



Doncaster Council

Report

Date: 28th October 2021

To the Chair and Members of the AUDIT COMMITTEE

INTERNAL AUDIT REPORT FOR THE PERIOD: July 2021 to September 2021

EXECUTIVE SUMMARY

1. The report attached at **Appendix 1** updates the Audit Committee on the work undertaken by Internal Audit for the period of July to September 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 further changes to date.

Section 2: Audit Work Undertaken During the Period

5. During the period July to September, 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, the majority of the teams work is being delivered virtually which carries both positive and negative implications. The team is part of the Pilot Scheme for the use of the Civic Office which may bring about some changes to working practices.

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 and Food Safety. All these 3 (as reported for previous period) high risk management actions have revised implementation dates agreed by the incoming Assistant Director who has confirmed that service pressures due to Covid response prioritisation are being faced nationally and the implementation of audit recommendations will inevitably be impacted upon. 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 34 (36 reported for previous period). Revised implementation dates have been agreed for these actions requiring a further extension of time. The majority of these fall within the Economy & Environment (25) directorate.
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 outcomes from the Internal Audit Pulse Survey were extremely positive with an 86% response rate providing strong ratings on the 5 key questions asked as well as very positive comments. It also sets out some areas for potential development / improvement that have been drawn from the responses and these areas are captured within an Improvement Plan that the team are working on. This is covered in detail within the report.
12. The Service is currently undergoing an External Quality Assessment in the form of a Peer Review by Rotherham Council's Head of Internal Audit against the

United Kingdom Public Sector Internal Audit Standards. The outcome of this review will be reported to Audit Committee in January 2022.

13. 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.
14. The work delivered by the audit team provides a source of intelligence for the Annual Governance Statement (AGS). The work delivered in the year to date, has not identified any new areas of concern that should be considered for inclusion in the Annual Governance Statement for 2020/21. Additionally, work for the year to date has not identified any reason to result in a negative or limited annual opinion over the council's risk, governance and control arrangements.

RECOMMENDATIONS

15. 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?

16. 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

17. 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

18. Not applicable – for information only

REASONS FOR RECOMMENDED OPTION

19. Not applicable – for information only

IMPACT ON THE COUNCIL'S KEY OUTCOMES

20. 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 	<p>Effective oversight through the Audit Committee adds value to</p>

<ul style="list-style-type: none"> • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • 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 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>
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RISKS AND ASSUMPTIONS

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

LEGAL IMPLICATIONS [SRF 13/10/21]

22. 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 [SJT14/10/21]

23. 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 [SH 14/10/21]

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

TECHNOLOGY IMPLICATIONS [PW14/10/21]

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

EQUALITY IMPLICATIONS [PJ 14/10/21]

26. 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 14/10/21]

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

CONSULTATION

28. 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

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

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

30. None

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**Doncaster
Council**

Doncaster Council

Internal Audit Progress Report

July to September 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 for the year are set out below.

1.2. 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

1.3. New significant pieces of work added to the workplan are:

- Suez Supplier Relief and Support - to provide assurance over the process in calculating the value of the relief and the checks and controls over the calculation and underlying evidence supporting the additional work incurred by the contractor.
- Local Area Delivery Grant – Grant Certification required by Central Government

1.4. Items of work removed from the plan are set out below;

- Safeguarding Adults – The service would not benefit from a review at this time due to an ongoing management review
- DCST Governance Review – This review is currently not required due to other governance review work taking place
- Disabled Facility Grant – This has been removed from the plan as no grant certification is required
- Street Lighting Costing / Billing Review - this has been deferred from the plan to resource the additional time for the North Bridge Stores Transformation Project and will be reassessed for 2022/23
- Homes and Community Agency (HCA) Audit – the HCA have confirmed that no audit is required this year
- Joint Procurement with St Leger Homes – review no longer required due to a change of procurement arrangements between Doncaster Council and St. Leger Homes

1.5. 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 to check our planning and approach with other Audit Teams in the regions 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 July to September, 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, the majority of the teams work is being delivered virtually which carries both positive and negative implications. The team is part of the Pilot Scheme for the use of the Civic Office which may bring about some changes to working practices

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.

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 July to September 2021 and any completed work not previously reported, are set out in **Appendix A**.

Audits providing 'limited' assurance opinions

2.5 There were no reports issued in the period with a limited assurance opinion.

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 continues to be considerably less than the previous periods. A summary of work carried out in this area will be set out in the Annual Fraud Report at the November 2021 committee.

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 as are numbers of outstanding lower level management actions.
- 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 37 actions (39 previous period) which were overdue i.e. that have passed their original agreed implementation date. A breakdown of these via Directorate is detailed in the table below. All these 37 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 30/09/2021					Number of medium / lower risk level management actions overdue at 30/09/2021				
	At 29/09/2020	At 31/12/2020	At 11/4/2021	At 28/6/2021	At 30/09/2021	At 29/09/2020	At 31/12/2020	At 11/4/2021	At 28/6/2021	At 30/9/2021
Adults, Health & Wellbeing (AHWb)	0	0	0	0	0	4	3	3	2	1

Economy & Environment (EE)	4	4	4	3	3	31	31	31	27	25
Corporate Resources (CR)	1	0	0	0	0	17	12	12	7	8
Learning Opportunities, Skills & Culture	0	0	0	0	0	0	0	0	0	0
TOTAL	5	4	4	3	3	52	46	46	36	34

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 24 actions awaiting implementation, of which 3 are high risk, 19 are medium risk and 2 are low risk level actions. Due to the ever developing Covid situation we have agreed further revised extensions with the incoming Assistant Director. Work is ongoing with the Head of Service to 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. The incoming Assistant Director has confirmed that service pressures due to Covid response prioritisation are being faced nationally and the implementation of audit recommendations will inevitably be impacted upon.

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.

Directorate	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	No. of actions at 30/09/2021
Adults, Health and Wellbeing	4	3	3	4	1

Economy & Environment	35	35	35	30	28
Corporate Resources	23	26	12	9	9
Learning Opportunities, Skills & Culture	0	0	0	3	0
TOTAL	62	64	50	46	37

3.9 The spread of all management actions awaiting implementation including those not yet due is shown below:

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 is set out further below
- 4.3 Key indicators are over the timeliness of the issue of draft and final reports and these have all been issue 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 July to September 2021:

Performance Indicator	Target	July to September 2021	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%

Internal Audit Pulse Survey

- 4.5 In July 2021 Internal Audit issued a pulse survey to its key customers and stakeholders. This is just one component of Internal Audit's ongoing quality and assurance improvement programme. It will also be used to help inform the Strategy and Resource Review to be undertaken by the Head of Internal Audit in the coming months.
- 4.6 To ensure the process was swift and concise, only 5 key questions were selected with a choice of 6 ratings. The ratings were Excellent, Good, Adequate, Less than Adequate, Weak and poor, with the option to provide comments. The survey allowed for both quantitative and qualitative responses to be obtained. It was pleasing to note that we received a high response rate. Responses were received from 31/36 key customers / stakeholders surveyed giving an 86% response rate.

For each question a breakdown of the responses is set out in the table below:

Question	Excellent	Good	Adequate	Less than Adequate	Weak	Poor	Total Responses
1 - Audit Services - How important do you regard Internal Audit work to be?	54.8% 17	45.2% 14	9.7% 3	0.0% 0	0.0% 0	0.0% 0	31
2 - Audit Staff – How well have 'we' as a service performed?	64.5% 20	35.5% 11	0.0% 0	0.0% 0	0.0% 0	0.0% 0	31
3 - Audit Outcomes – How well does the audit work address your needs?	45.2% 14	51.6% 16	9.7% 3	0.0% 0	0.0% 0	0.0% 0	33*
4 - Audit Reporting – How clear, concise and factually correct are our audit reports?	48.4% 15	48.4% 15	3.2% 1	0.0% 0	0.0% 0	0.0% 0	31
5 - Customer Service – Do our services meet your needs?	48.4% 15	45.2% 14	6.4% 2	0.0% 0	0.0% 0	0.0% 0	31

* 2 respondents provided 2 responses

- 4.7 It was rewarding to note that there were many positive and constructive comments, with many respondents making the same comments. For example:
- The audit team are 100% professional in their approach;
 - Methodical and ambassador's for the service
 - A supportive and knowledgeable service that goes beyond the norm
 - Excellent / positive / quality service – standards are consistent across the Team
 - Excellent critical friend
 - Flexible when needed
 - Responsive approach helpful engagement and awareness of service areas within directorate
 - Helpful and on hand to provide advice
 - Open and honest with feedback
 - Challenge service delivery
 - Timely, clear, concise, easy to follow reports
- 4.8 Importantly, also, it sets out some areas for potential development / improvement that have been drawn from the responses and these areas are captured within an Improvement Plan that the team are working on. These areas are:
- Join forces more with other teams to share intelligence / deep dives with other service areas
 - Follow –up process
 - Timing of audits
 - Resource review
 - Too helpful / responsive

External Quality Assessment

- 4.9 The Service is currently undergoing an External Quality Assessment in the form of a Peer Review by Rotherham Council's Head of Internal Audit against the United Kingdom Public Sector Internal Audit Standards. The outcome of this review will be reported to Audit Committee in January 2022.

Rolling Audit Opinion over Risk, Governance and Control Arrangements and Annual Governance Statement Items

- 4.10 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.
- 4.11 The work delivered by the audit team provides a source of intelligence for the Annual Governance Statement (AGS). The work delivered in the year to date, has not identified any new areas of concern that should be considered for inclusion in the Annual Governance Statement for 2020/21. Additionally, work for the year to date has not identified any reason 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 Management.	Overall Audit Opinion	Summary of Significant Issues
LEARNING AND OPPORTUNITIES: CHILDREN & YOUNG PEOPLE				
Schools Financial Value Standard - Self Assessment Frameworks	Undertaking an independent review of the School's SFVS returns to ensure they are adequately completed by the schools and returned to the LA on time.	July 2021	Not Applicable -	No issues raised.
CORPORATE RESOURCES				
Core Financial Processes - Benefits	Ensure that the right benefits are paid to the right individuals at the right time.	September 2021	Substantial Assurance	No issues raised.
ECONOMY AND ENVIRONMENT				
Highways Grants - No 31/3693, No.31/3221 and No.31/3296	Confirm expenditure and that it is in keeping with conditions of the grant. Sign off the grant statement as true and fair as stipulated by the grant.	September 2021	Not Applicable – Grant Claim	Grant signed, no issues raised.
Local Area Delivery Grant	Confirm expenditure and that it is in keeping with conditions of the grant. Sign off the grant statement as true and fair as stipulated by the grant.	September 2021	Not Applicable – Grant Claim	Grant signed, no issues raised.
ADULTS HEALTH & WELLBEING				
Adult Social Care Fees and Charges	Provide advice and consultancy to those areas rolling out the charges	N/A – ongoing advice and	Not Applicable – Advisory Work	

Audit Area	Assurance Objective	Final Report to Management.	Overall Audit Opinion	Summary of Significant Issues
Implementation Support	to ensure that they are robustly delivered and that any associated risks are well managed.	support		
Troubled Families Grant - (July to September Claims)	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.

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						
<p>Trading Standards and Food and Animal Safety 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 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>	<p>31/12/19</p>	<p>31/03/24 30/06/24 30/09/24 31/03/22</p>	<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. Structure of Food Safety, Animal Health and H&S is under review – recruitment is underway for both permanent staff and consultants, although shortage of competent officers in the market place proving problematic. Vacancies have increased since initial audit. Once establishment populated move toward reducing spans can be completed</p>

Audit Area	Finding	Risk Exposure	Action Agreed	Estimated Impl'n Date	Revised Impl'n Date	Current Status
<p>Trading Standards and Food and Animal Safety</p> <p>Lone Working</p>	<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>	<p>31/03/20</p>	<p>31/03/21 31/08/21 31/03/22</p>	<p>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.</p>

Audit Area	Finding	Risk Exposure	Action Agreed	Estimated Impl'n Date	Revised Impl'n Date	Current Status
<p>Trading Standards and Food and Animal Safety</p> <p>28 day deadline</p>	<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>	<p>Inspections not being completed in time resulting in criticism from the Food Standards Agency.</p>	<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>	<p>30/04/20</p>	<p>31/03/21</p> <p>30/06/21</p> <p>30/09/21</p> <p>30/11/21</p>	<p>Impact of Covid has meant the Food Standards Agency have now issued a Local Authority Recovery Plan for the period 1st July 2021 to 2023/2024. The guidance and advice aim to ensure that during the period of recovery from the impact of COVID-19, local authority resources are targeted where they add greatest value in providing safeguards for public health and consumer protection in relation to food. It also aims to safeguard the credibility of the Food Hygiene Rating Scheme (FHRS). The department has secured some funding to identify businesses that have registered over the last year and who are still trading. This project which ends 30th September will enable the back log of inspections of new businesses to be reduced and enable focus on high risk new businesses, to ensure inspection within 28 days.</p>

Audit Area	Finding	Risk Exposure	Action Agreed	Estimated Impl'n Date	Revised Impl'n Date	Current Status
	<p>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.</p>		<p>Performance reports that show this information will be circulated at team meetings.</p>			