



Doncaster Council

Report

Date: 29th July 2021

To the Chair and Members of the AUDIT COMMITTEE

INTERNAL AUDIT REPORT FOR THE PERIOD: April to June 2021

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 of April to June 2021.
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 Management Actions arising from 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. The original plan was approved at the April Audit Committee and will be continually reviewed throughout the year, in accordance with our agile approach to auditing. Section 1 sets out further detail and any further changes to date.

Section 2: Audit Work Undertaken During the Period

5. During the period April to June, the majority of our work has been on our routine and planned audits as well as resource intensive, ongoing, responsive work, both Covid and non-Covid related. Operationally and as previously reported, there are some efficiencies e.g. in travel time to meetings and being able access people more easily meaning some work can be completed quicker. However, an

increased allowance for time is required for some types of audit, which require further validation and verification due to being carried out virtually. Additionally, some audit types are not easily undertaken remotely e.g. investigations, and some grant based work.

Section 3: Progress on the implementation of Management Actions arising from Internal Audit recommendations

6. This has continued to be a high priority area of work and we have worked extensively with management in this area. Management have implemented a number of actions, which we have been able to agree as fully implemented. Where this has not yet been possible, we have continued working with management in agreeing appropriate revised timescales and any mitigations that might be put in place before full implementation. We have also agreed prioritisation of actions where possible i.e. with a view to mitigating higher risks at the earliest opportunity. Some revised dates have had to be extended to reflect the ongoing Covid-19 situation and other work prioritisations. Accordingly, this report records the current status in respect of outstanding and / or overdue actions.
7. There are 3 high risk level overdue management actions i.e. actions that had passed their original agreed implementation dates which are all with Trading Standards as noted above. All these 3 (4 reported for previous period) high risk management actions had revised implementation dates agreed by the relevant Assistant Director. Details of these, including the revised implementation dates, are recorded at Appendix B.
8. The total number of overdue medium and low risk level management actions was 36 (46 reported for previous period). Revised implementation dates have been agreed for some of these actions requiring a further extension of time. The majority of these fall within the Economy & Environment (27) and Corporate Resources (7) directorates.
9. Having undertaken a thorough review of the risk in this area, we have assessed the situation as satisfactory and will continue to tightly monitor and manage this area.

Section 4: Performance Information

10. Key indicators are over the timeliness of the issue of draft and final reports and these have all been issued within target timescales.

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.

11. The plan for the remainder of the Financial Year has been assessed and the Head of Internal Audit considers that sufficient work will be delivered to be able to provide his opinion on the Council's risk, governance and control arrangements. Any changes to this situation will be reported at the first available opportunity to the Audit Committee.

12. From work delivered in the year to date, there are no new areas of concern that should be considered for inclusion in the Annual Governance Statement for 2021/22, nor to result in a negative or limited annual opinion over the council's risk, governance and control arrangements.

RECOMMENDATIONS

13. The Audit Committee is asked to note:

- the position of the internal audit plan
- the internal audit work completed in the period
- the position with regards the implementation of management actions arising from Internal Audit recommendations
- the current position regarding the ability to deliver the annual opinion over the councils risk, governance and control arrangements

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

14. 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

15. 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

16. Not applicable - for information only

REASONS FOR RECOMMENDED OPTION

17. Not applicable - for information only

IMPACT ON THE COUNCIL'S KEY OUTCOMES

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

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

LEGAL IMPLICATIONS [SRF 12/07/21]

20. 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 [SJT 13/07/21]

21. 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 [RH 12/07/21]

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

TECHNOLOGY IMPLICATIONS [PW 13/07/21]

23. There are no specific technology implications in relation to this report.

EQUALITY IMPLICATIONS [PJ 14/07/21]

24. 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 12/07/21]

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

CONSULTATION

26. 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

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

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

28. None

REPORT AUTHOR & CONTRIBUTORS

29. Peter Jackson, Head of Internal Audit,
Tel 01302 862938 E-mail - Peter.Jackson@doncaster.gov.uk

**Peter Jackson
Head of Internal Audit**



**Doncaster
Council**

Doncaster Council

Internal Audit Progress Report

April to June 2021

Section 1: Revisions to the Audit Plan

1.1. The 2021/22 Audit Plan was approved by the Audit Committee on 29th April 2021.

As the audit year progresses, the plan is reviewed to take account of any 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 changes to the plan are set out below. The following audits have significantly increased in scope / time required:-

- North Bridge Stores Transformation Project – more time is required due to the extended timeline of the project
- Covid-19 Grants (non-business rates) – further time is required to that originally planned due to the number and size of the grants received to date

1.2. The impact of the above time increases is being assessed and any audits that are deleted from the plan or deferred to be undertaken / considered for inclusion in future years plans will be formally reported within the next progress report.

1.3. We continue to work with all relevant teams within the Council to ensure our plan throughout the year remains relevant and this work will also provide information to help shape the Internal Audit Plan for 2022/23. We also continue sense checking our planning and approach with other Audit Teams in the region that are in our working network. This will ensure that audit resources continue to be targeted to reviewing the highest risks to the Council.

Section 2: Audit Work Undertaken During the Period

2.1 During the period April to June, the majority of our work has been on our routine and planned audits as well as resource intensive, ongoing, responsive work, both Covid and non-Covid related. Operationally and as previously reported, there are some efficiencies e.g. in travel time to meetings and being able access people more easily meaning some work can be completed quicker. However, many of the audits have taken longer to complete due to customers still needing to prioritise resources to address the pandemic recovery. Additionally, some audit types are not easily undertaken remotely e.g. investigations, and some grant based work.

2.2 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. Our work carried out during the initial pandemic response period and subsequent to that will also be pivotal to that opinion.

Internal Audit Opinion

2.3 A "*substantial assurance*" opinion is given where there are no or low levels of concern. A "*reasonable assurance*" opinion is given where there are issues of concern that need to be addressed which may put at risk the achievement of objectives in the area audited. A "*limited assurance*" opinion is given in any area under examination where one or more concerns of a 'fundamental' nature are identified or where there are a considerable number of issues of concern arising

which need addressing. A ‘no assurance’ opinion is given where immediate action is required to address fundamental gaps, weaknesses or non-compliance identified in the area under review, although ‘no assurance’ opinions are extremely rare.

Summary of Findings from Audit Reviews

2.4 Summary conclusions on all significant audit work completed April to June 2021 and any completed work not previously reported, are set out in **Appendix A**.

Audits providing ‘limited’ assurance opinions

2.5 There were no formal reports issued in the period with a limited assurance opinion. However, we carried out a piece of work within another audit, identified and reported upon a situation where we raised two high risk actions.

Corporate Information Governance Audit - CCTV

The review was undertaken of the current CCTV procedures in order to ensure they are GDPR compliant and was completed as part of the Council’s Corporate Information Governance Audit. There is currently a red CCTV risk held within the SIRO risk register that requires action, which states, “Current CCTV procedures may not be GDPR compliant & require a full review”. There are many actions identified to manage the risk and to ensure full GDPR compliance. The main action identified is to apply for external accreditation with one of the organisations authorised by the Surveillance Commissioner.

The audit review identified that although a lot of work has been undertaken to ensure full compliance there are still outstanding issues that require attention and finalising before accreditation is obtained, which resulted in the two high risk actions being raised.

Responsive Audit Work and Investigations

2.6 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. During this reporting period, we have continued to undertake work in support of the Authority response to the Covid-19 situation, although this has been considerably less than the previous periods.

Section 3: Implementation of Management Actions arising from 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 agreed management actions 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 management actions are reported routinely by Internal Audit to the Audit Committee.

3.4 This has continued to be a high priority area of work and we have worked extensively with management in this area. Management have implemented a number of actions which we have been able to agree as fully implemented.. Where this has not yet been possible, we have continued working with management in agreeing appropriate revised timescales and any mitigations that might be put in place before full implementation. We have also agreed prioritisation of actions where possible i.e. with a view to mitigating higher risks at the earliest opportunity. Some revised dates have had to be extended to reflect the ongoing Covid-19 situation and other work prioritisations. Accordingly, this report records the current status in respect of outstanding and / or overdue actions.

3.5 There were a total of 39 actions (50 previous period) which were overdue i.e. that have passed their agreed implementation date. A breakdown of these via Directorate is detailed in the table below. All these 39 management actions have had revised dates agreed by their relevant Assistant Directors and we will tightly monitor and report on the achievement of these revised dates.

3.6 The detail of the high level management actions and revised implementation dates is provided in **Appendix B**.

Directorate	Number of high risk level management actions overdue at 30/06/2021					Number of medium / lower risk level management actions overdue at 30/06/2021				
	At 30/06/ 2020	At 29/09/ 2020	At 31/12/ 2020	At 11/4/ 2021	At 28/6/ 2021	At 30/06/ 2020	At 29/09/ 2020	At 31/12/ 2020	At 11/4/ 2021	At 28/6/ 2021
Adults, Health & Wellbeing (AHWb)	0	0	0	0	0	8	4	3	3	2
Economy & Environment (EE)	4	4	4	4	3	31	31	31	31	27
Corporate Resources (CR)	3	1	0	0	0	20	17	12	12	7
Learning Opportunities, Skills & Culture	0	0	0	0	0	1	0	0	0	0
TOTAL	7	5	4	4	3	60	52	46	46	36

3.7 The main area where there has been significant delays is:

Trading Standards (Economy & Environment)

The first actions became overdue on 31/12/2019 and all actions were originally due to have been implemented by 30/06/2020. Delays are, in the main, due to the teams resources being needed to support the Covid-19 situation, which is still very much an ongoing issue. In addition to their existing responsibilities and workloads they are responsible for interpreting and enforcing ongoing changes in Covid related legislation and guidance and have a critical role in ensuring the safety of PPE for schools, care homes and all other users of PPE. Revised dates and actions for the major rated actions are set out in Appendix B and any available resource is being prioritised to address these areas. There are currently 26 actions awaiting implementation, of which 3 are high risk, 20 are medium risk and 3 are low risk level actions. Revised implementation dates had previously been approved for all these actions to 31/03/2021. Due to the ever developing Covid situation we have agreed further revised extensions. The Head of Service will provide assurance over the seized goods held in the secure store by carrying out a stock check and reconciling these to underlying records to ensure that all goods are accounted for. We have agreed with service management that this is priority area to be progressed whilst their resources are currently so limited. Ongoing monitoring of their outstanding actions remains a priority and progress will be made where possible.

- 3.8 Any individual high risk level management actions that are not implemented in line with agreed timescales as well as number of lower level actions are reported as part of the Council's quarterly Performance Management Framework, as well as being routinely reported to Audit Committee. Additionally, regular reports are provided to Directorate Management teams and to the relevant Assistant Director who must also authorise any time extensions requested by their managers.
- 3.9 The spread of all management actions awaiting implementation including those not yet due is shown below:

Directorate	No. of actions at 30/06/2020	No. of actions at 29/09/2020	No. of actions at 31/12/2020	No. of actions at 11/04/21	No. of actions at 30/06/2021
Adults, Health and Wellbeing	8	4	3	3	4
Economy & Environment	35	35	35	35	30
Corporate Resources	28	23	26	12	9
Learning Opportunities, Skills & Culture	1	0	0	0	3
TOTAL	72	62	64	50	46

- 3.10 Having undertaken a thorough review of the risk in this area, we have assessed the situation as satisfactory and will continue to tightly monitor and manage this area.

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.
- 4.2 Minimal performance information was made during the last year due to the impact of Covid-19 on the audit plan. As stated in the Annual Report of the Head of Internal Audit, we are looking to develop more meaningful indicators with particular reference if possible to the “value added” aspect of our work. This is still work in progress and includes a “pulse” survey of our key customers which will be reported upon in the next progress report.
- 4.3 Key indicators are over the timeliness of the issue of draft and final reports and these have all been issued within target timescales.
- 4.4 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.

The indicators are shown below along with current performance for the period April to June 2021:

Performance Indicator	Target	April to June 2019	Variance (positive is good)
Draft reports issued within 15 days of field work being completed	90%	100%	+10%
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%

- 4.5 The plan for the remainder of the Financial Year has been assessed and the Head of Internal Audit considers that sufficient work will be delivered to be able to provide his opinion on the Council’s, risk governance and control arrangements. Any changes to this situation will be reported at the first available opportunity to the Audit Committee.
- 4.6 From work delivered in the year to date, there are no new areas of concern that should be considered for inclusion in the Annual Governance Statement for 2021/22, nor to result in a negative or limited annual opinion over the council’s risk, governance and control arrangements.

Planned Audit Work Completed in Period / Not Previously Reported

APPENDIX A

Audit Area	Assurance Objective	Final Report to Mgm't.	Overall Audit Opinion	Summary of Significant Issues
LEARNING AND OPPORTUNITIES: CHILDREN & YOUNG PEOPLE				
LA Compliance and Enforcement Grant (COVID marshals)	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.	March 2021	Not Applicable – Grant Claim verification	Grant signed, no issues raised.
Big Picture Learning	Confirm BPL's grant claim and that it is in keeping with the conditions of the grant allowing sign off for payment to be made.	June 2021	Not Applicable – Grant Claim verification	Grant signed, no issues raised.
CORPORATE RESOURCES				
Core Financial Processes – Accounts Receivable	Ensure that billing takes place for goods and services that have been provided and that there are sound arrangements to maximise collections.	May 2021	Substantial Assurance	No issues raised.
Core Financial Processes – Business Rates	Ensure that the right rates / taxes are collected from the right payees at the right time.	May 2021	Substantial Assurance	No issues raised.
Core Financial Processes – Council Tax	Ensure that the correct tax is collected from the right people at the right time and that collections are maximised.	June 2021	Substantial assurance	No issues raised.

Audit Area	Assurance Objective	Final Report to Mgm't.	Overall Audit Opinion	Summary of Significant Issues
Assets at Home (Covid related) Note – this is split between CR and E&E	To give assurance there are appropriate processes in place where employees have ICT equipment in order to be able to work from home since the beginning of the Covid-19 pandemic.	May 2021	The processes in place to manage the use of ICT equipment is reasonable, given the limited scope of the audit review	3 medium risk management actions
Self-Isolation Payments	To give assurance that there are appropriate processes in place to ensure the Self Isolation Payments being made are being paid in line with the grant criteria and only to those that are eligible.	April 2021	The processes in place for the management of the Self isolation scheme, which needed to be rolled out as quickly as possible appear reasonable given the limited scope of the audit review.	No issues raised
Fighting Back Fund	To ensure the monies awarded by the Council as part of the Fighting Back Fund Grant Scheme have been spent in accordance with the Grant agreement.	May 2021	The processes in place for the management of the Fighting Back Fund Grant Scheme, which needed to be rolled out as quickly as possible appear reasonable given the limited scope of the audit review.	No issues raised.
Bus Service Operators Grant (June 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.	June 2021	Not Applicable – Grant Claim verification	Grant signed, no issues raised.

Audit Area	Assurance Objective	Final Report to Mgm't.	Overall Audit Opinion	Summary of Significant Issues
ECONOMY AND ENVIRONMENT				
Assets at Home (Covid related) Note – this is split between CR and E&E	Gain assurance there are appropriate processes in place where employees have ICT equipment in order to be able to work from home since the beginning of the Covid-19 pandemic.	May 2021	The processes in place to manage the issue and return of chairs appears reasonable given the limited scope of the audit review	No issues raised.
ADULTS AND COMMUNITIES				
Corporate Information Governance (CCTV)	This piece of work was completed as part of the Council's Corporate Information Governance Audit.	May 2021	Limited Assurance	2 high risk management actions
Troubled Families Grant (December to March)	Confirm expenditure and that it meets the conditions of the grant allowing Doncaster Council sign off.	N/A	Not Applicable – Grant Claim verification	Grant signed, no issues raised.
Troubled Families Grant (April to June)	Confirm expenditure and that it meets the conditions of the grant allowing Doncaster Council sign off.	N/A	Not Applicable – Grant Claim verification	Grant signed, no issues raised.
ST LEGER HOMES				
Core Financial Processes - Housing Rents	Ensure that the right rents are collected from the right people, at the right time and that rents are properly accounted for. Make value added recommendations to improve service, its efficiency and effectiveness or to further mitigate or control risk exposures.	June 2021	Substantial assurance	4 low risk management actions

Overdue High Risk Management Actions arising from Audit Recommendations

APPENDIX B

Audit Area	Finding	Risk Exposure	Action Agreed	Estimated Impl'n Date	Revised Impl'n Date	Current Status
ECONOMY AND ENVIRONMENT						
Trading Standards and Food and Animal Safety RE Team Structure	<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 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>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 reviewed with such minimal levels of supervisory time.</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	31/03/24 30/06/24 30/09/21	<p>The Trading Standards & Licensing structure has been revised to reduce the number of direct reports to the manager from 22 to 12 and this has been in effect for the past 6 months. Food Safety, Animal Health and Health and Safety direct reports remains at 15 and this has been the case for the past 6 years. Recruitment currently in progress for existing establishment (current shortage of suitably qualified staff) – consideration currently for a supervisory post to be created reducing span. The implementation date for this action has subsequently been revised to reflect the anticipated Covid end.</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 Lone Working	<p>To ensure the welfare of staff when working alone, food staff have recently been reminded by email of the lone worker scheme. This scheme requires staff to ring in with their pin number to register onto the system as lone working. However, not everyone in the food team are registered and utilising the Lone Worker System.</p> <p>Given threats against staff and the nature of the work undertaken this is essential and its use should be enforced.</p>	<p>Staff may be in danger when working alone as no one knows their location or whether they should be expected back (and are therefore missing).</p>	<p>Management will ensure that all food staff are registered on the lone worker scheme.</p> <p>Management will check that staff are utilising the system and further remind staff of the importance of using the lone worker scheme and the process to follow.</p>	31/03/20	31/03/24 31/08/21	All officers are now on the lone working system and they use this when working alone – however this is rare given the ongoing Covid compliance issues. Most visits are in pairs until the return to business as usual when risk assessments will again be reviewed. Corporate security fob system will be implemented when finalised. The implementation date for this action has subsequently been revised to reflect the anticipated Covid end.

Audit Area	Finding	Risk Exposure	Action Agreed	Estimated Impl'n Date	Revised Impl'n Date	Current Status
Trading Standards and Food and Animal Safety 28 day deadline	<p>All inspections should be completed within 28 days of their inspection due date. However, this target is never met and it is understood this situation is not unique to Doncaster and is common amongst other local authorities.</p> <p>The team however, do work in priority order and, therefore, higher risk premises will be inspected prior to the lower risk premises.</p> <p>Testing revealed that there are a number of inspections in the higher risk categories that are overdue. All Category A and B overdue inspections have now been</p>	Inspections not being completed in time resulting in criticism from the Food Standards Agency.	<p>Inspections will be allocated in plenty of time in order for staff to be able to plan their work to be able to complete inspections within the 28 day deadline of their due date.</p> <p>Priority will be given to any inspections becoming due (in particular higher risk categories) to ensure they are completed as soon as possible to their due date.</p> <p>Spot checks will be carried out to confirm that inspections are being allocated promptly to ensure deadlines are being met.</p>	30/04/20	31/03/24 30/06/24 30/09/21	Unable to implement this action due to Covid – once business as usual does restart, there will be a significant backlog which will take time to overcome and the 28-day target will remain in flux for the current Food Standards Agency year. This has been recognised by the Food Standards Agency as a challenge and allowances have been made in the 2019-2020 returns. The implementation date for this action has subsequently been revised to reflect the anticipated Covid restrictions. Significant backlog of routine and new food inspections has developed due to the Covid pandemic. A letter has been sent to the FSA outlining our position and they have reassured that DMBC are delivering the high priority activities that they are expecting. Covid compliance, inspection of high risk

Audit Area	Finding	Risk Exposure	Action Agreed	Estimated Impl'n Date	Revised Impl'n Date	Current Status
	allocated to officers. It is noted that the Food and Animal Health team currently have 2 vacant posts and that this will have an impact on this work.		Performance reports that show this information will be circulated at team meetings.			businesses and compliance for food imports at the airport remain a priority. The Food Standard Agency have reviewed the Code of Practice requirements re inspection programmes in view of Covid restrictions and the programme will reflect these changes