Item: 6

Monitoring and Audit Committee: 24 September 2026.

Internal Audit – Environmental Health.

Report by Chief Internal Auditor.

ORKNEY ISLANDS COUNCIL

1. Overview

1.1. This report presents the internal audit report on procedures and controls relating to Environmental Health, for scrutiny.

1.2. The internal audit plan 2026/27 includes a review of Environmental Health. This audit has been completed, and the internal audit report is attached as Appendix 1 to this report.

1.3. The purpose of the Environmental Health Service is to help keep people safe by using a legislative framework and evidence-based practice.

1.4. The Service delivers a range of core functions on behalf of the Council, including public health protection, food safety, environmental protection, licensing support and enforcement activity where necessary. These functions are subject to legislative requirements and external regulatory oversight.

1.5. The objective of this audit was to assess whether the governance, risk management and internal control arrangements in place within the Environmental Health Service are adequate and effective to support the delivery of statutory duties and approved service plans.

1.6. The audit provides Adequate assurance that procedures and controls relating to Environmental Health are well controlled and managed.

1.7. The internal audit report, attached as Appendix 1 to this report, includes four medium priority recommendations regarding business continuity, performance reporting, workforce strategy and system upgrades. There are also three low-priority recommendations regarding information sharing, a control framework and Freedom of Information requests. There are no high-priority recommendations resulting from this audit.

2. Recommendations

2.1. It is recommended that members of the Committee:

i. Scrutinise the findings contained in the internal audit report, attached as Appendix 1 to this report, relating to the governance, risk management and internal control arrangements in place within the Environmental Health Service, in order to obtain assurance that action has been taken or agreed where necessary.

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Implications of Report

1. **Financial:** None directly related to the recommendations in this report.
2. **Legal:** None directly related to the recommendations in this report.
3. **Corporate Governance:** In terms of the Scheme of Administration, the consideration of Internal Audit findings and recommendations and the review of actions taken on recommendations made, are referred functions of the Monitoring and Audit Committee.
4. **Human Resources:** None directly related to the recommendations in this report.
5. **Equalities:** An Equality Impact Assessment is not required in respect of Internal Audit reporting.
6. **Island Communities Impact:** An Island Communities Impact Assessment is not required in respect of Internal Audit reporting.
7. **Links to Council Plan:** The proposals in this report support and contribute to improved outcomes for communities as outlined in the following Council Plan strategic priorities:
   ☐Growing our Economy.
   ☐Strengthening our Communities.
   ☐Developing our Infrastructure.
   ☐Transforming our Council.
8. **Links to Local Outcomes Improvement Plan:** The proposals in this report support and contribute to improved outcomes for communities as outlined in the following Local Outcomes Improvement Plan priorities:
   ☐Cost of Living.
   ☐Sustainable Development.
   ☐Local Equality.
   ☐Improving Population Health.

9. **Environmental and Climate Risk:** None directly related to the recommendations in this report.
10. **Risk:** Internal Audit evaluates the effectiveness and contributes to the improvement of the risk management processes.
11. **Procurement:** None directly related to the recommendations in this report.
12. **Health and Safety:** None directly related to the recommendations in this report.
13. **Property and Assets:** None directly related to the recommendations in this report.
14. **Information Technology:** None directly related to the recommendations in this report.
15. **Cost of Living:** None directly related to the recommendations in this report.

List of Background Papers

Internal Audit Plan 2026/27.

Appendix

Appendix 1: Internal Audit Report – Environmental Health.

ORKNEY
ISLANDS COUNCIL

Internal Audit

Audit Report

Environmental Health

Draft issue date: 2 July 2026

Final issue date: 28 August 2026

Distribution list:	**Director of Infrastructure and Organisational Development** **Head of Corporate Governance** **Head of Planning and Regulatory Services** **Head of Human Resources and Organisational Development** **Service Manager (Human Resources Operations)** **Service Manager (Environmental Health)**

Contents

Audit Opinion

Based on our findings in this review we have given the following audit opinion.

Adequate	**Some improvements are required to enhance the effectiveness of the framework of governance, risk management and control.**

A key to our audit opinions and level of recommendations is shown at the end of this report.

Executive Summary

Based on our findings, we have concluded that the Environmental Health Service has established arrangements for governance, risk management and control. The 'Adequate' opinion reflects the impact of capacity constraints, system limitations and operational pressures on full delivery rather than fundamental weaknesses in core service delivery. The Service demonstrates a strong and well-developed approach to planning and risk management, with clear awareness of the challenges it faces, many of which reflect the national picture.

At a strategic level, the Environmental Health Service Plan 2026-27 provides assurance that statutory duties, Codes of Practice and mandatory guidance are identified, prioritised and subject to regular review, supported by the development of associated statutory plans. At an operational level, compliance is supported through established quality assurance arrangements, including peer review of enforcement activity, regular team meetings and oversight by lead officers. Evidence of structured meetings and internal monitoring demonstrates ongoing review of progress against work programmes. Engagement with external regulators further strengthens assurance, with recent correspondence from Food Standards Scotland confirming that audit actions have been addressed.

The audit identifies a number of interrelated challenges affecting the effectiveness and sustainability of the Environmental Health Service. Ongoing workforce capacity constraints, recruitment difficulties and reliance on key individuals are limiting the service's ability to deliver planned statutory activity and increasing resilience risks. These pressures are exacerbated by system limitations, which hinder efficient case management, reduce the completeness of audit trails and restrict the availability of meaningful performance information to support oversight. As a result, the service is operating a predominantly reactive, risk-based model, prioritising higher-risk activity at the expense of full programme delivery. While this approach mitigates immediate risks to public health, it reduces assurance over the consistent delivery and coverage of statutory functions and increases vulnerability to future disruption.

Many of the findings within this report are already recognised within the Environmental Health Service Plan, particularly in relation to workforce resilience, prioritisation, systems and performance management. Key risks around workforce have also been escalated formally to the Directorate Risk Register, supporting corporate visibility and oversight with system risks formally recognised within the Service Risk Register. The recommendations are designed to support delivery of the existing service plan, strengthening resilience and helping the service make best use of the expertise within the current team while planning for future demands and changes.

The report includes 7 recommendations which have arisen from the audit. The number and priority of the recommendations are set out in the table below. The priority headings assist management in assessing the significance of the issues raised.

Responsible officers will be required to update progress on the agreed actions via the Ideagen Risk Management System.

Total	High	Medium	Low
7	0	4	3

The assistance provided by officers contacted during this audit is gratefully acknowledged.

Introduction

The purpose of the Environmental Health Service is to help keep people safe by using a legislative framework and evidence-based practice. The Service delivers a range of core functions on behalf of Orkney Islands Council, including public health protection, food safety, environmental protection, licensing support and enforcement activity where necessary. These functions are subject to legislative requirements and external regulatory oversight.

Through the Environmental Health Service, the Council discharges various statutory duties, including its roles as:

- Food Law Enforcement Authority (the 'Competent Authority' for food law).
- Health and Safety Enforcing Authority.
- Local Housing Authority (in connection with private sector housing).
- Port Health Authority.

Environmental Health staff hold specific appointments as 'competent persons' under the Public Health etc. (Scotland) Act 2008 and as Licensing Standards Officers under the Licensing (Scotland) Act 2005. Officers are also authorised under a range of statutory provisions relating to food safety, occupational safety, environmental protection, pollution control and housing.

The Service also supports the Council in its wider roles as a Waste Regulation Authority, Burial Authority, Harbour Authority and Category 1 Responder under the Civil Contingencies Act 2004.

As the Council is a Specialist Reporting Agency to the Crown Office and Procurator Fiscal Service, Environmental Health staff are required to operate within both civil and criminal law frameworks and to comply with associated evidential and procedural requirements.

These functions are delivered within a challenging operating environment, characterised by ongoing recruitment and retention difficulties, the introduction and changing of national programmes and reliance on ageing core systems.

The Environmental Health Service Plan 2026/27 sets out the Service's priorities, risks and intended actions for the year, with a strong emphasis on statutory compliance, workforce resilience and operational sustainability.

This review was conducted in conformance with the Global Internal Audit Standards in the UK Public Sector.

Audit Scope

The scope of this audit included a review of the following:

- Strategic Planning and Governance.
- Risk Management and Prioritisation.
- Resource Management and Workforce Resilience.
- Systems, Data and Information Management.
- Enforcement Activity.
- Service Requests and Operational Delivery.
- Arrangements for Working with Partners (Internal and External).
- Compliance, Performance Management and Quality Assurance.

Out of Scope:

- The audit did not include a technical reassessment of professional or legal judgements.
- The Food Service Plan 2025-26 was out of scope as this is currently undergoing review by Food Standards Scotland as part of their performance monitoring and audit programme.

Audit Findings

1.0 Strategic Planning and Governance

1.1 Environmental Health Service Plans covering the periods 2022/23, 2025/26 and 2026/27 were reviewed. These plans represent the principal documents through which the service sets out objectives, priorities, risks and ownership. They also demonstrate how the Environmental Health (EH) service contributes to wider Council objectives and statutory duties.

1.2 The review identified a clear and positive trajectory in the maturity of service planning over the period. The 2022/23 plan explicitly recognised the need for a ‘reset’ and a return to basic operational requirements (BORs), including governance, legal processes, staff safety, digital systems and performance management.

1.3 Subsequent plans (2025/26 and 2026/27) demonstrate open and transparent reporting on progress against the BORs. There is clear evidence that the service has taken a self-reflective approach, openly acknowledged constraints such as resource limitations, recruitment challenges and system dependencies.

1.4 Across the period, the service plans demonstrate measurable progress in key areas:

- Establishment and ongoing development of structured action plans.
- Progress towards performance management frameworks, including the introduction of KPIs and monthly 1:1 reviews.
- Evidenced delivery of a high volume of operational activity, including inspections, investigations and incident response, alongside significant casework.

- Ongoing investment in workforce development and ‘grow your own talent’ initiatives, aimed at improving resilience and sustainability in the face of national recruitment challenges.

1.5 The plans also demonstrate alignment with national and strategic developments, such as prevention-focused approaches, workforce pressures across the EH profession and emerging regulatory changes.

1.6 Roles and responsibilities across Environmental Health are clearly defined and supported by the service plans, governance documents and job descriptions, with effective arrangements for authorisation and delegation in place. Testing confirmed that roles are well understood and operating effectively in practice.

1.7 In addition to the EH Service Plan, key statutory and operational plans are in place and current. The Food, Health and Safety and Port Health Service Plans are formally approved and aligned to statutory requirements. Integration into service delivery is clearly demonstrated at a planning and intent level although, as acknowledged by the service, operational delivery remains constrained by workforce capacity.

2.0 Risk Management

2.1 Strategic and operational risks are formally identified and reviewed with both Directorate and Service risks detailed within documented Risk Registers.

2.2 Risks are also considered within service planning and there are clear escalation routes following the risk management policy and strategy.

2.3 Most risk mitigations listed against specific risks are in place; however, some remain in progress, including achieving full staffing, developing operational procedures and implementing a capable IT system.

2.4 It was noted that the Service Risk Register includes mitigation relating to out-of-hours provision. However, this does not fully reflect the current operating model, where arrangements are based on planned provision (such as out-of-hours Port Health activity delivered by appointment) and partnership-based ad hoc responses where required. As a result, there is a risk that the mitigation recorded does not accurately describe the control in place.

2.5 The EH Service Plan clearly identifies a key risk to resilience which is the existence of single points of failure within the EH team. There have been some mitigations implemented through the successful recruitment of officers. However, several single-person dependencies remain unmitigated despite attempts made to recruit.

2.6 The plan also clearly identifies a wide range of partner dependencies.

2.7 Working procedures developed so far by the service include clear escalation routes and hand-off where partnership working is required. Working procedures developed by the service support the identification of dependencies and assessment of related risks. A review of procedures in place as well as the current development of key working procedures offers the opportunity to systematically identify and assess partner risks as well as single-officer risks.

2.8 Testing of 20 service requests identified two instances where partnership working did not operate as intended due to a staffing vacancy within the EH team. Although this vacancy has now been filled, this resulted in the partner service operating without EH input.

2.9 In terms of business continuity planning, there is clear operational awareness of key continuity risks supported by practical mechanisms such as workforce monitoring during periods of critical staff shortage and processes which could be used for prioritising EH activity during disruption. However, business continuity arrangements are not yet formalised.

2.10 We recommend that business continuity planning for the service is formalised including undertaking a proportionate business impact assessment focused on key statutory functions and identifying critical internal and external dependencies, including single-officer risks. This would inform contingency planning and strengthen assurance that essential services can be sustained in the event of disruption.

Recommendation 1

2.11 Within service plans, there is explicit acknowledgement where statutory or guidance-driven activity cannot be delivered as planned due to resource constraints.

2.12 While these risks are visible at a management level, there is scope to strengthen how the impact of these risks on service delivery is communicated through existing governance arrangements. The service has established a mechanism for structured engagement with elected members through quarterly meetings with the Chair and Vice Chair of the relevant Committee which ran throughout 2025 and into early 2026 and are being reinstated from September 2026. There is therefore an opportunity to enhance the structure and consistency of reporting to Elected Members, supported by clearer linkage between identified risks and performance outcomes (for example, delivery against planned inspection programmes and statutory priorities).

2.13 Review of current performance indicators show improvement in certain areas, such as Official Control Verification (OCV) intervention rates alongside reduced performance in other areas, including private water supply sampling. The latter has been attributed to workforce capacity constraints and competing operational priorities. This reinforces the need for clear, structured reporting arrangements that demonstrate the relationship between resource pressures, risk exposure and service performance.

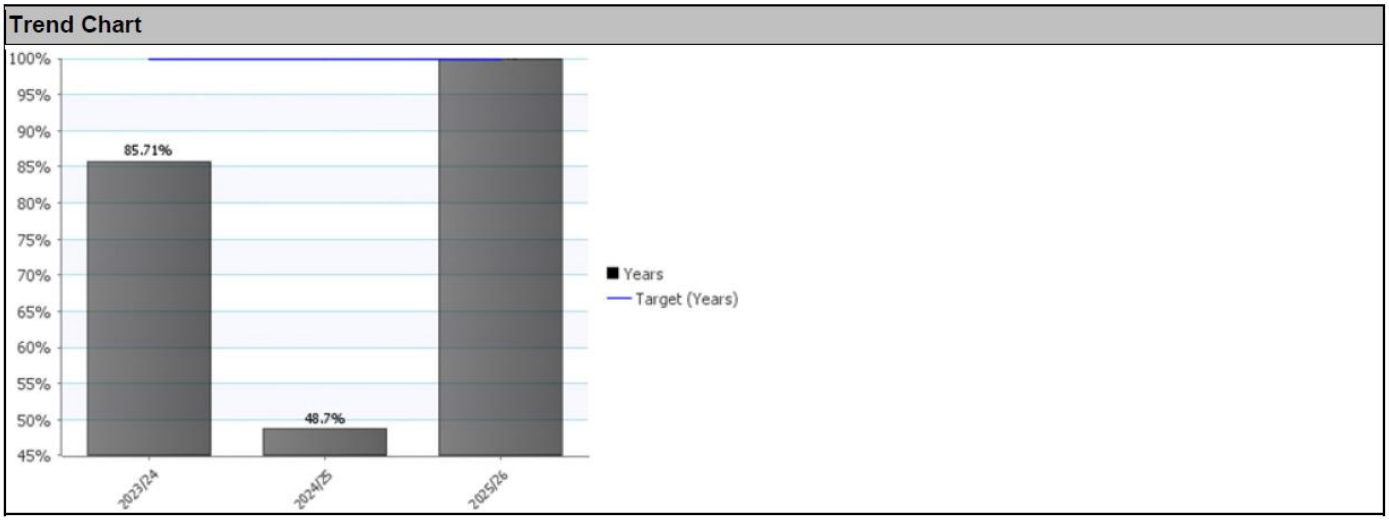

Figure 1- OCV Intervention

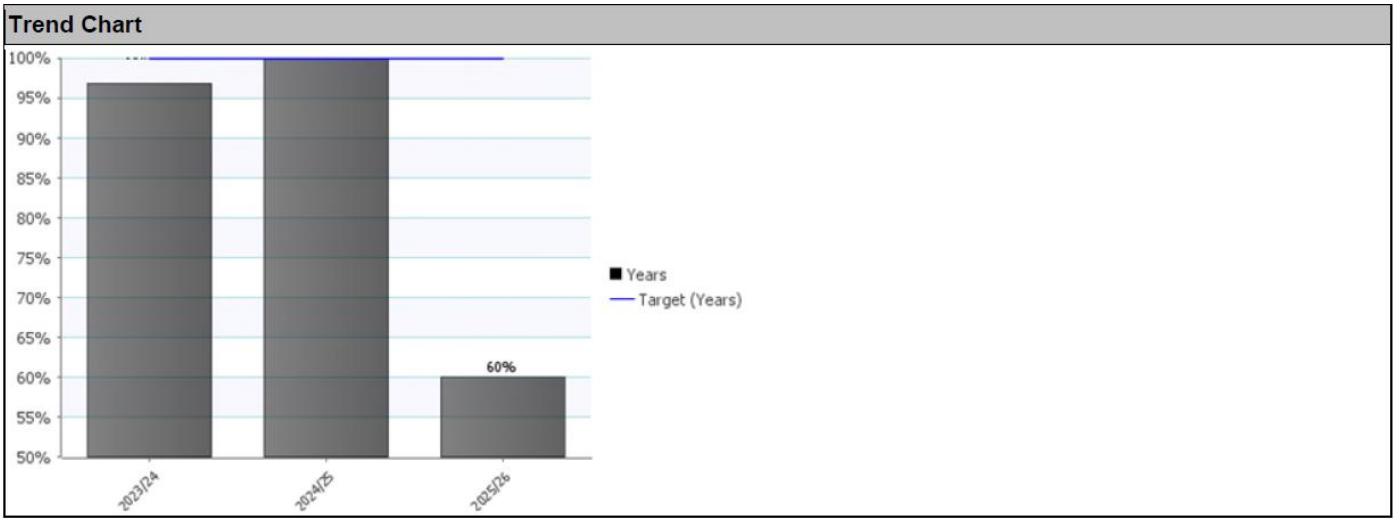

Figure 2- Water Supplies Sampled

2.14 The level and content of reporting for the Environmental Health service should be reviewed to ensure it provides clear, consistent and timely visibility of how identified risks are materialising and impacting the delivery of statutory functions. Consideration should be given to making use of existing governance structures to facilitate focused discussion on performance, risk and emerging issues.

Recommendation 2

3.0 Prioritisation

3.1 Testing of service requests, inspections and backlog data indicates that prioritisation is taking place in practice. However, there is no single, formalised approach, with decisions based on statutory deadlines, urgency and officer judgement. This results in a largely reactive, experience-led model, rather than a consistently applied and recorded framework.

Food Safety

3.2 Food establishments are risk-rated to determine inspection frequency. A backlog of inspections exists due to staffing constraints and competing demands, with attempts to secure external support unsuccessful.

3.3 Higher-risk premises are prioritised, with greater variation in lower-risk groups, indicating partial delivery of planned activity. Inspection delivery is also affected by operational factors such as unannounced visits, access issues and geography.

3.4 The delivery of higher-risk inspections is currently concentrated among a limited number of experienced officers, reflecting the need for and importance of mentoring and development arrangements to support progression, improve resilience and broaden capacity to undertake higher-risk inspection activity.

3.5 Inspection schedules are managed using spreadsheets. While this provides oversight, it is resource-intensive and increases the risk of error. Recent improvements to monitoring have strengthened oversight and reduced the risk of missed inspections.

Health and Safety

3.6 The Health and Safety Service follows nationally prescribed priorities and risk-based criteria for intervention. However, delivery of the planned programme is significantly affected by competing demands, including reactive work, staffing capacity and competing statutory duties.

3.7 Reactive activity accounts for a high proportion of workload, limiting the ability to complete planned interventions. While this reflects national trends, it demonstrates that resources are primarily directed to unplanned, higher-risk activity.

3.8 Given the complexity and breadth of work undertaken by the EH service including national risk-based approaches to the prioritisation of interventions, any overarching prioritisation framework would need to be proportionate and aligned to existing approaches.

3.9 Development of a simple approach should be considered alongside system improvements already identified within the service plan. This would support decision-making, improve consistency and enhance management oversight.

4.0 Resource Management and Workforce Resilience

4.1 Nationally, Environmental Health services are experiencing similar workforce challenges, including recruitment difficulties and reliance on experienced officers for specialist activity. There is a limited supply of qualified officers. The training pathway for Environmental Health Officers (EHOs) is lengthy and reliant on one accredited programme, constraining the pipeline of new entrants. These issues are recognised at a national level, with Scottish Government, COSLA and professional bodies working collaboratively to address recruitment pressures and improve access routes into the profession.

4.2 Guidance published by the Local Government Association (England and Wales) highlights the importance of workforce planning approaches such as ‘grow your own’ initiatives, structured mentoring and development pathways and partnership working to build resilience within services. The guidance includes a Council action checklist with suggested actions designed to address workforce challenges. The arrangements already being progressed within the EH Service align with these principles and provide a basis for further strengthening workforce resilience. Work led by the Society of Chief Officers of Environmental Health in Scotland (SCOEHS) and partners has highlighted the need for the development of workforce plans which ensures Councils have a sufficient number of qualified officers to deliver statutory services, in the coming years, including career development and succession planning.

4.3 A workforce plan is in place and has been embedded within service planning arrangements. However, this plan was originally developed in 2019/20 and although there is monitoring and action-tracking undertaken based on this plan, it has not been fully refreshed to reflect ongoing workforce planning actions taken, current service demands, emerging risks and changes in the operating environment.

4.4 At the time of audit, there were vacancies within the service, including a port health officer role and a technical officer position which was advertised at the time of the audit. Recruitment to specialist Environmental Health roles has proven challenging, resulting in delays and contributing to work backlogs.

4.5 There is evidence of proactive management action, including re-evaluation of roles, repeated recruitment attempts and investment in a “grow your own” approach, supporting staff to gain Environmental Health qualifications and improve long-term resilience.

4.6 It was identified through testing that there is a high level of reliance placed on the administrative assistant assigned to Environmental Health in terms of supporting system use as well as work allocation and prioritisation due to their skills, knowledge and experience. This role is not managed within the service as they report to the business support team.

4.7 Overall, the experience and training of officers within the EH team is considerable and it is important to avoid future knowledge drain by having a developed and structured approach to succession planning and knowledge sharing. This not only would mitigate against single officer reliance risks but would also help with planning in the event of staff leaving the service or retiring.

4.8 Within the service plan, there is horizon-scanning that highlights a number of significant upcoming changes which will affect the service such as:

- The Food Standards Scotland SAFER Programme (re-appraisal of how food law regulatory functions are delivered across Scotland).
- HSE LAC 67/2 (Health and Safety intervention priorities).
- Local Orkney Housing Strategy (transfer of licensing process for private sector landlords).
- Replacement of computer software system.

4.9 With these in mind, the impact on staff skills and capacity requirements considered within service planning will need to be included within workforce planning.

4.10 Opportunities for digital and AI-enabled transformation should also be assessed within workforce planning to improve case management, note taking, data use and optimise specialist capacity.

4.11 The EH Service does not operate a formal public-facing out-of-hours service and there is no statutory requirement to do so. Current arrangements are based on a combination of planned provision, including out-of-hours Port Health activity delivered by appointment and informal contact mechanisms when urgent issues arise. In the main, this provision is based on the good will of officers in the service and may include engagement with internal and external partners and the ability to contact EH officers if required. Arrangements are understood in practice, but consideration should be given to whether arrangements of out-of-hours response should be documented.

4.12 The Service should undertake an update of its workforce strategy to strengthen strategic workforce planning and ensure alignment with current and emerging service demands. This should include:

- establishing a formal succession planning framework to identify critical roles, key skill dependencies, and associated risks, with clear mitigation actions such as rotation of roles and mentoring to broaden skills development;
- updating workforce planning assumptions to reflect regulatory changes, anticipated workload trends, out-of-hours requirements, system administration requirements and available emerging technologies.
- reviewing and updating the Service Risk Register to ensure that recorded mitigations accurately reflect current operational staffing arrangements.

Recommendation 3

4.13 Officers undertaking statutory functions are appropriately authorised and training is both reactive in addressing identified gaps and strategic through supporting emerging priorities.

4.14 Lessons learned from investigations are shared and training records are maintained which demonstrates ongoing professional development.

4.15 Testing of service requests confirmed that cases were generally allocated appropriately with escalation to management for higher-risk matters.

4.16 However, the allocation arrangements are predominantly informal and rely on the knowledge and experience of administrative staff and established working practices rather than documented processes. This approach is currently working effectively but again, creates reliance on key individuals.

4.17 Workload is monitored through regular monthly 1:1 meetings which include discussions on capacity, operational pressures and staff wellbeing.

4.18 Workforce vacancies, high reliance on specialist roles and competing statutory demands affect workload management. This is managed pragmatically through prioritisation and informal sharing but there is no systematic mechanism to quantitatively monitor workload pressures, track time spent on activities or identify bottlenecks. This is mainly due to the limited management reporting available from the system used and a recommendation is made later in the report to address this.

5.0 Systems, Data and Information Management

5.1 The EH service currently relies on the Civica APP system as its primary case management and recording tool. While the system provides a centralised database and supports some statutory reporting requirements, it is approaching the end of its operational life and no longer fully meets the needs of the service. Procurement activity is beginning with the exploration of the needs of the service from a system going forward.

5.2 Functionality limitations have led to the development of manual processes which work in parallel with the system, resulting in duplication of work. For example, a spreadsheet is held to track licence approvals due to the ineffective functionality of the system's search function. At the same time, actions taken and email trails related to this process are also uploaded and stored on the system.

5.3 Testing confirmed that generally, the Civica APP system is reliable for holding core case information with 94% of completed service requests in the sample having complete and accurate data stored. Enforcement records are partially held on the system. Evidence reviewed indicates that supporting documentation and records are often stored outside the system, including on shared drives, within email accounts or in physical formats such as notebooks.

5.4 This fragmented approach to data storage reduces the ability of the service to demonstrate a complete audit trail of actions undertaken and introduces a risk that key evidence may not be readily accessible. The current process for uploading documents to the system is inefficient, requiring multiple manual steps which discourages full use of the system and contributes to incomplete records.

5.5 Relevant to assessment of the completeness of data on the system are the limitations of configurable access controls. Although there are appropriate access controls in place for the

system, and it is possible to ensure that cases are restricted to EH staff only, it is not possible to restrict access to highly sensitive cases to specific officers. In these cases, evidence is recorded off system. In addition, there is no automated process for managing document retention in line with GDPR requirements.

5.6 The current system does not generate meaningful or accessible management information to support operational oversight or strategic decision-making. Data extraction for reporting purposes, whether electronic or required in print, is manual and time-consuming, limiting the ability of management to monitor performance using the system and adding to the administrative workload of officers.

5.7 The retirement of the System Administrator in 2025 resulted in the loss of in-house system expertise, highlighting a resilience risk in system support and administration. While the current Administrative Assistant has the capability to assume these responsibilities, this arrangement is not considered sustainable in the longer term. Ensuring appropriate system training and support will be crucial to the successful implementation of an upgraded or new system.

5.8 The capability of the system is tied to many findings within the audit in addition to this section. An overarching recommendation is being made to support the planning process of procuring a new or upgraded system. Whilst it is unlikely that off the shelf software will meet all possible functionality requirements, it is important that whatever system is considered works for the EH team, optimising staff resources by reducing administrative work and bolstering resilience.

5.9 We recommend that the following features should be considered when procuring an upgraded or new system to support EH services:

Feature	**Rationale**
Built-in triage and prioritisation functionality	Supports consistent, risk-based decision-making and reduces reliance on individual judgement, improving transparency and auditability of prioritisation.
Identification and tracking of statutory deadlines	Ensures statutory requirements are visible and monitored, reducing the risk of missed deadlines and non-compliance.
Tracking and reporting of response times against targets	Enables monitoring of service performance and supports management oversight of timeliness and service standards.
Automated alerts for approaching deadlines	Provides early warning to officers and management, reducing reliance on manual tracking and minimising compliance risk.
Exception reporting (e.g. overdue or incomplete cases)	Strengthens management oversight by highlighting underperformance, delays or gaps requiring intervention.
Inspection scheduling and tracking functionality	Supports the effective management of inspection programmes, including backlog

Feature	Rationale
	monitoring and timely completion of higher-risk inspections.
Simple and efficient document upload functionality	Reduces administrative burden and encourages full use of the system, improving completeness of records and audit trail.
Ability to retain all case information in a single record (including where cases change in nature)	Removes the need to create duplicate cases and improves continuity of information, supporting a single, reliable source of truth.
Workload and caseload tracking by officer	Improves understanding of resource allocation and capacity pressures, supporting more informed workforce planning and management.
Document retention functionality	Ensures compliance with record management requirements and supports consistent retention and disposal practices.
Capability to share information with internal partners (where appropriate)	Reduces duplication of effort and reliance on email-based processes, improving efficiency and supporting coordinated service delivery.
Compatibility with SharePoint / corporate systems	Supports integration with wider Council systems and aligns with corporate information management strategies
Management reporting and dashboards	Provides accessible, real-time information to support decision-making, performance monitoring and assurance.
Easy data extraction for reporting purposes	Reduces time spent on manual data collation and supports efficient production of statutory returns and management reports.
Effective search functionality	Improves usability of the system, enabling officers to locate information quickly and reducing the need for parallel tracking tools (e.g. spreadsheets).
Configurable access controls	Ensures sensitive information can be appropriately restricted while maintaining compliance with data protection requirements.
System training and administration support	To make full use of the functionality of a supported system.

Recommendation 4

5.10 Information sharing supports Environmental Health operations and is carried out securely with a range of partners, primarily under statutory powers. Evidence was provided of formal information sharing arrangements with some key partners, including agreements with Food Standards Scotland and access arrangements for external systems such as HSE's HASLIB platform. The service also operates established processes for sharing information in enforcement cases, including the use of standardised forms within the General Enforcement Policy.

5.11 To strengthen assurance and oversight of the governance of information sharing, there is scope to review coverage of information sharing agreement requirements across all partners and ensure these are in place, accessible and up-to-date where required.

5.12 The Service should maintain a central record of information sharing arrangements to ensure all agreements are identified, accessible and subject to periodic review and used to monitor coverage across partners.

Recommendation 5

6.0 Operational Procedures

6.1 There is a broad suite of documentation in place covering operational, emergency and regulatory functions of the EH service. The production of standard operating procedures to comprehensively cover operations is a work in progress with three of the five most common service requests covered by either service or council-wide procedures (Short Term Let Licences, Granting of Free Pratique, Freedom of Information (FOI) requests). Two of five of the most common requests without procedures were in relation to approval of alcohol licences and food alerts received. As procedures are being worked on, there are several draft procedures saved alongside current procedures within a shared policies and procedures file on the network drive.

6.2 Many procedures are held in flow chart form which provides clear guidance and escalation routes. A sample of the five most common service requests were reviewed (25 in total) and compared for consistency. Generally, officers handled common requests in a similar way.

6.3 There are examples of good practice within procedures such as the inclusion of review dates, embedded version control and up-to-date national guidance held. However, these are not consistently applied across the document set.

6.4 The EH team are yet to migrate to SharePoint under the Council's EDRMS project. As the electronic document management system is developed for the team, there is the opportunity to ensure that there is a standardised, centralised document control framework that ensures all operating procedures are current, clearly version-controlled, regularly reviewed and that obsolete or draft documents are removed or segregated to reduce the risk of inappropriate use.

6.5 A control sheet is being operated to ensure that EH service-related risk assessments are kept up to date.

6.6 We recommend that the EH service implement a similar control framework to manage operating procedures, as they are developed. When developing future policies, priority should be given to the most common service request types and where there is partnership working involving internal partners, development should involve joint working to identify clear

hand off arrangements and consideration of continuity arrangements where there is disruption to normal service delivery.

Recommendation 6

7.0 Operational Delivery

7.1 The breadth of duties covered by the Environmental Health service prohibits an in-depth compliance audit of all aspects of delivery, so a sample was selected across a range of functions including enforcement activity, service requests, inspections, accidents, infectious disease, sampling, FOIs and miscellaneous activity. Testing was undertaken through these cases to assess efficiency and consistency. In total, 74 cases were reviewed on the Civica system.

7.2 The service is transparent about not recording all cases on the Civica APP system due to the time required to log these compared to the time taken to resolve simple queries such as providing advice on the phone. Although this is a pragmatic approach to capacity constraints, it prevents the service from having a clear record of service demand.

7.3 Service requests that are recorded on the Civica APP system are generally handled efficiently and categorised appropriately with an average response time of 8.65 days and average time to case closure of 16 days. Sample testing confirmed that nearly 98% of closed cases reviewed had evidence of action or investigation, with outcomes communicated where appropriate. In one case, there was no action recorded due to the case having been missed. As this represents 1% of the total cases reviewed, this is not considered material however it highlights a system failure in not flagging up cases that have not had actions recorded.

7.4 There was compliance with procedures, where these were in place (55% of sample with procedures in place).

7.5 Testing identified that partnership working between internal teams is a key element of service delivery. While roles and responsibilities were generally understood in practice, instances were identified where staff absence resulted in cases progressing without input from Environmental Health. This highlights a reliance on staff availability and the absence of formal documented procedures and contingency arrangements to support consistent partner engagement.

7.6 The current process involves multiple stages of manual communication between teams, with information recorded retrospectively on Civica. This results in duplication of effort and reliance on email-based workflows rather than system-led processes.

7.7 In other instances within the wider sample, partner involvement was limited to information sharing or oversight rather than joint working. No delays against statutory deadlines were identified in relation to partnership working; however, one delay in resolving a service request was attributable to a lack of response from an external partner highlighting some reliance on partner responsiveness.

7.8 Testing of 10 inspections indicates that evidence is generally retained and follow-up actions undertaken. However, some inspections are completed later than planned, rolled over into subsequent years or added to the backlog, reflecting capacity constraints and operational challenges.

7.9 Enforcement activity is supported by the General Enforcement Policy, standard templates and documented procedures. Testing confirmed that enforcement decisions are appropriately

authorised, proportionate and supported by evidence. Peer review sheets are used as part of quality assurance processes around enforcements and were completed in each case reviewed.

7.10 Accident cases are recorded, categorised and investigated where required. Testing identified that these cases were generally handled in line with expectations. One case was still open on the system but was identified as closed during the audit.

7.11 Miscellaneous cases, including administrative or low-risk activities, were also recorded appropriately.

7.12 Infectious disease cases are recorded promptly and managed in line with guidance from external partners, particularly NHS. Testing confirmed that:

- cases were logged in a timely manner.
- appropriate action was taken.
- closure decisions were consistent with partner advice.

7.13 Sampling activity is carried out and recorded on the system, with results generally documented and follow-up action taken where required. In one instance, laboratory results had not been received and the case remained open. The absence of results was not actively highlighted on the system but was resolved during the audit.

7.14 Recommendations made within this report to improve system functionality, including alerts for outstanding actions are designed to strengthen visibility of such cases in addition to alerting to cases that remain open to prompt closure or follow up, as appropriate.

8.0 Freedom of Information Requests

8.1 Freedom of Information (FOI) requests form a routine element of Environmental Health service activity and represent one of the most common service request types handled by the team. Evidence from audit testing confirms that FOI requests are processed alongside other operational demands and require input from appropriately knowledgeable officers depending on the subject matter.

8.2 Sample testing identified that FOI requests are generally processed in a timely manner.

8.3 Whilst a log of FOI requests is held at Directorate level, there is no current routine, formal analysis of FOI requests embedded at a service level to identify trends, recurring themes or opportunities for preventative action.

8.4 Testing identified that half of sampled FOI requests related to information already contained within existing reports or datasets.

8.5 This indicates that a proportion of FOI demand is predictable and potentially avoidable.

8.6 The EH team recognise this and there is evidence that steps are being taken to reduce FOI demand, including ongoing redevelopment of the Environmental Health web pages and the publication of notices with appropriate data protection controls. In addition, as part of the corporate governance improvement action plan, the action to review frequent FOI requests and plan to publish data online has been completed.

8.7 To further strengthen controls and support efficient use of resources, the Environmental Health Service should make use of the recent review of the FOI process and introduce periodic analysis to systematically identify trends and high-volume request themes. This can be used to further develop website content where required as a proactive strategy to minimise workload caused by significant levels of FOI requests.

Recommendation 7

8.8 As there is a log held centrally, if the system cannot provide an extract to enable monitoring, consideration should be given to requesting regular extracts from the directorate business support team, to avoid duplication.

Action Plan

Recommendation	Priority	Management Comments	Responsible Officer	Agreed Completion Date
1 We recommend that business continuity planning for the service is formalised including undertaking a proportionate business impact assessment focused on key statutory functions and identifying critical internal and external dependencies, including single-officer risks. This would inform contingency planning and strengthen assurance that essential services can be sustained in the event of disruption.	Medium	Agreed. We have notified our readiness to participate in a full review with the release of new corporate framework for business continuity. In the meantime, work is progressing well with a business continuity / resilience plan which will identify business risks and potential practical mitigations that can be put in place by the environmental health team.	Head of Service and Service Manager – subject to approval of new corporate Framework	30 September 2027
2 The level and content of reporting for the Environmental Health service should be reviewed to ensure it provides clear, consistent and timely visibility of how identified risks are materialising and impacting the delivery of statutory functions. Consideration should be given to making use of existing governance structures to facilitate focused discussion on performance, risk and emerging issues.	Medium	We will provide an enhanced focus as part of quarterly updates with Chair and Vice Chair of the Enterprise and Infrastructure Committee. We will explore the benefits of a quarterly update to the Extended Corporate Leadership Team (ECLT) on performance and risks (potentially as part of a PRS (Planning and Regulatory Service) wide performance report).	Director, Head of Service and Service Manager	31 March 2027
3 The Service should undertake an update of its workforce strategy to strengthen strategic workforce planning and ensure alignment with	Medium	Agreed. We have made arrangements with colleagues in Human Resources and Organisational Development to start a refresh of the existing environmental health workforce strategy	Head of Service and Service Manager – with input from HR and OD	31 December 2026

Recommendation	Priority	Management Comments	Responsible Officer	Agreed Completion Date
current and emerging service demands. This should include: • establishing a formal succession planning framework to identify critical roles, key skill dependencies, and associated risks, with clear mitigation actions such as rotation of roles and mentoring to broaden skills development; • updating workforce planning assumptions to reflect regulatory changes, anticipated workload trends, out-of-hours requirements, system administration requirements and available emerging technologies. • reviewing and updating the Service Risk Register to ensure that recorded mitigations accurately reflect current operational staffing arrangements.		We will look to identify and formalise mentoring opportunities and establish potential options for succession planning. We have notified our readiness to participate in a full review in line with the release of a new corporate framework for workforce planning. At a national level we are aware of the recruitment challenges facing the environmental health profession, and the absence in Scotland of undergraduate courses to train environmental health officers. We will therefore continue to engage with professional networks to lobby for additional routes to qualification to be provided.	colleagues as needed	
4 We recommend that the following features should be considered when procuring an upgraded or new system to support EH services. (Details within report at Section 5.9).	Medium	Agreed these items will be included within the scope of the new core system which we will be procuring over the next 18 months.	Head of Service and Service Manager in consultation with Procurement Officer	31 March 2027
5 The Service should maintain a central record of information sharing arrangements to ensure all agreements are identified, accessible and	Low	Agreed, a central record will be set up and we will continue to engage with the Information Governance team for advice	Service Manager	31 December 2026

Recommendation	Priority	Management Comments	Responsible Officer	Agreed Completion Date
subject to periodic review and used to monitor coverage across partners.		as to where future information sharing agreements may be helpful.		
6 We recommend that the EH service implement a similar control framework to manage operating procedures, as they are developed. When developing future policies, priority should be given to the most common service request types and where there is partnership working involving internal partners, development should involve joint-working to identify clear hand off arrangements and consideration of continuity arrangements where there is disruption to normal service delivery.	Low	Agreed, we will introduce a colour coded control framework to keep track of scheduled reviews of key policies and procedures etc.	Service Manager	31 December 2026
7 To further strengthen controls and support efficient use of resources, the Environmental Health Service should make use of the recent review of the FOI process and introduce periodic analysis to systematically identify trends and high-volume request themes. This can be used to further develop website content where required as a proactive strategy to minimise workload caused by significant levels of FOI requests.	Low	Agreed, we have already identified certain high volume FOI requests and placed information on the Council website to assist with these. We will periodically review other information requests to see if they suggest additional information would be helpful on the Council's website.	Service Manager with assistance from Directorate Support Team	31 March 2027

Key to Opinion and Priorities

Audit Opinion

Opinion	Definition
Substantial	The framework of governance, risk management and control were found to be comprehensive and effective.
Adequate	Some improvements are required to enhance the effectiveness of the framework of governance, risk management and control.
Limited	There are significant weaknesses in the framework of governance, risk management and control such that it could be or become inadequate and ineffective.
Unsatisfactory	There are fundamental weaknesses in the framework of governance, risk management and control such that it is inadequate and ineffective or is likely to fail.

Recommendations

Priority	Definition	Action Required
High	Significant weakness in governance, risk management and control that if unresolved exposes the organisation to an unacceptable level of residual risk.	Remedial action must be taken urgently and within an agreed timescale.
Medium	Weakness in governance, risk management and control that if unresolved exposes the organisation to a significant level of residual risk.	Remedial action should be taken at the earliest opportunity and within an agreed timescale.
Low	Scope for improvement in governance, risk management and control.	Remedial action should be prioritised and undertaken within an agreed timescale.