



# Doncaster Council

## Agenda

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To all Members of the

# AUDIT COMMITTEE

Notice is given that a Meeting of the above Committee is to be held as follows:

**Venue:** Council Chamber, Floor 2, Civic Office, Waterdale, Doncaster

**Date:** Thursday, 30th January, 2020

**Time:** 10.00 am

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**Damian Allen**  
Chief Executive

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Issued on: Wednesday, 22 January 2020

**Governance Services Officer for this meeting:** Sarah Maxfield  
Tel. 01302 736723

**Doncaster Metropolitan Borough Council**  
[www.doncaster.gov.uk](http://www.doncaster.gov.uk)

## Items for Discussion:

## Page No.

1. Apologies for Absence.
  2. To consider the extent, if any, to which the Public and Press are to be excluded from the meeting.
  3. Declarations of Interest, if any.
  4. Minutes of the meeting held on 24th October, 2019. 1 - 6
- A. Reports where the public and press may not be excluded.**
5. Audit Committee Action Log. 7 - 12
  6. Update Report on Contract Commissioning in Adults, Health & Wellbeing. 13 - 20
  7. Internal Audit Progress Report for the period: October to December 2019. 21 - 46
  8. Covert Surveillance - Regulation of Investigatory Powers Act 2000 (RIPA) Update. 47 - 52
  9. External Auditor (Grant Thornton) Audit Plan 2019/20 and Arrangements for the Preparation of the 2019/20 Accounts (*Report to follow*).

## **Members of the Audit Committee**

Chair – Councillor Austen White  
Vice-Chair – Councillor Richard A Jones

Councillor Charlie Hogarth, Tosh McDonald and David Nevett

**Co-opted Member:** Kathryn Smart

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## DONCASTER METROPOLITAN BOROUGH COUNCIL

### AUDIT COMMITTEE

**THURSDAY, 24TH OCTOBER, 2019**

A MEETING of the AUDIT COMMITTEE was held at the COUNCIL CHAMBER - CIVIC OFFICE on THURSDAY, 24TH OCTOBER, 2019, at 10.00 am.

PRESENT:

Chair - Councillor Austen White  
Vice-Chair - Councillor Richard A Jones

Councillors Charlie Hogarth, Tosh McDonald, David Nevett and Co-Opted Member, Kathryn Smart.

ALSO IN ATTENDANCE:

Debbie Hogg - Director of Corporate Resources  
Peter Jackson - Head of Internal Audit  
Holly Wilson - Head of Corporate Procurement  
Scott Cardwell - Assistant Director of Development  
Steve Lowther - Head of Property Stores  
Paul Roberts - Stores / Depot Supervisor  
Paul Dossett - Grant Thornton (External Auditor)

17 Declarations of Interest, if any.

There were no declarations made at the meeting.

18 Minutes of the meeting held on 24th July, 2019.

RESOLVED that the minutes of the meeting held on Wednesday 24th July, 2019 be approved as a correct record and signed by the Chair.

19 Audit Committee Actions Log.

Members considered the Audit Committee Action Log, which updated the Committee on all actions agreed during previous meetings, and allowed Members to monitor progress made.

Members noted that all actions were progressing well, and all actions were currently green. Officers updated the Committee with regard to one of the outstanding actions on Income Management and it was noted that progress had now been made with regard to this, and this was now regarded as having been signed off with all recommendations in place and part of normal working practices. Training had been undertaken and further checks were now in place.

RESOLVED that the Committee note the report and all progress made against the actions agreed at previous meetings.

## 20 Breaches and Waivers to the Council's Contract Procedure Rules

Members were presented with a report which detailed the breaches and waivers to the Council's Contract Procedure Rules in the period for 1 March to 31 August 2019.

The report summarised the breaches and waivers and outlined from which Directorate each came from. Additional to this, the Head of Corporate Procurement circulated an addendum that detailed the comparisons between Quarter 1 and Quarter 2 on breaches and waivers.

Members noted that there had been four new breaches during the period, two that remained unresolved from earlier periods, as well as six that had now been resolved.

There had been twenty five waivers approved during the period. Members noted that changes to the CPRs had been approved in May 2019 which would result in a decrease in waivers due to the lower threshold limit being increased from £5000, to £25,000.

Additionally, Members were informed that a lot of work had been undertaken in relation to the procurement arrangements, and the process was now more simplified. Training had been offered to all officers who would have any need for it.

Following any updates, the Committee discussed the issues within the report, and posed any points of clarification to officers.

Queries were raised in terms of the following:-

- Training within Directorates and the possibility of making it mandatory across the Authority;
- How the process can be sped up
- How breaches or waivers are monitored
- Were there any trends in terms of certain directorates being more problematic than others

Officers provided information on all the queries raised and endeavoured to answer any questions. Additionally, officers informed Members that they would ensure the addendum be updated to reflect what percentage of the total contracts the breaches and waivers represented. This would be made available on the Council's web pages with the agenda and reports.

RESOLVED that

- 1) The information and actions contained within the report be noted; and
- 2) The Audit Committee commended Officers and recognised the work undertaken to overcome issues encountered with breaches and waivers in the past,

## 21 2018-19 Annual Governance Statement - Progress Update .

The Committee were presented with the Council's Annual Governance Statement Progress Update which provided a review of governance arrangements for the authority. The Committee were provided with a brief update outlining what progress had been made against issues and actions within the current Annual Governance Statement. Members were reassured that as the review and monitoring processes were now well embedded, any matters reported were considered to be under control and there were no issues for concern.

Members were invited to put any questions to officers regarding the report and Officers endeavoured to provide further information on any queries. With regard to next year's Annual

Governance Statement, it was proposed that this would be looked at in a slightly different way, with a more strategic overview taken. There would be a lot of challenges faced and it would be necessary to look at this more broadly in order to address these.

Members asked if any key milestones had been met and if the Council was on track with actions as the Committee needed reassurance in order that they had an awareness of the situation. Members were informed that whilst progress was being made, they were not in a position to remove any of the items, but they were constantly being monitored. The Director of Corporate Resources assured the Committee that they were happy with the current position, and whilst there were many financial challenges, they were broadly content as to where they were now.

With regard to Action 1, Major Technology Upgrades, queries were raised in terms of what was critical. Members were informed that good progress was being made with technology upgrades, and all deadlines were being hit, and as a lot of systems needed to be Microsoft compliant, it was therefore important that Microsoft licensing was up to date. Currently, 85% of desktops had been upgraded so the Council was on track to achieve this action.

A query was raised with regard to the Organisation Workforce Action, and if this was an area where there were any concerns over progress. A number of additional queries arose as a result with a discussion held on these issues. However, the Committee were assured that the Council were committed to developing their staff, and whilst there were some areas that were more challenging in terms of recruitment and development, it was something they were looking to address. However, this was an action that was on going, with no end date as such and support was given where needed to staff, apprentices and other members of the workforce across the Council on an ongoing basis. It was noted that some of the wording used in the report could be improved in order that it was clearer for members of the public reading and officers would undertake to improve this in future.

The Committee discussed in detail the report and raised a number of points that required further clarity to ensure that they were happy with the progress being made against the Annual Governance Statement. These also included:-

- Alarm Receiving Centre
- Data Quality Arrangements
- Doncaster Children's Services Trust ALMO
- Financial Position moving forward

RESOLVED that the Audit Committee note the content of the briefing paper and the attached appendix.

## 22 Preventing and Detecting Fraud and Error - October 2018 to September 2019.

The Committee considered a report that summarised the work done by the Council from October 2018 to September 2019 with regard to the prevention, detection and investigation of fraud and corruption.

Members noted that overall, levels of fraud across the authority remained low, and the work done by the Council in terms of preventing fraud was an area of focus. There had been many proactive fraud activities undertaken across the Council, with the results proving to be effective.

Particular points that were referred to in the report include:-

- 1054 Council Tax Single Persons Discounts cancelled;
- 16 prosecutions, 24 cautions and 26 pending cases related to Blue Badge Fraud;
- 521 Blue badges cancelled;

- Housing Benefit – the reinstatement of recovery proceedings for 568 benefit overpayment cases after information received on the claimant; and
- 118 people removed from the social housing waiting list

Members discussed the issues contained within the report and through the course of the discussion a number of points were raised for clarification. A query was raised regarding the low level of fraud and whether this was comparative with other local authorities. It was reported that it was actually very difficult to make comparisons and quantify as everyone measured it differently. However, a rough benchmarking exercise had been undertaken in previous years, and Doncaster appeared to be performing well.

A query was also raised in terms of whistleblowing and whether people were too intimidated within the office culture to speak up if they were aware of something. Officers assured the Committee that they were happy in terms of this area and the open culture of the organisation, and whilst whistleblowing itself may not appear to be particularly high, many issues were dealt with behind the scenes when problems were reported. However, it was accepted that it would be beneficial to remind staff that this avenue was an option to this and the process could look at being refreshed.

The Chair commended the work of Officers and it was acknowledged that the report was user friendly and clearly demonstrated the positive work undertaken by the Team.

RESOLVED that the Audit Committee support the production of the Preventing Fraud and Error report and agree to appropriate publicity being produced to highlight the outcomes from the Council's anti-fraud activity and to act as a deterrent to fraud.

## 23 Internal Audit Report for the period July to September 2019.

Members received a report that updated the Committee with regard to work undertaken by Internal Audit for the period July to September 2019. The report included information on the implementation of the internal audit recommendations, and the internal Audit Team's performance information. The report was broken down into four main sections with information provided on each of these in greater depth within the body of the report:-

- The Audit Plan and any revisions to the Plan;
- Audit work undertaken during the period July to September;
- Implementation of Audit Recommendations;
- Internal Audit Performance

The Head of Internal Audit, Peter Jackson provided a brief update on the issues contained within the report, and informed Members that everything appeared to be positive, with performance on target, a significant reduction in audit recommendations and a lot of proactive work undertaken, as well as Internal Audit having provided better levels of assurance than had been the case in previous periods.

The Chair thanked Officers for their work, and was pleased to see that there was a significant reduction in the number of internal audit recommendations. They were moving in the right direction, positive steps were being made, and hopefully figures would look to reduce further in the future.

A number of queries were raised on points including the Doncaster Children's Services Trust, and its transfer to an ALMO. Members noted that the lines of operation relating to this matter in terms of this were still being developed and defined, and as an ALMO, the Trust would have its own Internal Audit Team.

A further query raised related to North Bridge Stores which had been the subject of concern at the previous Audit Committee due to a number of overdue recommendations. Managers from the Service explained that whilst some actions were still outstanding, all of these actions were in progress. Some of these actions had expected to have been completed by now, but difficulties had been experienced with the actions that were in place to address the initial problem. The Audit Committee stated that they wished to receive assurances that the recommendations had been implemented at the next Audit Committee. Officers assured the Committee that actions were being put into place, and training issues were being addressed in order to resolve the problems. The Committee requested that a further review of the Stores function took place early in the 2020/21 Financial Year.

RESOLVED that

- 1) The Audit Committee note the changes to the original Audit Plan;
- 2) The internal audit work completed in the period be noted;
- 3) Progress made by officers in implementing previous audit recommendations be noted;
- 4) A further review of the Stores function take place early in the 2020/21 Financial Year; and
- 5) The information relating to Internal Audit's performance in the period be noted.

24 Grant Thornton - Audit Progress Report and Sector Update.

The Audit Committee were presented with a report from the Council's External Auditors, Grant Thornton, that provided information with regard to any work undertaken over the previous year and what would be carried out in the future.

Members were informed that this was largely an informative document that provided an overview of the positive findings of 2018/19 and that work would begin towards the 2019/20' accounts in January 2020.

RESOLVED that the Audit Committee note the report received from Grant Thornton.

25 Grant Thornton - External Audit Reform.

Members considered a report presented by Paul Dossett, Grant Thornton that outlined proposals with regard to the review of current national audit regulations.

Members noted that there were reviews ongoing in both the public and private sectors with regard to audit arrangements and processes undertaken as a result of a number of issues that had arisen in recent years.

It was widely acknowledged that in comparison with audits undertaken 10 years ago, the fees had drastically decreased and it was acknowledged that a number of processes that Auditors had historically undertaken had been reduced. It was anticipated that there would be a number of changes coming forward in the future in order to provide an audit which would provide greater levels of assurance than currently given. Once these were determined, feedback would be provided.

RESOLVED that the Audit Committee note the report.

26 Grant Thornton - The Annual Audit Letter for Doncaster Metropolitan Borough Council.

Members considered the Annual Audit Letter provided by Grant Thornton, the Council's external auditor. The Annual Audit Letter is a statutory requirement, and summarised the key findings arising from the work carried out by Grant Thornton at Doncaster Council for the 2018/19 financial year.

The Annual Audit Letter signifies the formal sign off, of the Audit to the Audit Committee, and in signing off, the letter confirmed the external auditor that:-

- Was satisfied that the Council put in place the proper arrangements to ensure economy, efficiency and effectiveness in its use of resources;
- Certified that the audit of financial statements of Doncaster Council have been completed in line with the Code of Audit Practice.

Through the course of discussion, Members noted that the Council had been issued with an unqualified opinion, that Doncaster had good financial arrangements in place, and were in a much stronger position than many other Local Authorities. Members were given the opportunity to question the report produced by Grant Thornton. It was noted that there were still a significant number of Councils who had not had their accounts signed off, so for Doncaster, it was a very positive position.

RESOLVED that the Audit Committee note the contents of the Annual Audit Letter.

CHAIR: \_\_\_\_\_

DATE: \_\_\_\_\_



## Doncaster Council

### Report

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30<sup>th</sup> January 2020

#### To the Chair and Members of the AUDIT COMMITTEE

#### AUDIT COMMITTEE ACTIONS LOG

##### EXECUTIVE SUMMARY

1. The Committee is asked to consider the attached Audit Committee Actions Log, which updates Members on actions agreed during Audit Committee meetings. It allows Members to monitor progress against these actions, ensuring satisfactory progress is being made.
2. All actions are progressing well. The action log shows detail relating to 4 actions requested in the January 2019 and October 2019 meetings. There are no actions outstanding from earlier meetings. Of these:
  - All are all in progress and will be cleared in the course of future meetings – none of these represent longer running issues.

##### EXEMPT REPORT

3. The report does not contain exempt information.

##### RECOMMENDATIONS

4. The Committee is asked to;
  - Note the progress being made against the actions agreed at the previous committee meetings and
  - Comment if any further information / updates are required.

##### WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

5. Regular review of the actions agreed from the Audit Committee meetings enables the Committee to ensure it delivers against its terms of reference and is responding to important issues for citizens and the borough. The action plan update helps support openness, transparency and accountability as it summarises agreed actions from reports and issues considered by the Audit Committee.

**BACKGROUND**

- 6. The Audit Committee Actions Log, which is updated for each Audit Committee meeting, records all actions agreed during previous meetings. Items that have been fully completed since the previous Audit Committee meeting are recorded once as complete on the report and then removed for the following meeting log. Outstanding actions remain on the log until completed.

**OPTIONS CONSIDERED AND RECOMMENDED OPTION**

- 7. There are no specific options to consider within this report as it provides an opportunity for the Committee to review and consider progress made against ongoing actions raised during previous Audit Committee meetings.

**IMPACT ON THE COUNCIL’S KEY OUTCOMES**

8.

	<b>Outcomes</b>	<b>Implications</b>
	<p><b>Doncaster Working:</b> Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> <li>• Better access to good fulfilling work</li> <li>• Doncaster businesses are supported to flourish</li> <li>• Inward Investment</li> </ul>	
	<p><b>Doncaster Living:</b> Our vision is for Doncaster’s people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> <li>• The town centres are the beating heart of Doncaster</li> <li>• More people can live in a good quality, affordable home</li> <li>• Healthy and Vibrant Communities through Physical Activity and Sport</li> <li>• Everyone takes responsibility for keeping Doncaster Clean</li> <li>• Building on our cultural, artistic and sporting heritage</li> </ul>	
	<p><b>Doncaster Learning:</b> Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> <li>• Every child has life-changing learning experiences within and beyond school</li> <li>• Many more great teachers work in</li> </ul>	

	<p>Doncaster Schools that are good or better</p> <ul style="list-style-type: none"> <li>• Learning in Doncaster prepares young people for the world of work</li> </ul>	
	<p><b>Doncaster Caring:</b> Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> <li>• Children have the best start in life</li> <li>• Vulnerable families and individuals have support from someone they trust</li> <li>• Older people can live well and independently in their own homes.</li> </ul>	
	<p><b>Connected Council:</b></p> <ul style="list-style-type: none"> <li>• A modern, efficient and flexible workforce</li> <li>• Modern, accessible customer interactions</li> <li>• Operating within our resources and delivering value for money</li> <li>• A co-ordinated, whole person, whole life focus on the needs and aspirations of residents</li> <li>• Building community resilience and self-reliance by connecting community assets and strengths</li> <li>• Working with our partners and residents to provide effective leadership and governance</li> </ul>	<p>Effective oversight through the Audit Committee adds value to the Council operations in managing its risks and achieving its key priorities of improving services provided to the citizens of the borough</p> <p>The work undertaken by the Audit Committee improves and strengthens governance arrangements within the Council and its partners.</p>

## RISKS AND ASSUMPTIONS

9. The Audit Committee contributes to the effective management of risks in relation to audit activity, accounts / financial management / risk management and other governance / regulatory matters.

## LEGAL IMPLICATIONS (HP 09/01/20)

10. There are no specific legal implications associated with this report. Where necessary appropriate legal advice has been provided in relation to matters listed in the Appendix to this report.

## FINANCIAL IMPLICATIONS [ST 08/01/20]

11. There are no specific financial implications associated with this report.

## HUMAN RESOURCES IMPLICATIONS [KG 07/01/20]

12. There are no specific human resources issues associated with the contents of this report.

### **TECHNOLOGY IMPLICATIONS [PW 07/01/20]**

13. There are no specific technological implications associated with this report.

### **EQUALITY IMPLICATIONS [PJ 07/01/20]**

14. We are aware of the Council's obligations under the Public Sector Equalities Duties and there are no identified equal opportunity issues within this report.

### **HEALTH IMPLICATIONS [RS 07/01/20]**

15. Good governance is important for healthy organisations and for healthy populations. Specific health implications should be addressed through individual audits and action plans.

### **CONSULTATION**

16. The Audit Committee Action Log has been produced following consultation with members of the Audit Committee to address the risk of agreed actions not being implemented.

### **BACKGROUND PAPERS**

17. None

### **GLOSSARY OF ACRONYMS AND ABBREVIATIONS**

None

### **REPORT AUTHOR & CONTRIBUTORS**

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**Debbie Hogg**  
**Director of Corporate Resources**

## AUDIT COMMITTEE ACTION LOG – JANUARY 2020

Follow-up actions from previous meetings:-

Minute/ Action	Progress update	Responsible Officer	Completed (Y/N)
<b>Meeting October 2019</b>			
<b>Breaches and Waivers</b> Addendum to report brought to committee to be updated to reflect what percentage of the total contracts the breaches and waivers represented. This would be made available on the Council's web pages with the agenda and reports.	Addendum updated and published on Council website	Holly Wilson	<b>Complete</b>
<b>Breaches and Waivers</b> Future reports to provide more analytical information, key for waiver types to be made clearer and each breach and waiver to be numbered for ease of reference.	Scheduled for 2 <sup>nd</sup> April 2020 Audit Committee	Holly Wilson	<b>In Progress – for completion by April 2020 Audit Committee</b>
<b>Annual Governance Statement – Progress Report</b> – This and all future reports for Audit Committee need use of Plain English	Arrangements made to improve quality of wording used in reports	Peter Jackson	<b>In Progress – ongoing work to improve this area</b>
<b>Annual Fraud Report</b> Staff to be reminded of the Whistleblowing arrangements in place	Reminders to be provided to staff upon release of revised policy	Helen Potts	<b>In Progress – for completion by April 2020 Audit Committee</b>
<b>Internal Audit Progress report – Stores</b> Members requested a further update at January's Committee and that a further fuller review be undertaken in the 2020/21 financial year	Update provided within Internal Audit Progress Report and Stores review included within 2020/21 Draft Internal Audit Plan	Peter Jackson	<b>Complete -</b>
<b>Meeting January 2019</b>			
<b>Adults, Health and Wellbeing - Contract and Commissioning Report</b> Committee requested an update in one year's time	A report has been provided for 25 <sup>th</sup> January 2020 Audit Committee	Denise Bann	<b>Complete</b>

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## Doncaster Council

### Report

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Date: 30<sup>th</sup> January 2020

To the Chair and Members of the  
**AUDIT COMMITTEE**

**UPDATE REPORT ON CONTRACTS AND COMMISSIONING IN ADULTS,  
HEALTH AND WELLBEING**

Relevant Member(s)	Cabinet	Wards Affected	Key Decision
Cllr Blake			No

#### **EXECUTIVE SUMMARY**

1. This report provides Members an annual progress update on improvements made by the adults commissioning and contracts function since January 2019.

#### **EXEMPT REPORT**

2. There are no exemptions in this report.

#### **RECOMMENDATIONS**

3. To note the information contained in this report and to stand down the reporting of progress by the Adult Commissioning and Contracts function to Audit Committee, which has been in place since April 2017.

#### **WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

4. Effective commissioning, procurement and contract management is essential, to ensure the delivery of value for money, quality, effective and efficient services to the citizens of Doncaster.

#### **BACKGROUND**

5. Prior to 2017, there had been a number of breaches of the Council's Contract Procedure rules (CPR's) and a number of waiver requests to CPR's. There were 30 contracts that had either expired or were due to

expire and required recommissioning or to be decommissioned. The Commissioning and Contract team had a range of continuity issues, with resources in key positions leaving and a lack of stable senior leadership, which led to the team working in a consistently reactive way and did not allow any of the managers to be strategic / forward looking or build the foundations to support future joint commissioning and work with partners; based on a clear, coordinated strategic approach and direction.

6. The key issue identified was one of capacity, not capability. In order to address this issue, experienced additional capacity and leadership posts were put in place. Priorities were re-profiled and changes made to staff reporting lines i.e. to maximise available capacity and focus that capacity on essential work priorities.
7. These changes were set out in an Additional Capacity business case approved by the Adults Improvement Board on the 26<sup>th</sup> September 2017.
8. With the support of Ernst & Young, a four year Commissioning and Procurement Plan was produced to provide the framework for all future commissioning and contracting activities. The Plan detailed-
  - Prioritised short and longer term activities to support the Directorate's improvement priorities including a programme of reviews of existing commissioned services;
  - A range of procurement activities for both new and existing services; and the phasing of the above activities based on immediate priorities, workload demands and resource availability; and
  - Current capacity issues within the Commissioning and Contracts team. Identifying where the team was currently under-resourced to satisfy workload demands.
9. The full Commissioning and Procurement Plan report was formally presented by EY at an AHWb Directorate Leadership Team Meeting (DLT) on Wednesday 20<sup>th</sup> December 2017 and subsequently implemented.
10. Beginning in April 2017 progress reports on commissioning activity were originally presented to Audit Committee at six monthly intervals . In January 2019, reporting to audit committee was reduced to annual reporting. These progress reports gave assurance to Audit Committee that sustained improvement was being made over a continued period.

## **Activity**

11. Achievements by the Commissioning and Contracts function in the last twelve months since January 2019 are as follows:-
  - Reduced off contract spend from £5.4m to circa £447k (January 2020)
  - Achieved savings of circa £2.22m in 19/20 (full year effect). This includes £760k of contract reductions for budgets held by Commissioning (against a target of £720k) and a further £1,460k within Adult Social Care budgets.
  - Internal audit have undertaken four audits since January 2019, all audits were given a "substantial assurance" rating which is the highest level of assurance awarded by internal audit. The audits relate to activities undertaken by the commissioning and contracts team, namely:-

- Commissioned Care at Home – Brokering and Payment Arrangements
- Building Community Capacity – Community Investment Programme
- Day Care Payment Arrangements
- Commissioning and Contracts - Governance arrangements and processes
- Ensured the safe transfer of nine properties previously managed by Rotherham, Doncaster, and South Humber NHS Foundation Trust (RDASH) and registered as Residential Care Homes for individuals with learning disabilities and complex needs to an independent sector provider, Walsingham Support. Eight homes were transferred to Supported Living services. Supported Living enables people with a disability to live independently in their own home, with appropriate support to help them manage their own tenancy and achieve greater freedom and control in their lives. This included the transfer of 78 staff and 38 service users who reside in the homes. The remaining home is due to transfer to Supported Living by end June 2020.
- Safe transfer of day care provision delivered at the Solar Centre (a day care centre managed by RDASH) to the Clinical Commissioning Group (CCG) whilst maintaining continuity of the service provided to individuals attending the solar centre including the development of a new service specification ie to maximise day opportunities for individuals outside of the Solar Centre.
- Implemented a Joint Commissioning Strategy between the Council and the CCG supported by detailed delivery plans to deliver integrated working across all commissioning functions.
- Agreed care home fees with care home providers implemented April 2019.
- Reviewed and re-commissioned the following services:
  - Money Management to maximise service user independence for individuals accessing a direct payment or personal budget,
  - Social Prescribing where healthcare professionals are able to refer people to local, non-clinical services to meet their wellbeing needs,
  - Home Support Immediate Response to ensure home support is available a short notice,
  - Home from Hospital Service to facilitate speedy hospital discharge,
  - Positive Steps GP Service,
  - Domestic Abuse Service,
  - Green Gables supported accommodation for young families/parents to a wider family support service.
  - Doncaster Foyer supported accommodation service for young people,
  - Morley Road supported accommodation for people with mental health issues.
- Reviewed and currently in the process of recommissioning the following services:- Day opportunities, Communication Support (Interpreting Services), Sex Worker Support services, extra care support.
- Extended the Integrated Community Equipment Services with the CCG until 2021 (post service review), extended the community support mental health crisis hubs
- Transferred funding to the CCG under a legal Agreement to provide four Dementia Family Support Service (April 2019).

- Extra care housing - strategic review of services including:
  - analysis of various care packages across the schemes
  - engagement with tenants of current extra care schemes to inform review and development of future specification
  - liaison with scheme managers to compliment findings from tenant engagement
  - cost modelling to determine value for money floor and ceiling rates in preparation for the re-procurement (informed by benchmarking with Yorkshire and Humber Council's) to determine budgetary impact.
  - market engagement event held to inform future commissioning intentions
  - Tender to develop a framework of providers which will ensure smooth transition of existing services
- Homelessness:
  - Supported the Imogen Blood Associates (IBA) independent review of homelessness and worked with the Council's Strategic Performance Unit (SPU) on the resulting development of the homelessness and rough sleeping strategy
  - Agreed supported accommodation modelling tool (proposed by IBA) via Accommodation Task Group chaired by St Leger Homes to inform the level and configuration of accommodation over a five-year period
  - Currently developing proposals to reform hostel provision
  - Continued to lead Bronze Accommodation Flow and attendance at Silver as part of town centre governance arrangements, which has led to improvements in the homelessness and rough sleeping offer. The Bronze, Silver and Gold flow is a tiered managerial approach providing an executive leadership structure which deals with place and people based issues related to town centre and complex lives in a coherent way,
  - Winter plan development for 19/20 including securing capacity with a range of commissioned providers. Plan mobilised from 18 November 2019 and oversight of delivery via Bronze Accommodation Flow
  - Led on Supported Lettings strand of Ministry of Housing, Communities & Local Government (MHCLG) Rapid Rehousing Pathway funding for 19/20 including delivery of a market event and open quotation exercise resulting in securing capacity with a range of commissioned and non-commissioned providers. Supported submission for further bid for continued funding in 20/21
- Worked with providers to support contingency planning in preparation for Brexit
- Substance misuse - supporting delivery of One Council ambition by working with Public Health to explore joint commissioning opportunities
- Reviewed the Shared Lives Contract (offering carer breaks), to increase the accessibility and uptake of the service across specialties.
- From April 2019 to date, the contract management team has:
  - Undertaken 60 audits
  - Completed 76 follow up visits with 43 Providers to ensure action plans are being progressed – some of which required

- more than 1 visit
  - Completed 25 multi-agency visits with 9 Providers where concerns and issues had been identified
  - Completed 17 unannounced visits to 10 providers – some of which required more than 1 visit
  - Undertaken 43 response visits to 21 Providers following concerns and issues raised directly with Contracts Monitoring Team or as part of the Professionals meetings, which are held to discuss and agree actions
  - Carried out 10 Introductory audits
  - Carried out 3 visits to investigate 3 Complaints
- The Care Quality Commission (CQC) who regulate and inspect health and social care services have rated Doncaster’s regulated services as 86% good or outstanding.

### Waivers to CPR’s

12. The number of waiver reported to audit committee in the last twelve months reporting period is detailed in the table below, together with the number of waivers previously requested in the same time period. There has been a reduction in waivers and no new breaches to Contract Procedure Rules over the last 12 months.

#### Six monthly update on waivers

February 2018 to December 2018	February 2019 to December 2019
<b>11</b>	<b>6</b>

### OPTIONS CONSIDERED

13. Not applicable - for information only.

### REASONS FOR RECOMMENDED OPTION

14. Not applicable - for information only.

### IMPACT ON THE COUNCIL’S KEY OUTCOMES

- 15.

	Outcomes	Implications
	<p><b>Doncaster Working:</b> Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> <li>• Better access to good fulfilling work</li> <li>• Doncaster businesses are supported to flourish</li> <li>• Inward Investment</li> </ul>	<p>The commissioning and procurement plan:-</p> <ul style="list-style-type: none"> <li>• Benefits the local economy by increasing opportunities for local service providers.</li> <li>• Supports the delivery of modern, quality, value for money services.</li> </ul>

	<p><b>Doncaster Living:</b> Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> <li>• The town centres are the beating heart of Doncaster</li> <li>• More people can live in a good quality, affordable home</li> <li>• Healthy and Vibrant Communities through Physical Activity and Sport</li> <li>• Everyone takes responsibility for keeping Doncaster Clean</li> <li>• Building on our cultural, artistic and sporting heritage</li> </ul>	
	<p><b>Doncaster Learning:</b> Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> <li>• Every child has life-changing learning experiences within and beyond school</li> <li>• Many more great teachers work in Doncaster Schools that are good or better</li> <li>• Learning in Doncaster prepares young people for the world of work</li> </ul>	
	<p><b>Doncaster Caring:</b> Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> <li>• Children have the best start in life</li> <li>• Vulnerable families and individuals have support from someone they trust</li> <li>• Older people can live well and independently in their own homes</li> </ul>	<p>Robust contract management processes will ensure that individuals remain safe and supported.</p>
	<p><b>Connected Council:</b></p> <ul style="list-style-type: none"> <li>• A modern, efficient and flexible workforce</li> <li>• Modern, accessible customer interactions</li> <li>• Operating within our resources and delivering value for money</li> <li>• A co-ordinated, whole person, whole life focus on the needs and aspirations of residents</li> <li>• Building community resilience and self-reliance by connecting</li> </ul>	<p>Commissioning, procurement and contract management supports modern, quality, value for money services</p>

	<p>community assets and strengths</p> <ul style="list-style-type: none"> <li>• Working with our partners and residents to provide effective leadership and governance</li> </ul>	
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## **RISKS AND ASSUMPTIONS**

16. The principle risk would be a reduction in key posts within the commissioning and contracts function which would impact on the team's ability to deliver business as usual, the commissioning and procurement plan.

## **LEGAL IMPLICATIONS (SRF 23/12/19)**

17. The Council has a series of legal powers and duties around the provision of Adult Services. The Council must also follow both internal and external regulations surrounding its Commissioning and Procurement processes including compliance with both Contract Procedure Rules and European Procurement Regulations.

Legal Services provides ongoing advice and assistance on commissioning and procurement exercises and contract matters and will continue to input into the matters detailed with this report.

## **FINANCIAL IMPLICATIONS [PW 13/01/20]**

18. The overall Adults Health and Wellbeing budget has been adjusted to reflect the reductions identified in paragraph 8 of this report. There are no further financial implications arising from this report. It should be noted however that continued reduction in the level of waivers, contract breaches and off-contract spend detailed in the body of the report should lead to improved financial planning and management around the Commissioning function.

## **HUMAN RESOURCE IMPLICATIONS (AT 06/01/20)**

19. There are no direct HR implications in respect of this report. Continued HR & OD support will be provided to the Commissioning & Contracts Team to assist them in delivering their key priorities.

## **TECHNOLOGY IMPLICATIONS: (PW 23/12/19)**

20. There are no direct technology implications in relation to this report

## **HEALTH IMPLICATIONS (RS 23/12/19)**

21. Commissioning is a key way to improve and protect the health of Doncaster residents and this includes both the policy making and sourcing elements of the commissioning processes. Decision makers should welcome this update on key elements of the commissioning cycle and should also take note of the performance and contribution of key contracts in improving health and reducing health inequalities.

## **EQUALITY IMPLICATIONS [DB 20/12/19]**

22. Due Regard Statements will be completed as necessary in line with Council Policy and the Public Sector Equality Duty.

## **CONSULTATION**

23. Consultation will be undertaken with key stakeholders associated with in pursuit of the delivery of commissioning and procurement priorities and to support the delivery of the Transformation Programme as well as the Doncaster Place Plan and Doncaster Growing Together programme.

## **BACKGROUND PAPERS**

24. Update Report on Contracts and Commissioning in Adults, Health and Wellbeing Presented to Audit Committee on the 31<sup>st</sup> January 2019

## **GLOSSARY OF ACRONYMS AND ABBREVIATIONS**

- CPR's – Contract Procedure Rules
- DLT – Directorate Leadership Team
- RDASH - Rotherham, Doncaster, and South Humber NHS Foundation Trust
- CCG - Clinical Commissioning Group
- CQC – Care Quality Commission
- IBA – Imogen Blood Associates
- MHCLG - Ministry of Housing, Communities & Local Government
- SPU - Strategic Performance Unit

## **REPORT AUTHOR & CONTRIBUTORS**

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## Doncaster Council

### Report

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Date: 30<sup>th</sup> January 2020

To the Chair and Members of the  
**AUDIT COMMITTEE**

**INTERNAL AUDIT REPORT FOR THE PERIOD: OCTOBER TO DECEMBER  
2019**

Relevant Cabinet Member(s)	Wards Affected	Key Decision
		No

#### **EXECUTIVE SUMMARY**

1. The report attached at **Appendix 1** updates the Audit Committee on the work undertaken by Internal Audit for the period October to December 2019, and shows this in the context of the audit plan for the year. The report includes details on the implementation of internal audit recommendations and the Internal Audit Team's performance information.
2. The attached report is in four sections:
  - Section 1. The Audit Plan / Revisions to the Plan
  - Section 2. Audit Work Undertaken During the Period
  - Section 3. Implementation of Audit Recommendations
  - Section 4. Internal Audit Performance
3. A summary of the main points from each of the sections is provided in the following paragraphs:

#### **Section 1: The Audit Plan / Revisions to the Plan**

4. A full review of the Audit Plan has been necessary due to recent resource changes (1 voluntary redundancy and 1 ongoing maternity leave) and emerging contingency work to be done in Quarter 4. Section 1 of the attached update report shows the necessary

amendments that have been made to the plan in order to accommodate these changes.

5. The Head of Internal Audit considers the revised programme of work sufficient to be able to support his opinion on the risk, governance and control arrangements for 2019/20, alongside all the other factors which contribute to this assessment.
6. Current progress in delivering the audit plan is commented in more detail within Section 2 of this report.

## **Section 2: Audit Work Undertaken During the Period**

7. The audit work done continues to confirm the Council generally has appropriate controls in place and that the controls are operating effectively. More details are provided in paragraph 2.5 and Appendix A of the attached report.
8. Internal Audit continues to deliver unplanned work, either in response to requests from Directors or contingency work identified by Internal Audit. This work is important as it helps to address weaknesses and potential errors and/or irregularities, and Internal Audit's support is highly regarded in these circumstances.
9. Considerable resources continue to be applied in working with Directors in the implementation of audit recommendations and further detail is set out in the following section.

## **Section 3: Progress on the implementation of audit recommendations**

10. There are now 4 overdue high risk level recommendations against the 2 reported last period (3 for Economy and Environment and 1 for Adults, Health and Wellbeing). Details of these are recorded at Appendix B.
11. The current number of audit recommendations outstanding overall is now 84 (37 reported last period) of which 30 (24 reported last period) have passed their original agreed implementation date. This is mainly due to the completion of 2 significant pieces of work, both resulting in a substantial number of recommendations being raised. Further details of these pieces of work are within this report at paragraphs 2.4 and 2.5. Further information on audit recommendations is set out in Section 3 of this report.

## **Section 4: Performance Information**

12. Performance on all of the service's six key performance indicators are above or around target.
13. The key issue is around the sufficiency of planned coverage for the 2019/20 year. The Head of Internal Audit considers the revised programme of work sufficient to be able to support his opinion on the risk, governance and control arrangements for 2019/20, alongside all

the other factors which contribute to this assessment. Further detail is set out in Section 4 to this report.

**RECOMMENDATIONS**

14. The Audit Committee is asked:
- To note the changes to the original audit plan
  - To note the internal audit work completed in the period
  - To note progress made by officers in implementing previous audit recommendations
  - To note information relating to Internal Audit’s performance in the period.

**WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

15. Effective Internal Audit arrangements add value to the Council in managing its risks and achieving its key priorities of improving services provided to the citizens of the borough.

**BACKGROUND**

16. This report provides the Audit Committee with information on the outcomes from internal audit work and allows the Committee to discharge its responsibility for monitoring Internal Audit activity.

**OPTIONS CONSIDERED**

17. Not applicable - for information only

**REASONS FOR RECOMMENDED OPTION**

18. Not applicable - for information only

**IMPACT ON THE COUNCIL’S KEY OUTCOMES**

19. Internal Audit assesses how effectively the Council is managing risks that threaten the achievement of the Council’s objectives. Any improvement in the management of the risks will have a positive impact thereby increasing the likelihood of the Council achieving its objectives. Internal Audit’s work is, therefore, relevant to all priorities.

Outcomes	Implications
<p><b>Doncaster Working:</b> Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> <li>• Better access to good fulfilling work</li> <li>• Doncaster businesses are supported to flourish</li> </ul>	

<ul style="list-style-type: none"> <li>• Inward Investment</li> </ul>	
<p><b>Doncaster Living:</b> Our vision is for Doncaster’s people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> <li>• The town centres are the beating heart of Doncaster</li> <li>• More people can live in a good quality, affordable home</li> <li>• Healthy and Vibrant Communities through Physical Activity and Sport</li> <li>• Everyone takes responsibility for keeping Doncaster Clean</li> <li>• Building on our cultural, artistic and sporting heritage</li> </ul>	
<p><b>Doncaster Learning:</b> Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> <li>• Every child has life-changing learning experiences within and beyond school</li> <li>• Many more great teachers work in Doncaster Schools that are good or better</li> <li>• Learning in Doncaster prepares young people for the world of work</li> </ul>	
<p><b>Doncaster Caring:</b> Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> <li>• Children have the best start in life</li> <li>• Vulnerable families and individuals have support from someone they trust</li> <li>• Older people can live well and independently in their own homes.</li> </ul>	
<p><b>Connected Council:</b></p> <ul style="list-style-type: none"> <li>• A modern, efficient and flexible workforce</li> <li>• Modern, accessible customer interactions</li> <li>• Operating within our resources and delivering value for money</li> <li>• A co-ordinated, whole person, whole life focus on the needs and aspirations of residents</li> <li>• Building community resilience and self-reliance by connecting community assets and strengths</li> <li>• Working with our partners and residents to provide effective leadership and governance</li> </ul>	<p>Effective oversight through the Audit Committee adds value to the Council operations in managing its risks and achieving its key priorities of improving services provided to the citizens of the borough</p> <p>The work undertaken by the Audit Committee improves and strengthens governance arrangements within the Council and its partners.</p>

## **RISKS AND ASSUMPTIONS**

20. The implementation of internal audit recommendations is a response to identified risks and hence is an effective risk management action.

## **LEGAL IMPLICATIONS [SRF 15/01/20]**

21. There is a statutory obligation on the council to provide an adequate and effective internal audit of its accounts and supporting systems of internal control.

Legal advice can be provided on individual items on the work plan as required.

## **FINANCIAL IMPLICATIONS [ST 14/01/20]**

22. There are no specific financial implications associated with this report. Internal Audit's budget forms part of the monthly monitoring process and is not reporting any significant issues.

## **HUMAN RESOURCE IMPLICATIONS [KG 14/01/20]**

23. There are no specific human resource implications associated with this report.

## **TECHNOLOGY IMPLICATIONS [PW 15/01/20]**

24. There are no specific technology implications in relation to this report. However, any technology requirements to address audit recommendations (e.g. creating an online catalogue of stock items) would need to be considered by the Technology Governance Board (TGB).

## **EQUALITY IMPLICATIONS [PJ 14/01/20]**

25. We are aware of the Council's obligations under the Public Sector Equalities Duties and whilst there are no identified equal opportunity issues within this report; all of the reports covered by the document will have taken into account any relevant equality implications.

## **HEALTH IMPLICATIONS [RS 15/01/20]**

26. Good governance is important for healthy organisations and for healthy populations. Specific health implications should be addressed through individual audits and action plans.

## **CONSULTATION**

27. There is consultation with managers at the outset, throughout and at the conclusion of individual audits in order to ensure that the work undertaken and findings are relevant to the risks identified and are accurate. Regular meetings are held with Senior Management to ensure there is effective and relevant Internal Audit coverage provided.

## **BACKGROUND PAPERS**

28. United Kingdom Public Sector Internal Audit Standards, audit working files and management information, customer satisfaction responses.

## **GLOSSARY OF ACRONYMS AND ABBREVIATIONS**

None

## **REPORT AUTHOR & CONTRIBUTORS**

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**Peter Jackson**  
**Head of Internal Audit**

## **Appendices Attached**

Appendix 1 - Internal Audit Progress Report October to December 2019



**Doncaster  
Council**

**Appendix 1**

**Doncaster Council**

**Internal Audit Progress Report**

**October to December 2019**

## Section 1: Revisions to the Audit Plan

- 1.1. The 2019/20 Audit Plan was approved by the Audit Committee on 11<sup>th</sup> April 2019. As the audit year progresses, the plan is reviewed to take into account new and emerging risks and any responsive work arising. Additional work undertaken / added to the plan is resourced by the deletion or deferral of the assessed lowest risk current plan items. Significant amendments to the plan, this quarter, are set out below.
- 1.2. The following jobs have been added to the plan, or have increased in scope:
  - National Productivity Investment Fund Grant Determination (unplanned grant determination requested)
  - Core Financial Processes - Payroll Processing (additional time to deal with identified emerging problems)
- 1.3. The following jobs have been deleted from the plan or deferred to be undertaken / considered for inclusion in future years plans, or have been significantly reduced:
  - Major Projects Programme (deferred, for re consideration in 2020/21 Internal Audit Plan)
  - Continuing Health Care Payments (deferred, for re consideration in 2020/21 Internal Audit Plan)
  - Short Term Enablement Programmes Review
  - Core Financial Processes - General Financial Ledger (scope reduced as fixed asset module not yet ready to be audited)
  - Front Door Demand Management (project reduced, scope revised to review of implementation plan only)
  - Kirkby Avenue Primary School and Thorne King Edward Primary School - Financial Reviews (related testing results have mitigated the need for this review)
  - Stronger Families Evidence Systems - Transformation Review (final year of scheme, to be reassessed as part of 20/21 planning)
  - Building Control - Financial Administration Review (deferred, for re consideration in 2020/21 Internal Audit Plan)
  - Continuing Health Care Payments (deferred, for re consideration in 2020/21 Internal Audit Plan)
  - School Deficit Budgets (deferred, for re consideration in 2020/21 Internal Audit Plan)

## Section 2: Audit Work Undertaken During the Period

### Internal Audit Opinion

- 2.1 Internal Audit provides an opinion on the control environment for all systems, services or functions which are subject to planned audit review. The opinions given are taken into account when forming our overall annual opinion on the adequacy and satisfactory operation of the Council's governance, risk management and internal control arrangements at the end of the year.
- 2.2 The CIPFA Internal Audit Special Interest Group recently undertook a review of Internal Audit opinion and assurance levels as there were found to be varying practices across the sector. The group recommended adopting a 4 level assurance model and the wording supported it. Doncaster was already using a 4 level assurance model and the wording we used was very similar to that recommended. Accordingly the level and terminology has been adopted by us. It is hoped that all Internal Audit provided to public services will adopt the level and terminology as this then allows audit committee receiving reports from different providers to have a consistent reporting methodology. It also allows comparisons to be made across different reviews at different bodies

Definitions of the opinions adopted are:

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

inadequate to effectively manage risks to the achievement of objectives in the area audited.”

## Summary of Findings from Audit Reviews

2.3 Summary conclusions on all significant audit work completed October to December 2019, are set out in **Appendix A**.

### Audits providing ‘limited’ assurance opinions

2.4 No limited assurance opinions were given this quarter. Several high risk level recommendations were raised, however, in respect of the EXPECT Youth Grant. As this was a grant verification review for an external body, no opinion is given. It should be noted that expenditure in respect of this grant is not administered by Doncaster Council, but findings do raise issues regarding the adequacy of internal contract monitoring arrangements. These issues will be considered further in future audit planning.

### Responsive Audit Work and Investigations

2.5 In addition to our planned assurance work, we also investigate allegations of fraud, corruption or other irregularity and/or error, and respond to requests for assistance from services and functions in the Council. A summary of the significant pieces of work that have been completed or are ongoing is provided below:

Audit Area	Update
Review of Alarm Receiving Centre Practices	<p>The newly procured system is now in operation in a live environment and teething problems have been addressed. Benefits already seen cover:-</p> <ul style="list-style-type: none"> <li>• the introduction of a stock / equipment control system,</li> <li>• increased data protection and data accuracy,</li> <li>• better financial control to ensure that bills are raised on time and are accurate,</li> <li>• possible future efficiency savings</li> <li>• better management information.</li> </ul> <p>Some work continues addressing data quality, however Internal Audit involvement is now complete.</p>
Income Management Project Support	<p>Internal Audit are supporting the Financial Management team in developing service staff and their managers to improve income management principles and application – e.g. good income collection practices and reconciliation and accounting processes.</p>
Doncaster East Internal	<p>Support was provided to the Board in finalising a</p>

Audit Area	Update
Drainage Board (DEIDB)	<p>governance review of a major project. Independent consultants were engaged to support this review and their findings assessed by the Board.</p> <p>Ongoing support and advice is provided to the Portfolio Holder and Chair of Board regarding residual matters still to be resolved. Further documentation has been located and the independent consultants have been re-engaged to assess how this documentation help strengthen the original findings</p>
Data Matching - Supplier to Payroll Payments	<p>Monthly checks are completed and are proving very worthwhile in identifying anomalies that require investigating. For example, employees who are being paid through both Payroll and Accounts Payable which may be in breach of Inland Revenue regulations (IR35) or where the employee has not informed their manager of secondary employment.</p>
Trading Standards and Food and Animal Safety Review	<p>A full review of the workings of this service was undertaken at the request of senior / statutory officers after complaints have been received.</p> <p>The fieldwork of this review is now complete and 36 improvement actions were agreed.</p>
Primary School - Conference Stay Spending	<p>A Doncaster primary school incurred expenditure for an overnight stay in a nearby hotel. Advice and instruction was provided directly to this school and this advice has been passed onto all Doncaster grant maintained schools to ensure public funds are used appropriately.</p>
Big Picture Learning (Educational Establishment) Grant Verification Work	<p>Providing ongoing support and assistance working with Children's Commissioning to verify the agreed grant outcomes submitted by Big Picture Learning to the Council. This is to validate the funding that is eligible to be paid over to Big Picture Learning.</p>
Payroll System Implementation	<p>Internal Audit are involved in the meetings regarding the implementation of the new Rotherham Payroll / Human Resource System to support the project to meet its intended results.</p>

### Section 3: Implementation of Audit Recommendations

3.1 Following the completion of audit work, improvement plans are produced in consultation with service management containing details

of actions and dates agreed by management for their implementation. Final reports, incorporating agreed improvement plans, are then formally issued to the appropriate Director, Assistant Director and Head of Service.

- 3.2 Internal Audit subsequently seeks assurance that agreed actions arising from audit work have actually been implemented. This involves contacting the officer allocated to complete the action to obtain evidence that agreed actions have been implemented or, where they have not, that appropriate progress is being made. Where fundamental weaknesses in internal control arrangements have been identified, more detailed follow up work is undertaken.
- 3.3 Any recommendations that are not implemented in line with agreed timescales are reported as part of the Council's Quarterly Resource Management processes and consequently monitored through that process. Additionally, Assistant Directors are provided each month with details of all actions outstanding in their area and these are then reviewed with Internal Audit and the Director and their management teams each quarter. Overdue high risk level recommendations are reported routinely by Internal Audit to the Audit Committee.
- 3.4 There have been some relatively minor changes to the categorisation of risks in the Councils Risk Matrix. This has been used for recent Resource Management meetings and has now been incorporated into this report. The main impact is that now more findings will fall into a "High" risk assessment (previously "Major") but these latest changes are more consistent with the levels used prior to the October 2018 changes.
- 3.5 The number of actions currently awaiting implementation has increased significantly this period. In the main, this is due to the completion and reporting of the Expect Youth Grant Verification and Trading Standards audits both of which contained a substantial number of recommendations. This is not therefore considered to be a problem in terms of the governance and oversight of implementing agreed management actions, but is instead due to the two isolated reviews referred to above.

Further detail on this is set out below.

- 3.6 A summary of overdue high level recommendations is provided in **Appendix B**. It is worth noting that two of the Trading Standards high risk findings would have only been assessed as medium risk using the previous criteria. The number of both high and medium / lower level recommendations that are currently overdue for completion is distributed as follows:

Directorate	Number of high risk level recommendations overdue				Number of medium / lower risk level recommendations overdue			
	At 02/07/18	At 09/07/19	At 07/10/19	At 21/01/20	At 02/07/18	At 09/07/19	At 07/10/19	At 21/01/20
Adults, Health and Wellbeing (AHWb)	16	7	2	1	53	13	4	5
Economy & Environment (EE)	0	1	0	3	11	18	13	15
Corporate Resources (CR)	0	0	0	0	22	5	5	6
Learning & Opportunities (Children & Young People) (LOCYP)	0	0	0	0	10	2	0	0
Council Wide	0	0	0	0	2	0	0	0
<b>TOTAL</b>	<b>16</b>	<b>8</b>	<b>2</b>	<b>4</b>	<b>98</b>	<b>38</b>	<b>22</b>	<b>26</b>

3.7 The majority of the overdue recommendations listed above are in respect of the audits listed below: Whilst the table does indicate a slight increase this period, the Head of Internal Audit is satisfied that there is no current underlying problem in this area. All arrangements set out for the management of Internal Audit recommendations work well, including when the Chair of the Audit Committee brought his concerns to the attention of the Chief Executive in August 2019. To put the current stable position into context, the numbers of overdue actions from July 2018 have been set out above

Deprivation of Liberties Safeguards (Adults, Health and Wellbeing) – 5 actions remain outstanding in total, of which 1 is an overdue high risk level recommendation with 2 medium and 2 low level recommendations also overdue

2 high risk level and 2 medium risk recommendations have been implemented this quarter. Further progress has been made on implementing the remaining actions.

North Bridge Stores (Economy and Environment) – 5 actions are outstanding, of which 3 are overdue medium risk level and 2 are low level recommendations

A further 6 of the original 26 actions have been fully implemented this quarter. All of the outstanding actions are in various states of progression and support continues to be given to the Stores Supervisor by Internal Audit in order to bring these to a satisfactory conclusion.

Outstanding actions are:

Procedures for the Inventory Management system – Minor amendments are still required.

Procedures for the non system stores operations - The procedures have been documented in many areas. These are being checked by staff on the ground, who will ensure that all non-system procedures are covered and are accurate.

Stock labelling - The team are continuing to label the stores stock and ensure that the inventory management system reflects the locations for the stock.

Faulty returns – A revised returns / faulty returns process has been implemented. This action will not be closed down until Internal Audit has verified that it operates effectively and this will require some transactions going through the process.

Photographs of stock items – An application to create an online catalogue of stock items is currently being considered.

Additionally, further potential improvement areas are currently being examined by Internal Audit. This work will be reported upon in subsequent Progress Reports.

#### Trading Standards (Economy and Environment)

Actions only became overdue on 31/12/2019. There are currently 34 actions awaiting implementation, of which 2 are overdue high risk level recommendations and 7 are overdue medium risk level recommendations.

#### Expect Youth Grant Verification (Learning and Opportunities)

There are currently 12 actions awaiting implementation. None of these are overdue.

- 3.8 The number of high risk level recommendations overdue has increased this period from 2 to 4. The number of outstanding medium / low level recommendations has also increased slightly. Internal Audit will continue to rigorously pursue their implementation with senior management.
- 3.9 The number of audit recommendations currently awaiting implementation is 84 (37 reported last period) of which 30 (24 reported last period) have passed their original agreed implementation date. The above noted Deprivation of Liberties Safeguards, North Bridge Stores, Trading Standards, and Expect Youth Grant audits account for over three quarters of the recommendations currently awaiting implementation.
- 3.10 The spread of recommendations still awaiting implementation is shown below:

Directorate	Number of rec's at 01/04/2019	Number rec's at 21/01/2020
Adults, Health and Wellbeing	37	9
Economy & Environment	17	44
Corporate Resources	7	16
Learning & Opportunities (Children & Young People)	8	15
<b>TOTAL</b>	<b>69</b>	<b>84</b>

## Section 4: Internal Audit Performance

### Performance Indicators

4.1 The Audit Committee has previously agreed the key performance indicators that should be reported to it relating to the performance of the Internal Audit service. The indicators are shown below along with actual performance for the 2019/20 Internal Audit Plan:

Performance Indicator	Target	April to December 2019	Variance (positive is good)
Percentage of planned audit work completed	68%	67%	-1%
Draft reports issued within 15 days of field work being completed	90%	97%	+7%
Final reports issued within 5 days of customer response	90%	100%	+10%
% of critical or major recommendations agreed	100%	100%	0%
Percentage of Customer Satisfaction Surveys rated Satisfactory or above	90%	100%	+10%
Percentage of jobs completed within 110% of budget	90%	88%	-2%

4.2 Results relating to major recommendations and customer satisfaction remain very positive, with 100% of critical or major recommendations agreed and 100% of Customer Satisfaction Surveys rated Satisfactory or above.

4.3 Performance in Issuing draft reports within 15 days of fieldwork completion and issuing final reports within 5 days of client feedback also remains strong and above target.

- 4.4 The percentage of jobs completed within 110% of the time allocated remains very slightly below target.
- 4.5 The percentage of planned audit work completed at 67% is slightly below target. As can be seen from Section 1 of this report, there have been substantial revisions put though the plan, as is well-established best practice. The number of deferred / cancelled projects reflect the reduced resources available to the team due to a voluntary redundancy authorised in November 2019 and maternity leave and additional time required to complete other reviews. Some additional support is being provided from Financial Management. This is not as serious a position the team were in during 2017 when agency staff support was required to deal with extensive demands on the service. Resources available in the team will be reviewed alongside the risk assessment and audit planning for the 2020/21 financial year to establish if the team can continue to operate at these level of resources..
- 4.6 The Head of Internal Audit considers the revised programme of work sufficient to be able to support his opinion on the risk, governance and control arrangements for 2019/20, alongside all the other factors which contribute to this assessment. This includes for example, the number and progression of Annual Governance Statement issues, implementation of Internal Audit recommendations, known incidents of fraud and irregularity and Internal Audit risk assessment / assurance mapping etc.

## Planned Audit Work Completed in Period / Not Previously Reported

## APPENDIX A

Audit Area	Assurance Objective	Final Report to Mgmt.	Overall Audit Opinion	Summary of Significant Issues
<b>LEARNING AND OPPORTUNITIES:CHILDREN &amp; YOUNG PEOPLE</b>				
EXPECT Youth Grant Verification	Validate EXPECT Youth's grant expenditure in order to ensure the awarded grant monies is spent in line with the relevant grant conditions and there is no risk of clawback or double funding occurring.	November 2019	None given as verification of external party grant expenditure.	<p>EXPECT Youth need to tighten up on their internal arrangements especially with regards to producing detailed project plans to Providers that fully ensure they include full financial information, programme deliverables, outcomes to be monitored, post project outcome appraisals to be undertaken etc. Budget monitoring arrangements need to be strengthened to ensure that profiled expenditure is spent as intended.</p> <p>Learning and Opportunities also need to ensure robust contract monitoring arrangements are in place with EXPECT Youth for the remaining duration of the grant funding. Full verification of the financial information is essential. Changes to Programmes and funding should be clearly identified by both parties and recorded in order to ensure that the profiled grant money is spent as</p>

Audit Area	Assurance Objective	Final Report to Mgmt.	Overall Audit Opinion	Summary of Significant Issues
				planned and outcomes delivered. This is to ensure that the grant money is spent as per the agreed profiled budget and the outcomes delivered are as intended.
<b>CORPORATE RESOURCES</b>				
Housing Benefits – High Level Audit Assessment 19/20	This high level assessment aims to establish if there have been any fundamental changes to the housing benefits control environment since the last audit review, in order to decide whether the previously given substantial audit opinion still stands.	14/01/20	Substantial Assurance	None
<b>ECONOMY AND ENVIRONMENT</b>				
Bus Service Operators Grant (December Claim)	Confirm expenditure and that it is in keeping with the conditions of the grant. Sign off the grant statement as true and fair as stipulated by the grant.	20/11/19	Not Applicable – Grant Claim	Grant signed, no issues raised.
Professional Building Maintenance (PBM)	A full review of the operations of the PBM function including financial and costing elements aimed at ensuring that operational processes are efficient and that financial recording / reporting is accurate.	03/12/19	Reasonable Assurance	There is currently a lack of service performance indicators in place within PBM e.g. number of orders complete within target days, % of orders billed with X days after works completion etc.  A significant amount of administrative

Audit Area	Assurance Objective	Final Report to Mgmt.	Overall Audit Opinion	Summary of Significant Issues
				time is taken daily by staff having to effectively 'search' for jobs which are at an appropriate stage for billing or moving jobs through the costing process i.e. revisiting jobs previously put in query status. This part of the costing / billing process would not be required if further information was shown on the SICLOPS call monitor screen, or appropriate reporting was in place
Car Park Income – Transaction Processing	This review aims to ensure that proper financial transactional processing is being undertaken and that there is compliance to the Financial Procedure Rules and the Corporate Procedure Rules.	25/10/19	Reasonable Assurance	No reconciliations of income collected to source documentation or amounts banked are undertaken.
MOT Test Centre – Transaction Processing	This review aims to ensure that proper financial transactional processing is being undertaken and that there is compliance to the Financial Procedure Rules and the Corporate Procedure Rules.	21/10/19	Substantial Assurance	None
National Productivity Investment Fund Specific Grant	Confirm expenditure and that it is in keeping with the conditions of the grant. Sign off the grant statement as true and fair as stipulated by the grant	31/10/19	Not Applicable – Grant verification only	Grant signed, no issues raised.

Audit Area	Assurance Objective	Final Report to Mgmt.	Overall Audit Opinion	Summary of Significant Issues
<b>ADULTS AND COMMUNITIES</b>				
Troubled Families Grant (August to November)	Confirm expenditure and that it is in keeping with the conditions of the grant allowing Doncaster Council sign off.	n/a	Not Applicable – Grant Claim verification	Grant signed, no issues raised.
Contracts and Commissioning Team Review - Adults	Review the governance arrangements and processes in place within the Contracts and Commissioning Team for Adults and Communities. This is to ensure that there are sound arrangements for both the governance and management of the Contract and Commissioning function and associated commissioning arrangements.	20/12/19	Substantial Assurance	None
Commissioned Care at Home – Brokering and Payment Processes	Examination of the contract monitoring arrangements for the commissioned care at home contract (Ccash) to ensure it is properly managed, including an examination of the arrangements to broker the care and the payment processes for the agreed home care packages.	08/11/19	Substantial Assurance	None

# Overdue Major Recommendations

# APPENDIX B

Audit Area	Finding	Risk Exposure	Action Agreed	Estimated Impl'n Date	Revised Impl'n Date	Current Status
<b>ADULTS AND COMMUNITIES</b>						
Deprivation of Liberties Standards (DOLS)	The DoLS team have not determined a series of specific exception reports that they require to provide management information on the processes carried out by the team. These would help inform them of any part of the process taking longer than expected, any cases stuck at particular stages, parts of the process not being completed or data quality errors that require correction.	<p>Management information is not available to enable performance monitoring ensuring key targets are met.</p> <p>Data quality and processes issues cannot be detected and corrected.</p>	The DoLS team will determine what their exception reporting requirements are and arrange for the Strategy and Performance Team to develop the appropriate reports.	30/06/18	30/04/19	<b>COMPLETE</b>
Deprivation of Liberties Standards (DOLS)	The DoLS team have not determined a series of specific exception reports that they require to	Management information is not available to enable performance	The DoLS team will subsequently monitor the reports.	31/08/18	28/02/20	The reports are now being produced so management will be able to utilise this information to ensure key targets are met.

Audit Area	Finding	Risk Exposure	Action Agreed	Estimated Impl'n Date	Revised Impl'n Date	Current Status
	provide management information on the processes carried out by the team. These would help inform them of any part of the process taking longer than expected, any cases stuck at particular stages, parts of the process not being completed or data quality errors that require correction.	<p>monitoring ensuring key targets are met.</p> <p>Data quality and processes issues cannot be detected and corrected.</p>				
<b>ECONOMY AND ENVIRONMENT</b>						
<p>Trading Standards and Food and Animal Safety</p> <p>RE Team Structure</p>	<p>The Food and Animal Health team consists of 11 staff (2 vacant posts currently) all directly reporting to the Food and Animal Health Manager.</p> <p>The Trading Standards team consists of 22 staff all directly reporting to the Trading</p>	<p>Appropriate spans of control do not exist therefore the Managers are unable to support all staff adequately.</p> <p>The quality of work cannot be effectively</p>	<p>The Food and Animal Health and Trading Standards team structures will be reviewed to ensure appropriate spans of control exist to ensure Managers are able to fully support the staff within the teams.</p>	31/12/19		<p>The team structure in Trading Standards and Licencing has been drafted and spans of control have been reduced. This is currently a draft proposal.</p> <p>For Food and Animal Health, this review is underway and addresses the spans of control and layers. HR have also been consulted. Union consultation will be required.</p>

Audit Area	Finding	Risk Exposure	Action Agreed	Estimated Impl'n Date	Revised Impl'n Date	Current Status
	<p>Standards Manager.</p> <p>These structures do not follow the HR Structure Review Policy and Procedure in terms of spans of control and are considered to be excessive.</p>	<p>reviewed with such minimal levels of supervisory time.</p>				
<p>Trading Standards and Food and Animal Safety</p> <p>Regulators code and Food Law Enforcement Policy</p>	<p>All authorities that engage in regulation and enforcement activities are required to publish their own regulators code that sets out how they will work and communicate with those that they regulate. A draft regulators code was written for all of regulation and enforcement but has never been approved by full council, nor has it been published on the Council's</p>	<p>Staff may be working to differing rules / breaching rules as they are not clear on the rules in place.</p> <p>Non-compliance with Food Law Code of Practice.</p>	<p>The draft regulators code written for all of Regulation and Enforcement and the Council Environmental Protection draft enforcement policy should be reviewed and amended as necessary. Once a decision regarding combining the documents has been made, the document(s) will be approved as necessary and published.</p>	<p>01/01/20</p>		<p>A status update is currently being sought.</p>

Audit Area	Finding	Risk Exposure	Action Agreed	Estimated Impl'n Date	Revised Impl'n Date	Current Status
	<p>website as required.</p> <p>In addition, a food law enforcement policy is required by the Food Law Code of Practice and should be made available to the public.</p> <p>There is also a Council Environmental Protection draft enforcement policy, which is not finalised. The previous enforcement policy was dated May 2013.</p> <p>A South Yorkshire Food Safety Law Enforcement Protocol was produced in 2012 which was agreed between all food leads, however this was never sent to members for approval at Doncaster.</p>					

Audit Area	Finding	Risk Exposure	Action Agreed	Estimated Impl'n Date	Revised Impl'n Date	Current Status
Trading Standards and Food and Animal Safety  Warrant Cards	The warrant cards have not been updated as required to incorporate legislation changes. These were originally delayed due to the impact of Brexit. In the event of a big operation being carried out, out of date warrant cards could jeopardise the outcome.	Non compliance with legislation.	Warrant cards will be updated as soon as possible in line with legislation. These will be regularly reviewed as legislation changes come into effect.	31/12/19		A status update is currently being sought.

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## Doncaster Council

Date: 30<sup>th</sup> January 2020

### To the Chair and Members of the AUDIT COMMITTEE

### COVERT SURVEILLANCE - REGULATION OF INVESTIGATORY POWERS ACT 2000 (RIPA) UPDATE

#### EXECUTIVE SUMMARY

- 1.1 The Council occasionally has a need to utilise covert methods in the investigation of matters for the purposes of detecting and preventing particular crimes. On such occasions, the Regulation of Investigatory Powers Act 2000 (RIPA) provides a mechanism to make it lawful for public authorities to use directed (i.e. covert) surveillance and covert human intelligence sources ("CHIS") e.g. undercover officers and informants. The Council has a RIPA Policy and Procedures that govern the use of those powers. In addition, the Home Office issues statutory codes of practice on the use of RIPA powers that must be complied with, including requiring elected members to have oversight of the use of RIPA powers and to agree the RIPA Policy/Procedures on an annual basis.
- 1.2 At its meeting held on 27th July 2010, the Audit Committee agreed it should receive reports reviewing the Council's use of RIPA. These reports are brought on a six monthly basis due to the Council's limited use of the RIPA powers. A yearly report and a six monthly update report are brought each year; this is the six monthly update report.

#### RECOMMENDATIONS

2. To note that the Council has had no directed surveillance applications authorised under RIPA since the last report to the Audit Committee on the 19<sup>th</sup> June 2019. However work under three previous authorisations has been completed since the last Committee and an update on the outcomes are attached below.
3. To note that in accordance with the Council's revised RIPA procedures an error report was made to the Investigatory Powers Commissioner's Office ("IPCO") relating to a potential unauthorised use of CHIS. IPCO confirmed they were content with the action taken by the Council to deal with the potential breach.
4. To note that we have completed 4 training sessions to the Enforcement officers covering 64 staff in 2019.

## WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

### BACKGROUND

5. RIPA was introduced in response to The Human Rights Act 1998 to ensure that Local Authorities could continue lawfully to carry out Covert Surveillance. The Government also set up the Office of Surveillance Commissioners who regularly inspects Local Authorities. The Office of Surveillance Commissioners has now become part of the Investigatory Powers Commissioner's Office ("IPCO"). The Council has been subjected to six inspections namely in, 2003, 2004, 2009, 2012, 2016 and March 2019.
6. The Regulation of Investigatory Powers (Directed Surveillance and Covert Human Intelligence Sources) (Amendment) Order 2012 came into force on 1<sup>st</sup> November 2012. This provides that directed surveillance can only be authorised under RIPA where the criminal offence sought to be prevented or detected is punishable by a maximum of at least 6 months imprisonment or would constitute an offence involving sale of tobacco or alcohol to underage children.
7. The Protection of Freedoms Act 2012 also requires Local Authorities to have all their RIPA surveillance authorisations (both directed and Covert Human Intelligence Sources (CHIS)) approved by a Magistrate before they take effect.
8. Details of the outcomes from work completed under authorisations are attached. Since the last report to the Audit Committee are:

Date:	Reference:	Details:	Outcome
March 2019	URN 111	Illegal product sales ( 7 premises)	<ol style="list-style-type: none"> <li>1. Investigative stage: 2 prosecutions</li> <li>2. Premise closed</li> <li>3. Prosecution x 2</li> <li>4. Prosecution x 4; Caution x 1; Warning x 1</li> <li>5. No action required</li> <li>6. No action required</li> <li>7. Prosecution x 1</li> </ol> Prosecution x 4; Caution x 1; Warning x 1.
May 2019	URN 112	Illegal product sales ( 9 premises)	Nine premises were put under surveillance: 1) Test purchase made –

			<p>warning letter</p> <p>2) Seizure made – on going investigation</p> <p>3) Test purchases and seizures made - on going investigation</p> <p>4) Test purchases made – prosecutions</p> <p>5) Test purchases and seizures made - on going investigation</p> <p>6) Test purchases and seizures made - on going investigation</p> <p>7) Seizure made – warning letter</p> <p>8) Test purchase made – warning letter</p> <p>Test purchase made – prosecution process underway</p>
May 2019	URN 113	Illegal product sales ( 2 premises)	<p>Two premises were put under surveillance.</p> <p>1) No illegal activity was seen – no further action</p> <p>Search of the premises made and tobacco seized – warning letter sent</p>

9. Since the last report to this Committee, a report of activity was brought to the Council's RIPA Co-ordinator. In the view of the RIPA Coordinator the activity constituted potential use of CHIS without authorisation. Therefore In line with the statutory duty on the Council, this matter was reported to IPCO. This matter was also the subject of an investigation by the Council's Internal Audit Service. The Audit report concluded that there had been one occasion of a CHIS situation without any appropriate authority. This was attributed to a number of factors including a lack of RIPA training for the officer in question and the inappropriate use of multiple text messages to communicate with members of the public. In addition, the investigation highlighted that the spans of control in 1 area were too wide leading to missed opportunities for managers to notice and prevent a breach of RIPA.

In order to prevent a recurrence of this issue, the following steps were agreed:

- (i) 64 members of staff have been provided with mandatory RIPA training by Legal Services. In particular, the training reflects on the issues that have arisen in relation to CHIS in this matter and equips officers with the knowledge to avoid a breach of RIPA. A small number of remaining officers who were unable to attend the training course will be trained on the 6<sup>th</sup> December 2019. In addition, all the officers are required to complete the Council's online RIPA training.
- (ii) The use of multiple text messages to communicate with members of the public has ceased.
- (iii) A procedure has been agreed for the use of unsolicited/anonymous information.
- (iv) The structure of the team in question is to be reviewed to ensure appropriate supervision of officers.

The Internal Audit investigation concluded that any information received in this matter has been destroyed. IPCO have confirmed that they are content with the action taken by the Council to deal with the matter.

## **OPTIONS CONSIDERED**

10. There are no alternatives considered.

## **REASONS FOR RECOMMENDED OPTION**

11. The update assists in ensuring that the Council has fit for purpose arrangements in place to comply with the law relating to RIPA authorisations, and ensure that it only makes use of those powers where it is necessary and proportionate to do so.

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

12.

	<b>Outcomes</b>	<b>Implications</b>
	Working with our partners we will provide strong leadership and governance.	The work undertaken by the Audit Committee helps to ensure that the systems for RIPA powers used by the Council are overseen ensuring good governance arrangements and compliance with the law and statutory codes of practice.

## RISKS AND ASSUMPTIONS

13. Failing to have a fit for purpose RIPA Policy and Procedures compliant with statutory codes of practice will put the Council at risk of acting unlawfully, having evidence ruled inadmissible in prosecution proceedings, facing complaints to the Investigatory Powers Tribunal and receiving criticism at the next inspection by IPCO. This will cause reputational damage to the organisation

## LEGAL IMPLICATIONS [Officer Initials NC Date: 5.12.2019]

14. RIPA provides Local Authorities with the mechanism in which they can carry out covert surveillance without breaching individuals' human rights under Article 8 of the Human Rights Act 2000. Failure to follow the law, statutory codes of practice and could be the subject of a challenge in court proceedings where RIPA powers were relied upon and also would lead to criticism at the next inspection by the Commissioner's Office. RIPA requires the Council to report any relevant errors in the use of any surveillance powers to IPCO and to set out steps taken to avoid a recurrence of the error.

The Covert Surveillance and Covert Human Intelligence Source Codes of Practice provide that elected members should consider internal reports on use of RIPA on a regular basis to ensure that it is being used consistently with the local authority's policy and that the policy remains fit for purpose.

## FINANCIAL IMPLICATIONS [Officer ST 19.12.19]

15. There are no specific implications associated with this report. Any costs to implement the amendments and training will be met from existing budgets.

## HUMAN RESOURCES IMPLICATIONS [Officer Initials RH 03.1.20 ]

16. The annual PDR process should identify any officers who require training to ensure understanding of RIPA and the correct application within the context of their duties and responsibilities. This requirement will not apply to all officers but will be relevant dependent upon the nature of the role. It is important to ensure that timely communications with reminders or updates are provided to officers whose work must give consideration to RIPA.

## **HEALTH IMPLICATIONS [Officer Initials HC Date: 21.05.2019 ]**

17. Public Health is in support of this recommendation in order to prevent and / or detect crime and prevent disorder. This recommendation is in the interests of public safety and protection of the health or the public.

## **EQUALITY IMPLICATIONS [Officer Initials NC Date 8.5.19.]**

18. Decision makers must consider the Council's duties under the Public Sector Equality Duty at s149 of the Equality Act 2010. The duty requires the Council, when exercising its functions, to have 'Due Regard' to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic. There are no specific equality implications arising directly from this report.

## **GLOSSARY OF ACRONYMS AND ABBREVIATIONS**

19.

RIPA: Regulation of Investigatory Powers Act 2000

CHIS: Covert Human Intelligence Source

IPCO: Investigatory Powers Commissioner's Office

PDR: Personal Development Review

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