured electronic record systems, e.g. databases and IT business information systems.

Record Creation

All records should be created in accordance with the Corporate File Plan, Appendix A, which provides a framework for a consistent approach to classifying records across Council regardless of format or physical location, or in accordance with the departmental file plan which relates directly to each department's core function. The references for departmental files and records originate with the business information system, e.g. Tascomi; or the funding body of a project, e.g. Interreg V; etc., specifically created for or aligned to that department. These file plans are used to identify and retrieve records and practical steps should be taken to ensure that duplicate records are not created.

All files, electronic and paper, should include the minimum data set: reference number, file name and date created.

Officers should always ensure that they do not have more personal data than needed to achieve the purpose for which the data is being processed.

If a new file series is being created in response to a new data processing system, technology, project, etc., which requires the collection, receipt and processing of personal data and is considered "high risk", an assessment is required to identify if there is a need to undertake a Data Protection Impact Assessment (DPIA) to minimise the data protection risks created by the processing. The DPIA will provide information that will allow for secure processing and retention of personal and sensitive personal data which will guide how the associated records are created and stored. The DPIA template is saved in R:\Policies and Procedures. Queries can be directed to the Data Protection Officer.

Newly created information must be assessed to identify if it falls within the scope of NMDDC's [Publication Scheme](#) and the Records Manager informed of the specific class of information, its description, relevant publication and availability including any charges if applicable.

Record Maintenance

Electronic files must be saved and stored in line with this procedure and updating and cleansing folders must be carried out routinely, [refer to Data Cleanse Guidance for Electronic Files](#) for guidance. Files must be moved to retention/archive folders at the appropriate time and in accordance with the [R&DS](#).

Storage accommodation for paper records must be safe from unauthorised access, clean and tidy, prevent damage to the records and provide a safe working environment for staff.

All paper files should be kept in good condition. If a file becomes too big then the file should be split, and new folders created to hold the information. The new folders should be marked clearly with the same details and clearly indicating which section it refers to; Part 1, Part 2, etc. Inform Records Management when new parts have been created so the filing system can be updated to reflect any changes.

Records containing personal data (whether active or archived, paper or electronic) must be weeded periodically to reduce the risks of inaccuracies and excessive retention and to ensure compliance with the UK GDPR [Data Minimisation](#) principle.

Records that have been superseded must be updated or replaced within the file structure, the [Publication Scheme](#) and the corporate website.

Record Access

It is important that records are protected from unauthorised access, however they must be stored in a manner that ensures the efficient delivery of Council services and accurate naming and storing of files is essential to achieve this.

Individuals have a right to access NMDDC's records under legislation such as the DPA, GDPR, FOIA and EIR. Effective and compliant records management allows Council to meet these statutory obligations and the Access to Information Policy and Procedure saved in R:\Policies and Procedures provides information on managing requests for recorded information held by Council.

Record Disclosure

There are a range of statutory provisions that limit, prohibit or set conditions in respect of the disclosure of records to third parties, and similarly, a range of provisions that require or permit disclosure. Refer to Council's Access to Information Policy and Procedure or the [Access to Information Training Slides](#) for further information on managing the disclosure of Council records and/or contact the Compliance Team.

Record Security

Information security is "the practice of preventing unauthorised access, use, disclosure, disruption, modification, inspection, recording or destruction" of sensitive records. NMDDC is committed to ensuring the confidentiality, integrity and availability of Council's records and the [Data Classification, Protective Marking and Information Handling](#) section provides detailed guidance on Council's procedures for security.

Line Managers should ensure that before a member of staff leaves, any records held by that employee which only they can access, e.g. P Drive, Outlook, should be transferred to team/departmental folders and obsolete information deleted. **The IT Leavers Procedure should be completed for leavers, movers and long-term absence.**

At the point at which an Elected Member's term of office comes to an end, all information (including emails) held on Council equipment will be retained and/or disposed of in accordance with Council's [R&DS](#). All Elected Members are responsible for adhering to this policy and procedure. Should any non-Council information be held on any item of IT equipment Elected Member's should remove prior to return, otherwise it will be deleted. The Democratic Services Manager should ensure completion of this task.

Refer to the [IT Procedures](#) for more information on leavers, internet use, etc.

Record Closure

When a record is closed it must be documented and stored to ensure that it remains accessible throughout its retention period and can be reviewed prior to either destruction or selected for permanent preservation. When a file is closed no new papers should be added to it.

NMDDC's [R&DS](#) provides retention timescales to ensure files are not kept longer than necessary.

Electronic media, such as CDs, should not be attached to or stored with paper records to ensure preservation of these materials. These should be filed separately with the location noted on the original record and filing system.

Review and sort files before closing them to remove unnecessary material that is not relevant to the record.

Closing Electronic Records

Electronic folders should be archived if there has been no activity for 12 months in an archive folder created for this purpose. Sub-folders will hold the retained the data and Line Managers will retain access to carry out six monthly reviews of the contents and, where applicable, implement the disposal of relevant records and folders in accordance with Council's [R&DS](#).

Folders that are in continuous use should be closed annually. For example, for agendas, minutes and background papers for meetings, 'archives' should be created annually so that efficient information management and retrieval can be maintained.

Closing Paper Records

Each hard copy file must have a [Certificate of File Closure](#) attached to the inside cover of the file. If a large number of files are being boxed together for archiving, a list of the contents should be attached to the top and sides of the box, see [Appendix D – Archive Box Label Template](#).

- Department name;
- File reference;
- File name;
- Date file closed;
- Proposed disposal date; and
- Box # of # (if applicable)

For further information on closing files and associated forms refer to Council's [R&DS](#).

Record Disposal

It is important that records are not kept for longer than is needed. A record can only be retained for longer than the minimum period if it is required for an existing request for information or legal proceedings.

The length of the retention period depends upon the type of record and is based upon the business needs of NMDDC in addition to the regulatory environment within which the Council operates.

Records must be retained, closed and disposed of in accordance with this procedure, Council's Retention and Disposal Schedule and any relevant privacy notice.

The retention period is calculated from the point the file is closed and destruction will take place following **a review and authorisation by the Information Asset Owner** ~~by the Head of Service, authorisation by the Director~~ and in accordance with the Retention and Disposal Schedule.

All final action decisions must be agreed with the Records Manager and the Assistant Director Corporate Services and recorded on the [Disposal of Records Form](#).

Destruction will be conducted by a confidential waste paper disposal contractor or as the Council deems appropriate.

Where the action is permanent preservation by Council, the records will be referred to PRONI at the end of the retention period for a decision as to the disposition of the contents.

Where the action is PRONI permanent preservation appropriate arrangements will be put in place to ensure timely transfer.

Non-records should be disposed of as soon as possible after their primary usefulness has expired. Unlike Council records, non-records do not require approval prior to their disposal. Non-Records may still be valuable to departmental business processes and they may still be expected to be kept locally within a department for future business processes. For example, some units may want to have ready access to reference copies of contracts for use when drafting new contracts for similar goods and services. For this reason, departments may intentionally retain these copies for specified periods of time, but they should plan to dispose of the materials as soon as their primary usefulness has expired.

Vital Records Management

Vital records are essential to NMDDC's core business and must be processed and stored accordingly. Historical records that are not essential to the operation of Council but are of value are recorded in the Retention and Disposal Schedule and should be included in any business continuity plan.

Electronic vital records must be stored on central servers so that they are protected by appropriate back-up and disaster recovery. They must not be stored on portable hardware or on a laptop hard

drive or personal hard drive. A readable format such as PDF/PDFA or plain text or rich text format should be used for vital records that are assigned a lengthy retention period.

Vital Records which are only available in paper format should be duplicated, in the same or original format depending on requirements, and the originals and copies stored in separate locations if possible. If duplication is impracticable or legally unacceptable, fire protection safes must be used to protect the documents.

Lost / Missing Records

It is important that records can be retrieved at any time whether active, inactive or closed for administration and/or legal purposes. A lost/missing record is a record either that cannot be found following a search in the office environment or is unavailable. **The loss of records constitutes a reportable incident and should be reported in accordance with Council's Breach Management Plan.**

Missing/Lost Record Recovery Plan below.

~~Should a record be mislaid or lost there are four main elements the Council will focus on:
Recovery of the record;
Assessment of the ongoing risk caused by the record being mislaid or lost;
Notification of the loss and potential breach; and
Evaluation of Council's response.~~

Council's Missing/Lost Record Recovery Plan

~~The missing record should be reported as soon as possible to the Head of Service or Information Asset Owner and the Compliance team notified of a possible breach. If the file contains personal data or sensitive personal data, the Council's Data Protection Officer or Information Asset Owner must be notified as soon as possible. If the file contains sensitive commercial data the Chief Executive Officer must be notified immediately.~~

~~A thorough search should be carried out immediately with the progress of the search tracked and recorded to ensure no duplication of effort.~~

The missing record must be marked as missing in either the electronic or manual tracking system in use. A temporary file should be created, clearly marked as a temporary file, populated with all relevant information available for that record and the electronic or manual filing system updated to note that a temporary file has been created.

When the record is found record the following:

- the date it was found on the electronic or manual filing system;
- name of the person who found the record;
- the location where it was found;
- the reason why it was lost and returned, if known; and
- document lessons learned in the process to prevent future misplacement of files.

When a file containing personal data or sensitive personal data has been recovered, notify Council's Data Protection Officer immediately. Refer to Council's [Access to Information Policy and Procedure](#) for further information on Council's breach management plan.

When a file containing sensitive commercial data has been recovered, notify the Information Asset Owner immediately providing details of the recovery.

Review the temporary and original files and merge together and notify the details of the incident on the electronic filing system and/or on the inside front cover of the hard copy file.

If, after six months, the record is still missing, inform the Data Protection Officer that the record is permanently missing. Document the missing record and actions taken to recover it and update the temporary file accordingly. Implement lessons learnt to prevent future loss of files.

Tracking Records

Recording and knowledge of the whereabouts of all records is essential if the information they contain is to be located quickly and efficiently. One of the main reasons why records get misplaced or lost is because their next destination is not recorded.

A departmental tracking system for all records should be in place to ensure that all information can be found quickly and easily.

A manual tracking system may consist of an index card or tracking schedule to record movement of information. An electronic tracking system could be on a spreadsheet using an On Loan column or on a database using the Notes section to record file movements.

To ensure that information is correct and applicable, all departments must ensure that their tracking system is routinely checked and updated.

Tracking systems should record the following minimum information:

- the reference number of the record;
- any other applicable identifier i.e. department, building, etc.;
- person or department who is taking the file out on loan;
- person, department and place to where it is being sent; and
- date of loan / transfer; and
- date of return, if system applicable.

See [Appendix F – File Tracking Schedule](#)

Transferring Records

When a file is requested by another department and/or location choose one of the following options for both the delivery and return of the file or folder:

- collected/returned in person, details and receipt to be confirmed by email; or
- sent securely via Council courier or internal post – request email confirmation of receipt.

Both options require the sender, or borrower if applicable, to complete the File Tracking Schedule.

Files must be named and have a reference number before they can be transferred, this includes drafts and working documents, codes can be used to protect the contents if they contain OFFICIAL-SENSITIVE material. Ensure that files are collected by staff members appropriate to the classification of the file and that files are protectively marked and securely packaged.

In the event that a colleague collects or returns the file on behalf of the record owner/requester this must be agreed in advance and an email confirmation of receipt sent.

Where possible, requesters should indicate how long they may require the file and return it as soon as possible once the file is no longer required.

File owners should regularly audit their filing system and confirm the status of any files out on loan to departmental colleagues or other departments/locations.

Should a staff member loan a file to a colleague whilst it is signed out in their name they will remain responsible for its security and will be held accountable in the event that it is mislaid.

Taking files home is discouraged but, if it is essential for a staff member to take a file home, they have personal responsibility to ensure the information is kept secure and confidential. This means that other members of their family and/or their friends/colleagues must not be able to see the content or have any access to the information. It is particularly important that official-sensitive information in any form is not left unattended where possible. Officers and Elected Members should refer to the [Access to Information Policy and Procedure](#) for further security guidance and Council's [Access to Information Training Slides](#).

It is the responsibility of the staff member to note on the File Tracker Schedule that the file is being removed from its storage location and ensure that they return it as soon as practicably possible. The file must not remain out its storage location indefinitely. If the file in question has been borrowed from a colleague or other department, it is the responsibility of the staff member to email the file owner of the date they are removing the file and the date they have returned it to the office.

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Record Formats

Email and Messaging Channels

Electronic Records which invoke the definition of 'document' and 'record' which includes any Emails Texts, WhatsApp messages, Photographic Images, Social Media messages and MS Teams correspondence must adhere to the guidelines set out within this procedure.

Officers/Elected Members should refer to the [Access to Information Policy and Procedure](#) for further security guidance and Council's [Access to Information Training Slides](#).

Officers/Elected Members leaving Council or moving to another department must transfer any business-related emails, texts, WhatsApp messages, social media messages, photographic images and Teams correspondence to the IAO or a designated colleague to ensure the data is retained for Council use.

Email

~~Emails record actions and decisions and must be managed as effectively as paper and other electronic records. Messages should be arranged in a record-keeping system to allow information to be easily located and retrieved, and regularly reviewed and deleted according to Council's R&DS. Save relevant emails into shared mailboxes/folders and regularly delete emails which have only short-term value.~~

~~Email is merely a format and messages cannot be treated as a uniform series with a single retention period. Retention should be determined by the subject matter or business purpose, as for any other record.~~

~~Staff leaving Council or moving to another department must transfer any business-related emails to either the departmental mailbox/folder or a nominated colleague to ensure that data is retained for Council use.~~

Paper Diaries

NMDDC issues paper diaries for staff use on official Council business. These diaries remain the property of NMDDC at all times as they form a record of Council business activities and staff are responsible for the safe keeping and secure storage of them.

NMDDC is the owner of all Council information which is recorded and stored in diaries, irrespective of whether the diary is Council issued or acquired externally but used for Council business.

All Council staff and Elected Members have a personal responsibility for ensuring any personal identifiable data, confidential or sensitive information is held securely and therefore no personal data is to be held within these paper diaries.

Names and domestic addresses of customers or other activity locations should be recorded but must not be written together. If a printed record with personal data is required to facilitate a domestic site or other visit it must be kept securely and disposed of upon return.

Information noted in paper diaries whilst on site or other visits must be transferred to the appropriate document, business information system on return to the office. File notes of conversations that form a record must be filed in accordance with this procedure.

Staff leaving Council must return their paper diary to their line manager and Elected Members to Democratic Services. Paper diaries will be held securely in the departmental office for one year following completion and then transferred to archive storage in accordance with NMDDC's [R&DS](#).

In the event of the loss or theft of a paper diary the staff member or Elected Member must immediately notify Council's Data Protection Officer of the incident to minimise the risk of a data breach.

CCTV

NMDDC operates a number of CCTV Cameras at various Council premises throughout the District and images captured on CCTV footage must be processed as a Council record in accordance with this procedure and Council's [Access to Information Policy and Procedure](#) which also provides further information on the purpose, operation and security of Council CCTV.

Social Media

Social media is one of the defining applications for next generation business environments and every social media related activity represents a potential corporate record. If the information contained in a social media post or blog is unique and not available anywhere else and is a record of Council business, it must be managed in accordance with this procedure for Council to be compliant with statutory and regulatory requirements.

The use, storage and disposal of information collected from social media sites must be included in associated privacy notices to identify how Council manages these records.

Photographic Images

Photographic images form a record of Council's activities and, as photographic images of individuals and small groups can be defined as personal data, the collection, processing, sharing, storage, retention and disposal must be carried out in accordance with this procedure, NMDDC's [Social Media and Acceptable Use Procedure](#), the DPA and the UK GDPR.

Photographic images can only be used for the purpose they were originally taken and must be stored in clearly marked folders relating to that purpose. If relying on consent under article 6(1)(a) of the GDPR as the lawful basis for processing the image(s) the consent paperwork must be stored with the images themselves including any consent to share the data with defined third parties.

Mobile Devices

The use of any mobile device to process and access Council information creates risks including those relating to data protection, virus infection, copyright infringement, unintentional or unlawful compromise of data and even loss or theft of device and / or data.

Personal data must be processed in accordance with the Records Management Procedure, the UK GDPR and the DPA regardless of the device used to access the information. Users are required to keep Council information and personal data secure.

NMDDC reserves the right to refuse to allow access to particular devices or software where it considers that there is a security or other risk to its information.

NMDDC is the owner of all Council information which is created on, transmitted to, received on or printed from, stored or recorded on each mobile device, either during the course of Council business or on Council's behalf, irrespective of who owns the mobile device.

Mobile device users are responsible for:

- the security of Council information and of the device on which the information is held, applying additional security measures as required for Official-Sensitive information;
- storing Council information on the Mobile Device only for so long as necessary;
- transferring information only to permitted recipients;
- storing or transferring information only to Council approved cloud computing services;
- deleting Council information from the mobile device when no longer required or sooner if required by Council to delete it; and
- complying with this procedure and related policies;

Mobile devices used to access/store OFFICIAL-SENSITIVE information should be subject to additional protection measures, such as encryption, to reduce opportunities for loss or compromise of the information.

Mobile devices must never be left unsecured. When unattended the device must be locked (password / passcode / PIN protected) and the mobile device should be secured.

In the event of loss or theft of any mobile device the staff member, Elected Member or third party contractor must act promptly to minimise the risk of compromise to Council information by immediately notifying the IT Service Desk, Council's Data Protection Officer and/or the Information Asset Owner of the incident and reporting theft of a device to the Police and Facilities Management.

NMDDC reserves the right to carry out an investigation into the circumstances of the loss or theft of a mobile device.

Roles and Responsibilities

The Council is responsible for adopting this Records Management Policy & Procedure, considering and approving changes to it, and reviewing reports on records management matters.

The Chief Executive Officer and Directors have overall responsibility for ensuring that the Council complies with the requirements of legislation affecting the management of records with any supporting codes and regulations.

The Assistant Director Corporate Services's role is to lead and champion the Council's key commitments as identified in the Corporate, Community, Directorate and Service Business Plans by providing leadership and focus within the service, specifically Corporate Compliance. (Administration) is responsible for keeping the Records Management Policy under review to ensure that all business functions continue to be adequately covered by the Policy, related Procedure and guidance.

The Head of Compliance is responsible for Information Governance and the management of risk associated with this area. This includes overseeing the creation, monitoring and updating of the Records Management Strategy, Policies and Procedures and providing strategic advice and guidance as required.

The Records Manager is responsible for the effective and appropriate management of Council's records from their creation, right through to their eventual preservation or disposal to ensure the Council meets its statutory obligations in accordance with the relevant legislation and best practice. He/she will assist in the promotion of the strategic and operational importance of Information Governance and Corporate Records Management to the organisation and take responsibility Council wide for working with staff and managers at all levels of the organisation in order to provide a high quality and efficient records management function. for developing policies, procedures, guidelines, records classification systems, and retention and disposal schedules and for the provision of staff training in Records Management processes.

The Records Officer supports the Information and Records Management function to implement high standards of records management and maintain effective systems for electronic and paper records management to ensure the Council meets its statutory obligations in accordance with relevant legislation and best practice. He/she will champion a culture of high-quality information management across Council, acting as a centre of excellence for advice and a hub for departmental Business Support Managers.

Council's Information Asset Owners are responsible for ensuring that all information and records management systems within their control comply with the Records Management Policy and Procedure and to take the necessary remedial action when they do not.

The IT Department is responsible for -supporting Records Management by providing guidance and codes of conduct on the use of IT systems. IT is also responsible for the security of data held electronically on Council supported systems and ensuring that it is backed up in accordance with Council policy.

All Council Staff have records management responsibilities and should be aware of the value of the records they create, process and maintain and are responsible for.

Individual Elected Members should be aware that records created within the conduct of their role are the property of Council and therefore must be processed and maintained in accordance with the Records Management Policy and Guidance and the Retention and Disposal Schedule and associated legislation.

Responsibilities of Third Parties

Third Parties, e.g. contractors, consultants, etc., must adhere to this procedure and have their own administrative practices documented and assessed in similar ways to Council business units as part of the tendering and contract monitoring processes. To do this, they must allow access by relevant Council staff to any Council records they create, receive or manage, including any record keeping system within which they are held.

Council Staff, Elected Members and Third Parties must not intentionally delete, destroy or alter official records. Records are only to be disposed of in accordance with Council's Retention and Disposal Schedule.

Role of the Information Asset Owner

The Council holds a wealth of information. This information can be in different formats and held in a variety of locations and systems. It is essential that the Council understands the information it holds so that it can adequately manage and protect it. Article 30 of the UK GDPR requires organisations to maintain a record of the personal data it processes and Council has extended the use of the Retention and Disposal Schedule to incorporate these requirements.

An information asset owner (IAO) is a senior individual who holds relevant responsibilities in relation to a particular business area. Their role is to understand what information their staff hold (physical and digital records), what is added, what is removed, how information is transferred and who has access to it and why. As a result they will be able to understand and mitigate risks and provide assurance to the Director of Corporate Services in relation to the security and accuracy of their information assets.

IAOs should be in position to have a good knowledge of their asset and how and why it is processed to give them an understanding of the risks and opportunities associated with it. They also need to be aware of the consequences and impacts of those risks materialising.

IAOs must ensure that regular data quality reviews of records containing personal data are conducted to make sure they are accurate, adequate and not excessive and ensure lessons learnt are recorded and acted upon to prevent recurrence.

IAOs manage information risk from a business not a technical perspective. It is important to remember that information management responsibilities extend further than digital data, but also include building security, personnel (training and development) and paper records too. IAOs are empowered to take some risk decisions within their own portfolio and within their risk tolerance.

The IAO has five main responsibilities:

- lead and foster a culture that values, protects and uses information correctly;
- provide assurance for the security and use of their asset annually to the Director of Corporate Services;
- be responsible for approving, monitoring and minimising data transfers or sharing;
- ensure the asset is fully used for its intended purpose or for the individual it relates to, including responding to access requests; and
- approve data protection impact assessments (DPIA) for any new systems or projects that involve the processing of their information asset.

Information risks to manage

IAOs are responsible for managing risk associated with information assets; information assets face the following serious risks:

- Inappropriate access to, or disclosure of, protectively marked or personal data by staff, contractors, volunteers and the public, whether accidental or deliberate;
- Inappropriate data sharing – too much or irrelevant data is shared internally, i.e. a full list with all personal data is provided where only numbers of a specific category have been requested;
- Internal threat - staff, acting in error or deliberately, or external parties accessing your information illegally and exposing it/acting maliciously to defraud you or your customers;
- Information loss - particularly during transfer or movement of information, or as a result of business change, e.g. local government or internal restructure;
- Loss of access to information;
- Records management – that information assets are not retained for longer than required. They should only be retained for long periods either by law or for business need, as outlined in the corporate R&DS;
- Business continuity/disaster recovery – that the relevant personnel are aware of the agreed continuity and recovery for their services;
- Loss of digital continuity - i.e. losing the ability to use your information in the way required when needed. By use we mean being able to find, open, work with, understand and trust your information. The lifecycle of a piece of information - how long you need to use and keep it - is often different to the lifecycle of the IT system used to access and support it;
- Poor quality of information and poor quality assurance, for example, of data sets;
- Poor change management - business needs change, systems change, your information risk appetite may change, so you need to keep your policies and processes in step accordingly; and
- Not maximising the public benefit from information, leading to a waste of public money and poor service delivery.

IAOs and Information Leads should contact the Data Protection Officer for guidance on identifying and managing information risk.

Training

All staff and Elected Members will be provided with mandatory Records Management training which will be required to be undertaken every three years, subject to legislative amendments. Refresher guidance will be provided annually.

Records Management training will form part of the Council's induction for new employees. A copy of this policy and procedure will be provided to all employees and Elected Members.

Monitoring and Review

~~Compliance with the policies and procedures laid down in this document will be monitored via the Records Manager together with independent reviews by both Internal and External Audit on a periodic basis.~~

To ensure this Procedure complies with the regulatory and statutory legislation and meets the needs of Council it will be reviewed every four years. If there is a change in legislation and/or internal processes review may complete sooner.

The Records Manager, in conjunction with the Assistant Director Corporate Services, is responsible for the monitoring, revision and updating of this document.

Data Classification, Protective Marking and Information Handling

Introduction

The effective security of all information NMDDC creates, collects, processes, stores and shares to conduct business and deliver services is a key priority for Council. It is vital for public confidence and the efficient, effective and safe conduct of NMDDC's business. In the normal course of carrying out its duties, Council processes, manages and shares a broad range of information from, but not limited to, the public, businesses and local and central government departments.

Some of NMDDC's services directly involve the creation, collection, management and handling of personal data, sensitive personal data and sensitive commercial data and this information must be managed appropriately and securely.

Data Classifications indicate the sensitivity of data (digital and paper), in terms of the likely impact resulting from compromise, misuse or loss. This scheme sets out the protocol for the appropriate handling of information in accordance with the intrinsic needs and values of Council and relevant compliance requirements.

It is the responsibility of all Council, Elected Members and third parties to safeguard any information or data that they access, irrespective of whether it is protectively marked or not.

This scheme applies to all information assets created or held by Council in whatever format and however it is stored.

Inappropriate disclosure of OFFICIAL and OFFICIAL-SENSITIVE information, its accidental loss or deliberate theft could lead to the Council being levied with a fine in accordance with the terms of the GDPR, as well as experiencing a loss of reputation.

Data Classification

Government Security Classifications introduced in 2014 provide for a baseline set of controls that offer an appropriate level of protection to the data held, Official, Secret and Top Secret.

OFFICIAL is the relevant data classification for ALL routine public sector business, operations and services. NMDDC will operate exclusively at this level including the subset categories of **OFFICIAL-SENSITIVE**, **OFFICIAL-SENSITIVE: PERSONAL** and **OFFICIAL-SENSITIVE: COMMERCIAL**.

It is unlikely that NMDDC will work with Secret or Top-Secret information, however in the event that the Secret classification is required this will reflect that the information requires protection in proportion to the classification.

OFFICIAL-SENSITIVE and its PERSONAL and COMMERCIAL descriptors are not separate classifications but rather identify OFFICIAL information that could have damaging consequences to a third party or the Council, if lost or disclosed without consent and needs to be treated with particular care.

These classifications place greater emphasis on individuals taking personal responsibility for data they create and hold.

Protective Marking

Protective marking indicates to others the data classification category and level of protection needed in handling, transferring / sharing and storing information.

Once the data classification has been determined, this is communicated to others by displaying the classification category thus protectively marking the document or file.

There is no requirement to explicitly mark routine information as all unmarked documents will be assumed to be OFFICIAL. All documents created, processed and shared by NMDDC are a Council asset and have value and must be handled in accordance with Council's policies and procedures.

A limited subset of OFFICIAL information could have more damaging consequences if it were accessed by individuals by accident or on purpose, lost, stolen or published in the media. This subset of information should still be managed within the OFFICIAL classification tier but should have additional measures applied in the form of OFFICIAL-SENSITIVE.

This marking is necessary for person-identifiable information and commercially sensitive information and is applicable to paper and electronic documents/records.

In addition to the marking of OFFICIAL-SENSITIVE, further detail is required regarding the content of the document or record as follows:

OFFICIAL-SENSITIVE: COMMERCIAL

Commercial information, including that subject to statutory or regulatory obligations, which may be harmful to NMDDC or a commercial partner if improperly accessed.

OFFICIAL-SENSITIVE: PERSONAL

Personal information relating to an identifiable individual where inappropriate access could have damaging consequences.

In certain circumstances OFFICIAL-SENSITIVE information may contain both Personal and Commercial data, in such cases use of OFFICIAL-SENSITIVE will suffice.

Documents/records should be marked OFFICIAL, OFFICIAL-SENSITIVE, OFFICIAL- SENSITIVE: COMMERCIAL or OFFICIAL-SENSITIVE: PERSONAL and should be marked in uppercase as follows:

| | |
|-----------------------------|---|
| MS Office | the heading of each page |
| Hard Copy Files and Folders | on the spine or front cover of the folder |
| Emails | in the subject heading |
| Databases | where possible, protectively mark information produced or created from bespoke and in-house databases |

All Council staff, Elected Members and third parties have a responsibility for protectively marking documents and files to ensure the safeguarding of information assets owned by Council.

Data Classification Table

| Classification Category | Impact if the information is lost or disclosed to unauthorised people: | Examples to consider: |
|---------------------------|--|---|
| OFFICIAL | <p>Almost all the routine information processed on a daily basis related to Council business will be OFFICIAL information.</p> <p>OFFICIAL information includes:</p> <ul style="list-style-type: none"> • personal data that is already in the public domain which, if disclosed without consent, would not cause harm or distress to any individual and staff's personal data relating to their role in Council, e.g. name and job title; • commercial, contractual information and intellectual property; and • public safety, criminal justice and law enforcement. | <p>routine reports;</p> <p>published annual reports;</p> <p>out-turn data for key performance indicators;</p> <p>information that is freely available, e.g. planning applications or information on the website;</p> <p>commercial/contractual information already in the public domain;</p> <p>information the Council is required by law or regulation to publish; names and job titles of Heads of Service and above; and</p> <p>information that is neither commercially nor personally sensitive.</p> |
| OFFICIAL-SENSITIVE | <p>This is information that could have damaging consequences if lost or disclosed and needs to be treated with particular care.</p> <p>OFFICIAL-SENSITIVE data can:</p> <ul style="list-style-type: none"> • cause harm or distress to individuals; • cause financial loss or loss of earning potential, or facilitate improper gain; • lead to unfair advantage for individuals or companies; • breach statutory restrictions on the disclosure of information; • would lead to a breach of confidence to third parties (where information is not in the public domain); • disadvantage the Council in commercial or policy negotiations with others; • cause substantial harm or distress to individuals or groups; • prejudice the investigation, or facilitate the commission, of crime; and • impede the effective development or operation of Council policies or services. | <p>customer or staff information for which we have a duty of care, e.g. names, addresses, bank account or credit card details, salary and medical records;</p> <p>combinations of data, some or all of which may be in the public domain, but when put together could cause harm or embarrassment to the staff, customers or business partners concerned;</p> <p>IT authentication details;</p> <p>financial or contractual information relating to procurement / tender process;</p> <p>the information is (or may become) the subject of, or concerned in, a legal action or investigation;</p> <p>exempt committee papers e.g. "in closed session";</p> <p>information relating to internal or criminal investigations/complaints/appeals;</p> <p>supplier information provided in confidence; and</p> <p>commercial / sensitive information due, but not yet finalised e.g. "draft", for publication.</p> |

Information Handling

Everyone has a responsibility to handle OFFICIAL information with care by:

- applying a clear desk policy;
- information sharing with the right people both internally and externally;
- locking PC screens when not in use;
- taking extra care when sharing information with external partners;
- only print where absolutely necessary;
- only use recognised couriers if sending hard copy and tamper proof envelopes;
- ensuring the security of files when transferring between sites; and
- using discretion when discussing information both in and out of the office.

All OFFICIAL-SENSITIVE material including documents, media and other material should be physically secured to prevent unauthorised access. As a minimum, when not in use, OFFICIAL-SENSITIVE: COMMERCIAL and OFFICIAL-SENSITIVE: PERSONAL material should be stored securely in a secure encrypted device such as a secure departmental drive; encrypted pen drive or USB stick; password protected disk; lockable filing unit; drawer or room.

OFFICIAL-SENSITIVE data must be managed as follows:

- it should only be shared with those who have a legitimate need to access it;
- it should be locked away in a lockable cabinet, drawer or room when not in use;
- it should be saved securely in the correct drive;
- it should not be saved in a personal drive; and
- if lost or stolen it must be reported to the Head of Service and Compliance department immediately.

Information Handling Procedures

| Type of Information | OFFICIAL | OFFICIAL-SENSITIVE |
|----------------------|--|--|
| Paper Records | <p>Secured in lockable cabinets, drawers, rooms when office is unattended.</p> <p>If off-site working, files, diaries, etc. are not to be left unattended or in a car.</p> <p>When posting, ensure correspondence is correctly addressed and mark Private & Confidential.</p> <p>Apply a clear desk policy and follow the guidelines above.</p> | <p>Secured in lockable cabinets, drawers, rooms when not in use.</p> <p>Follow guidelines re clear desk above and not to be left out when away from desk.</p> <p>Use tracked mail only when posting, N.B. recorded email is not tracked until the information has been received by the recipient.</p> <p>It is recommended to 'double envelope'. Create a label advising: <i>"This letter is intended for [insert data subjects name]. If you have received this letter in error, please do not open and return to the Data Protection Officer in NMDDC"</i>. Place the Official-Sensitive contents into the envelope and seal with the label. Place all into a second sealed and properly addressed envelope.</p> |

| Type of Information | OFFICIAL | OFFICIAL-SENSITIVE |
|---|--|---|
| Q Drive | <p>It is a requirement to use the shared departmental Q Drive for Council business.</p> <p>Non-Council work is not to be saved on the Q Drive.</p> <p>If required, request a restricted folder for the shared drive from the IT Service Desk to store sensitive documents or password protect documents as appropriate.</p> | |
| P Drive | <p>The P Drive is for personal work-related files only. See guidance below.</p> <p>Personal media is NOT to be stored on the P Drive.</p> | |
| R Drive | <p>The R Drive is a repository for information accessible to all Council staff, e.g. policies and procedures, forms, etc.</p> <p>The R Drive can also be used to share essential information between departments. This must be approved by the IAO and time limited to ensure good records management. Contact the IT Helpdesk to set up a folder if required.</p> | <p>Secure folders for sharing sensitive information between departments can be set up on the R Drive. This must be approved by the relevant IAO and time limited. Contact the IT Service Desk to set up a secure folder if required. See also R Drive guidance below.</p> |
| <u>L Drive and S Drive</u> | <p><u>Respectively, Libraries and Projects, these Drives are repositories for specific folders created with authorisation by Heads of Service and IT and are not for general use.</u></p> <p><u>Authorised users must adhere to the guidelines set out within this procedure.</u></p> | |
| W Drive and Z Drive | <p>The W and Z Drives are not to be used for creating or storing new documents of ANY nature.</p> <p>The information contained within these drives is for reference only and essential information should be transferred to the Q Drive <u>only after prior notification to the IT Department</u>. The remainder should be disposed of in accordance with Council's R&DS.</p> | |
| <u>OFFICE 365OneDrive</u> | <p>Data may be stored on OneDriveOffice 365, however all staff and Elected Members using OneDrive-Office 365 have a responsibility to ensure the information stored is secure and to take extra care when sharing data internally and externally.</p> <p><u>Office 365 comprises numerous tools including OneDrive, MS Teams, Sharepoint.</u></p> | |
| Email – between @nmandd.org accounts | <p>Check email trail to ensure your recipient is authorised to access the information.</p> | <p>Use the Outlook Permission Settings (see below) and mark OFFICIAL-SENSITIVE: COMMERCIAL or OFFICIAL-SENSITIVE: PERSONAL in</p> |

| Type of Information | OFFICIAL | OFFICIAL-SENSITIVE |
|--|--|--|
| | <p>Verify recipient's address before you click send.</p> <p>Avoid putting a data subject's name in the Subject field where possible.</p> <p>Auto-forwarding to personal email accounts is not permitted.</p> | <p>the Subject field.</p> <p>Check email trail to ensure your recipient is authorised to access the information.</p> <p>Verify recipient's address before you click send.</p> <p>Password protect email attachments.</p> <p>Avoid putting a data subject's name in the Subject field where possible.</p> <p>Auto-forwarding to personal email accounts is not permitted.</p> |
| <p>Email – From @nmandd.org to external accounts</p> | <p>As above and:</p> <p>Redact information from email messages and attachments if not relevant to all recipients.</p> | <p>As above and:</p> <p>Check with the Data Protection Officer whether there is a data sharing agreement in place to understand any security controls for sharing personal data.</p> <p>Redact information from email messages and attachments if not relevant to all recipients.</p> |
| <p>Email – between two external email accounts for work purposes</p> | <p>Not permitted.</p> | |
| <p>Council Mobile Devices – e.g. laptops, tablets, smartphones, USB, CDs,</p> | <p>Information must be password protected.</p> <p>Where access to the shared drive is not possible save temporarily to the desktop and transfer immediately to the shared drive when access becomes available. The desktop copy must be deleted immediately.</p> <p>Council devices are for work use only.</p> | |

Information Rights Management for Email

Information Rights Management (IRM) allows users to specify access permissions to email messages which helps prevent official sensitive information from being read, printed, forwarded or copied by unauthorised people. Once permission for a message is restricted using IRM, the access and usage restrictions are enforced regardless of where the message goes.

Council's default setting for email messages is Unrestricted Access. To set permissions to restrict access go to New Email and click Options. On the Options toolbar click Permission and choose the option relevant to the content and nature of your email. The recipient will see a no-entry sign and the restriction status in the information bar of their inbox and the message will read as follows:

- ❶ Do Not Forward – Recipients can read this message, but cannot forward, print or copy content. The conversation owner has full permission to their message and all replies.
- ❷ Confidential \ All employees – Confidential data that requires protection, which allows all employees full permissions. Data owners can track and revoke content.
- ❸ Highly Confidential \ All employees – Highly confidential data that allows all employees view, edit and reply permissions to this content. Data owners can track and revoke content.

The majority of MS Word, Excel and PowerPoint documents that are attached to a rights-managed message will be automatically restricted also. Note that PDF attachments are not automatically restricted.

In addition, users can add delivery and expiry dates to a message to prevent the content being delivered before a certain date/time and also from being seen after a period of time. To set delivery and expiry dates go to New Email and click Options. On the Options toolbar go to Delivery Options and click More Options then tick 'Do not deliver before' and/or 'Expires after' and set the appropriate date and time.

To ensure that all OFFICIAL-SENSITIVE data is secure when emailed, all Council staff and Elected Members must follow the above instructions to apply the appropriate access.

Appendices

Appendix A – Corporate File Plan

A file plan provides a framework for a consistent approach to classifying records across an organisation regardless of format or physical location. Well-structured corporate and departmental file plans allow for efficient retention and disposal of records.

NMDDC uses a number of differently named network drives to allow staff to fulfil their duties. Not all drives are accessible to all staff and the main drives in use are outlined below.

Q Drive

NMDDC currently uses a shared drive system for creating and storing electronic documents and records. Most business areas have a folder on the departmental Q Drive which is accessible to all members of the team. **ALL** departmental work **MUST** be created and stored on the Q Drive. It is not permitted to create new folders in any other network drive with the exception of the R Drive where it is permitted for specific time-limited reasons and in accordance with the process set out below.

All departments should create sub-folders in accordance with the [Creating and managing folders](#) guidance.

In addition, third party business information systems create references for certain departmental records, e.g. within Building Control, the Te-Build database automatically creates a reference for each new application submitted to Council regardless of location and the same reference is used for both database and paper files. Should there be a requirement to open a sub-folder on the Q Drive relating to this file the same reference is used for efficiency and to facilitate compliance with the GDPR, DPA, EIR and FOIA.

R Drive

The R Drive has two purposes, it is used primarily for Council business related information that is relevant to all staff, e.g. Policies and Procedures and secondly to allow designated staff across different departments to **securely** access a folder with information that is required by both teams, e.g. an ERT Officer providing data in response to a Freedom of Information request from the Compliance team.

When adding a new/revised policy, procedure or form you must save it as a PDF so it cannot be amended and, if you are sharing a template to the R Drive it must be saved as a PDF or Word Template to prevent users inadvertently saving their own information to the R Drive.

In order to create a **secure** folder on the R Drive, a Line Manager or Head of Service must send a service request via Hornbill to the IT Department, identifying the need for a folder, the folder name, who is to have access **and what access is required** to that folder. Once the shared and time-limited project or piece of work has been completed then the data must be transferred to the correct departmental folder and maintained in accordance with Council's [R&DS](#).

Sharing a folder securely in this manner minimises the risk of data being accessed accidentally or deliberately by unauthorised users and also ensures that all involved are working on the correct version of a document.

The R Drive is NOT a repository for documents and folders that do not fit in with the existing departmental file plan or for sharing with other staff. **All staff** are not authorised to access/read R

Drive folder content unless they are provided authorisation by the IAO of said content, as described above. Security queries should be directed to Councils Data Protection Officer.

The Records Manager will conduct quarterly screening checks of **top-level R Drive folder names** and liaise with IAOs on ambiguities with their departmental file plan.

P Drive

The P Drive is for creating and storing work related personal files such as learning and development application forms, HR and Payroll queries. The P Drive may be used for creating first drafts of documents that require design or layout work before saving in the departmental Q Drive. No records may be stored on the P Drive as this prohibits sharing of work and retrieval of records in the event of a staff member's absence.

L & S Drives

Respectively, Libraries and Projects, these Drives are repositories for specific folders created with authorisation by Heads of Service and IT.

The L Drive holds libraries of documents or images used by Council departments and have restricted access for designated users only.

The S Drive is for major Council projects that require input from a number of departments and allows designated staff to share information and manage version control. A Head of Service must submit a Hornbill request to the IT Department advising the nature and size of the project and providing the name of the lead folder.

W & Z Drives

The W & Z Drives are the legacy Down District Council and Newry and Mourne District Council Drives and must NOT be used to create, update or store files. These Drives will be phased out in accordance with the IT transformation strategy.

Refer to [Data Cleanse Guidance for Electronic Files](#) for information on managing data in legacy drives.

OneDriveOffice 365

Elected Members use [Office 365 OneDrive](#) for all Council related business and have no access to any other Network Drives. [Office 365 OneDrive](#) is used to create and store records and may also be used for sharing documents with agreed and approved internal third parties only.

[Office 365 comprises numerous tools including OneDrive, MS Teams, Sharepoint.](#)

Paper Files

Corporate file references have been created to manage paper records and these must be used when creating new files. The root of the reference may not be amended but is added to in order to identify the specific work area. The date of creation is essential to ensure compliance with the [R&DS](#). As with automated departmental file references being replicated across all formats, these corporate file references must be replicated on the departmental Q Drive when creating electronic folders to store records relating to that specific work area.

The main purpose of the file plan for both electronic and paper files is to ensure that records are created and stored in the same way across Council, the subject is easily recognised and understood, they are accessible to the appropriate staff and can be easily retrieved for both use and disposal.

Where possible and practicable, creating and maintaining electronic rather than paper files in accordance with this procedure, will be more efficient and effective in managing Council business.

Information Audit

A Council wide information audit is ongoing to review compliance with the UK GDPR and to record processing activities across all departments. The audit results will inform change and provide the basis for implementation of new records management and filing systems plans and procedures.

Regular departmental information audits will be carried out to ensure Council maintains a robust records management system.

IAOs must advise the Records Management Team of any new/updated information assets added to their file plan and ensure that the asset information held is accurate, up to date and noted for future R&DS preparation.

Functional Business Classification Scheme

NMDDC has commenced work on a functional business classification scheme (FBCS) with the revised R&DS currently awaiting approval by the Minister for Department for Communities and the NI Assembly. The FBCS will be an integral feature of any future Council corporate file plan. The existing bespoke business information systems, paper records and shared drives have no single unified system as the basis for classifying, storing, accessing, and disposing of information. The introduction of a classification scheme and file plan that will be used across all departments will provide a common and consistent framework for handling information. The FBCS will support all areas of Council's business, including programme and project-based working and the effective retention and disposal of Council records. The information audit will provide a functional analysis of Council on which to base the framework with the following purpose and benefits:

- to create a clear classification that represents the business purpose and functions of the organisation;
- to provide clear links between records that are generated from the same functions and activities;
- to deliver systematic and economical storage of records determining where records should be placed and creating order and unity across Council;
- to prevent needless duplication of records and information;
- to assist users in readily finding records and information;
- to ensure compliance with the [R&DS](#); and
- to ensure access rights are clear and information security maintained.

A FBCS is be organised into a three-level classification as follows:

- Function - used as a top-level term to represent the major responsibilities that are managed by Council to fulfil its goals.
- Activity - used to describe the major tasks performed by Council to accomplish each of its functions. Several activities may be associated with each function.
- Process/Transaction - used to describe the tasks, which take place on a regular basis to perform each activity.

Two further levels will hold specific transactional folders and files/records respectively.

Defining the FBCS and corporate file plan is an ongoing part of the [Electronic Data Records Management System work](#). It will enhance NMDDC's capacity to share, communicate and use information more effectively and efficiently. Adherence to the records management procedures

presented above will ensure that all staff, Elected Members and relevant third parties are prepared for change.

NMDDC is currently restructuring and so the corporate file plan shown below reflects the main business activities only as, whilst there are changes to directorate names and reporting lines, the delivery of Council services remains as do the basic activities and transactions that are used to administer these.

This file plan was created for use in conjunction with the electronic shared drive filing system and paper filing. As discussed above, the references provided are predominantly for use in paper filing but also form the basis of any linked electronic files.

Active paper files, both legacy and newly created, are stored in the central filing and departmental filing rooms. Please note that it is essential to close paper files in accordance with the procedure above and ensure that they are not held beyond the retention date.

| Business Activity | File Plan Reference |
|--|----------------------------|
| Chief Executive's Office | CEO |
| Administration | CEO/AD |
| Senior Management Team | CEO/SMT |
| Local Government Chief Executive's Group | CEO/LGCEG |
| Elected Members Support | DS/MS |
| Elections | DS/EL |
| Council Constitution | DS/CC |
| Performance | CPL |
| Community Planning | CPL/CP |
| Local Development Programme | CPL/LDP |
| Strategic Programmes | CPL/SP |
| Transformation, Innovation & Performance | TIP/TIP |
| Enterprise, Employment & Regeneration | EER/ |
| Regeneration & Business Development | EER/RBD |
| Programmes | EER/ |
| Tourism Product Development | TCE/PD |
| Culture, Arts & Heritage | TCE/CA |
| Events | TCE/EV |
| Museums | TCE/MU |
| Development Management | PL/DM |
| Planning Enforcement | PL/ENF |
| Local Development Plan | PL/DP |
| Building Regulations | BCR/BR |
| Licensing | BCR/LIC |
| Postal Numbering | BCR/PN |

| Business Activity | File Plan Reference |
|---|----------------------------|
| Enforcement | BCR/ENF |
| Health & Wellbeing | HW/ |
| Environmental Health | HW/EH |
| Sustainability | HW/SUS |
| Indoor Leisure | LS/LR |
| Parks & Open Spaces | LS/POS |
| Sports Development | LS/SD |
| Engagement | CEN/CE |
| Community Services, Facilities & Events | CEN/CS |
| Waste Processing & Enforcement | WM/WM |
| Refuse & Cleansing | WM/WD |
| Fleet Management | WM/FM |
| Facilities Management | FMM/FAC |
| Cemeteries | FMM/CEM |
| Council Markets | FMM/MKT |
| Grounds Maintenance | FMM/GM |
| Buildings Maintenance | FMM/BM |
| General Administration | AD/GA |
| Compliance | AD/FOI/EIR/SAR |
| Legal Administration | AD/LEG |
| Customer Services | AD/CS |
| General HR | HR/GEN |
| Recruitment & Selection | HR/SA |
| Learning & Development | HR/TR |
| Safeguarding | HR/SF |
| Finance | FIN/ |
| Financial Management | FIN/FMA |
| Audit & Risk Governance | FIN/ARG |
| Pay & Pensions | FIN/SA |
| Procurement | FIN/PPS |
| Information Technology | IT/ |
| Systems & Infrastructure | IT/ |
| ICT Support | IT/ |
| Security | IT/ |
| Corporate Policy | CPP/PO |
| Corporate Plan | CPP/CPL |

| Business Activity | File Plan Reference |
|--|----------------------------|
| Equality, Disability & Irish Language | CPP/EDIL |
| Projects | CPP/PROJ |
| Marketing | CPP/MK |
| Internal Communications | CPP/IC |
| PR & Media | CPP/PRM |
| Capital Projects | EPM/CPP |
| Property Asset Management | EPM/PM |
| Corporate Health & Safety & Emergency Planning | EPM/CHS |

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Appendix B – Glossary of Terms

Active Record

Active records are those records which are frequently used for current business and therefore should be maintained in their place of origin.

Archived Records

Archived records are records which have been created or received by NMDDC in the course of its activities and functions and selected for permanent preservation for their historical or evidential value by PRONI.

In addition, closed electronic records are saved in archive folders until such time as they are reviewed for either permanent retention or disposal.

Closed Records

Records are closed when the current business activity has ended. Closure begins the mandatory retention period for the records. Retention schedules require records to be closed either:

- at the end of a defined time period (e.g., the end of the fiscal or calendar year), or
- when a certain event relating to the record has occurred (e.g., the denial of a permit or receipt of final payment).

No new documents or records may be added to a closed file, but they must be kept accessible for the duration of its retention period in the event it is required in accordance with Council's Access to Information Policy and for formal review prior to destruction or permanent preservation in accordance with Council's Retention and Disposal Schedule.

Data Protection Impact Assessment (DPIA)

A DPIA is a process designed to systematically analyse, identify and minimise the data protection risks of a project or plan. It is a key part of NMDDC's accountability obligations under the GDPR, will help assess and demonstrate how compliance with all Council's data protection obligations. It is an essential requirement at the outset of a new project or implementation of a new or revised data processing system to identify if a DPIA is required and to set up records management procedures in line with the requirements defined by the DPIA.

Data Minimisation

Processing of personal data must be adequate, relevant, and limited to what is necessary in relation to the purposes for which they are processed. Personal data should be processed only if the purpose of the processing could not reasonably be fulfilled by other means. This requires, in particular, ensuring that the period for which the personal data are stored is limited to a strict minimum.

Information Asset

An information asset is a body of information, defined and managed as a single unit so it can be understood, shared, protected and exploited effectively. Information assets have recognisable and manageable value, risk, content and lifecycles. An example of an information asset is: all the files associated with a specific project. This might include spreadsheets, documents, images, emails to and from project staff and any other form of records. All individual items can be gathered together and treated the same as they have similar definable content, and the same value, business risk and lifecycle.

Information Asset Owner

Information asset owners (IAOs) are senior staff involved in running the relevant department(s). Their role is to understand what information is held, what is added and what is removed, how information is moved, and who has access and why. As a result, they are able to understand and address risks to the information and ensure that information is fully used within the law for the public good and provide input on the security and use of their asset.

Inactive Records

Inactive records are related to closed, completed or concluded activities but must be retained for administrative, historical and/or legal purposes. As inactive records are no longer routinely referenced, they are generally stored in a secure filing room or archive storage centre remaining accessible for purposes of business processing only with restrictions on alteration.

Metadata

Metadata, usually defined as 'data about data', is information that describes characteristics of a document or record to aid in the identification, discovery, assessment and management of documents and records. Metadata can include a record's date, location, or creator; the device on which a record was created; the duration of phone calls or web browsing; and much more.

Metadata allows users to manage and work with records and facilitates accessibility, and identification of resources.

Non-Records

Any document, device or item, regardless of physical form or characteristic, created or received, that does not serve to document NMDDC's functions, policies, decisions, procedures, operations or other activities. Non-records may include duplicates of official records, reference documents, documents relating to an individual's own, personal affairs.

Preservation

Processes and operations used in ensuring the technical and intellectual survival of authentic records over time.

Privacy Notices

The GDPR requires that data controllers provide certain information to people whose information (personal data) they hold and use. A privacy notice is one way of providing this information. A privacy notice should identify who the data controller is, with contact details for its Data Protection Officer. It should also explain the purposes for which personal data are collected and used, how the data are used and disclosed, how long it is kept, and the controller's legal basis for processing.

NMDDC publishes privacy notices that apply to the collection, sharing and retention of data. Records must be retained in accordance with the relevant privacy notice in addition to this procedure and Council's Retention and Disposal Schedule. Personal data can only be lawfully utilised by Council for the purposes set out to the data subject in the privacy notice.

Publication Scheme

Under the Freedom of Information Act 2000, every public authority must publish and maintain a [publication scheme](#) which sets out the information they routinely make available to the public.

The scheme includes seven broad classes of information that cover:

- who Council is and its constitutional and legal governance;
- financial information;
- strategy and performance information;
- decision making;
- policies and procedures;
- lists and registers; and
- the services Council offers.

Council staff, Elected Members and third parties must be aware of what is freely available to members of the public through the [publication scheme](#) and advise the Records Manager if information requires updated, replaced or altered.

Records

Information created, received and maintained as evidence and information by an organisation or person, in pursuance of legal obligations or in the transaction of business. Records include, but are not limited to, paper files, emails, CCTV recordings, electronic files, databases and photographs.

Records Management

The efficient and systematic control of the creation, receipt, maintenance, use and disposition of records, including processes for capturing and maintaining evidence of and information about business activities and transactions in the form of records.

Records Management Manual

A records management manual is a document that details how records are created, maintained and disposed of within a department, service area, project or working group.

Retention and Disposal Schedule

The purpose of a Retention and Disposal Schedule is to ensure that records are retained only for as long as required by statute or for as long as they are needed for business purposes and, when no longer required, disposed of in a documented, timely and appropriate manner.

Vital Records

Vital records are classified as being essential to the continuation of Council business in the event of a major event, e.g. a disaster. Vital records include those records which are required to recreate Council's legal and financial status, to preserve its rights, and to ensure that it can continue to fulfil its obligations to its stakeholders in the event of a disaster. Vital records may be in any format such as paper, electronic, etc. and examples are records which give evidence of the legal status of NMDDC and its holdings, minutes and papers of committee meetings particularly where major policy decisions are taken, current accounts payable and receivable, contingency plans, key staff contact details, staff records, and next of kin details, etc.

Appendix C – Certificate of File Closure

Certificate of File Closure - to be completed by the Information Asset Owner

| | |
|--|--|
| File Reference: | |
| Title of File: | |
| Department: | |
| Brief Description of Information held on File / Records: | |
| Date range of Information held on File: | |
| Date on which File was closed: | |
| Reason for File Closure: | |
| Review/Disposal Date: | |
| Recommendation of Retention & Disposal Schedule in relation to this Category of Records: | |
| Related Files (including electronic) and Any Other Information: | |

I confirm that I am the Information Asset Owner responsible for the records described above. Having reviewed the records in question I am satisfied that the file(s) should now be closed.

I confirm that the recommendations of the Council's Retention & Disposal Schedule will be adhered to in respect of the above records.

Signed:

Print Name:

Date:

This Form, when completed, should be placed on the front of the File, a file note/diary entry added to the Departmental Records Management folder and a notification sent to the Records Management team.

Appendix D – Archive Box Label Template

Box # of #

Department Name

Review/Dispose [Insert Date]

Contents

| File Ref | File / Project Name | Date closed | Disposal Date |
|----------|---------------------|-------------|---------------|
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Where possible, box together files with the same review and/or disposal date, if you have a mixed box please include the date range at the top of the page and against each file name.

Appendix E – Disposal of Records Form

NOTE: Records must not be destroyed if any litigation, claim, negotiation, audit, Freedom of Information or Data Protection request, administrative review, or other action involving the relevant information is initiated before the expiration of the retention period. They must be retained until completion of the action and the resolution of all issues that arise from it, or until the expiration of the retention period, whichever is later.

Authorisation of this form confirms that all records included are compliant with the above.

| | | | | |
|---|---|--|---|--|
| Department/Service: | Name: | | Date: | |
| | Role: | | | |
| File Reference: | | | | |
| Record Title / Description: | | | | |
| Record Format: | Electronic / Hard Copy / CD / DVD / Other _____ | | | |
| | If Electronic provide file location _____ | | | |
| Record Dates: | | | | |
| Classification: | | | | |
| R&DS recommendation: | | | | |
| Reason for disposal: | | | | |
| Method of disposal: Tick as appropriate ✓ | Destruction | | PRONI | Council Archive |
| Method of destruction (if applicable): Tick as appropriate ✓ | Confidential Shredding No of Bags: | | Digital deletion from Council network, e.g. shared drives, database, etc. | Digital deletion from other location, e.g. cloud service, mobile device, etc. |

The **proposed destruction / destruction** has been approved by the Information Asset Owner.

| | |
|-------------------------|---------------------------------------|
| Information Asset Owner | Sign or ✓ as appropriate: |
| Name: _____ | Signature: _____ |
| Date: _____ | Electronic authorisation via email: ✓ |

NOTE: Form must be sent to recordsmanagement@nmandd.org from IAO mailbox to confirm electronic authorisation.

Once completed, a copy of this form and authorisation must be retained by the relevant Information Asset Owner.

The RM Team will confirm hard copy file destruction by email to be retained with this Disposal form.

For **batch disposals**, please attach the list of records to this form.

Appendix F – File Tracking Schedule

File Tracking Schedule

| | |
|-----------------------------------|--|
| Department / Team: | |
| File Reference Number: | |
| File Name (if applicable): | |
| File Location (Office): | |

| Borrower Name | Borrower Ext. | Date Out | Date Due | Date Returned |
|---------------|---------------|----------|----------|---------------|
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Appendix G – Records Management Guidance and Best Practice

The Records Management Team have compiled the following Schedule, Guidance and Best Practice documents to help embed Council's Records Management Policy and Procedure.

[Retention & Disposal Schedule](#)

[Guide to Email Records Management](#)

[Data Cleanse Guidance for Electronic Files](#)

[Electronic Files - Data Cleanse Flowchart](#)

[File Tracking Sheet](#)

[Confidential Waste Paper Disposal Process and Guidance](#)

[Archive Box Label Template](#)

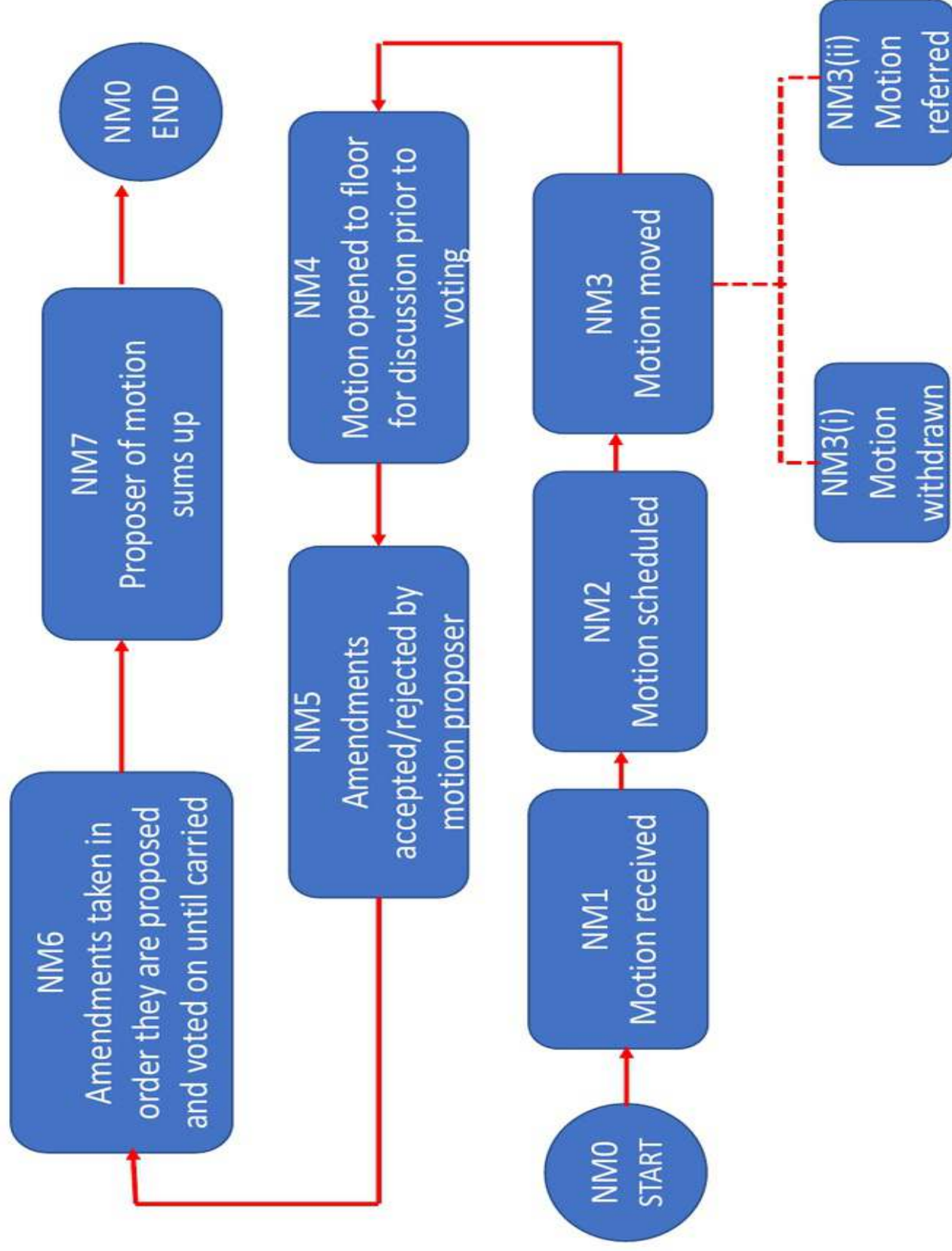
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| | |
|---|---|
| Report to: | Strategy, Policy & Resources Committee |
| Date of Meeting: | 17 th August 2023 |
| Subject: | Council Decision-Making Processes |
| Reporting Officer (Including Job Title): | Josephine Kelly, Director |
| Contact Officer (Including Job Title): | Sarah Taggart, Democratic Services Manager (Acting) |

| | | | |
|---|---|------------------------|----------|
| Confirm how this Report should be treated by placing an x in either - | | | |
| | For decision | For noting only | x |
| 1.0 | Purpose and Background | | |
| 1.1 | <p>The purpose of this report is to provide for Member consideration, updated process maps (and accompanying narratives) for the Council's core decision-making processes.</p> <p>This follows a request from the SPR Committee Meeting held on 15th June 2023 that a report be brought back on how Notice of Motions should be dealt with at Committees.</p> | | |
| 2.0 | <u>Key Issues</u> | | |
| 2.1 | Process Maps & Narratives | | |
| | <p>Appendix 1 highlights the decision-making process for Notices of Motions as they are dealt with at Council Meetings along with a narrative explaining each of the steps.</p> <p>The diagram in appendix 2 outlines the decision-making process when Notices of Motion are referred from Council to Committees along with a narrative explaining each of the steps taken.</p> | | |
| 3.0 | Recommendations | | |
| 3.1 | Members note the process maps and narratives for dealing with Notices of Motion at both Council and Committee Meetings. | | |
| 4.0 | Resource implications | | |
| 4.1 | N/A | | |
| 5.0 | Due regard to equality of opportunity and regard to good relations (complete the relevant sections) | | |
| 5.1 | <i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i> | | |

| | | |
|-----|---|-------------------------------------|
| | It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations | <input checked="" type="checkbox"/> |
| 5.2 | <p><i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>The policy (strategy, policy initiative or practice and / or decision) has been equality screened</p> | <input type="checkbox"/> |
| | The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation | <input type="checkbox"/> |
| 5.3 | <p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves</p> | <input type="checkbox"/> |
| | Consultation period will be 12 weeks | <input type="checkbox"/> |
| | <i>Rationale:</i> | <input type="checkbox"/> |
| 6.0 | Due regard to Rural Needs (please tick all that apply) | |
| 6.1 | <p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Rural Needs Impact Assessment completed</p> | <input type="checkbox"/> |
| 7.0 | Appendices | |
| | i. Notices of Motion: Dealt with at Council (Map and Narrative) | |
| | ii. Notices of Motion: Dealt with at Committee (Map and Narrative) | |
| 8.0 | Background Documents | |
| | N/A | |

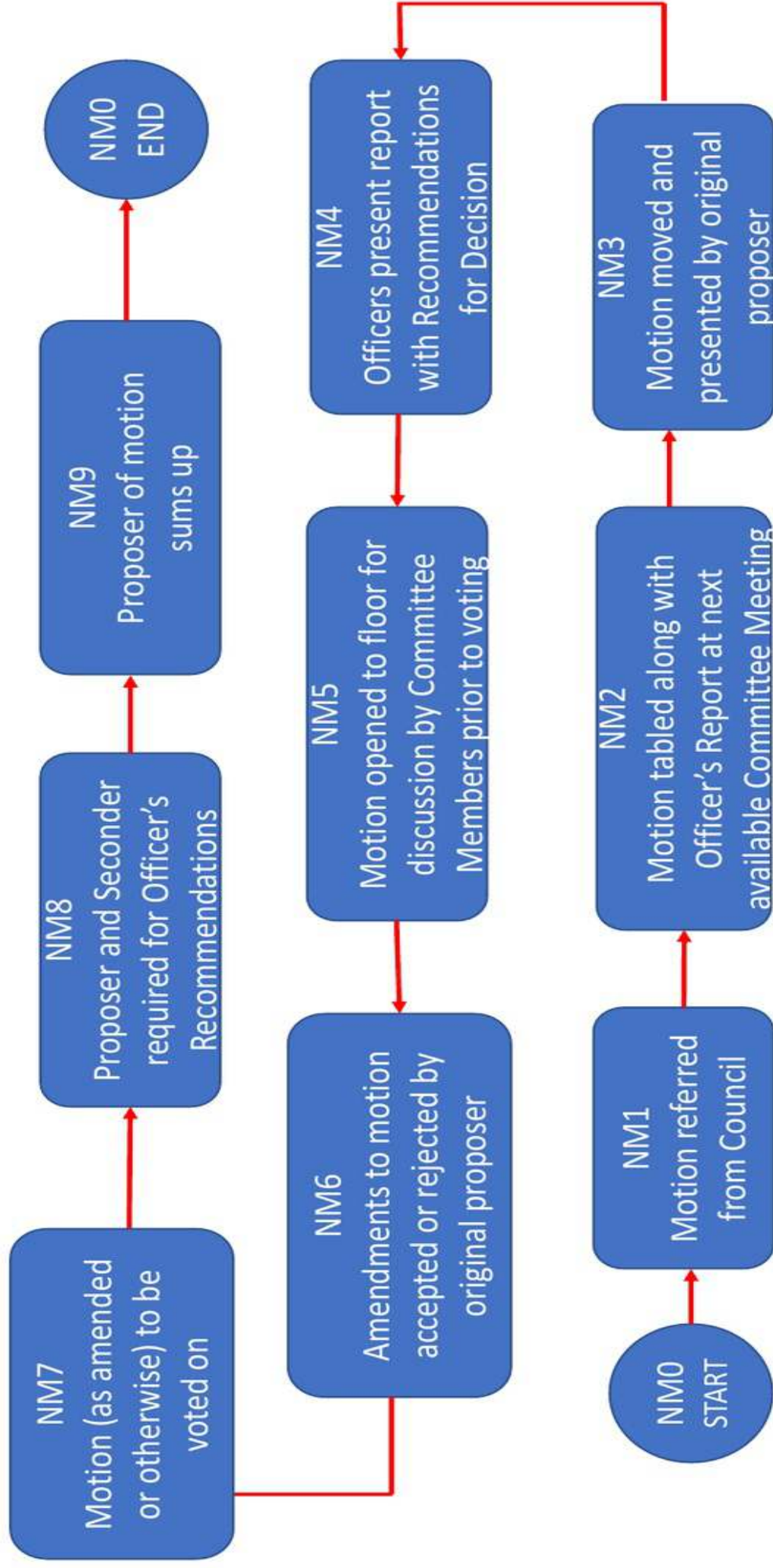
COUNCIL DECISION-MAKING: NOTICES OF MOTION DEALT WITH AT COUNCIL



| ID | Narrative | Notes |
|-----------|--|--|
| NMO Start | Decision-making process commences when an Elected Member wishes to submit a Notice of Motion for consideration by the Council | <p>In accordance with Section 16(1) every Motion shall be relevant to:</p> <ul style="list-style-type: none"> (i) Which the Council has powers or duties or is not prevented from taking action by other legislation; (ii) Which directly affects the District or its residents; and (iii) For which the Council is legally competent. |
| NM1 | A Notice of Motion is received in writing by the Chief Executive and signed by the Elected Member(s) of the Council giving notice (acceptable by email although hard copy should be signed as soon as possible). | The Motion must be submitted at least ten clear days before the next Meeting of the Council. A Motion shall be rejected if the wording or nature of the Motion is considered unlawful or improper. |
| NM2 | Subject to the above being satisfied, the Notice of Motion is scheduled for consideration at the next Meeting of the Council, in the order in which they are received | All notices shall be dated and numbered as received and entered into a register. |
| NM3 | Notice of Motion is moved. | The Motion is moved by an Elected Member of the Council. Generally the proposer will require a seconder to support general discussion of the Motion at the meeting. |
| NM3(i) | Notice of Motion withdrawn. | If a Motion is not moved, it shall, unless postponed by the consent of the Council, be treated as withdrawn and shall not be moved without fresh notice. |
| NM3(ii) | Notice of Motion referred. | Subject to the Motion being moved and seconded, the Motion is referred (without discussion) to a Committee (in the event it relates to its remit, or as decided by the Council) for consideration and report. Motion will be tabled at next available Committee Meeting. Report from Officer will also be tabled with the Motion. Motion to be moved by Proposer and commented on. |

| ID | Narrative | Notes |
|---------|--|---|
| NM4 | Motion opened to floor for discussion prior to voting. | The motion may be subject to Amendments. These are dealt with as part of Section 17 of the Council's Standing Orders. |
| NM5 | Amendments accepted/rejected/rejected by motion proposer. | An amendment must be legitimate and within the scope of the notice convening the meeting. It must not be a direct negative; must be relevant to the proposal which it seeks to amend, and not inconsistent with anything already agreed upon at the same meeting. An amendment must relate solely to the proposal which it seeks to amend, and not be, in effect, a new proposition on a different matter, and must not place a greater responsibility on the meeting than the original proposal. |
| NM6 | Amendments taken in order, they are proposed and voted on until carried. | Only one amendment may be moved and discussed at any one time. No further amendment may be moved until the amendment under discussion has been disposed of. If an amendment is not carried, other amendments to the original motion may be moved. If an amendment is carried, the motion, as amended, takes the place of the original motion. This becomes the substantive motion to which any further amendments are moved. |
| NM7 | Proposer of motion sums up. | The mover of a motion has a right to reply at the close of the debate on the motion, immediately before it is put to the vote. If an amendment is moved, the mover of the original motion shall also have a right of reply at the close of the debate on the amendment and shall not otherwise speak on the amendment. The mover of the amendment shall have no right of reply to the debate on their amendment. |
| NM0 END | | |

COUNCIL DECISION-MAKING: NOTICES OF MOTION REFERRED TO COMMITTEE



| ID | Narrative | Notes |
|-----------|--|---|
| NM0 Start | | |
| NM1 | Notice of Motion referred to Committee from Council Meeting. | Motion referred (without discussion) to a Committee for consideration and report. Report from Officer also tabled with the motion. |
| NM2 | Motion tabled along with Officer's Report at next available Committee Meeting. | |
| NM3 | Notice of Motion is moved and presented by original proposer. | The Motion is presented by the original proposer, or another Elected Member on their behalf. |
| NM4 | Officers present report with Recommendations for Decision | Officer to present report along with recommendations for Elected Members to discuss |
| NM5 | Motion opened to floor for discussion by Committee Members prior to voting | The established mode of address is through the Chairperson. While a member is speaking, they shall not be interrupted by other Members unless they are speaking to a point of order or in personal explanation. |
| NM6 | Amendments to motion accepted or rejected by original proposer | An amendment must be legitimate and within the scope of the notice convening the meeting. It must not be a direct negative; must be relevant to the proposal which it seeks to amend, and not inconsistent with anything already agreed upon at the same meeting. An amendment must relate solely to the proposal which it seeks to amend, and not be, in effect, a new proposition on a different matter, and must not place a greater responsibility on the meeting than the original proposal. |

| ID | Narrative | Notes |
|---------|--|---|
| NM7 | Motion (as amended or otherwise) to be voted on | <p>Only one amendment may be moved and discussed at any one time. No further amendment may be moved until the amendment under discussion has been disposed of.</p> <p>If an amendment is not carried, other amendments to the original motion may be moved.</p> <p>If an amendment is carried, the motion, as amended, takes the place of the original motion. This becomes the substantive motion to which any further amendments are moved.</p> |
| NM8 | Proposer and Seconded required for Officer's Recommendations | The officer's report requires a proposer and seconder in order that any recommendations can be implemented. |
| NM9 | Proposer of motion sums up. | The mover of a motion has a right to reply at the close of the debate on the motion, immediately before it is put to the vote. If an amendment is moved, the mover of the original motion shall also have a right of reply at the close of the debate on the amendment and shall not otherwise speak on the amendment. The mover of the amendment shall have no right of reply to the debate on their amendment. |
| NMO END | | |

| | |
|---|---|
| Report to: | Strategic Policy & Resources Committee |
| Date of Meeting: | August 2023 |
| Subject: | Business Continuity Policy |
| Reporting Officer (Including Job Title): | Caolain Boyd – Assistant Director Capital Projects & Procurement |
| Contact Officer (Including Job Title): | Kelly McNiff – SHEP Manager |

Confirm how this Report should be treated by placing an x in either:-

| | | | |
|---------------------|----------|------------------------|--|
| For decision | x | For noting only | |
|---------------------|----------|------------------------|--|

| | |
|------------|---|
| 1.0 | Purpose and Background |
| 1.1 | SMT are asked to consider and approve the attached Business Continuity Policy and take ownership of their Departmental BCPs. |
| 2.0 | Key issues |
| | <p>Background:</p> <p>Following impacts of COVID and increased threat of cyber incidents, SHEP were asked to produce a suite of documents for CMT and identified 'Key' Heads of Service/ Managers to ensure suitable business continuity arrangements are in place.</p> <p>Early-mid 2022, assistance was provided by our SHEP Student and updates on the status of departmental plans reported to SMT. It is the responsibility of each department and relevant director to review the content of their business continuity plans as SHEP are not in the position to provide feedback in relation to what is reasonable/ tolerated in relation to impacts.</p> <p>The attached Business Continuity Policy clearly outlines the roles and responsibilities and process to be undertaken to assess, review and capture departmental arrangements. The following documents are available:</p> <ul style="list-style-type: none"> a) Business Impact Assessment (BIA) b) Maintaining Critical Functions c) Recovery of Non-critical Functions d) Critical Contacts Register <p>This policy & associated documents aim to ensure that all departments identify their key risks and develop effective backup and recovery strategies to mitigate or avoid the impact of disruptive events in order to be able to continue to provide their critical functions/ services, whilst responding to recovery.</p> <p>All Business Continuity Plan's are to remain 'live' documents and reviewed regularly.</p> <p>It was agreed previous with SMT that Council would not operate a defined list of critical services/ functions (in rank order). Recent experiences have highlighted that the priority/critical functions change depending on the nature of the incident/disruption, time of year, month, day and therefore will be discussed and agreed by SMT and disseminated as required for actioning.</p> |

| | |
|------------|---|
| 3.0 | Recommendations |
| 3.1 | SPR Committee are asked to consider and approve the attached Business Continuity Policy. |
| 4.0 | Resource implications |
| 4.1 | Refer to completed Departmental Business Continuity Plans. |
| 5.0 | Equality and good relations implications |
| | Due regard to equality of opportunity and regard to good relations (complete the relevant sections) |
| 5.1 | <p><i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i></p> <p>It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations <input checked="" type="checkbox"/></p> |
| 5.2 | <p><i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>The policy (strategy, policy initiative or practice and / or decision) has been equality screened <input type="checkbox"/></p> <p>The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation <input type="checkbox"/></p> |
| 5.3 | <p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/></p> <p>Consultation period will be 12 weeks <input type="checkbox"/></p> <p>Consultation period will be less than 12 weeks (rationale to be provided) <input type="checkbox"/></p> <p><i>Rationale:</i></p> |
| 6.0 | Due regard to Rural Needs (please tick all that apply) |
| 6.1 | <p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Rural Needs Impact Assessment completed <input type="checkbox"/></p> |

| | |
|------------|--|
| | |
| 7.0 | Appendices |
| | 1 – NMD Business Continuity Policy DRAFT June 2023 2 – Business Impact Analysis – template example 3 – Departmental Business Continuity Plan – Maintaining Critical Services – template 4 – Departmental Business Plan – Recovery of Non-Critical Services – template 5 – Departmental Critical Contacts Register – word & excel templates |
| 8.0 | Background Documents |
| | None |

Policy title: Business Continuity Policy**Policy Control**

| | |
|---|--|
| Policy reference: | <i>Contact Corporate Policy & Equality Officer for a policy reference</i> |
| Title of Policy: | Business Continuity Policy |
| Version: | 1 |
| Directorate / Departmental ownership: | Corporate Services/ Safety, Health and Emergency Planning |
| Officer responsible: | Kelly McNiff |
| Date of ratification: | |
| Review date: | |
| Equality screening and Rural Needs Impact Assessment completed by: | |
| Equality screening and Rural Needs Impact Assessment date: | |
| Location where document is held and referenced: | Responsible Department <input type="checkbox"/> Corporate Policy repository <input checked="" type="checkbox"/> |

Contents

| Content | Page Number |
|---|--------------------|
| Statement | 3 |
| Aim | 3 |
| Objective | 3 |
| Scope | 3 |
| Related policies and legislation | 4 |
| Department & Officer responsible | 5 |
| Policy approval process | 5 |
| Review date | 5 |
| Roles & Responsibilities | 5 |
| Business Continuity Plans | 6 |
| Compliance | 7 |
| Procedures and arrangements for monitoring the implementation and impact of the policy | 7 |
| Equality screening | 7 |
| Rural Needs Impact Assessment | 8 |
| Appendix 1 – Organisational Chart | 9 |

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1. Title of Policy

Business Continuity Policy

2. Statement

Newry Mourne and Down District Council (NMD) recognises that it provides services to the community and works in partnership with others in order to deliver the corporate priorities that we have identified. It is vital that we, as a Council are able to ensure that our most critical services and functions are maintained and resources protected to at least a reasonable level during incidents and disruptions. This will assist the Council in becoming more resilient and will also help in maintaining our reputation both to the community we serve and to the many people, visitors and businesses that are attracted to NMD in order to live, work or visit.

The policy requires Directors and Heads of Service to demonstrate that they have considered the need for a business continuity plan for every service within their department. Plans must be written, published and tested for all critical services.

3. Aims

Newry Mourne and Down District Council's Business Continuity Policy provides a structure through which:

- Critical services and their supporting activities/resources can be identified.
- Plans will be developed to ensure continuity of critical service delivery following disruption, which may arise from loss of facilities, personnel, IT and/or communications or failure within the supply and support chains.
- Activation of business continuity plans throughout the Council can be managed.
- Plans are subject to continuous review and validation through exercising and testing.

4. Objectives

Business continuity plans must, as a minimum address the following:

- Staff safety, welfare and internal communications.
- Adherence to contractual and statutory obligations.
- Management of risk.
- Maintenance of customer and public confidence and the reputation of the Council.
- The timely resumption of critical functions.

5. Scope

- 5.1 The Council business continuity plan is based on standards defined by ISO 22301, the Civil Contingencies Act 2004 and the Business Continuity Institute. Each Business Continuity plan will be prepared to meet recognised standards of corporate governance.



5.3 Figure 1: Business Continuity Institute Model

All departments within NMD are required to identify critical services and functions. Business continuity plans will then be developed which will include identifying key activities/business processes and key staff within each service, as well as the minimum resourcing and staffing levels required, should there be an interruption in service.

5.4

All officers and those working voluntarily or under contract to the Council must be aware of, and are required to comply with, all relevant Council policies and procedures.

5.5

This policy also applies to the management of all supply chains especially outsourced contracts. It requires those responsible for negotiating and managing contracts to ensure appropriate business continuity conditions are included in contracts, in order that the service provider is able to deliver acceptable levels of service following a disruption to the Council or the supplying company.

5.6

NMD's corporate business continuity plan and service unit plans will include a clear procedure for invoking the plan, identifying key personnel and their roles in conjunction with the Council's Emergency Planning Policy and Procedures.

5.7

Performance monitoring will be co-ordinated by the Safety, Health and Emergency Planning Section and will focus on the following components:

- Scope – to ensure that all critical functions are identified.
- Validation – to verify the plans works and are fit for purpose.
- Training and exercising – to familiarise key staff with what is expected of them in a crisis and preparing them for crisis conditions.

6. Related policies and legislation

NMDDC – Emergency Plan

7. Department and Officer responsible

| | |
|--|--|
| Directorate / Department | Corporate Services/ Safety, Health and Emergency Planning |
| Officer(s) responsible for developing the policy | Kelly McNiff |

8. Policy approval process

| Meeting | Date |
|--|-----------------------------|
| <i>CMT</i> | <i>06.07.23</i> |
| <i>SMT</i> | <i>09.08.23</i> |
| <i>Relevant Committee(s) e.g. Strategy, Policy and Resources Committee</i> | <i>17.08.23</i> |
| <i>Monthly Council Meeting</i> | <i>Date of ratification</i> |

9. Review Date

The policy will be reviewed in line with the Council's agreed policy review cycle i.e. every 4 years (as per Council's Equality Scheme commitment 4.31), or sooner to ensure it remains reflective of legislative developments and Council structure.

10. Roles & Responsibilities**10.1 Chief Executive**

- Strategic owner of the corporate business continuity planning arrangements.
- Participate in tests and exercises.
- Activate the Business Continuity Plans, as applicable.
- Chair Emergency Management Team (EMT) during an emergency.
- Liaise with appropriate Elected Members.

10.2 Directors

- Ensure a Business Impact Analysis, Business Continuity Plan – Maintaining Critical Functions and Critical Contacts Register is effectively completed by their departments to address the services delivered by their department.
- Regularly review their Departmental BCPs to ensure the necessary contingency arrangements are appropriately developed to provide back up to normal service delivery.
- Chair Emergency Management Team in the absence of the Chief Executive.
- Participate in tests and exercises
- If required, take on the role of plan owner.

10.3 Assistant Directors & identified 'Key' Heads of Service/ Managers

- Complete a Departmental Business Impact Analysis (BIA) and identify critical areas within their service unit.
- Develop necessary contingency strategies and document within their Departmental Business Continuity Plan – Maintaining Critical Functions/ Recovery of Non-Critical Services document, appropriate to their service unit areas of responsibility.
- Compile related databases of service providers, customers and staff contact details (Departmental Critical Contacts Register).
- Ensure correct out of hours contact numbers are kept for staff.
- Consider access arrangements for the above in the event of an emergency (digital & hard copies) of necessary documentation/ contacts.
- Regularly review all business continuity documentation on a regular basis and post incident, as they are 'live' documents.
- Ensure staff are familiar with the contingency arrangements in place relevant to their area of service delivery.

11.4 Safety Health & Emergency Planning Section

- Develop and maintain the NMD Business Continuity Policy and associated documentation to allow all stakeholders to participate effectively and appropriately in the response to an emergency/ incident.
- Coordinate and facilitate the NMD EPIG and delivery of associated actions, as applicable.
- Ensure management are aware of the plan.
- Provide advice and assistance on development and testing of plans, as applicable.
- Assist the Chief Executive in business continuity activities.

11.5 Emergency Planning Implementation Group (EPIG)

The NMD EPIG comprises of senior managers across all Council Departments and activated in the event of an emergency/ incident. This existing mechanism will be used to promote and embed Business Continuity Management (BCM) principles with 'Business Continuity Planning' a standing agenda item.

11.6 All Staff

- Be involved in training and awareness training sessions.
- Ensure they are familiar with the contingency arrangements in place relevant to their area of service delivery.

12. **Business Continuity Plans**

There are 14 Departmental Business Continuity Plans (BCPs) within NMD, which following the hierarchy of the Council's structure below. Other 'Key' Heads of Service/ Managers outside of the named directorates must consider and apply same, as relevant (eg. Democratic Services, Planning & Performance, personal assistants).

Departmental BCPs are to include the following documents:

- a) Business Impact Assessment (BIA)
- b) Maintaining Critical Functions

- c) Recovery of Non-critical Services
- d) Critical Contacts Register

The Departmental Business Continuity Plans will ensure that all departments identify their key risks and develop effective backup and recovery strategies to mitigate or avoid the impact of disruptive events in order to be able to continue to provide their critical functions/ services, whilst responding to an emergency.

All Business Continuity Plan's will take into consideration risks identified through the risk management strategy/ business impact analysis and are to remain 'live' documents.

13. Compliance

The Civil Contingencies Act 2004 introduced a statutory requirement that essential services to the public be maintained during disruption. The Local Government (Northern Ireland) Order 2005 Article 29 provides powers to the Council to prepare plans for Civil Emergencies.

14. Procedures and arrangements for monitoring the implementation and impact of the policy (Monitoring & Review)

Business continuity management is essential if the Council is to meet its obligations to provide critical functions/services to the public and partner agencies during a period of disruption.

All Council Business Continuity Plan's will be reviewed in the following circumstances:

- structural, procedural or systems changes within the Council that would significantly affect the management of a major disruption to critical functions/ services;
- external changes that would significantly affect the management of major disruption to the Council's identified critical functions/ services;
- new regulations/ guidance;
- recommended changes following testing/ exercises;
- recommended changes following a major disruption or activation of this plan; and
- any other significant factors.

15. Equality Screening

All policies must be equality screened prior to implementation, and policy screening templates, signed off and approved by the senior manager responsible for the policy, must be forwarded to the Equality Officer.

This section must advise the policy has been screened, and refer to one of the following outcomes:

- 1. Not be subject to an EQIA (with no mitigating measures required)*
- 2. Not be subject to an EQIA (with mitigating measures /alternative policies)*
- 3. Not be subject to an EQIA at this time*
- 4. Be subject to an EQIA*

16. Rural Needs Impact Assessment

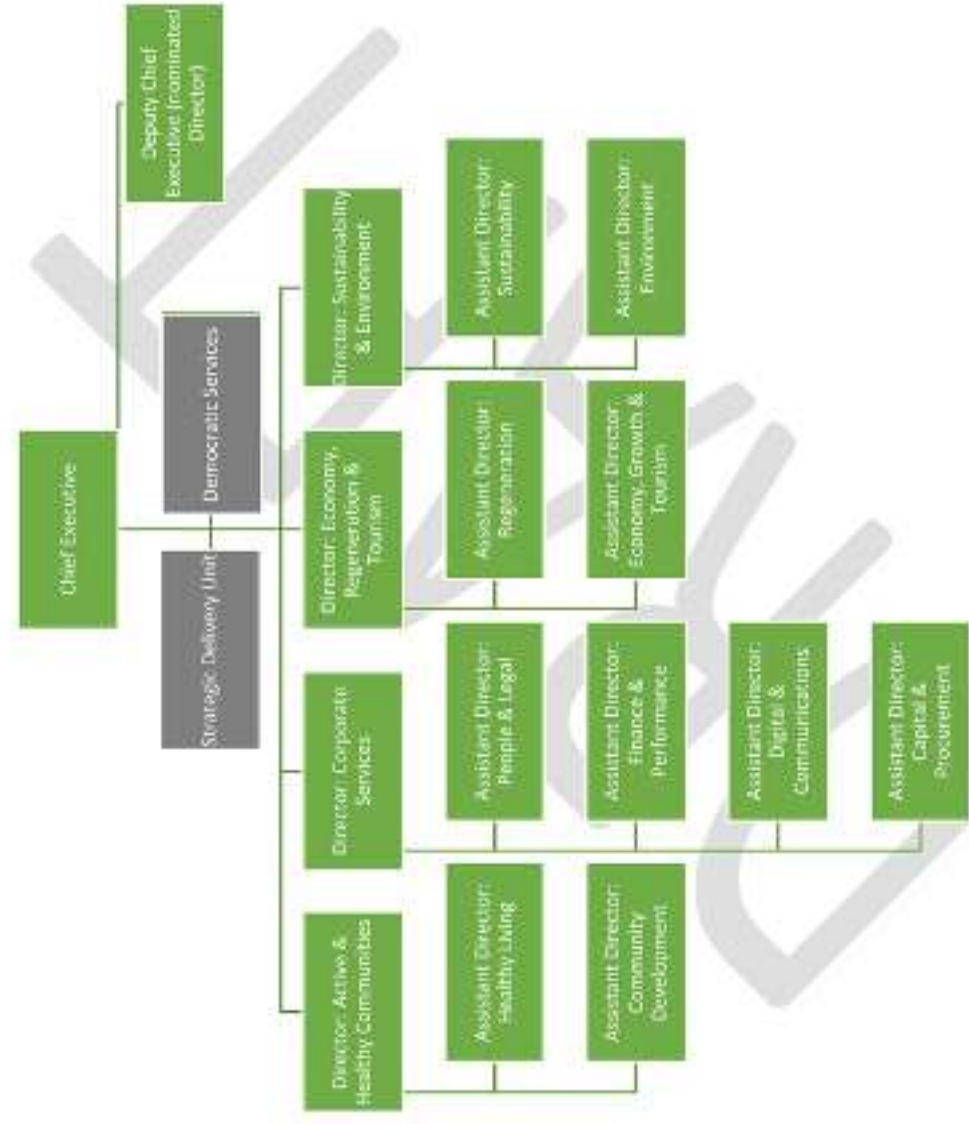
The Rural Needs Act (Northern Ireland) 2016 requires the Council to have due regard to rural needs when: (a) developing, adopting, implementing or revising policies, strategies and plans, and (b) designing and delivering public services.

Rural Needs Assessments must be completed and forwarded to the Head of Corporate Policy. A template has been developed to assist with this process.

This section must confirm the policy has been subject to rural needs impact assessment.

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Appendix 1 – Organisational Chart



Business Impact Analysis: FINANCE

| | |
|-------------|--|
| Updated by: | |
| Date: | |



Comhairle Ceantair
**an Iúir, Mhúrn
agus an Dúin**
**Newry, Mourne
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District Council

Business Continuity: Maintaining Critical Functions

Insert Service Name



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and Down**
District Council

Table of Contents

- 1 Document Control 3
- 1.1 Record details of Amendments to Document 3
- 2 Department Overview and Critical Functions 4
- 3 Critical Function - Business Continuity Plan 5
- 4 Non-Critical Functions..... 8

1 Document Control

| | |
|--|--|
| Plan Owner | |
| Version Number & type (e.g. draft, final etc.) Include Issue Date | <i>This is important to help identify each BC Service Plan in the organisation and to help you manage them in the future.</i> |
| File path/ location | <i>This is important as you should review your BC Service Plan frequently and the information in it. If a number of people are involved in the process, tracking which is the current version can be useful.</i> |
| Date of Next Review | <i>Details of when this BC Service Plan is due to be reviewed</i> |
| Reference Documents | <i>This includes your Service Business Impact Assessment (BIA) and Service Contacts Register and any other plans, procedures, playbooks as appropriate</i> |

1.1 Record details of Amendments to Document

| Date | Description of Amends/ Changes | Author |
|-------------|---------------------------------------|---------------|
| | | |
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| | | |

2 Department Overview and Critical Functions

Populate the table with the critical functions identified in the Business Impact Analysis. Modify the table depending on number of critical functions.

| Structure | Critical Functions Identified | | |
|---|-------------------------------|------------------|---------------------|
| | Payroll | Accounts Payable | Accounts Receivable |
| Function | | | |
| Service (if Head of Service responsible for function) | | | |
| Head of Service (if any) or responsible person(s) | | | |
| Department | Finance | | |
| Assistant Director | Gerard Byrne | | |
| Directorate | Corporate Services | | |
| Director | Dorinnia Carville | | |
| Refer to departmental contacts register for contact information for all relevant staff and suppliers. | | | |

3 Critical Function - Business Continuity Plan

Complete the following table per critical function, group functions together if appropriate, otherwise copy-paste the entire table for each critical function.

| | |
|--|--|
| Critical Function(s) | <i>Group critical functions together if their resource requirements are interdependent and functions are equally critical.</i> |
| Key Responsible Individuals | <i>List managers, supervisors, and key individuals from the 'frontline' up to Assistant Director</i> |
| Maximum Tolerable Downtime (MTD) | <i>How long can the function be suspended entirely? Specify if this depends on the time of year etc</i> |
| Minimum Business Continuity Objective (MBCO) | <i>What is the minimum level of business activities that constitutes delivery of function? This is not normal operations but a temporary bare minimum.</i> |
| Maximum Tolerable Period of Disruption (MTPD) | <i>How long can the function continue to operate at MBCO under your business continuity plan arrangements</i> |
| IT Provisions | <p><i>Using your Business Impact Analysis, detail the IT resources required to provide the Minimum Business Continuity Objective.</i></p> <p><i>Provide alternative methods of delivering the critical function(s) that can be made if these requirements cannot be met. What can be done on paper? What can be done by phone instead of email etc. all necessary contact information mentioned should be present on your contacts register.</i></p> <p><i>This plan should be able to maintain critical functions for an extended duration if all IT equipment is rendered unusable.</i></p> <p><i>Detail the process of implementing these alternative arrangements and specify the time required. Who is responsible and how do you contact them?</i></p> <p><i>Be specific, an auditor should be able to follow your plan exactly.</i></p> |
| Staff Provisions | <i>Using your Business Impact Analysis, detail the staffing levels required to provide the Minimum Business Continuity Objective.</i> |

| | |
|-------------------------------------|---|
| | <p><i>Provide alternative methods of delivering the critical function(s) if these staff levels cannot be met. Can staff be moved from another function? How quickly can agency/outside staff be brought in? Do these staff require certain qualifications/training?</i></p> <p><i>If staff levels cannot be met, what happens? Can the function be completed by a private company? Which companies?</i></p> <p><i>Detail the process of implementing these alternative arrangements and specify the time required. Who is responsible and how do you contact them?</i></p> <p><i>Be specific, an auditor should be able to follow your plan exactly</i></p> |
| <p>Facilities Provisions</p> | <p><i>Using your Business Impact Analysis, detail the facilities required to meet the Minimum Business Continuity Objective, if any.</i></p> <p><i>How can the critical function(s) be delivered without the facilities currently in use? Can staff work from home or from another facility? Will this depend on another resource such as laptops from IT?</i></p> <p><i>Detail the process of implementing these alternative arrangements and specify the time required. How will you contact your staff? How can arrangements be made at alternative facilities?</i></p> <p><i>Be specific, an auditor should be able to follow your plan exactly</i></p> |

| | |
|---|---|
| <p>Equipment/Supplies Provisions</p> | <p><i>Using your Business Impact Analysis, detail the equipment/supplies required to meet the Minimum Business Continuity Objective, if any.</i></p> <p><i>This can be anything from desks, lawnmowers to diesel.</i></p> <p><i>Detail the process of implementing these alternatives arrangements and specify the time required. How will you contact your staff? How can arrangements be made at alternative facilities?</i></p> <p><i>Be specific, an auditor should be able to follow your plan exactly</i></p> |
| <p>Supplier/provider</p> | <p><i>Using your Business Impact Analysis, detail the suppliers/providers essential to meeting the Minimum Business Continuity Objective, if any.</i></p> <p><i>This could be a supplier of fuel or rental vehicles or specific software essential to your critical functions. Are there any other similar suppliers that could fill that role? Do they have contract obligations to resume operations within a specified duration following a disruption?</i></p> <p><i>Be specific, an auditor should be able to follow your plan exactly</i></p> |
| <p>Other Arrangements</p> | <p><i>Under what scenarios can critical functions not be maintained?</i></p> <p><i>Are there possible business interruptions that don't fall into the above categories?</i></p> <p><i>What statutory duties apply to your function? Do they specify a minimum acceptable level of operations?</i></p> |

What additional instructions would an individual who is unfamiliar with your business processes need to implement the listed business continuity plans?

4 Non-Critical Functions

This document will only detail arrangements for maintaining the CRITICAL FUNCTIONS of your Service/Department.

Arrangements for non-critical functions will be detailed in your 'Business Recovery Plan'.

Completion of your Service Business Impact Analysis will assist to populate the table below to identify the relevant service functions and associated category.

Assuming non-critical functions need to be suspended during an emergency. How long can they be suspended without significant impact or neglect of statutory duties.

| Non-Critical Functions | Maximum Tolerable Downtime | Details |
|------------------------|----------------------------|--|
| 1. Procurement | 2 weeks? | Beyond 2 weeks other critical functions will be disrupted by the lack of procurement etc |
| 2. Audit Services | | |
| 3. Stores | | |
| 4. Accounts Receivable | | |
| 5. | | |
| 6. | | |
| 7. | | |

Business Continuity: Recovery of Non-Critical Functions Add Name of Service



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District Council

Table of Contents

- 1 Document Control 3
 - 1.1 Record details of Amendments to Document..... 3
- 2 Department Overview and Non-Critical Functions 4
- 3 Non-Critical Function - Business Continuity Plan 5

1 Document Control

| | |
|--|--|
| Plan Owner | |
| Version Number & type (e.g. draft, final etc.) Include Issue Date | <i>This is important to help identify each BC Service Plan in the organisation and to help you manage them in the future.</i> |
| File path/ location | <i>This is important as you should review your BC Service Plan frequently and the information in it. If a number of people are involved in the process, tracking which is the current version can be useful.</i> |
| Date of Next Review | <i>Details of when this BC Service Plan is due to be reviewed</i> |
| Reference Documents | <i>This includes your Service Business Impact Assessment (BIA), Maintaining Critical Functions, Service Contacts Register and any other plans, procedures, playbooks as appropriate</i> |

1.1 Record details of Amendments to Document

| Date | Description of Amends/ Changes | Author |
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2 Department Overview and Non-Critical Functions

Populate the table with the non-critical functions identified in the Business Impact Analysis. Modify the table depending on number of functions.

| Structure | | Non- Critical Functions Identified | |
|--|--|------------------------------------|--|
| Function | | | |
| Service (if Head of Service responsible for function) | | | |
| Head of Service (if any) or responsible person(s) | | | |
| Department | | | |
| Assistant Director | | | |
| Directorate | | | |
| Director | | | |
| <i>Refer to departmental contacts register for contact information for all relevant staff and suppliers.</i> | | | |

3 Non-Critical Function - Business Continuity Plan

Complete the following table per non-critical function, group functions together if appropriate, otherwise copy-paste the entire table for each function.

| | |
|--|---|
| Function(s) | <i>Group functions together if their resource requirements are interdependent.</i> |
| Key Responsible Individuals | <i>List managers, supervisors, and key individuals from the 'frontline' up to Assistant Director</i> |
| Maximum Tolerable Downtime (MTD) | <i>How long can the function be suspended entirely? Specify if this depends on the time of year etc</i> |
| Minimum Business Continuity Objective (MBCO) | <i>What is the minimum level of business activities that constitutes delivery of function? This is not normal operations but a temporary bare minimum.</i> |
| Maximum Tolerable Period of Disruption (MTPD) | <i>How long can the function continue to operate at MBCO under your business continuity plan arrangements</i> |
| IT Provisions | <p><i>Using your Business Impact Analysis, detail the IT resources required to provide the Minimum Business Continuity Objective.</i></p> <p><i>Provide alternative methods of delivering the function(s) that can be made if these requirements cannot be met. What can be done on paper? What can be done by phone instead of email etc. all necessary contact information mentioned should be present on your contacts register.</i></p> <p><i>This plan should be able to maintain critical functions for an extended duration if all IT equipment is rendered unusable.</i></p> <p><i>Detail the process of implementing these alternative arrangements and specify the time required. Who is responsible and how do you contact them?</i></p> <p><i>Be specific, an auditor should be able to follow your plan exactly.</i></p> |
| Staff Provisions | <i>Using your Business Impact Analysis, detail the staffing levels required to provide the Minimum Business Continuity Objective.</i> |

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| | <p><i>Provide alternative methods of delivering the critical function(s) if these staff levels cannot be met. Can staff be moved from another function? How quickly can agency/outside staff be brought in? Do these staff require certain qualifications/training?</i></p> <p><i>If staff levels cannot be met, what happens? Can the function be completed by a private company? Which companies?</i></p> <p><i>Detail the process of implementing these alternative arrangements and specify the time required. Who is responsible and how do you contact them?</i></p> <p><i>Be specific, an auditor should be able to follow your plan exactly</i></p> |
| <p>Facilities Provisions</p> | <p><i>Using your Business Impact Analysis, detail the facilities required to meet the Minimum Business Continuity Objective, if any.</i></p> <p><i>How can the function(s) be delivered without the facilities currently in use? Can staff work from home or from another facility? Will this depend on another resource such as laptops from IT?</i></p> <p><i>Detail the process of implementing these alternative arrangements and specify the time required. How will you contact your staff? How can arrangements be made at alternative facilities?</i></p> <p><i>Be specific, an auditor should be able to follow your plan exactly</i></p> |
| <p>Equipment/Supplies Provisions</p> | <p><i>Using your Business Impact Analysis, detail the equipment/supplies required to meet the Minimum Business Continuity Objective, if any.</i></p> <p><i>This can be anything from desks, lawnmowers to diesel.</i></p> <p><i>Detail the process of implementing these alternatives arrangements and specify the time required. How will you contact your staff? How can arrangements be made at alternative facilities?</i></p> <p><i>Be specific, an auditor should be able to follow your plan exactly</i></p> |

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| <p>Supplier / provider</p> | <p><i>Using your Business Impact Analysis, detail the suppliers/providers essential to meeting the Minimum Business Continuity Objective, if any.</i></p> <p><i>This could be a supplier of fuel or rental vehicles or specific software essential to your critical functions. Are there any other similar suppliers that could fill that role? Do they have contract obligations to resume operations within a specified duration following a disruption?</i></p> <p><i>Be specific, an auditor should be able to follow your plan exactly</i></p> <p>Other Arrangements</p> <p><i>Under what scenarios can function(s) not be maintained/ recovered?</i></p> <p><i>Are there possible business interruptions that don't fall into the above categories?</i></p> <p><i>What statutory duties apply to your function? Do they specify a minimum acceptable level of operations?</i></p> <p><i>What additional instructions would an individual who is unfamiliar with your business processes need to implement the listed business continuity plans?</i></p> |
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Departmental Critical Contacts Register

Insert Name



Comhairle Ceantair
an Iúir, Mhúrn
agus an Dúin

**Newry, Mourne
and Down**
District Council

Table 2. Key Supplier/Provider Contacts

| Supplier/ Provider | Related Function/ Service provided | Key Contact | Phone | Email |
|-----------------------|---------------------------------------|-------------|--------------|-----------------------|
| Cintra IQ | Payroll | Joe Bloggs | 123 45678978 | Joe.bloggs@nmandd.org |
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Table 3. Key External Contacts

| Agency/Company | Related Function | Key Contact | Phone | Email |
|----------------|------------------|-------------|--------------|-----------------------|
| ABC LTD | Payroll | Joe Bloggs | 123 45678978 | Joe.bloggs@nmandd.org |
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**Ag freastal ar an Dún
agus Ard Mhacha Theas
Serving Down
and South Armagh**

DRAFT

Departmental Critical Contacts Register

INSERT NAME



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| Report to: | Strategy, Policy and Resources Committee |
| Date of Meeting: | 17 August 2023 |
| Subject: | Statutory reporting: 1) Section 75 Policy Screening Report – Quarterly Report for period April – June 2023 2) Newry, Mourne and Down District Council Public Authority Statutory Equality and Good Relations Duties Annual Progress Report 2022-2023 |
| Reporting Officer: | Colin Moffett, Assistant Director Corporate Planning & Policy (Acting) |
| Contact Officers: | Colin Moffett, Assistant Director Corporate Planning & Policy (Acting) Suzanne Rice, Corporate Policy and Equality Officer |

Confirm how this Report should be treated by placing an x in either:-

| | | |
|---------------------|------------------------|----------|
| For decision | For noting only | X |
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| 1.0 | Purpose and Background |
| 1.1 | In line with Council's Section 75 statutory duties and commitments within our approved Equality Scheme; policy screening reports are published quarterly; and Council will prepare an annual report on the progress made on implementing the arrangements set out in its equality scheme to discharge its Section 75 statutory duties. The Quarterly Report for the period April to June 2023, including screening reports, is available on Council's website www.newrymournedown.org . |
| 2.0 | Key issues |
| 2.1 | As per the Council's approved Equality Scheme: <ul style="list-style-type: none"> • All policies Council proposes to adopt must be equality screened, prior to implementation, to assess the likely impact of the policy on the promotion of equality of opportunity and/or good relations. • Council must publish quarterly reports on equality screening which are available on Council's website and forwarded to equality scheme consultees. • The Section 75 annual progress report should be sent to the Equality Commission for Northern Ireland by 31 August each year and will follow any guidance on annual reporting issued by the Equality Commission. • The latest Section 75 annual progress report should be available on Council's website. |
| 3.0 | Recommendations |
| 3.1 | I. To note the Section 75 Policy Screening Report – Quarterly Report for period April – June 2023. II. To note Newry, Mourne and Down District Council's Public Authority Statutory Equality and Good Relations Duties Annual Progress Report for the period 2022 - |

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| | 2023 for submission to the Equality Commission for Northern Ireland by 31 August 2023. |
| 4.0 | Resource implications |
| 4.1 | No financial or resources implications are anticipated. |
| 5.0 | Due regard to equality of opportunity and regard to good relations (complete the relevant sections) |
| 5.1 | <p><i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i></p> <p>It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations <input checked="" type="checkbox"/></p> |
| 5.2 | <p><i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>The policy (strategy, policy initiative or practice and / or decision) has been equality screened <input type="checkbox"/></p> <p>The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation <input type="checkbox"/></p> |
| 5.3 | <p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/></p> <p>Consultation period will be 12 weeks <input type="checkbox"/></p> <p>Consultation period will be less than 12 weeks (rationale to be provided) <input type="checkbox"/></p> <p><i>Rationale:</i></p> |
| 6.0 | Due regard to Rural Needs (please tick all that apply) |
| 6.1 | <p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> |

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| | Rural Needs Impact Assessment completed <input type="checkbox"/> |
| 7.0 | Appendices |
| | Appendix I: Section 75 Policy Screening Report – Quarterly Report for period April – June 2023 Appendix II: Newry, Mourne and Down District Council Public Authority Statutory Equality and Good Relations Duties Annual Progress Report 2022-2023 |
| 8.0 | Background Documents |
| | Newry, Mourne and Down District Council Equality Scheme. |

Newry, Mourne and Down District Council Section 75 Policy Screening Report Quarterly Report April - June 2023

| Policy | Details of policy | Screening Outcome |
|--|--|------------------------------|
| Conflict of Interest Policy and associated Conflict of Interest Procedures | <p>The aim of the Conflict of Interest Policy is to ensure the Council's compliance with, and consistent application of, best practice in relation to Conflicts of Interest.</p> <p>This Policy applies to:</p> <ul style="list-style-type: none"> • all staff and Elected Members of Newry, Mourne and Down District Council; • all those who work for Newry, Mourne and Down District Council (including but not limited to employees, agency staff, elected members, other public representatives, contractors, agents, consultants, servants of the Council and all third party data processors). | No EQIA considered necessary |
| Digital Transformation Flexible Fund | <p>This Digital Transformation Flexible Fund (DTFF) is a new initiative emerging through the Department for the Economy's Complementary Fund. The BRCD successfully applied to the Fund with an outline of the need for a DTFF to stimulate innovation and transformation among businesses within the City Deal region. As neither a programme nor a project (but rather a Fund) the DTFF OBC may not come within the definition of a 'policy' as defined for the purposes of equality screening, and relates to businesses rather than individuals, it has been subjected to this process at the request of Invest NI.</p> <p>The DTFF concept was initially developed in response to the low levels of innovation and digital transformation taking place across the region - particularly among the small business community and social enterprises. The DTFF aims to address the financial barrier that small businesses face when seeking to digitally transform by establishing a capital grant fund that will</p> | No EQIA considered necessary |

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| | <p>support investment in the types of capital equipment considered critical to their strategic digital transformation ambitions (e.g., hardware, software, bespoke system development).</p> <p>The capital grant fund of £7.5m to which businesses can apply on a competitive basis comprises:</p> <ul style="list-style-type: none"> • £6m ring-fenced through the NI City & Growth Deal Complementary Fund • £1.1m committed by the Department for Agriculture, Environment and Rural Affairs (DAERA) • £450k from Derry City & Strabane Growth Deal <p>The Outline Business Case submitted to DfE and INI for approval is supported by all 11 local Councils. It has been designed in continuous engagement with relevant council representatives and with other relevant stakeholders and informed by data and analysis to explore and understand the barriers to small and micro businesses innovating and transforming and the opportunities for addressing these barriers.</p> <p>This has highlighted a particular need for capital funding to promote investment in certain transformative technologies. The OBC has been endorsed and approved by the BRCD E&S Board, the BRCD Executive Board and individual Councils through their normal Committee approval arrangements (Dec 22).</p> <p>It is important to note that this Fund is not open to individuals but only to businesses/social enterprises and is not therefore likely to create any adverse impact to any individual from a Section 75 category.</p> |
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| <p>Business Continuity Policy</p> | <p>Newry Mourne and Down District Council's Business Continuity Policy provides a structure through which:</p> <ul style="list-style-type: none"> • Critical services and their supporting activities/resources can be identified. • Plans will be developed to ensure continuity of critical service delivery following disruption, which may arise from loss of facilities, personnel, IT and/or communications or failure within the supply and support chains. • Activation of business continuity plans throughout the Council can be managed. • Plans are subject to continuous review and validation through exercising and testing. | <p>No EQIA considered necessary</p> |
| <p>Newry, Mourne and Down District Council's Performance Improvement Plan 2023-24</p> | <p>The Performance Improvement Plan 2023-24 includes the following five objectives, all of which are linked to the Community Plan and Corporate Plan 2021-23.</p> <ol style="list-style-type: none"> 1. We will support the health and wellbeing of local people by improving our leisure facilities and services 2. We will grow the economy by supporting local businesses and creating new jobs 3. We will improve the cleanliness of our District by addressing littering, fly tipping and dog fouling incidents 4. We will improve our sustainability and reduce our impacts in relation to climate change 5. We will improve the processing times of planning applications and enforcement cases by implementing the Planning Service Improvement Programme | <p>No EQIA considered necessary</p> |

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| <p>Northern Ireland Enterprise Support Service (NIESS)</p> | <p>The new Northern Ireland Enterprise Support Service (NIESS) aims to deliver a connected enterprise support service that enables individuals and businesses to access the relevant support services to meet their needs and the growth ambitions of their businesses.</p> <p>The scope of the services includes activity to be delivered under four elements, (engage, foundation, enabling growth, accelerated scaling) representing a continuum of support that will be required from pre-start support, through start-up and the growth journey thereafter. Each element may comprise of a range of projects or initiatives, each with their own area of focus and expertise to help individuals, entrepreneurs, and businesses in addition to the provision of grant funding.</p> | <p>No EQIA considered necessary</p> |
| | <p>The key objectives of the NIESS align to the 10x Economic Strategy, Programme for Government, DFE Economic Recovery Action Plan, City & Growth Deals, and the Community Plans of local Councils, in particular:</p> <ul style="list-style-type: none"> • Creating employment and opportunity • Fostering business growth • Strengthening business relationships and making it easy to do business • Reducing economic inequalities • Address barriers to employment at structural and personal levels • Address educational inequalities and increase skills attainment • Reduce poverty and economic inactivity • Requirement for a long-term business start interventions • UK government drive to push out the "levelling up" agenda, and need to consider models for local delivery of targeted 2 interventions • Development of new ways of working such as Labour Market Partnerships, which create templates for alternative partnership approaches with councils at the core in "bridging" local need with regional/national policy. | |

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| | <p>The NIESS will provide an offer than can meet future ambitions whilst ensuring an inclusive approach, where local ecosystems in each Local Government District will be able to cater for a diverse range of entrepreneurs and enterprise types.</p> | |
| Retention & Disposal Schedule | <p>This document sets out the minimum time periods for which the various records created by Newry Mourne and Down District Council should be retained, either due to their ongoing administrative value or as a result of statutory requirements.</p> <p>It will enable the Council to dispose of records promptly when they cease to be of any continuing administrative/legal value and will identify records which should be transferred to the Public Record Office of Northern Ireland (PRONI) because of their long-term historical/research value. The schedule complies with the requirements in the Public Records Act (NI) 1923 and the Disposal of Documents Order (S.R.& O.1925 No 167).</p> | No EQIA considered necessary |

Newry, Mourne and Down District Council



Public Authority Statutory Equality and Good Relations Duties Annual Progress Report

Contact:

| | |
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| <ul style="list-style-type: none"> ○ Section 75 of the NI Act 1998 and Equality Scheme | <p>Name: Suzanne Rice</p> <p>Telephone: 0330 137 4887</p> <p>Email: suzanne.rice@nmandd.org</p> |
| <ul style="list-style-type: none"> ○ Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan | <p>As above <input type="checkbox"/> (double click to open)</p> <p>Name:</p> <p>Telephone:</p> <p>Email:</p> |

Documents published relating to our Equality Scheme can be found at:

www.newrymournedown.org

Signature:



This report has been prepared using a template circulated by the Equality Commission.

It presents our progress in fulfilling our statutory equality and good relations duties, and implementing Equality Scheme commitments and Disability Action Plans.

This report reflects progress made between April 2022 and March 2023

PART A

PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme**Section 1: Equality and good relations outcomes, impacts and good practice**

- 1 In 2022-23, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved.

Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.

Newry, Mourne and Down District Council strives to promote equality of opportunity and good relations through key policies and delivery of services.

In fulfilling our Section 75 statutory duties, Council has developed an Equality Scheme which has been approved by the Equality Commission for Northern Ireland. It outlines corporate responsibilities, legal commitments, and specific actions.

Below is a snapshot of activities undertaken by Council to better promote equality of opportunity and good relations during the 2022-2023 reporting period.

Financial Assistance Programme 2022-2023

Newry, Mourne and Down District Council operates a number of grants and financial assistance programmes to contribute to community projects. Questions related to how applicants' proposed initiatives will promote equality of opportunity and good relations are an element of the assessment and scoring criteria.

- 35 successful Good Relations financial assistance applications funded. £48,850 allocated to the successful applicants.
- 19 successful Irish language financial assistance applications funded. £52,100 allocated to the successful applicants.
- 13 successful Minority Communities financial assistance applications funded. £12,500 allocated to the successful applicants.
- 22 successful Queen's Platinum Jubilee applications funded. £40,170 allocated to the successful applicants.

Councillors' Equality and Good Relations Reference Group

Newry, Mourne and Down District Council's Equality and Good Relations Reference Group is a facilitated discussion space. It serves as a 'barometer of opinion', playing a role in considering and discussing politically sensitive and contentious issues, including those relating to events, centenaries, policy and procedure, single issues requiring specific consideration for advice, and guidance on the establishment of wider good relations fora etc with a view of reaching a common understanding, agreement and actions which will enhance and promote equality of opportunity and good relations. Five meetings of the reference group took place during the 2022-2023 financial year. Issues discussed included the following:

PART A

- **Town and village signage**
Issues discussed included location of signage and reaching consensus on the signage design including wording. It was agreed that the *Bilingual sign with NMDDC icon* was to be the preferred default option for town and village signage, with the *English sign with NMDDC icon* being an alternative option. Each District Electoral Area (DEA) forum to give consideration to and provide recommendations regarding the specific location and signage for the Tiers 1 & 2 settlements within their area.
- **NMDDC Annual Fair Employment Monitoring Return**
Members were presented with an overview of the report and findings. They were advised that a further piece of work would be undertaken 'drilling down' into the data related to applicants, appointees and our employees to establish trends and better understand the areas from which Council receives applications.
- **Commonwealth of Nations Flag of Peace**
Correspondence received inviting Council to fly a Commonwealth of Nations Flag of Peace to mark Commonwealth Day on 13 March 2023. Newry, Mourne and Down has a policy which does not permit flags and emblems on Council property. Following discussion, it was agreed that Council does not participate in the event.
- **King Charles III Coronation Funding**
Notice of Motion
"This Council recognises that many residents across Newry Mourne and Down will welcome and celebrate the coronation of His Majesty the King. We note that the coronation has been announced for Saturday 6th May 2023. To mark this momentous occasion, we would ask that funding be made available for communities and organisations who wish to join together in Recognition and celebration".
It was agreed to allocate £40,000 to a King Charles III Coronation Financial Assistance call.
- **Establishment of an All-Ireland Citizens Assembly**
Notice of Motion
"This Council notes and welcomes the recent commencement of two new Citizens Assemblies by the Irish Government. Further notes that Citizens' Assemblies are powerful democratic exercises that inform citizens, allowing them to debate specifics, develop positions and inform policy. They have operated effectively in many jurisdictions across the world. The Council calls on the Irish Government to establish an All-Ireland Citizens' Assembly to debate and discuss our future. The debate on our future is live and growing, we must plan for constitutional change. This Council also invites officials from the Taoiseach's Shared Island Unit to present to Council and provide an update on

PART A

activity and plans for the future. The Council will communicate this motion to the office of the Taoiseach”.

After lengthy debate, consensus was not reached and the item was presented to a meeting of the Council’s SP&R committee for further discussion.

- **Bonfires on council property**

This item referred to proposed amendments to Newry, Mourne and Down District Council’s current bonfires on council property policy. Following lengthy discussion on this item, it was agreed that a report would be tabled at the appropriate council meeting to discuss this item and make a recommendation for going forward. Council has subsequently considered and approved the updated policy.

Ethnic Minority Support Centre

The Centre dealt directly with 2214 clients from 7 different countries during the 2022-2023 reporting period. Additionally, approximately 250 people took part in events organised by the Inclusion Officer such as a trip to the MELA festival. 85 people received Christmas food parcels and around 50 families were referred for financial help to the Bolster Community and around 100 families were helped within the “Homeless prevention project” run by the Bolster Community initiative. 70% of clients were Roma Romanians or Roma Bulgarians. The remaining 30% were either Polish, Lithuanian, Ukrainian, Slovakian, or Syrian.

During the reporting period the Centre had approximately 5000 phone calls with inquiries on EU migration status, benefits, employment, and housing rights as well as requests for help with GP and school registrations were received during the 2022-2023 financial year.

Other services that the Ethnic Minority Support Centre assisted included the following:

- Applications within the Ukrainian Extension Scheme,
- EU registration for settled and pre-settled status/ generating share codes for EU citizens/updates on individual EU profiles/ forwarding EU codes to appropriate institutions and agencies,
- Passport and licence renewals,
- Opening UC accounts/ navigating Universal Credit accounts/ applying for State Pensions and Pension Credits.

The Centre is working in partnership with the Ukrainian Assistance Centre. Since March 2022 the centre has operated alongside other agencies in Council’s Newry Leisure Centre where Ukrainian refugees and their sponsors receive comprehensive information on employment, housing, welfare, health, education and migration status. The Centre also delivered a Ukrainian club providing English classes for beginners.

PART A

Asylum Seekers and Refugees Relocation Programme

The Centre has been participating in the Home Office Relocation Programme. The first stakeholder meetings took place on the 24 January 2023 at the Donard Hotel, in Newcastle, where asylum families are hosted. Since that date the meetings have taken every two weeks. An Asylum Information Session also took place in February 2023. The aim of the event was to:

- Gain an understanding of asylum and refugee issues in the UK and NI,
- Have an overview of the process of claiming asylum,
- Have an overview of the challenges involved in the transition process for those granted leave to remain/refugee status and a better understanding of how they might be supported,
- Have a brief overview of current Refugee Resettlement Schemes in NI,
- Have an insight into the vulnerability of people who come to seek asylum in NI.

Newry, Mourne and Down District Council Intercultural Forum

Newry, Mourne and Down Intercultural Forum was established in 2018 with the aim to develop a strategic approach to identify the needs of the Black, Asian and Minority Ethnic (BAME) groups living in the district. The forum seeks to maximise resources and opportunities to promote equality, diversity, and interdependence so that citizens with a BAME background feel recognised, safe and valued in the community. The forum organised a number of intercultural events within the local communities during the reporting period. These include the following:

- Intercultural information day in Downpatrick in June 2022,
- Café Culture in Warrenpoint in June 2022,
- "Culture in City" in Newry in June 2022,
- Resettled Communities Community Engagement Event in May 2022 in Kilkeel.

The aim of the events was to provide opportunities for engagement and sharing of information.

Good Relations Programme and District Electoral Area Forums

In 2016, Council established a District Electoral Area (DEA) Forum in each of its seven Electoral areas. The DEA Forums have been developed as a model of engagement and provide opportunities for all sections of the community to participate in discussions and operate as part of the decision-making process. Below is a snapshot of some of the initiatives undertaken in the reporting period which promoted equality of opportunity and good relations.

- Crotlieve, Newry, Mournes and Slieve Gullion DEA Forums partnered with the Education Authority, PCSP and PSNI to deliver a safety engagement event to young people in May 2022. Issues discussed included anti-social behaviour and supporting mental health.

PART A

- Slieve Croob DEA Forum held a Silver Screening event for older members of the community. Additional support services were also in attendance and information available included counselling support, assistance when dealing with bogus callers, fire safety and funding opportunities.
- Downpatrick DEA Forum organised a building resilience/our mental health programme for primary schools in Downpatrick.
- Rowallane DEA Forum in partnership with SEHSCT organised a 4-week pottery course for adult carers in a shared space.
- A number of the DEA Forums began operating a warm space open house weekly initiative.
- Newry DEA Forum in partnership with the Confederation of Community Groups, Southern Health and Social Care Trust and the PSNI supported the newly formed Swagat Indian Families Association to celebrate Diwali on the 6 November 2022.

Disability

Examples of positive actions by Council to meet our statutory duty in relation to the Disability Duties include the following:

- Light up of civic buildings. From June 2022 – March 2023 Council civic buildings were 'lit up' 39 times to raise awareness for disability organisations and other charities. These include International Day for Disabled people, World Parkinson's Day, Blood Cancer Awareness and Go Red for Dyslexia.
- Council continues to operate the Buddy Card scheme in Council facilities.
- Following the successful collaboration with The Cedar Foundation at which officers from council and The Cedar Foundation worked in partnership to deliver a disability awareness eLearning programme in 2021-2022, work began on a second training programme (brain injury awareness) which was delivered to council in the last quarter of the financial year.
- Dedicated Autism Friendly sessions in leisure facilities.
- Be Active Programmes have been adapted for people of different abilities. A dedicated timetable is in place for adapted sessions.
- Halloween leisure programme for young people aged 8-12 years old in Newry Leisure Centre.
- Shop Mobility scheme operated in Newcastle Centre and Delamont Park.
- Council offered free Makaton taster sessions in Bessbrook Community Centre in September 2022.
- Council organised Dementia music workshop and sensory development early years workshop at part of Newry Arts Festival.
- Council availed of Accessaloo/Changing places facilities for both St Patrick's day events in Downpatrick and Newry.
- Two sensory sessions held as part of the Footsteps in the Forest festival.

Draft Equality Action Plan & Draft Disability Action Plan 2023-2027

In the last quarter of the 2022-2023 reporting period, preparation began on the new Equality and Disability Action Plans 2023-2027. Research was undertaken alongside an audit of Council's current initiatives and programmes in relation to Section 75 requirements. Meetings with Council officials took place at which the current plans were reviewed, and recommendations put forward for activity to be included in the new plans. Based on the research undertaken and information gathered, a draft Equality Action Plan 2023-2027 and a draft Disability Action Plan 2023-2027 were presented to the December 2022 meeting of the SP&R committee seeking approval to put both documents out to public consultation. In March 2023, both documents were subject to a 12-week public consultation with advertisement placed in all local press. Council's social media channels were also used to promote the consultations as well as promoted to all organisations and individuals listed on the councils dedicated equality database. We also availed of the services of Development Trusts Northern Ireland (DTNI) and promoted the consultation on the 'Living Well Together' engagement platform. The results of the public consultation and information on the new plans will be reported in next years annual report to the Equality Commission for Northern Ireland.

PART A

- 2 Please provide **examples** of outcomes and/or the impact of **equality action plans/ measures** in 2022-23 (*or append the plan with progress/examples identified*).

Newry, Mourne and Down District Council's Equality Action Plan 2020-2023 details Council's commitment to fulfilling its statutory duty. Implementation of Council's Equality Action Plan 2020-2023 which recommends key areas of activity and details positive actions relevant to our Council's functions.

The positive action measures have been set out under the following five principles of the Local Government Staff Commission's Equality and Diversity in Local Councils Framework to which Council have signed up to:

- Principle 1: Ensuring we work in a non-discriminatory environment, promote equality, and model best practice in equality and good relations.
- Principle 2: Ensuring all our decisions are based on evidence to assess the likely impact of a policy on the promotion of equality of opportunity and good relations.
- Principle 3: Providing access to services, facilities, and information.
- Principle 4: Recruiting and employing people fairly.
- Principle 5: Responding to and learning from complaints and incidents in a positive and proactive way.

Principle 1: Ensuring we work in a non – discriminatory environment, promote equality, and model best practise in equality and good relations

Outcome and Impact of actions under Principle 1

- Council continued to utilise the Councillors' Equality and Good Relations Reference Group during 2022-2023 to address issues of a sensitive and contentious nature. Five meetings were held during the reporting period.
- Information on Equality and Good Relations continued to be provided to all new staff joining the organisation.
- Council continued to deliver its financial assistance programme. Across the Good Relations, Minority Communities, Irish Language and Queen's Platinum Jubilee funding themes, a total of £153,620 was allocated to successful applicants.
- Continue to offer and expand on support services available through the Council's Ethnic Minority Support Centre and the work of the Social Inclusion Officer. During 2022-2023 had 2214 contacts and dealt with approximately 5000 phone calls. 70% of clients were from the Roma community with the remaining 30% being Bulgarian, Polish, Lithuanian, Slovakian or Syrian background.
- Continue to utilise the Council's Newry, Mourne and Down District Council Traveller Forum whose objective is to champion the rights of the Traveller community living in the district. Four meetings of the forum took place during the 2022-2023 reporting period.

PART A

Principle 2: Ensuring all our decisions are based on evidence to assess the likely impact of a policy on the promotion of equality of opportunity and good relations**Outcome and Impact of actions under Principle 2**

- 33 policies were equality screened during the reporting period.
- The quarterly policy screening reports were tabled at the Council's Strategy, Policy and Resource Committee and made available on the Council's website.
- Implementation of a Policy Framework which outlines a detailed corporate approach to policy development within Council. The framework allows the Head of Corporate Policy and the Corporate Policy and Equality Officer to engage with Officers through the policy development process and ensure that equality screenings have been completed (if required).
- Officers continued to utilise the corporate reporting template (presented at all council meetings). The document ensures officers detail any Equality or Good Relations implications in the council's decision-making process.

Principle 3: Providing access to services, facilities, and information.**Outcome and Impact of actions under Principle 3**

- The Evidence and Research section in Council continued to provide relevant data to officers to assist them with Equality Screenings, undertaking consultation and supporting decision-making.
- Monitoring data is also compiled for all users of council facilities. This data identifies those availing of Council facilities and highlighting gaps in provision.
- Council continues to ensure that information is available in alternative and accessible formats when required.
- Core Irish language services of the Irish Language Unit providing translation and interpretation, and simultaneous translation for meetings.
- The Shopmobility scheme continued to be utilised in the Mourne and Rowallane District Electoral Area during the reporting period.
- Council continues to ensure that information is available in alternative and accessible formats when required.

Principle 4: Recruiting and employing people fairly**Outcome and Impact of actions under Principle 4**

- Promote diversity across the organisation and in the Department by adhering to the Council's equal opportunity related policies and procedures and avoiding all forms of discrimination both as an employer and a service provider.
- Promote Equality and Diversity across the organisation by demonstrating an open commitment to and actively promoting and celebrating diversity, promoting social inclusion and community cohesion.

PART A

- Work towards improving equality and diversity by ensuring that allocated targets to reduce inequalities and promote good relations are achieved.
- In relation to Council's Annual Fair Employment Monitoring Return, our Councillors' Equality and Good Relations Reference Group was presented with an overview of the report and findings. They were advised that a further piece of work would be undertaken 'drilling down' into the data related to applicants, appointees and our employees to establish trends and better understand the areas from which Council receives applications.
- During the reporting period Council's Human Resources, Evidence and Research and Corporate Policy Sections liaised and met with the Equality Commission for Northern Ireland to discuss the Council's fair employment monitoring return. The Equality Commission for Northern Ireland has recommended Council give consideration to developing an affirmative action plan.

Principle 5: Responding to and learning from complaints and incidents in a positive and proactive way**Outcome and Impact of actions under Principle 5**

Newry, Mourne and Down District Council has an Appropriate Resolution Charter and a Mediation Resolution Procedure which demonstrates the Council is committed to supporting employees and managers to deal with workplace disputes in ways that are proportionate, fair and avoid undue formality.

- The NMD Traveller Forum has an established reporting process in place for members of the Traveller Community to utilise if they have been the victim of a hate crime.
- Newry, Mourne and Down District Council has a Complaint, Comment and Compliment Policy and process in place for residents to avail of when required.

PART A

- 3** Has the **application of the Equality Scheme** commitments resulted in any **changes** to policy, practice, procedures and/or service delivery areas during the 2022-23 reporting period? *(tick one box only)*

Yes No (go to Q.4) Not applicable (go to Q.4)

Please provide any details and examples:

- 3a** With regard to the change(s) made to policies, practices or procedures and/or service delivery areas, what **difference was made, or will be made, for individuals**, i.e. the impact on those according to Section 75 category?

Please provide any details and examples:

- 3b** What aspect of the Equality Scheme prompted or led to the change(s)? *(tick all that apply)*

As a result of the organisation's screening of a policy *(please give details):*

As a result of what was identified through the EQIA and consultation exercise *(please give details):*

As a result of analysis from monitoring the impact *(please give details):*

As a result of changes to access to information and services *(please specify and give details):*

Other *(please specify and give details):*

PART A

Section 2: Progress on Equality Scheme commitments and action plans/measures**Arrangements for assessing compliance (Model Equality Scheme Chapter 2)**

- 4 Were the Section 75 statutory duties integrated within job descriptions during the 2022-23 reporting period? *(tick one box only)*
- Yes, organisation wide
 - Yes, some departments/jobs
 - No, this is not an Equality Scheme commitment
 - No, this is scheduled for later in the Equality Scheme, or has already been done
 - Not applicable

Please provide any details and examples:

Recruitment processes continued during the 2022-2023 financial year. Examples of specifically relevant duties and responsibilities listed in new job descriptions include the following:

- Promote diversity across the organisation and in the Department by adhering to the Council's Equal Opportunity policies and procedures and avoiding all forms of discrimination both as an employer and a service provider.
- Promote Equality and Diversity across the organisation by demonstrating an open commitment to and actively promoting and celebrating diversity, promoting social inclusion and community cohesion.

Work towards improving equality and diversity by ensuring that allocated targets to reduce inequalities and promote good relations are achieved

- 5 Were the Section 75 statutory duties integrated within performance plans during the 2022-23 reporting period? *(tick one box only)*
- Yes, organisation wide
 - Yes, some departments/jobs
 - No, this is not an Equality Scheme commitment
 - No, this is scheduled for later in the Equality Scheme, or has already been done
 - Not applicable

Please provide any details and examples:

PART A

Directorate Business Plans are produced annually and detail the works and initiatives to be undertaken during each financial year. The Corporate Services Business Plan 2022-2023 makes direct reference to section 75 statutory duties.

- 6 In the 2022-23 reporting period were **objectives/ targets/ performance measures** relating to the Section 75 statutory duties **integrated** into corporate plans, strategic planning and/or operational business plans? *(tick all that apply)*

- Yes, through the work to prepare or develop the new corporate plan
- Yes, through organisation wide annual business planning
- Yes, in some departments/jobs
- No, these are already mainstreamed through the organisation's ongoing corporate plan
- No, the organisation's planning cycle does not coincide with this 2022-23 report
- Not applicable

Please provide any details and examples:

The Council's equality and policy functions are located under the Corporate Services Directorate, within the Corporate Planning and Policy Department's Corporate Policy Section.

The Corporate Services' Directorate Emergency Business Plan makes direct reference to the Section 75 statutory duties and actions relating to the implementation of the Council's Equality Scheme.

In addition, as stated previously, all employees of the predecessor organisations have transferred to Newry, Mourne and Down District Council under TUPE arrangements. Examples of specifically relevant duties and responsibilities listed in new job descriptions include the following:

- Promote diversity across the organisation and in the Department by adhering to the Council's Equal Opportunity policies and procedures and avoiding all forms of discrimination both as an employer and a service provider.
- Promote Equality and Diversity across the organisation by demonstrating an open commitment to and actively promoting and celebrating diversity, promoting social inclusion and community cohesion.

Work towards improving equality and diversity by ensuring that allocated targets to reduce inequalities and promote good relations are achieved.

Equality action plans/measures

PART A

7 Within the 2022-23 reporting period, please indicate the **number** of:

Actions completed: Actions ongoing: Actions to commence:

Please provide any details and examples (*in addition to question 2*):

8 Please give details of changes or amendments made to the equality action plan/measures during the 2022-23 reporting period (*points not identified in an appended plan*):

There were no changes to the equality action plan in the 2022-2023 reporting period.

9 In reviewing progress on the equality action plan/action measures during the 2022-23 reporting period, the following have been identified: (*tick all that apply*)

- Continuing action(s), to progress the next stage addressing the known inequality
- Action(s) to address the known inequality in a different way
- Action(s) to address newly identified inequalities/recently prioritised inequalities
- Measures to address a prioritised inequality have been completed

Arrangements for consulting (Model Equality Scheme Chapter 3)

10 Following the initial notification of consultations, a targeted approach was taken – and consultation with those for whom the issue was of particular relevance: (*tick one box only*)

- All the time Sometimes Never

11 Please provide any **details and examples of good practice** in consultation during the 2022-23 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

Not-applicable.

12 In the 2022-23 reporting period, given the consultation methods offered, which consultation methods were **most frequently used by consultees**: (*tick all that apply*)

- Face to face meetings
- Focus groups

PART A

- Written documents with the opportunity to comment in writing
- Questionnaires
- Information/notification by email with an opportunity to opt in/out of the consultation
- Internet discussions
- Telephone consultations
- Other *(please specify)*:

Please provide any details or examples of the uptake of these methods of consultation in relation to the consultees' membership of particular Section 75 categories:

Initial preparation work began in the last quarter of 2022 on the new equality and disability action plans 2023-2027. Face to face meetings with officials from across Council departments to review the current plans, audit existing service provision in terms of section 75 requirements and identify initiatives for the next four years. Based on this consultation draft plans were produced for the period 2023-2027 and this was presented at a meeting of Elected members in December 2022 for comment and consideration. The plans were then subject to a 12-week public consultation which began in March 2023. Advertisements were placed in all local press; council's social media channels were utilised to promote the consultation on a regular basis and the council's dedicated Equality database was also a vehicle to promote the consultation. (The findings of the consultation will be detailed in the 2023-2024 annual report to The Equality Commission).

- 13 Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2022-23 reporting period? *(tick one box only)*

Yes No Not applicable

Please provide any details and examples:

The Corporate Policy and Equality Officer continued to utilise the dedicated equality database of contacts to engage with and to inform on all aspects of the Council's Equality functions throughout the reporting period. Officers also continued to participate in online Statutory Duty Network meetings during the reporting period. This forum provides an opportunity to share information including examples of best practice.

- 14 Was the consultation list reviewed during the 2022-23 reporting period? *(tick one box only)*

Yes No Not applicable – no commitment to review

PART A

Arrangements for assessing and consulting on the likely impact of policies (Model Equality Scheme Chapter 4)

Equality screening templates and reports associated with Newry, Mourne and Down District Council's Equality Scheme commitments can be accessed on Council's website at: <https://www.newrymouredown.org/corporate-policy-and-equality>

15 Please provide the **number** of policies screened during the year (as recorded in screening reports):

| |
|----|
| 33 |
|----|

16 Please provide the **number of assessments** that were consulted upon during 2022-23:

| | |
|---|--|
| 0 | Policy consultations conducted with screening assessment presented. |
| 0 | Policy consultations conducted with an equality impact assessment (EQIA) presented. |
| 0 | Consultations for an EQIA alone. |

17 Please provide details of the **main consultations** conducted on an assessment (as described above) or other matters relevant to the Section 75 duties:

Not – applicable.

18 Were any screening decisions (or equivalent initial assessments of relevance) reviewed following concerns raised by consultees? (tick one box only)

Yes
 No concerns were raised
 No
 Not applicable

Please provide any details and examples:

Arrangements for publishing the results of assessments (Model Equality Scheme Chapter 4)

19 Following decisions on a policy, were the results of any EQIAs published during the 2022-23 reporting period? (tick one box only)

Yes
 No
 Not applicable

PART A

Please provide any details and examples:

Arrangements for monitoring and publishing the results of monitoring (Model Equality Scheme Chapter 4)

- 20** From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2022-23 reporting period? *(tick one box only)*

- Yes
 No, already taken place
 No, scheduled to take place at a later date
 Not applicable

Please provide any details:

- 21** In analysing monitoring information gathered, was any action taken to change/review any policies? *(tick one box only)*

- Yes
 No
 Not applicable

Please provide any details and examples:

- 22** Please provide any details or examples of where the monitoring of policies, during the 2022-23 reporting period, has shown changes to differential/adverse impacts previously assessed:

Not – applicable.

- 23** Please provide any details or examples of monitoring that has contributed to the availability of equality and good relations information/data for service delivery planning or policy development:

All initiatives and programmes funded by Good Relations must, at the request of The Executive Office, be monitored. Facilitation of the Equality and Good Relations Reference Group is funded by The Executive Office and every quarter Council reports on each meeting. This includes numbers in attendance and a summary of issues discussed. Other examples of monitoring are from The Ethnic Minority Support Office. By monitoring the ethnicity of clients accessing the services of the centre, the officer can ensure that the required translation services are available for those needing to avail of the Centre. In line with council policy, all participants of training programmes complete monitoring forms

PART A

which evaluates the delivery and content of the programme and helps identify potential training programmes going forward.

The Council's policy development framework ensures that officers can monitor the policy development process from the beginning and can ensure that Equality Screenings are undertaken as required.

Staff Training (Model Equality Scheme Chapter 5)

- 24 Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2022-23, and the extent to which they met the training objectives in the Equality Scheme.

| Training | Number |
|---|--|
| Recruitment and selection training | 4 sessions. 21 employees. |
| Recruitment and selection training (refresher course) | 2 sessions. 23 employees. |
| MA Irish Language and Translation | 1 employee. |
| Legal Training | 1 session. 26 employees. |
| O Bhearla go Gaeilge – Irish Language translation | 1 week course. 2 employees |
| Investigating Officer training | 9 employees. |
| Women in leadership – Building your potential | 7 employees. |
| Emerging leadership programme | 2 sessions. 2 employees. |
| Employment legislation and case law update | 1 session. 1 employee. |
| Code of Conduct | Training was delivered through the Councils E learning platform. |
| Disability Awareness | Training was delivered through the Councils E Learning platform. 13 employees. |
| PPG eLearning module | Training was delivered through the Councils E Learning platform. 66 employees. |

PART A

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| Promoting dignity at work | Training was delivered through the Councils E learning platform. 34 employees. |
| Disability Employability | 1 session. 2 employees. |
| Embracing the Disability Discrimination Act | 1 session. 2 employees. |
| Embracing the Disability Discrimination Act- visitor attractions and experiences in NI | 1 session. 1 employee. |
| Teambuilding, resilience and personal well being | 1 session. 4 employees. |

25 Please provide **any examples** of relevant training shown to have worked well, in that participants have achieved the necessary skills and knowledge to achieve the stated objectives:

In the 2022-2023 reporting period Council offered very specific focused disability awareness training. Issues addressed included employability to access visitor attractions and experiences.

Public Access to Information and Services (Model Equality Scheme Chapter 6)

26 Please list **any examples** of where monitoring during 2022-23, across all functions, has resulted in action and improvement in relation **to access to information and services**:

Not-applicable.

Complaints (Model Equality Scheme Chapter 8)

27 How many complaints **in relation to the Equality Scheme** have been received during 2022-23?

Insert number here:

| |
|---|
| 0 |
|---|

Please provide any details of each complaint raised and outcome:

PART A

Section 3: Looking Forward

28 Please indicate when the Equality Scheme is due for review:

The five-year review of the Council's Equality Scheme was undertaken during the 2019-2020 reporting period. The revised scheme was considered approved by Council in March 2020 and forwarded to the Equality Commission for Northern Ireland. The Equality Scheme is due for review in 2025.

29 Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period? *(please provide details)*

Yes. As the new equality and disability action plans are for the period 2023-2027, the consultation findings alongside the final plans will be reported on in the next reporting period.

30 In relation to the advice and services that the Commission offers, what **equality and good relations priorities** are anticipated over the next reporting period? *(please tick any that apply)*

- Employment
- Goods, facilities and services
- Legislative changes
- Organisational changes/ new functions
- Nothing specific, more of the same
- Other (please state):

PART B

PART B - Section 49A of the Disability Discrimination Act 1995 (as amended) and Disability Action Plans

1. Number of action measures for this reporting period that have been:

11

Fully achieved

Partially achieved

5

Not achieved

2. Please outline below details on all actions that have been fully achieved in the reporting period.

2 (a) Please highlight what **public life measures** have been achieved to encourage disabled people to participate in public life at National, Regional and Local levels:

| Level | Public Life Action Measures | Outputs ⁱ | Outcomes / Impact ⁱⁱ |
|-------------------------|--|---|---|
| National ⁱⁱⁱ | | | |
| Regional ^{iv} | | | |
| Local ^v | Newry, Mourne and Down District Council directly promotes positive attitudes towards disabled people through service delivery and programming which includes a disability under Active and Healthy Communities Sports Development. This is delivered by Council's Activity Officer (formerly Disability Liaison Officer) which includes a disability | Current disability membership figures across the district Newry Leisure Centre (NLC) 421 Downpatrick Leisure Centre (DLC) 209 | Enables those living with a disability or restricted mobility to enjoy access to swimming pools / leisure facilities. Increased access to leisure facilities and a broad, appropriate, and relevant programme of activities. |

PART B

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| | <p>leisure membership scheme, core classes and development of a disability sports hub.</p> <p>Raise awareness of the services and facilities for disabled people provided by the Council.</p> <p>Engage with forums in the district.</p> <p>Workplace opportunities.</p> <p>Disability focused Council events.</p> | <p>Kilkeel Leisure Centre (KLC) 69</p> <p>Newcastle Leisure Centre 11</p> <p>Ballymote Leisure Centre 7</p> <p>This membership is an annual fee of £12.80 paid up front for swim and health suite, and a 12-month gym & swim membership at £165. Through our Buddy Card Scheme their 'buddies' go free, and availability is during all opening hours.</p> <p>Continued promotion of the Jam Card.</p> <p>Dedicated autism friendly swim sessions are available throughout the district designed to create a calmer swimming environment.</p> <p>Newry Leisure Centre – Sunday 10am – 11am</p> | <p>JAM Card allows people with a learning difficulty, autism or communication barrier tell others they need 'Just A Minute' discreetly and easily. Those with a communication barrier are often reluctant or unable to tell others about their condition, and the JAM Card allows this to happen in a simple, effective non-verbal manner.</p> <p>Improved access to facilities and services.</p> <p>Development and promotion of programmes of activity involving people with a disability.</p> <p>Awareness raising and support initiatives in the community.</p> |
|--|--|---|---|

PART B

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| | <p>Downpatrick Leisure Centre – Thursdays 5.30pm – 6.30pm</p> <p>Kilkeel Leisure Centre – Fridays 5.30pm – 6.30pm</p> <p>Be active programmes with adaptations for different disabilities. All sessions are aimed at the inactive person and are gentle with a slight challenge that can be built on, – April-June and September through to March 2023.</p> <p>Continue the implementation of a disability leisure membership scheme (Buddy Card).</p> <p>Halloween multi sports day – Monday 31st Oct. Disability session 8–12-year-olds.</p> <p>DLC – 3.00 – 4.30pm</p> <p>NLC – 3.00 – 4.30pm</p> <p>KLC – 3.00 – 4.30pm</p> | |
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PART B

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| | <p>Civic Building Lit up to raise awareness of disability organisations. 39 lit up awareness events between June 2022- March 2023.</p> <p>Continue to promote information in alternative and accessible formats.</p> <p>DEA Forums hosted events to raise awareness and support communities.</p> <p>Continue to collaborate with The Cedar Foundation to develop and deliver a second online training programme.</p> <p>Council recognised by The Cedar Foundation in October 2022 at their annual event for successful partnership working.</p> <p>People with disabilities provided with work</p> | |
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PART B

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| | | <p>experience and job opportunities in Council.</p> <p>Sensory events in Newry Arts festival and St Patricks celebrations. Dementia workshops held as part of the Newry Arts festival.</p> <p>Accessaloo/Changing places facilities available at Council events.</p> | |
|--|--|--|--|

PART B

2(b) What **training action measures** were achieved in this reporting period?

| | Training Action Measures | Outputs | Outcome / Impact |
|---|---|---|---|
| 1 | Develop a Disability Awareness training programme for staff and elected members to ensure that council is aware of its responsibilities under the legislation. Participate in appropriate training by other organisations. | Disability Awareness training delivered on the councils E learning portal and in person. Training delivered during the reporting period included disability awareness, disability employability, brain injury awareness, embracing the Disability Discrimination Act and embracing the Disability Discrimination Act – visitor attractions and experiences in Northern Ireland. | Greater awareness and understanding of disability issues, the standards of behaviour required for employees and principle of equality of opportunity. |
| 2 | | | |

2(c) What Positive attitudes **action measures** in the area of **Communications** were achieved in this reporting period?

| | Communications Action Measures | Outputs | Outcome / Impact |
|---|--|---|--|
| 1 | Engage with the disability forums in the district. | Continued to collaborate with The Cedar Foundation on developing a second online training programme. Approximately 50 employees participated in the training. | Development and promotion of programmes of activity involving people with a disability and |

PART B

| | <p>DEA Forums continue to engage and collaborate with disability organisations. Events included health checks and pre screen events in the community.</p> <p>Chairperson of Council engaged with disability organisations to promote, raise awareness, and raise funds in council events.</p> | <p>reviewing and improving access to information and services.</p> | | | | | | | | | | | | | | | |
|---|--|--|--|------------------------------------|----------|--------|-------|--|--|-------------------------|------------------------------------|-------------|-------------------------------------|-------------------------------|--|--|---|
| <p>2</p> <p>Promotion of Council initiatives to support people with disabilities.</p> | <p>Continued promotion of the Jam Card and Buddy Card scheme for Council facilities.</p> <p>Promotion of shop mobility scheme in the district.</p> <p>Initiatives in the Leisure Centres promoted on Council's social media channels and the Be Active social media. See programmes below.</p> <table border="1" data-bbox="869 792 1410 1554"> <thead> <tr> <th>Location</th> <th>Mon</th> <th>Tue</th> <th>Thursday</th> <th>Friday</th> </tr> </thead> <tbody> <tr> <td>Newry</td> <td>50+ gym sess, Aqua aerobics, Strength and balance.</td> <td>Strength and balance, Beginners' circuits.</td> <td>Nordic walking, Chi me.</td> <td>Water aerobics, Beginner spinning.</td> </tr> <tr> <td>Downpatrick</td> <td>Boccia Water aerobics Pickle ball &</td> <td>Chi me, Male circuit session.</td> <td>Move More circuits, Fitness for females,</td> <td></td> </tr> </tbody> </table> | Location | Mon | Tue | Thursday | Friday | Newry | 50+ gym sess, Aqua aerobics, Strength and balance. | Strength and balance, Beginners' circuits. | Nordic walking, Chi me. | Water aerobics, Beginner spinning. | Downpatrick | Boccia Water aerobics Pickle ball & | Chi me, Male circuit session. | Move More circuits, Fitness for females, | | <p>Increased awareness of accessibility and access to Council services and facilities.</p> <p>JAM Card allows people with a learning difficulty, autism or communication barrier tell others they need 'Just A Minute' discreetly and easily. Those with a communication barrier are often reluctant or unable to tell others about their condition, and the JAM Card allows this to happen in a simple, effective non-verbal manner.</p> <p>Positive impact and encouragement for people with mobility issues to participate in public life through increasing access to services and enhance tourism experience for people with disability.</p> |
| Location | Mon | Tue | Thursday | Friday | | | | | | | | | | | | | |
| Newry | 50+ gym sess, Aqua aerobics, Strength and balance. | Strength and balance, Beginners' circuits. | Nordic walking, Chi me. | Water aerobics, Beginner spinning. | | | | | | | | | | | | | |
| Downpatrick | Boccia Water aerobics Pickle ball & | Chi me, Male circuit session. | Move More circuits, Fitness for females, | | | | | | | | | | | | | | |

PART B

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|--|-----------|--|--|--|---------------------------------------|--|
| | | | table tennis. | | Chair based exercises. | |
| | Kilkeel | Older and Active session, Chi me, Walking group. | Low intensity interval training, Strength and balance. | | Walking group, Chi me, Walking group. | |
| | Newcastle | | | Older and active session, Chi me, Walking group. | | |

2 (d) What action measures were achieved to 'encourage others' to promote the two duties:

| Encourage others Action Measures | Outputs | Outcome / Impact |
|---|---|---|
| 1 Development of a Policy Framework which ensures a corporate consistent approach is undertaken when developing policies within Council. | The framework ensures that in regard to decision making, consideration is given to Section 75 categories through the screening process when required. Council's Corporate Policy Section continued to provide advice, support and training on Policy Development and | Improved access to and delivery of services |

PART B

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| | Equality Screening training to Council's Corporate Management Team | |
|--|--|--|

2 (e) Please outline **any additional action measures** that were fully achieved other than those listed in the tables above:

| | Action Measures fully implemented (other than Training and specific public life measures) | Outputs | Outcomes / Impact |
|---|---|--|---|
| 1 | Workplace Adjustments | Adjustments continued to be provided in the workplace and for those working from home. | Facilitate the requirements of employees ensuring they have access to undertake duties. |

3. Please outline what action measures have been **partly achieved** as follows:

| | Action Measures partly achieved | Milestones/ Outputs | Outcomes/Impacts | Reasons not fully achieved |
|---|---------------------------------|---------------------|------------------|----------------------------|
| 1 | | | | |
| 2 | | | | |
| | | | | |

PART B

4. Please outline what action measures have **not** been achieved and the reasons why.

| | Action Measures not met | Reasons |
|---|--|--|
| 1 | Investigate the possibility of extending the Shop Mobility scheme which currently operates in the Mournes DEA across other towns in the district | No additional financial resources committed to this initiative to extend the scheme. |
| 2 | Ensuring our new buildings shall be fully compliant with the Building Regulations and DDA compliant | Timeframe for new Civic and Theatre development has changed and this action has been included in the new disability action plan 2023-2027. |
| 3 | Council to meet the requirement of the Equality Commission's 'Every Customer Counts' initiative | Timeframe, Initiative to be included in the new disability action plan 2023-2027. |
| 4 | Review of council facilities to ensure they are accessible to all members of the community | Timeframe, Initiative to be included in the new disability action plan 2023-2027. |
| 5 | Continue the Promotion of Newcastle as 'Autism Friendly' | Externally funded initiative which has ended. |

5. What **monitoring tools** have been put in o evaluate the degree to which actions have been effective / develop new opportunities for action?

(a) Qualitative

- o Evaluation / feedback from training sessions
- o Discussion / consultation with disability groups and individuals

(b) Quantitative

PART B

- Number of employees who have received training
- Number of Elected Members who have received training
- Number of documents requested in alternative formats
- Number of complaints received

6. As a result of monitoring progress against actions has your organisation either:

- made any **revisions** to your plan during the reporting period or
- taken any **additional steps** to meet the disability duties which were **not outlined in your original disability action plan / any other changes?**

Not applicable

Please select

If yes please outline below:

| | Revised/Additional Action Measures | Performance Indicator | Timescale |
|---|------------------------------------|-----------------------|-----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

PART B

7. Do you intend to make any further revisions to your plan in light of your organisation's annual review of the plan? If so, please outline proposed changes?

Not applicable.

ⁱ **Outputs** – defined as act of producing, amount of something produced over a period, processes undertaken to implement the action measure e.g. Undertook 10 training sessions with 100 people at customer service level.

ⁱⁱ **Outcome / Impact** – what specifically and tangibly has changed in making progress towards the duties? What impact can directly be attributed to taking this action? Indicate the results of undertaking this action e.g. Evaluation indicating a tangible shift in attitudes before and after training.

ⁱⁱⁱ **National** : Situations where people can influence policy at a high impact level e.g. Public Appointments

^{iv} **Regional**: Situations where people can influence policy decision making at a middle impact level

^v **Local** : Situations where people can influence policy decision making at lower impact level e.g. one off consultations, local fora.

| | |
|---|---|
| Report to: | Strategy, Policy and Resources Committee |
| Date of Meeting: | 17 August 2023 |
| Subject: | Sickness Absence |
| Reporting Officer (Including Job Title): | Catrina Miskelly, Assistant Director Corporate Services |
| Contact Officers (Including Job Title): | Philip Preen, HR Operations Manager |

Confirm how this Report should be treated by placing an x in either:-

| | | |
|---------------------|------------------------|----------|
| For decision | For noting only | x |
|---------------------|------------------------|----------|

| | |
|------------|--|
| 1.0 | Purpose and Background |
| 1.1 | Committee Members have asked to be kept informed on the levels of sickness absence across the Council. The purpose of this report is to provide members with a summary of sickness absence levels at year end as at 31 March 2023, compared with the same 12-month period the previous year. |
| 2.0 | Key issues |
| 2.1 | All Directorates saw year on year increases in sickness absence during the rolling twelve-month period, with a total of 19,462 days lost due to sickness, compared to 17,785 for the 12 months ending 30 September 2021. For the purposes of reporting, the figures for the Chief Executive's department and Corporate Services directorate are combined. |
| 2.2 | Long-Term sickness (continuous absence of 4 working weeks or more) absence decreased in two directorates and increased in two. |
| 2.3 | Short-Term sickness absence (absences of short duration) decreased in three directorates and increased in one. |
| 2.4 | Coronavirus and vaccine reaction sickness absence accounted for 10.9% of the total days lost to sickness absence during this period. |
| 2.5 | According to the Office for National Statistics, sickness absence rates in the UK labour market rose in 2022; the highest increase since 2004. A link to the Labour Force Survey from the Office for National Statistics, is provided at Section 8. |
| 3.0 | Recommendations |
| 3.1 | To note the contents of this report. |
| 3.2 | Members should also note the following measures in relation to sickness absence: <ul style="list-style-type: none"> Absence data is analysed and reported on a quarterly basis to both the Senior and Corporate Management Teams to identify opportunities for targeted interventions. Sickness Absence forms part of the Corporate Risk Register and performance monitored on the Corporate Dashboard. A tender for a new Occupational Health service is due to close on 17 August 2023. |
| 4.0 | Resource implications |
| 4.1 | Set out in Section 2 of this report. |

| | |
|------------|--|
| 4.2 | The phased implementation of 'People, Perform, Grow' (PPG) continues across the Council this year and the PPG conversation provides a platform for individuals to discuss health and wellbeing with their managers. |
| 4.3 | Council continues to invest in employee wellbeing through the provision of a funded Health Cash Plan for Employees and through health promotion initiatives by the employee led Health & Wellbeing Working Group. |
| 4.4 | The HR department continues to support managers in the application of Council's Managing Attendance Procedure. |
| 5.0 | Due regard to equality of opportunity and regard to good relations (complete the relevant sections) |
| | 1. General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes |
| | It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations <input checked="" type="checkbox"/> |
| | 2. Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision |
| | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | If yes, please complete the following: |
| | The policy (strategy, policy initiative or practice and / or decision) has been equality screened <input type="checkbox"/> |
| | The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation <input type="checkbox"/> |
| | 3. Proposal initiating consultation |
| | Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/> |
| | Consultation period will be 12 weeks <input type="checkbox"/> |
| | Consultation period will be less than 12 weeks (rationale to be provided) <input type="checkbox"/> |
| | <i>Rationale:</i> |
| 6.0 | Due regard to Rural Needs (please tick all that apply) |
| 6.1 | Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service <input type="checkbox"/> |
| | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | If yes, please complete the following: |

| | | |
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| | Rural Needs Impact Assessment completed | <input type="checkbox"/> |
| | If no, please complete the following: | |
| | The policy / strategy / plan / public service is not influenced by rural needs | <input type="checkbox"/> |
| 7.0 | Appendices | |
| | None | |
| 8.0 | Background Documents | |
| | https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2022 | |

| | |
|---|---|
| Report to: | Strategy, Policy & Resources Committee |
| Date of Meeting: | 17 th August 2023 |
| Subject: | Draft NILGA Corporate Plan 2023-2027 |
| Reporting Officer (Including Job Title): | Josephine Kelly, Director |
| Contact Officer (Including Job Title): | Sarah Taggart, Democratic Services Manager (Acting) |

| | |
|---|--|
| Confirm how this Report should be treated by placing an x in either - | |
| <input type="checkbox"/> For decision | <input checked="" type="checkbox"/> For noting only |
| 1.0 | Purpose and Background |
| 1.1 | Correspondence from NILGA regarding Draft Corporate Plan 2023-2027 for Council's consideration. |
| 2.0 | <u>Key Issues</u> |
| 2.1 | NILGA has undertaken an independent review of all aspects of their work with input from Councillors and Council officers across the 11 Councils. They have asked for Council's feedback on the Corporate Plan by Thursday 31 st August 2023. |
| 3.0 | Recommendations |
| 3.1 | Members to respond with any feedback to NILGA regarding Corporate Plan 2023-2027 by Thursday 31 August 2023. |
| 4.0 | Resource implications |
| 4.1 | N/A |
| 5.0 | Due regard to equality of opportunity and regard to good relations (complete the relevant sections) |
| 5.1 | <i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i> It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations <input checked="" type="checkbox"/> |
| 5.2 | <i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | |
|-----|--|
| | <p>If yes, please complete the following:</p> <p>The policy (strategy, policy initiative or practice and / or decision) has been equality screened <input type="checkbox"/></p> <p>The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation <input type="checkbox"/></p> |
| 5.3 | <p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/></p> <p>Consultation period will be 12 weeks <input type="checkbox"/></p> <p><i>Rationale:</i> <input type="checkbox"/></p> |
| 6.0 | <p>Due regard to Rural Needs (please tick all that apply)</p> |
| 6.1 | <p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Rural Needs Impact Assessment completed <input type="checkbox"/></p> |
| 7.0 | <p>Appendices</p> <p>Correspondence from NILGA Draft NILGA Corporate Plan 2023-2027</p> |
| 8.0 | <p>Background Documents</p> |
| | <p>N/A</p> |



NILGA Corporate Plan

2023-2027

Contents

| | |
|---|---------|
| NILGA's Impact | Page 4 |
| Strategic Context | Page 6 |
| • Background | Page 6 |
| • NILGA for the Future | Page 7 |
| • Cross-Cutting Enablers | Page 8 |
| NILGA Vision and Corporate Plan 2023-2027 | Page 10 |
| • Empowered and Resourced Councils | Page 11 |
| • Empowered and Confident Councils | Page 12 |
| • Empowered and supported People and Places | Page 13 |
| • Empowered and Valued NILGA | Page 14 |
| Making It Happen | Page 15 |

NILGA's Impact

Who we are

The Northern Ireland Local Government Association (NILGA) is the council led representative body for local authorities in Northern Ireland. The Association is supported by political parties and independent members in councils. NILGA members are drawn from each of the 11 councils providing regional and cross-party representation on the NILGA Executive Committee.

Our Aims

- To be the inclusive and collective voice of councils and promote, enable and develop local government in Northern Ireland
- To convene and engage on matters relating to national, regional and local policy and the financing of local government services; as it affects the delivery of local services and outcomes for local people; and as the organisation deems appropriate
- To ensure that local government and the Northern Ireland Executive work together in partnership based on principles of mutual respect and interdependency whilst recognising the legitimacy of the role each play in Northern Ireland's governance

Who We Work with

NILGA believes genuinely and wholeheartedly that working in partnership with others will add important value to our work. Whether that is in partnership with Ministers, civil servants, political parties, other local government associations or other key stakeholders.

Of particular importance though is the partnership with the Society of Local Authority Chief Executives NI (Solicite NI) as strategic professional officer advisors and the National Association of Councilors (NAC NI) as the organisation who represents the interests of individual councilors.

What we do

NILGA is the Voice of Local Government in Northern Ireland. It represents the sector's views on critical policy issues and national pay, promotes the role and successes of local government, delivers training for elected members and works with partners to secure the future sustainability and transformation of the sector.

NILGA collaborates with the NI Assembly and Departments, regional, national and international bodies and other local government associations to support its work and enhance the role of NI local government.

NILGA's six key workstreams are:

Elected member development "Being the best councilor you can be"
The learning and development of our councilors is a key priority for NILGA, empowering elected members to be the best community representatives they can be. NILGA's Regional Programme of Elected Member Development provides planning, leadership, and development training for our members every year. And by using collective purchasing power, we save councils and employers nearly £200,000 per year to deliver high-quality training courses.

Workforce "Representing councils in national pay negotiations"
NILGA represents the 11 Northern Ireland Councils at national level where pay, terms and conditions for our 12,000+ workforce are agreed. We ensure that fair and affordable pay and terms are implemented by having a direct, council representation at every pay meeting until an agreement is struck, as well as providing advice to council HR teams. Since 2015, the benefits financially to our 11 councils based on national agreement, compared to local and regional outcomes in Scotland and parts of England, amount to approx. £7,000,000.

Communications "Speaking up for local government"
NILGA is the strongest voice for our 11 local councils. We highlight the positive work and successes of local government in Northern Ireland, the delivery of first-class public services for communities, and communicate the roles and responsibilities of our councils. We are a strong communicator of everything good about our 11 local councils and a consistent advocate of the positive role that local government plays for communities and areas across Northern Ireland.

Representation "The strongest voice for local government"
NILGA ensures elected members and local councils are represented on regional, national, and international bodies which we can learn best practice from, secure crucial investment, and develop positive links across the world. Whether it's vital funding support during Covid, helping shape post-EU Exit funding and grant schemes, or co-designing policy, NILGA ensures local government's voice is heard at all levels.

Policy "Delivering practical solutions for local government"
Lobbying for progress and positive change is a key priority at NILGA. Policy work is a vital tool for our 11 local councils, collating ideas and solutions to present to partners in central and national government. NILGA's strong lobbying has helped deliver on issues as varied as waste management, the environment, place-shaping, infrastructure, and Covid support funding.

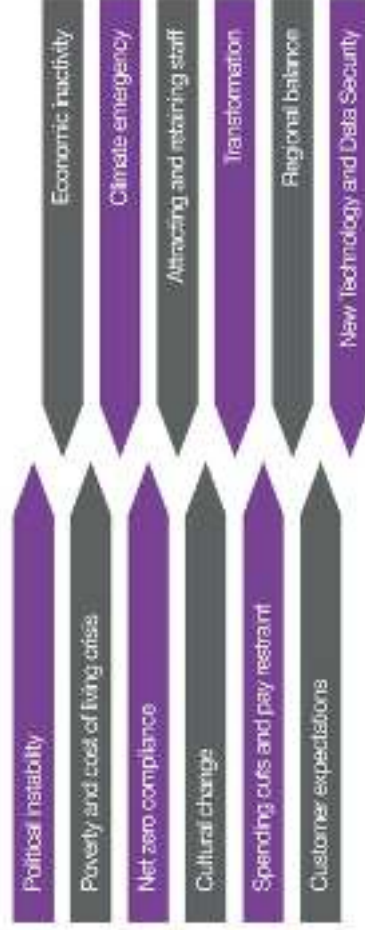
Local Government for the future "Protecting the future of local government"
Despite our successes, NILGA is constantly seeking to deliver more for local government in Northern Ireland. Review of local government reform, transfer of key regeneration powers, the rejuvenation of our high streets, climate action, a new financial deal for councils, EU replacement funding, improvement and transformation – these are just some of the issues we are working on to continue lifting up local government in Northern Ireland.

Strategic Context

Background

Local government is integral to our structures of governance, public services and political life. Therefore, as the representative voice of local government, NILGA is central to key local, regional and national policy to delivering lasting, real and positive change in people's lives.

There are very significant challenges for the future of public services including:



NILGA wants to ensure that our future direction supports and enables councils and the local government sector to tackle these challenges and maximise opportunities to deliver for people. This is particularly important following local government elections on 18 May 2023 which provided a renewed and focused mandate for councils and councillors.

In anticipation of the 2023-2027 local government mandate, NILGA as the representative voice of local government has undertaken a number of independently facilitated reflective reviews of all aspects of our work, engaging widely with councils, councillors, chief executives, political parties and partner organisations such as the Society of Local Authority Chief Executives NI (SOLACE NI) and the National Association of Councillors (NAC). These reviews were:

- Review of NILGA's policy development, impact and future priorities
- Review of NILGA's governing constitution to ensure it is fit for the future
- Review of the effectiveness of NILGA's Elected Member Development Programme
- Review of NILGA's strategic operating context now and into the future

NILGA for the Future

NILGA's Vision

Councils, councillors, officers and partners welcome the renewed ambition and enthusiasm for NILGA's work with a recognition that this is an important period for local democracy.



Cross Cutting Enablers

As a result of our recent reviews, it has been identified that NILGA must ensure that the following cross cutting enablers are in place to drive our success in the 2023-2027 local government mandate.

Focus on enhancing NILGA's strategic profile



- A strategy must be in place to develop NILGA's strategic profile to effectively communicate our purpose, priorities, partnerships, relationships, client base and how we can best work with individual councils, local government collectively, central government, political parties, partners and stakeholders.
- NILGA will continually refresh our knowledge of the main and emerging actors within the various partner organisations, policy networks, political parties and civil servants.
- NILGA will highlight our success in providing an effective and positive forum for cross-party working and consensus development around policy issues and explore in more detail how and why NILGA operates effectively in this regard.
- NILGA will ensure key performance indicators are in place to measure all aspects of our work to ensure a decisive focus on our impact and effectiveness.

Shifting from lobbying to negotiating



- NILGA will embed itself in the policy-making process of central government and transform this relationship from being perceived and operating as a lobbying body for local government to that of a negotiating partner embedded in the policy-making processes
- NILGA will ensure balance between the work we undertake either individually or collectively for our membership on a functional process level and the work we undertake with central government as an advocate and partner in policy development, and promoting the interests of local government
- NILGA will ensure leadership on devolution and decentralisation to local government is at the centre of our work, including setting clear objectives as to what can and should be achieved for local government through any future process of devolution and decentralisation.

Raising awareness of NILGA's purpose, services and impact



- NILGA will ensure there are high levels of awareness of our services and impact across both local government, central government, political parties, partners and stakeholders, including the range and quality of our services and the value added.
- NILGA will ensure the work we undertake is clearly distinguished from that of Solace NI and the National Association of Councilors and identify areas of mutually beneficial co-operation with those bodies while maintaining an independent identity
- NILGA will deepen our understanding of the varying needs and perceptions of its different partners and stakeholders to ensure our services have purpose and deliver maximum impact



NILGA Corporate Plan 2023 -2027

This NILGA Corporate Plan 2023-2027 is intended to enhance our strategic alignment, outline our work in supporting councils, councillors and communities and deliver a NILGA that is valued and effective.

| Strategic Themes | Corporate Priorities |
|---|--|
| Empowered and resourced councils | <ul style="list-style-type: none"> Influencing the delivery of outstanding legislation and financial sustainability to allow local government to function effectively Delivery of balanced and respectful central/local relationships delivering on the principle of prioritising local decision making Support sector led transformation and innovation informed by best practice Enable confident politically led representation for the sector Deliver high quality learning and development for councillors Deliver improvements in effectiveness of Code of Conduct for councillors |
| Empowered and supported people and places | <ul style="list-style-type: none"> Influence further devolution of powers and resources to support local decision making Shape regional and national policy to empower local delivery Support councils and councillors in creating the conditions for local economic, social and environmental resilience |
| Empowered and valued NILGA | <ul style="list-style-type: none"> Build confidence in NILGA's effectiveness Enable proactive councillor and officer engagement in key regional sectoral work Reinvigorate local democracy through communications and collaboration |

Strategic Theme – Empowered and resourced councils

Context

Public services have been under pressure for some time and as global economic and political uncertainty continues, the prospects for our citizens and businesses are under threat. Over the next decade councils will have to face the challenges of public sector spending restraint, meeting new legislative requirements and increasing customer expectations.

Local government has the ambition and drive to overcome these challenges and build on the confidence in councils to deliver for people, with strengthening local democracy as key. Councils are agile, dynamic, innovative, have a real connection with the communities they serve and have high levels of accountability and democratic oversight.

However, barriers to success remain - local government reform remains incomplete, with legislation and regulations to affirm council rules of operation, planning processes and a code of conduct outstanding.

To achieve our sectoral ambitions and create stronger more reliable public services, greater collaboration with government departments to design services, deliver added-value and remove duplication is essential. Embracing technology and using data to drive decision-making as well as investing in our workforce will be the cornerstones of innovative 21st century councils.

Corporate priorities

- Influence the delivery of outstanding legislation and financial sustainability to allow local government to function effectively
- Support the delivery of balanced and respectful central/local relationships delivering on the principle of prioritising local decision making
- Support sector led transformation and innovation informed by best practice

Why it matters

Financial sustainability is a critical success factor for the sector. Fair and transparent budget allocations over a longer term (which return the Rates Support Grant to sustainable levels) would offer greater certainty to councils and recognise their role and value. Pooling of budgets for place-based delivery and alignment of funding streams across government would minimize inefficiencies and bureaucracy. As a valued partner in government, local government can improve policy and process design and delivery for better local and regional outcomes.

Delivery of outstanding legislation to allow local government to function effectively, along with progress on priority policy areas will go some way towards empowering the local government sector in Northern Ireland. However, this must be underpinned by sector-led transformation and innovation, informed by best practice which takes advantage of the best knowledge and expertise across sectors and place real value on local decision making.

Strategic Theme - Empowered and confident councillors

Context

Councillors are elected to make decisions which affect the quality of life and livelihoods of local people. Inspiring local communities and creating the conditions for inclusive growth takes ambitious leadership – and effective political leadership is at the heart of a healthy democracy. By investing in the skills and knowledge of councillors through the provision of learning opportunities tailored to their role, NILGA will strengthen the impact councillors have on local areas and in doing so strengthen the voice of local government.

Through a standardised regional induction programme and renewed Elected Member Development programme, NILGA will support councillors to push boundaries for their constituents and the local government sector and deliver better outcomes for all.

Elected member conduct, ethics and standards are important issues for local government. The continued impasse on modernising the Code of Conduct in both content and process, undermines local democracy and the representative, policy and operational workings of councils and councillors.

Corporate priorities

- Enable confident politically led representation for the sector
- Deliver high quality learning and development for councillors
- Deliver improvements in effectiveness of the Code of Conduct for councillors

Why it matters

The role of local councillor is wide-ranging and demanding from place-shaping to licensing. Equipping local leaders with the competencies, skills and knowledge to carry out their roles is a priority for all councils, whether that be on developing skills in leadership or scrutiny and challenge, or building knowledge on planning, climate change, economic development or community planning.

Councils who want to improve the social, economic and environmental wellbeing of their communities must invest in councillor learning and development. Councils participating in the Elected Member Charter process can benefit from a robust, structured framework to increase councillor competence and confidence; strengthened member-officer relationships; and enhanced democracy and participation.

A review of the current Code of Conduct for councillors to mirror that of the NI Assembly would provide clarity for councillors, while not impeding their role as democratically elected decision makers.

Strategic Theme - Empowered and supported people and places

Context

Councils are at the forefront of improving how people live and work. They are place-shapers and are best placed to identify solutions to local challenges and draw in the right partners to deliver for their areas.

Councillors are embedded in their communities, giving them unique insight into their needs, hopes and aspirations. Bringing this unique perspective to the delivery of public services both within their councils and with central government, councillors play a vital role in holding public services accountable for delivering for people.

Addressing climate change, improving community planning mechanisms, unblocking bureaucracy in the planning system, realising the potential of local development planning and using economic and social levers will stimulate growth and investment in local areas. Yet councils are still dependent on regional government delivering public services in local areas as the devolution and decentralisation powers has not been comprehensive. The absence of regeneration powers and budgets diminishes the role of local councils in shaping and improving their areas.

Corporate priorities

- Influence further devolution and decentralisation of powers and resources to support local decision making
- Shape regional and national policy to empower local delivery
- Support councils and councillors in creating the conditions for local economic, social and environmental resilience

Why it matters

Pride in place is best achieved by delivery close to local people and businesses. In other words by local authorities that understand each place's unique local context. A place-based approach to public service delivery, underpinned by cross-government and cross-sectoral collaboration will drive inclusive growth in local areas. As the civic hub and primary co-ordinator of public services in local areas, local government has a central role to play to reduce fragmentation, improve efficiency and effectiveness in government.

Strategic Theme - Empowered and valued NILGA

Context

As the representative body for the local government sector, it is important that NILGA members are confident in its ability to provide strong leadership, scrutiny, representation and accountability.

NILGA's constitution sets out the governance framework for the organisation which will include regular engagement with the full NILGA membership as well as on an individual council basis. NILGA's Executive Committee members must engage in scrutiny of the organisation's performance and impact to shape its success, with input from councils and the wider group of councillors. Compliance with ever-changing legislative and regulatory requirements, overseen by a strong Audit and Organisational Sustainability Committee will ensure value for money is achieved for members.

In addition, having a responsive and adaptable approach to formulating, co-designing and shaping policy with political and officer input will allow the organisation to engage effectively and proportionately and demonstrate its value to government and other sectors.

Communicating success as well as becoming more outward-looking and collaborative in our engagement will raise the profile and impact of the organisation and the sector.

Corporate priorities

- Build confidence in NILGA's effectiveness
- Enable proactive Councillor and Officer engagement in key regional sectoral work
- Reinforce local democracy through communications and collaboration

Why it matters

To be strategically effective and sustainable, NILGA must demonstrate value and impact to its members and partners. Maximising focus on its corporate priorities, working at pace to deliver on these and providing evidence on the impact of its work will reassure members of the organisation's role and benefits.

As a political organisation NILGA will always be led by the views of its member councils. To support that, however, NILGA must understand and reflect the differing policy views of the political parties in its work and can only do this by maintaining sound and open relationships with political parties. Equally, NILGA will rely on reciprocally strong relationships with the professional officer core via Solace NI to advise on technical and operational matters which affect the sector. In particular on new and revised policy and regulatory requirements, funding, and processes. Fully communicating the shared and regional views of councils and councillors in its policy work will reinforce NILGA's representative voice for the sector.

Making It Happen

The NILGA Corporate Plan 2023-2027 will be supported by an annual business plan, which will be agreed by the NILGA Executive. This will identify the specific actions required to deliver on these corporate promises and more importantly the framework within which NILGA's performance and impact is measured and communicated to its members.





NILGA

Corporate Plan

2023-2027

Northern Ireland Local Government Association (NILGA)

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Upper Galwally

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Councillor Valerie Harte
Chair
Newry, Mourne and Down District Council
District Council Offices
Monaghan Row
Newry
BT35 8DJ

30th June 2023

Dear Councillor Harte,

As the council led representative body for local authorities in Northern Ireland, NILGA is your association.

In recent months, NILGA has independently reviewed all aspects of our work with input from councillors and council officers across all 11 councils. Thank you for the proactive and engaged participation of your council in these reviews.

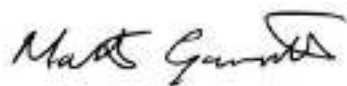
The purpose of these reviews was to:

- reflect on our work to date,
- consider the current and future strategic operating context, and
- to develop a fit for purpose and fit for the future NILGA vision and priorities.

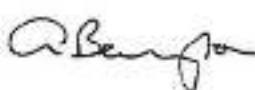
On behalf of the cross-party political leadership of NILGA, we have pleasure in presenting the Draft NILGA Corporate Plan 2023-2027 for your consideration. The view of your council is essential to NILGA in ensuring the association sets a corporate direction in keeping with its members' priorities.

We would be grateful if you could ensure this is given formal political consideration within your council and any feedback is provided to NILGA by Thursday 31 August 2023, to enable final consideration of the plan at the NILGA Executive Board meeting scheduled for Friday 8 September 2023.

Yours sincerely,



Clr Matt Garrett
President (SF)



Clr Alison Bennington
Vice-President (DUP)



Clr Billy Webb
Vice-President (All)



Ald Hazel Legge
Vice-President (UUP)



Clr Brian Tierney
Vice-President (SDLP)

| | |
|--------------------------|---|
| Report to: | Strategy, Policy and Resources (SPR) Committee |
| Date of Meeting: | 17 August 2023 |
| Subject: | Closed / Open Reporting |
| Reporting Officer | Josephine Kelly, Director of Corporate Services |
| Contact Officer | Josephine Kelly, Director of Corporate Services |

| <table border="1"> <tr> <td>For decision</td> <td>For noting only</td> <td>X</td> </tr> </table> | | For decision | For noting only | X |
|--|--|--------------|-----------------|---|
| For decision | For noting only | X | | |
| 1.0 | Purpose and Background | | | |
| 1.1 | <p>The purpose of this report to provide information on the number of items closed / open sessions reporting to SP&R Committee.</p> <p>This comes from an action from the June SPR Committee meeting from Cllr Byrne (Ref: SPR/063/2023)</p> | | | |
| 1.2 | <p>Following this request, a sample has been taken of the SPR agenda items since 2015 to date and a review undertaken.</p> <p>Whether items are to be treated as open or closed is determined by legislation.</p> <p>"This item is deemed to be restricted by virtue of Paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 – Information in relation to which a claim to legal professional privilege could be maintained in legal proceedings. The public may, by resolution, be excluded during this item of business."</p> | | | |
| 1.3 | | | | |
| 2.0 | Key issues | | | |
| | <p>Part 8 of the Local Government (NI) Act 2014 places a statutory requirement on the Council to make all reports available to the public in advance of a meeting, unless the report is on a matter which can legitimately be considered to be confidential under the provisions of the Act.</p> <p>In general, there should be a propensity to openness and transparency, but there will be a need at times to have confidential items (exempt) on the agenda. All "Confidential" items will be separate from the main reports.</p> <p>There must be a clear indication given as to why the report is exempt as defined by Schedule 6 Part 1 of the Local Government Act (Northern Ireland) 2014.</p> <p>Officers are provided with guidance on how to treat information. Each Report coming to the Committee must be considered separately.</p> <p>Appendix 1 – PowerPoint – Confidential Information slides for guidance material.</p> | | | |

| | |
|-----|---|
| 2.1 | <p>Summary of findings from Appendix 1</p> <p>When reviewing individual meetings, the number of items varied due to what was being brought to the Committee for consideration within closed session.</p> <p>In summary the number of closed items on the SPR agenda has <u>increased</u> since 2015 to date:</p> <p>2015 During 2015 from the sample reviewed on average 30% to 35 % of the items were in closed session,</p> <p>2018 During 2018 from the sample reviewed there were on average 35 %– 40 % of the items in closed session.</p> <p>2021 to 2023 During 2021,2022 to 2023 from the sample reviewed there were 50 % and over of items were heard in closed session with some meeting well in excess of that depending on the type of reports being presented.</p> <p>Findings</p> <p>From the review of the agendas and reports there are a number of reasons for the increase in closed session items over this time: -</p> <p>1. Items now considered by other Committees.</p> <p>During 2015/ 16 there were reports brought to SP&R on Community Planning & Wellbeing along with reports on Grant Aided Programmes. These reports no longer come to this Committee but instead go to AHC or ERT for consideration. These reports were in the main were in Open session. Some of the transition documentation reports for the introduction of new Council have now ceased and are now part of business as usual for NMDDC. These were also in the main in open session.</p> <p>2. The volume of legal reports brought to the Committee.</p> <p>The number of legal reports on lease/estates matters has significantly increased since 2015 to date. This reflects the drive to deal with surplus assets of the District, and also the development of the Capital Investment Programme. These Reports are brought to the Committee during Closed Session due to the legal, commercially sensitive content.</p> <p>3. Business Cases for procurement of corporate services.</p> <p>The number of business cases for the procurement of corporate wide services which exceed £30,000 in value have increased for services like IT services, Insurance etc. These are all held in Closed session due to the commercial nature of the business case.</p> <p>4. HR matters</p> |
|-----|---|

| | |
|------------|---|
| | <p>Any reports on staff matters continue to be in Closed Session due to the sensitive nature of items being brought to the Committee. e.g Approvals for Planning for the Future was in closed session.</p> <p>Summary</p> <p>It has been a very useful exercise to review historic agendas over a period of time. This information will used to monitor agendas and reports going forward.</p> <p>It is clear from the review that the volume of items falling within the legislation as defined by Schedule 6 Part 1 of the Local Government Act (Northern Ireland) 2014 has increased.</p> <p>However, consideration will also be given on how reports are presented and whether the commercial information can be provided in an appendix, which may allow more information to be provided within open session by the reporting Officers.</p> |
| 3.0 | Recommendations |
| 3.1 | <p>Staff have been reminded of the need to review the contents of each report in line with the relevant sections of the legislation.</p> <p>Consideration should also be given if the matters can be brought into open session but with legal, commercial information being considered in closed session.</p> |
| 4.0 | Resource implications |
| 4.1 | <p>Financial Implications.</p> <p>There are no additional costs involved but continued training for officers and members on the legislation is recommended. This can be carried out internally and monitored.</p> |
| 5.0 | Due regard to equality of opportunity and regard to good relations (complete the relevant sections) |
| 5.1 | <p><i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i></p> <p>It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations.</p> |
| 5.2 | <p><i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision.</i></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> |
| | The policy (strategy, policy initiative or practice and / or decision) has been equality screened. |
| | The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation |

| | |
|-----|--|
| | |
| 5.3 | <p>Proposal initiating consultation</p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves.</p> <p>Consultation period will be 12 weeks.</p> <p>Consultation period will be less than 12 weeks (rationale to be provided)</p> |
| | <p><i>Rationale:</i></p> |
| 6.0 | <p>Due regard to Rural Needs (please tick all that apply)</p> |
| 6.1 | <p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Rural Needs Impact Assessment completed</p> <p>If no, please complete the following:</p> <p>The policy / strategy / plan / public service is not influenced by rural needs</p> |
| 7.0 | <p>Appendices</p> |
| 7.1 | <p>Appendix One – PowerPoint – Confidential Information Slides</p> |
| 8.0 | <p>Background Documents</p> |
| 8.1 | <p>None</p> |



Confidential Information



Part 8 of the Local Government (NI) Act 2014 places a statutory requirement on the Council to make all reports available to the public in advance of a meeting, unless the report is on a matter which can legitimately be considered to be confidential under the provisions of the Act.

In general, there should be a propensity to openness and transparency, but there will be a need at times to have confidential items (exempt) on the agenda. All "Confidential" items will be separate from the main reports.

There must be a clear indication given as to why the report is exempt as defined by Schedule 6 Part 1 of the Local Government Act (Northern Ireland) 2014 and there are 7 reasons why a report can be 'Restricted'

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Confidential Information contd...




1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the Council holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the Council or a government department and employees of, or office holders under, the Council.

- (1) This includes information that will identify and will obviously be about a person. Data which identifies an individual, even without a name associated with it, may be personal data where it is processed to learn or record something about that individual, or where the processing of that information has an impact upon that individual in a personal, family, business or professional capacity. This can be:- Name, address, DOB; Work achievements; Qualifications; National insurance number; Current employment & employer; Health data; and Vehicle ownership data. Information that relates to an individual can also involve sensitive personal data as defined within the Data Protection Act 1998:- Racial or ethnic origin Political opinions; Religion; Membership of a trade union; Health; Sex life; Criminal activity.
- (2) Information on its own may not reveal an individual's personal data; however, when linked to other information, it may reveal details about an individual. In most cases an individual's name together with some other information will be sufficient to identify them. Simply because the name of an individual is not known does not mean that individual cannot be identified. This can be:- Address; A specific job position; Vehicle data; Property data; Account details; National insurance number; and Financial details. Reports relating to employment matters which disclose personal sensitive information from which an individual or individuals may be identified will ordinarily be treated as restricted unless there is a legal duty to report the information,
- (3) This can be information that will firstly identify an individual at points 1 & 2 above and can contain the following:- Name of bank or building society, sort code and account numbers; Weekly, monthly or annual Income; Cash flow; Credit rating; Credit assessments; Details of business transactions relating to the purchasing and ownership of property, vehicles, land or other; Involvement in companies and partnerships at various levels.
- (4) This can involve the information gathered by Council including personal data at points 1 & 2 above and used for the following purposes:- Council forecasting and planning to assist with departmental restructuring; Policy advice and internal discussion involving sensitive or confidential material that would be likely to prejudice council activity; Information on the movement of staff to address particular council need; Planned redundancies; Departmental, Service and Unit mergers; Union balloted strikes; Health and Safety related matters; The personal details of employees and their position within the organisation and their involvement in any of the above.



Confidential Information contd...

5. Information in relation to which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the Council proposes-
 - (a) to give under any statutory provision a notice by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any statutory provision.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.



- (5) This includes information that protects confidential communications (and evidence of those communications) between a lawyer and client provided that the communications are for the purpose of seeking and receiving legal advice in a relevant legal context. The client can include Councillors who are specifically seeking and obtaining legal advice from Legal Services lawyers. Examples of this information will include:- The information generated and the advice sought by the client (Councillors) from the professional legal adviser; Solicitors and Barristers opinion.
- (6) This can include information surrounding and relating to notices issued by different Council Departments which have enforcement powers and this will include the details of the individuals and /or organisations involved :- Information relating to Planning/Building Control legislation whereby Council has issued statutory notices to individuals permitting or forbidding certain activity; Food safety in restaurants and food suppliers; Noise and nuisance at properties; Litter nuisance; Certificates of unfitness relating to landlords; and Pollution control.
- (7) This involves information gathered and used by Council Departments for the investigation of criminal behaviour by members of the public and / or its staff. This can include:- Name, address, DOB and description of alleged offenders; Name, address, DOB and description of witnesses; Name, address, DOB and description of complainants; Details of any alleged criminal activity or behaviour; The time and location of alleged criminal activity or behaviour; Details of pending and ongoing prosecution cases; The specific Department and Council officer carrying out the investigation; Preventative measures taken or planned by the Council or in partnership with partner agencies to combat criminal activity or behaviour; and This may involve contact with the PSNI, HMRC and PPS.



Confidential Information contd...

When you have a confidential report you **MUST** put this as a header on the report

This item is deemed to be exempt under paragraph ***fill in appropriate number from 1-7*** of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating **.....fill in appropriate category from 1-7.....** and the public may, by resolution, be excluded during this item of business.



It is imperative that you put this wording as a header onto your report. You state the item is deemed to be exempt under paragraph say for example 3 - Information relating to the financial or business affairs of any particular person (including the Council holding that information) as the matter being discussed refers to a financial transaction between a supplier and Council. This must be put onto the report as this will then enable the PA and Democratic Services Officers to ensure that any confidential information does not inadvertently end up in the wrong place on the agenda.

The author of a report will need to consider if any of the grounds for restricting a report are engaged. If the position is clear this needs to be communicated to officers in Democratic Services who compile the papers for council meetings. Reports will also be screened by officers from Democratic Services to ascertain if a report or associated documents should be restricted.

Recommendations are recorded in the minute which will become a public record, even when the report is in closed session so it is important but that the recommendation part of the report doesn't contain any of the confidential information such as figures etc.

Arrangements are made during meetings for the exclusion of the press and public when the matter comes for consideration by committee or council and the agenda will reflect that the item is restricted. We would normally place reports that require exclusion of press and public at the end of the agenda.