

Housing, Homelessness and Fair Work Committee

10am, Thursday, 3 June 2021

Internal Audit: Overdue Findings and Key Performance Indicators as at 10 February 2021 – referral from the Governance, Risk and Best Value Committee

Executive/routine
Wards
Council Commitments

1. For Decision/Action

- 1.1 The Governance, Risk and Best Value Committee has referred the attached report to the Housing, Homelessness and Fair Work Committee for information.

Andrew Kerr

Chief Executive

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Referral Report

Internal Audit: Overdue Findings and Key Performance Indicators as at 10 February 2021 – referral from the Governance, Risk and Best Value Committee

2. Terms of Referral

- 2.1 On the 23 March 2021 the Governance, Risk and Best Value (GRBV) Committee considered a report on Internal Audit Overdue Findings and Key Performance Indicators as at 10 February 2021, which provided an overview of the status of the overdue Internal Audit (IA) findings as at 10 February 2021. A total of 115 open IA findings remained to be addressed across the Council as at 10 February 2021. This included the one remaining historic finding and excluded open and overdue Internal Audit findings for the Edinburgh Integration Joint Board and the Lothian Pension Fund.
- 2.2 The Governance, Risk and Best Value Committee agreed:
- 2.2.1 To note the status of the overdue Internal Audit (IA) findings as at 10 February 2021.
- 2.2.2 To refer the report to the relevant Council Executive committees and the Edinburgh Integration Joint Board Audit and Assurance Committee for information in relation to the current Health and Social Care Partnership position.
- 2.2.3 To agree to revise the timescale on outstanding action 107 which had a 2024 close date to an earlier date.
- 2.2.4 To agree that the 30 outstanding actions which were over a year old would return to GRBV for scrutiny in May 2021 or later subject to the Chief Internal Auditor and Convenor of GRBV's discussion

3. Background Reading/ External References

- 3.1 [Governance, Risk and Best Value Committee – 23 March 2020– Webcast](#)
- 3.2 Minute of the Governance, Risk and Best Value Committee - 23 March 2021

4. Appendices

Appendix 1 – report by the Chief Internal Auditor

Governance, Risk and Best Value Committee

10:00am, Tuesday, 23 March 2021

Internal Audit: Overdue Findings and Key Performance Indicators as at 10 February 2021

Item number	
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1. Recommendations

- 1.1 It is recommended that the Committee:
- 1.1.1 notes the status of the overdue Internal Audit (IA) findings as at 10 February 2021; and,
 - 1.1.2 refers this paper to the relevant Council Executive committees and the Edinburgh Integration Joint Board Audit and Assurance Committee for information in relation to the current Health and Social Care Partnership position.

Lesley Newdall

Chief Internal Auditor

Legal and Risk Division, Resources Directorate

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Internal Audit: Overdue Findings and Key Performance Indicators as at 10 February 2021

2. Executive Summary

Open and overdue Internal Audit findings

- 2.1 Following the Corporate Leadership Team (CLT) decision to temporarily reallocate capacity within directorates to prioritise focus on the closure of IA findings in November 2021, IA has noted a consistent increase in the number of overdue findings and management actions now proposed for closure by management, mainly driven by the Place and Resource Directorates. However, this is offset by an ongoing increase in the overall number of findings and management actions becoming overdue.
- 2.2 During the period 30 October 2020 to 10 February 2021 a total of 29 findings (14 open and 15 overdue) and 72 management actions have been closed following review by IA, within a positive monthly trend evident in the number of management actions closed.
- 2.3 There has been no significant change in the historic ageing profile of overdue findings, although there is a consistent increase evident in the number of findings less than 90 days overdue and the number of management actions where the latest implementation date has been missed. This confirms that ongoing focus is required to ensure that future implementation dates are achieved and not missed.
- 2.4 Further detail on the monthly trends in open and overdue findings is included at Appendix 1.

Ownership

- 2.5 Ownership of open IA findings previously owned by the former Executive Director of Communities and Families and Head of Strategy and Communications have now been reallocated to relevant Senior Managers.

Current position as at 10 February 2021

- 2.6 A total of 115 open IA findings remain to be addressed across the Council as at 10 February 2021. This includes the one remaining historic finding and excludes open

and overdue Internal Audit findings for the Edinburgh Integration Joint Board and the Lothian Pension Fund.

- 2.7 With regard to resolution of the 26 historic overdue findings reopened in June 2018, only one overdue finding remains and validation of this is in progress.
- 2.8 During the period a total of 29 findings (14 open and 15 overdue) and 72 management actions have been closed across the Council following review by IA.
- 2.9 Of the 115 currently open IA findings:
 - 2.9.1 a total of 47 (41%) are open, but not yet overdue;
 - 2.9.2 68 (59%) are currently reported as overdue as they have missed the final agreed implementation dates. This reflects an increase of 11% in comparison to the October 2020 position (48%).
 - 2.9.3 68% of the overdue findings are more than six months overdue, reflecting a decrease of 4% in comparison to October 2020 (72%) with 24% aged between six months and one year and 44% more than one year overdue.
 - 2.9.4 evidence in relation to 20 of the 68 overdue findings is currently being reviewed by IA to confirm that it is sufficient to support closure; and
 - 2.9.5 48 overdue findings still require to be addressed.
- 2.10 The number of overdue management actions associated with open and overdue findings where completion dates have been revised more than once since July 2018 is 74, reflecting a decrease of 4 when compared to the October 2020 position. This excludes the four-month date extension that was applied to reflect the impact of Covid-19.

Key Performance Indicators

- 2.11 Recognising the impacts of Covid-19, IA key performance indicators (KPIs) have not been applied to audits completed by IA during the current plan year, however IA has noted an increase in the time required to agree and finalise IA reports.
- 2.12 It is also acknowledged that IA is currently taking longer to respond to increased volumes of requests to validate closure of management actions whilst progressing delivery of the 2020/21 annual plan.

3. Background

- 3.1 Overdue findings arising from IA reports are reported monthly to the Corporate Leadership Team (CLT) and quarterly to the GRBV Committee.
- 3.2 This report specifically excludes open and overdue findings that relate to the Edinburgh Integration Joint Board (EIJB) and the Lothian Pension Fund (LPF). These are reported separately to the EIJB Audit and Assurance Committee and the Pensions Audit Sub-Committee respectively.

- 3.3 Findings raised by IA in audit reports typically include more than one agreed management action to address the risks identified. IA methodology requires all agreed management actions to be closed in order to close the finding.
- 3.4 The IA definition of an overdue finding is any finding where all agreed management actions have not been evidenced as implemented by management and validated as closed by IA by the date agreed by management and IA and recorded in relevant IA reports.
- 3.5 The IA definition of an overdue management action is any agreed management action supporting an open IA finding that is either open or overdue, where the individual action has not been evidenced as implemented by management and validated as closed by IA by the agreed date.
- 3.6 Where management considers that actions are complete and sufficient evidence is available to support IA review and confirm closure, the action is marked as 'implemented' by management on the IA follow-up system. When IA has reviewed the evidence provided, the management action will either be 'closed' or will remain open and returned to the relevant owner with supporting rationale provided to explain what further evidence is required to enable closure.
- 3.7 A 'started' status recorded by management confirms that the agreed management action remains open and that implementation progress ongoing.
- 3.8 A 'pending' status recorded by management confirms that the agreed management action remains open with no implementation progress evident to date.
- 3.9 An operational dashboard has been designed to track progress against the key performance indicators included in the IA Journey Map and Key Performance Indicators document that was designed to monitor progress of both management and Internal Audit with delivery of the Internal Audit annual plan. The dashboard is provided monthly to the Corporate Leadership Team to highlight any significant delays that could potentially impact on delivery of the annual plan.

4. Main report

- 4.1 The 115 open IA findings across the Council have been split into the following two categories to enable separate monitoring and reporting of the historic findings that were reopened in June 2018:
 - 4.1.1 Current findings (114 in total) shows progress with findings raised, tracked, and reported on as part of the routine IA assurance cycle; and
 - 4.1.2 Historic overdue findings (1 in total) highlight progress with closure of the 26 historic findings that were reopened in June 2018.
- 4.2 A total of 68 open IA findings (67 current and 1 historic) are overdue.
- 4.3 The movement in open and overdue IA findings during the period 30 October 2020 to 10 February 2021 is as follows:

Analysis of changes between 30/10/20 and 10/02/2021					Analysis at 10/02/2021	
	Position 30/10/20	Added	Closed	Position 10/02/21	Current	Historic reopened
Open	126	3	(14)	115	114	1
Overdue	61	15	(8)	68	67	1

Current Overdue Findings

- 4.4 Of the 115 currently open findings, 68 (59%) comprising 19 High; 39 Medium; and 10 Low rated findings are now 'overdue'.
- 4.5 However, IA is currently reviewing evidence to support closure of 20 of these findings (6 High, 10 Medium and 4 Low), leaving a balance of 48 overdue findings (13 High; 29 Medium; and 6 Low) still to be addressed.

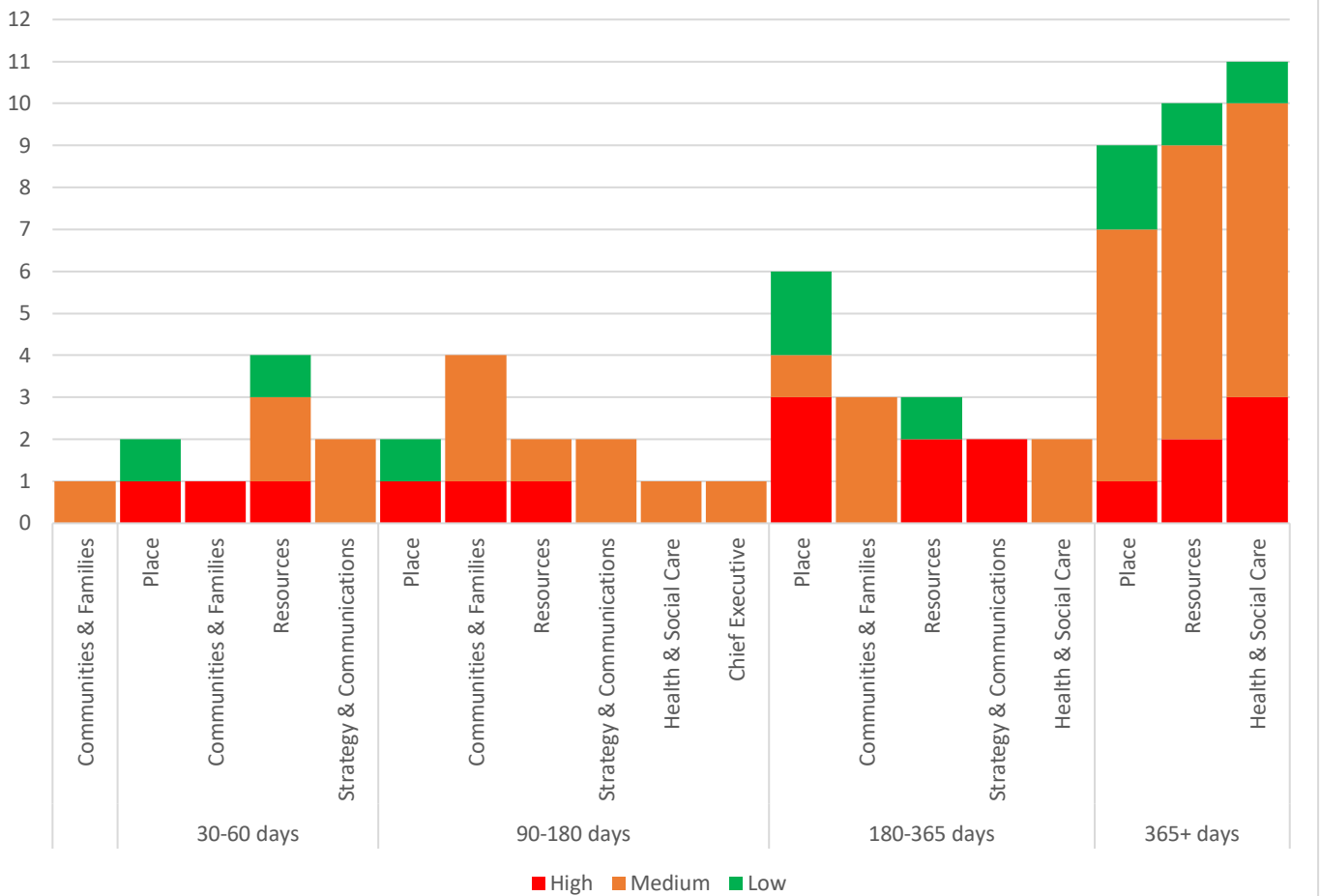
Historic Overdue Findings

- 4.6 IA is currently reviewing evidence recently provided to support closure of the one final remaining medium rated historic finding. This work will be completed by March 2021.

Overdue findings ageing analysis

- 4.7 Figure 1 illustrates the ageing profile of all 68 current and historic overdue findings by rating across directorates as at 10 February 2021.

Figure 1: Aged Overdue Findings by Ratings across Directorates



4.8 This analysis of the ageing of the 68 overdue findings outlined below highlights that Directorates continue to make good progress with resolving findings between six months and one-year overdue, as the proportion of those findings, has decreased. However, this is offset by an increase in the proportion of findings less than six months overdue across the quarter.

- 10 (14%) are less than 3 months (90 days) overdue, in comparison to 13% as at October 2020;
- 12 (18%) are between 3 and 6 months (90 and 180 days) overdue, in comparison to 15% as at October 2020;
- 16 (24%) are between 6 months and one year (180 and 365 days) overdue, in comparison to 28% as at October 2020; and,
- 30 (44%) are more than one year overdue, with no change in comparison to the position as at October 2020.

4.9 It should be noted that findings more than 180 days old include the one remaining medium rated historic finding to be closed (see 4.6 above) that is currently being reviewed by IA.

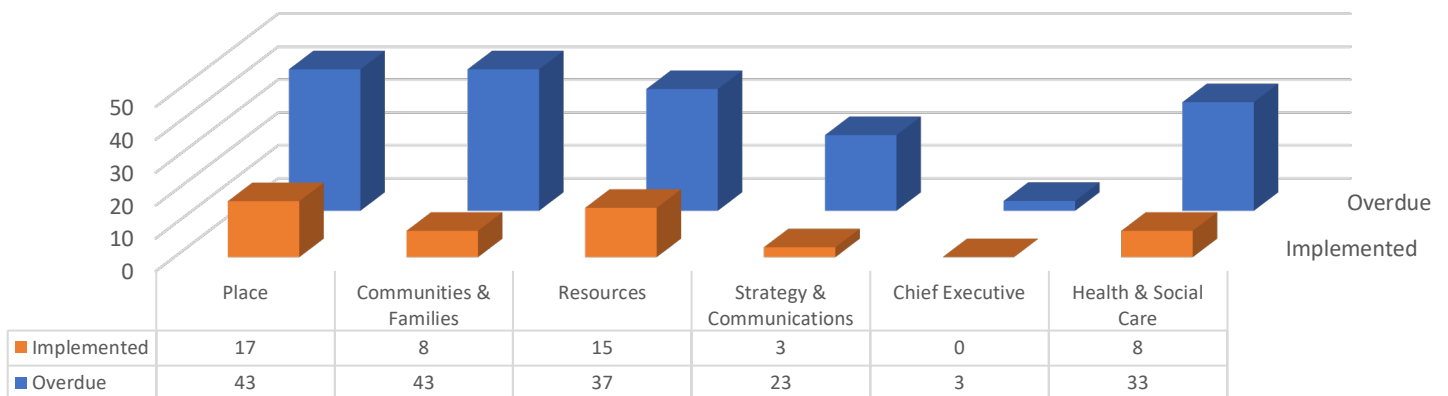
Findings Closed Based on Management's Risk Acceptance

- 4.10 One Low rated finding originally raised in the Waste and Cleansing Performance Management Framework audit completed in August 2019 has been closed by IA during the period where management has accepted a low of risk associated with the original IA finding.

Agreed Management Actions Analysis

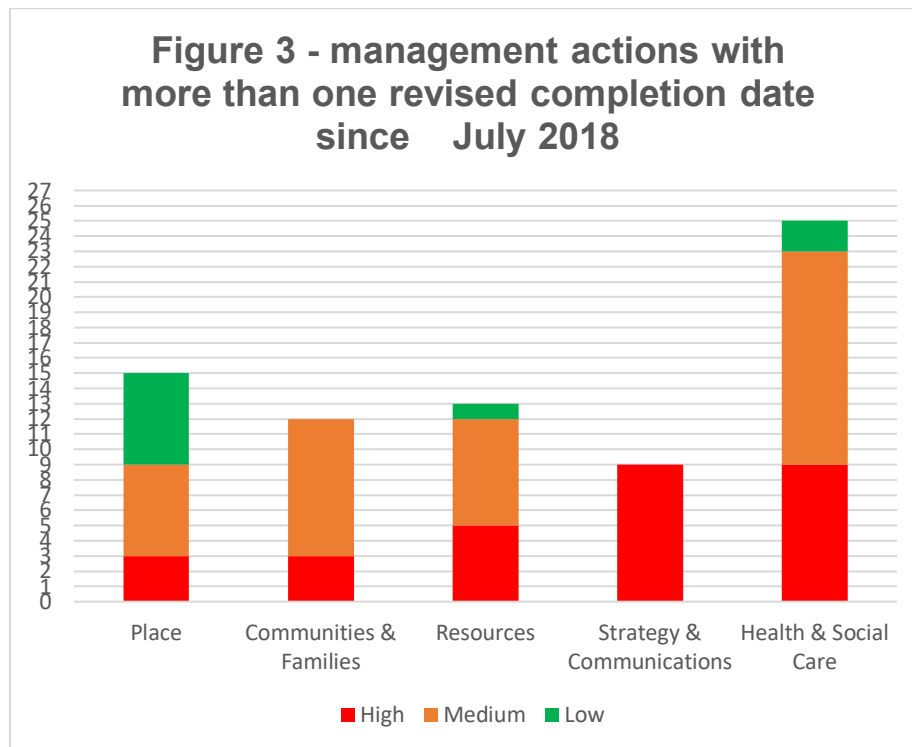
- 4.11 The 115 open IA findings are supported by a total of 315 agreed management actions. Of these, 182 (58%) are overdue as the completion timeframe agreed with management when the report was finalised has not been achieved. This reflects a 10% increase from the October 2019 position (48%).
- 4.12 Of the 182 overdue management actions, 51 have a status of 'implemented' and are currently with IA for review to confirm whether they can be closed, leaving a balance of 131 to be addressed.
- 4.13 Appendix 2 provides an analysis of the 182 overdue management actions highlighting:
- their current status as at 10 February 2021 with:
 - 51 implemented actions where management believe the action has been completed and it is now with IA for validation;
 - 102 started where the action is open, and implementation is ongoing; and
 - 29 pending where the action is open with no implementation progress evident to date.
 - 76 instances (42%) where the latest implementation date has been missed; and
 - 74 instances (41%) where the implementation date has been revised more than once.
- 4.14 Figure 2 illustrates the allocation of the 182 overdue management actions across Directorates, and the 51 that have been passed to IA for review to confirm whether they can be closed.

Figure 2: Overdue and Implemented Management Actions by Directorate



Revised Implementation Dates

- 4.15 Figure 3 illustrates that there are currently 74 open management actions (including those that are overdue) across directorates where completion dates have been revised between one and five times since July 2018. This number excludes the automatic extension applied by IA to reflect the impact of Covid-19.
- 4.16 This reflects a decrease of 4 in comparison to the position reported in October 2020 (78).
- 4.17 Of these 74 management actions, 29 are associated with High rated findings; 36 Medium; and 9 Low, with the majority of date revisions in Health and Social Care Partnership.



Key Performance Themes Identified from the IA Dashboard

- 4.18 The IA dashboard has not been applied in the current plan year as the Council continues to focus on its Covid-19 resilience response.

5. Next Steps

- 5.1 IA will continue to monitor the open and overdues findings position, providing monthly updates to the CLT and quarterly updates to the Governance, Risk and Best Value Committee.

6. Financial impact

- 6.1 There are no direct financial impacts arising from this report, although failure to close findings and address the associated risks in a timely manner may have some inherent financial impact.

7. Stakeholder/Community Impact

- 7.1 If agreed management actions supporting closure of Internal Audit findings are not implemented, the Council will be exposed to the service delivery risks set out in the relevant Internal Audit reports. Internal Audit findings are raised as a result of control gaps or deficiencies identified during reviews therefore overdue items inherently impact upon effective risk management, compliance and governance.
















8. Background reading/external references

- 8.1 [Internal Audit report - Historic Internal Audit Findings - May 2018 Committee - Item 7.3](#)
- 8.2 [Internal Audit: Overdue Findings and Key Performance Indicators at 30 October 2020 – Paper 8.3](#)

9. Appendices

- 9.1 Appendix 1 – Monthly Trend Analysis of IA Overdue Findings and Management Actions
- 9.2 Appendix 2 – Internal Audit Overdue Management Actions as at 10 February 2021

Appendix 1 – Monthly Trend Analysis of IA Overdue Findings and Management Action

	<u>30/10/2020</u>		<u>07/12/2020</u>		<u>11/01/2021</u>		<u>10/02/21</u>		<u>Trend</u>
IA Findings									
Open findings	126	100%	123	100%	119	100%	115	100%	Not applicable
Not yet due	65	52%	59	48%	45	38%	47	41%	Not applicable
Overdue findings	61	48%	64	52%	74	62%	68	59%	
Findings Closed (open and Overdue)	6	N/A	3	N/A	4	N/A	7	N/A	
Overdue - IA Validating	10	16%	12	19%	17	23%	20	30%	
High Overdue	18	30%	19	30%	23	31%	19	28%	
Medium Overdue	33	54%	36	56%	41	55%	39	57%	
Low Overdue	10	16%	9	14%	10	14%	10	15%	
<90 days overdue	8	13%	11	17%	16	22%	10	15%	
90-180 days overdue	9	15%	7	11%	9	12%	12	18%	
180-365 days overdue	17	28%	21	33%	20	27%	16	23%	
>365 days overdue	27	44%	25	39%	29	39%	30	44%	
Management Actions									
Open actions	376	100%	364	100%	340	100%	315	100%	Not applicable
Not yet due	197	52%	175	48%	138	41%	133	42%	Not applicable
Overdue actions	179	48%	189	52%	202	59%	182	58%	
Actions Closed (Open and Overdue)	10	N/A	12	N/A	27	N/A	33	N/A	
Overdue - IA Validating	20	11%	39	21%	52	26%	51	28%	
Latest date missed	44	25%	60	32%	73	36%	76	42%	
Date revised more than once	76	42%	86	46%	82	41%	74	41%	

Trend Analysis - key

	Adverse trend - action required
	Stable with limited change
	Positive trend with progress evident

No trend analysis is performed on open findings and findings that are not yet due as these numbers will naturally increase when new IA reports are finalised

Appendix 2 - Internal Audit Overdue Management Actions as at 10 February 2021

Glossary of terms

1. Project – This is the name of the audit report.
2. Owner – The Executive Director responsible for implementation of the action.
3. Issue Type – This is the priority of the audit finding, categorised as Critical; High; Medium; or Low
4. Issue – This is the name of the finding.
5. Status – This is the current status of the management action. These are categorised as:
 - Pending (the action is open and there has been no progress towards implementation),
 - Started (the action is open, and work is ongoing to implement the management action), and
 - **Implemented** (the service area believes the action has been implemented and this is with Internal Audit for validation).
6. Agreed Management action – This is the action agreed between Internal Audit and Management to address the finding.
7. Estimated date – the original agreed implementation date.
8. Revised date – the current revised date. **Red** formatting in the dates field indicates the last revised date is overdue.
9. Number of revisions – the number of times the date has been revised since July 2018. **Amber** formatting in the dates field indicates the date has been revised more than once.
10. Contributor – Officers involved in implementation of an agreed management action.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
1	<p>Policy Management Framework</p> <p>CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register</p> <p>Gavin King, Democracy, Governance and Resilience Senior Manager</p>	High	<p>CE1902 - 1.2c Policy Register review: Ongoing review of policy register – Strategy and Communications</p> <p>Implemented</p>	<p>A working group led by Strategy and Communications with representation from Internal Audit and each Directorate will be established to identify and implement a process to support timely review and upload of approved policies, and Integrated Impact Assessments (IIA) for inclusion within the online register. Following this, further actions to meet the recommendations will be communicated to all Directorates and Divisions.</p>	<p>Estimated Date: 30/11/2020</p> <p>Revised Date: 31/12/2020</p> <p>No of Revisions 1</p>	<p>Chris Peggie Donna Rodger Laura Callender Ross Murray</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
2	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	High	<p>CF1901: Issue 1.1(a) - Review of Schools Admissions Policy</p> <p>Implemented</p>	<p>Following review, the policy will be presented to the Education, Children and Families committee for review and approval. The Executive Director of Communities & Families will be the policy owner, with the Senior Education Officer responsible for operational review and oversight.</p>	<p>Estimated Date: 30/04/2020</p> <p>Revised Date: 31/12/2020</p> <p>No of Revisions 1</p>	<p>Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie</p>
3	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	High	<p>CF1901: Issue 1.2 - Review & Update of School Websites</p> <p>Implemented</p>	<p>A communication will be issued to all schools to request a review of their school website to ensure: current academic year handbooks are published; links to relevant content on the Council website remain current; only standard approved Council forms are published; and all privacy notices published on School websites are directly linked to the Council's statement.</p>	<p>Estimated Date: 31/12/2020</p> <p>Revised Date: 01/05/2021</p> <p>No of Revisions 0</p>	<p>Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
4	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals</p> <p>Gavin King, Democracy, Governance and Resilience Senior Manager</p>	High	<p>CF1901 Issue 2.1(b): Committee on Pupil Student Support Remit, Review & Recording of Outcomes</p> <p>Implemented</p>	<p>Decisions and outcomes of the annual meeting of the Committee on Pupil Student Support will be documented, and a process implemented to ensure that the outcomes are addressed by the Council. Consideration will be given to reviewing and updating the remit of the Committee. Committee members will be provided with training and support to enable them to fulfil their role in line with the agreed remit.</p>	<p>Estimated Date: 30/06/2020</p> <p>Revised Date: 30/11/2020</p> <p>No of Revisions 1</p>	<p>Andy Gray Arran Finlay Donna Rodger Hayley Barnett Lesley Birrell Nickey Boyle Ruth Currie</p>
5	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 5: Provision of Training & Support</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	Medium	<p>CF1901 Issue 5: Induction and annual refresher training programme</p> <p>Implemented</p>	<p>Following conclusion of the working group, Communities and Families will develop a programme of training which includes input across all services areas involved will be designed and delivered to schools' senior leadership teams to ensure that they are aware of and understand: Revised policy and procedures where relevant Applicable legislative and regulatory requirements and Council policies The end to end capacity planning, admissions and appeals process, including management of waiting lists Roles, responsibilities and accountabilities of all teams involved in the process Data access, security, and retention requirements Conflicts of interest requirements Parent and carer engagement guidance Details of ongoing support and information available to manage capacity planning in relation to late placing requests and</p>	<p>Estimated Date: 31/10/2020</p> <p>Revised Date: 01/03/2021</p> <p>No of Revisions 0</p>	<p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
				upheld appeals, including timetabling and accommodation adjustments		
6	<p>Records Management - LAAC</p> <p>CW1705 Issue 1: Project file review process</p> <p>Bernadette Oxley, Head of Children's Services</p>	Medium	<p>CW1705 Issue 1.1: Review and Refresh of the project file review process.</p> <p>Implemented</p>	<p>Agreed actions will be implemented as recommended by Internal Audit. The project team will work to an end of January date for implementation of the quality assurance within the project team with an end of February date for Internal Audit to review the process applied.</p>	<p>Estimated Date: 28/02/2020</p> <p>Revised Date: 31/12/2020</p> <p>No of Revisions 3</p>	<p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed Gillie Severin John Arthur Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir</p>
7	<p>Records Management - LAAC</p> <p>CW1705 Issue 1: Project file review process</p> <p>Bernadette Oxley, Head of Children's Services</p>	Medium	<p>CW1705 Issue 1.2: Process communication and training</p> <p>Implemented</p>	<p>Agreed actions will be implemented as recommended by Internal Audit. The project team will work to an end of January date for implementation of quality assurance within the project team with an end of February date for Internal Audit to review the process applied.</p>	<p>Estimated Date: 28/02/2020</p> <p>Revised Date: 31/12/2020</p> <p>No of Revisions 2</p>	<p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed Gillie Severin John Arthur Louise McRae Nickey Boyle Nicola Harvey Stephen Moir</p>
8	<p>Historic Unimplemented Findings</p> <p>MIS1601 - issue 1 Budgetary Impact</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Recommendation 1 - Budgetary Impact</p> <p>Implemented</p>	<p>The R&M budget for 2016/17 will be closely monitored as services are now procured direct from suppliers and an imbedded due diligence process has been developed. This will inform the budget setting process, but it should, however, be noted that this has historically been based on availability and not need.</p>	<p>Estimated Date: 31/03/2017</p> <p>Revised Date: 29/06/2018</p> <p>No of Revisions 0</p>	<p>Audrey Dutton Gohar Khan Layla Smith Michelle Vanhegan Murdo MacLeod Peter Watton</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
9	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer	Medium	CW1806 Issue 1.1(2): ATEC 24 Review of Operational Processes - Call Prioritisation Implemented	2. Call prioritisation procedures will be designed and implemented, including recording the rationale for call prioritisation and delivery of training to staff. A review schedule for these procedures will be implemented with the last review date and date of next scheduled review clearly identifiable i.e. every 3 years.	Estimated Date: 29/11/2019 Revised Date: 01/02/2021 No of Revisions 2	Angela Ritchie Craig O'Donnell Tom Cowan
10	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer	Medium	CW1806 Issue 1.4(1): ATEC 24 Quality Assurance Framework - Methodology Implemented	1. A documented quality assurance process aligned to Technology Enabled Care Services Association (TSA) guidelines will be developed and communicated for call handling and response visits. The process will include quality assurance roles and responsibilities, frequency and scope of quality assurance checks, sampling methodologies to be applied.	Estimated Date: 30/04/2020 Revised Date: 01/02/2021 No of Revisions 2	Angela Ritchie Craig O'Donnell Tom Cowan
11	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer	Medium	CW1806 Issue 1.4(2): ATEC 24 Quality Assurance Framework - Application Implemented	2. Quality assurance outcomes will be linked to supervision and training and performance objectives, with regular one to ones scheduled to ensure action is taken to address any competence issues or gaps identified.	Estimated Date: 30/04/2020 Revised Date: 01/02/2021 No of Revisions 2	Angela Ritchie Craig O'Donnell Tony Duncan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
12	Emergency Prioritisation & Complaints CW1806 Issue 2: ATEC 24 Customer Engagement Judith Proctor, Chief Officer	Low	CW1806 Issue 2.1(1): ATEC 24 Customer Feedback - Implementation of Process Implemented	1. Feedback processes to obtain input from service users will be implemented. These should be incorporated into a continuous improvement programme for service delivery, with improvement actions appropriately allocated and monitored.	Estimated Date: 31/01/2020 Revised Date: 01/02/2021 No of Revisions 2	Angela Ritchie Craig O'Donnell Tom Cowan
13	Emergency Prioritisation & Complaints CW1806 Issue 2: ATEC 24 Customer Engagement Judith Proctor, Chief Officer	Low	CW1806 Issue 2.1(2): ATEC 24 Customer Feedback - Tracking and Communication Implemented	2. Benefits and service improvements made as a result of customer feedback will be tracked and communicated both externally to customers, and internally to the service.	Estimated Date: 31/01/2020 Revised Date: 01/02/2021 No of Revisions 2	Angela Ritchie Craig O'Donnell Tom Cowan
14	ICT System Access Rights CW1809 Financial Systems Access Controls - Development of Overarching Action plan Stephen Moir, Executive Director of Resources	High	CW1809 - Development of Overarching Action plan Implemented	Digital Services has confirmed that they will own the findings raised from this review and will work (in conjunction with other divisions such as information governance; finance; and human resources) to create an appropriate action plan to address the risks identified. The action plan will initially focus only on the Council's key financial systems and will consider all of the recommendations made by Internal Audit in this report. It is also acknowledged that the risks that have been highlighted are not exclusively limited to financial systems and could also extend to the Health and Social Care Partnership (the Partnership). Consequently, the action plan will include guidance to be applied by all system administrators across the	Estimated Date: 28/02/2020 Revised Date: 01/07/2020 No of Revisions 0	Alison Roarty Heather Robb Layla Smith Michelle Vanhegan Nicola Harvey

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
				<p>Council. This will be communicated and shared with the expectation that it will be applied across all systems and divisions, including those that deliver services on behalf of and provide support to the Partnership. Following distribution of the guidance, discussions will be held with Internal Audit to determine whether the remaining systems used across the Council should be subject to a separate audit to confirm whether the user administration guidance is being consistently applied. Once the plan has been prepared and resources to support implementation identified and agreed with relevant divisions, timeframes for implementation of individual system plan actions will be discussed and agreed with Internal Audit. The plan will be prepared by March 2020.</p>		

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
15	<p>Digital Services Change Initiation</p> <p>CW1901 Change Initiation: Issue 1 - Inconsistencies in the change management processes</p> <p>Stephen Moir, Executive Director of Resources</p>	<p>Medium</p>	<p>CW1901: Recommendation 1.2.1 - Review of service levels for CGI review and response to change requests</p> <p>Implemented</p>	<p>Service levels for CGI review of and responses to change requests will be reviewed and consideration given to implementing the following changes where this is possible within the terms of the current contract: creating bespoke service levels for individual complex change requests with any additional costs associated with bespoke service levels incorporated into the cost of the change request. Where bespoke service levels are agreed, a process will be established to ensure that these are communicated to both Digital Services and the change requestor. CGI and the Council will also consider and implement (if appropriate) an initial review of change requests to confirm that they are of an acceptable level of quality and include sufficient information to support an initial assessment of the requirement for a Data Privacy Impact Assessment prior to acceptance. Progress against delivery of both standard and bespoke service levels for CGI review of and response to change requests will continue to be monitored by both the Council and CGI via established governance processes.</p>	<p>Estimated Date: 31/12/2020</p> <p>Revised Date:</p> <p>No of Revisions 0</p>	<p>Alison Roarty Derek Masson Heather Robb Jackie Galloway Layla Smith Michelle Vanhegan Nicola Harvey</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
16	<p>Digital Services Change Initiation</p> <p>CW1901 Change Initiation: Issue 1 - Inconsistencies in the change management processes</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>CW1901: Recommendation 1.2.2 - Defined point for assessment for DPIAs for simple changes</p> <p>Implemented</p>	<p>A clearly defined point for assessment of the requirement for Data Privacy Impact Assessments (DPIAs) for simple changes will be agreed; incorporated within the change request process (Remedy submission forms); and consistently applied.</p>	<p>Estimated Date: 31/12/2020 Revised Date:</p> <p>No of Revisions 0</p>	<p>Alison Roarty Derek Masson Heather Robb Jackie Galloway Layla Smith Michelle Vanhegan Nicola Harvey</p>
17	<p>Brexit impacts - supply chain management</p> <p>CW1905 Issue 1: Divisional and Directorate Brexit supply chain management risks</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>CW1905 Rec. 1.1d: Health and Social Care Partnership - Divisional and directorate supply chain management</p> <p>Implemented</p>	<p>As discussed and agreed at the Corporate Leadership Team (CLT) on 29th July 2020, these findings will be implemented as recommended by Internal Audit and in line with an earlier CLT decision (8 July 2020) that the most significant corporate concurrent risks (including Brexit supply chain risks) that could potentially impact the Council will be identified by October 2020. It is acknowledged that divisional and directorate supply chain risks will need to be identified to support this process.</p>	<p>Estimated Date:30/10/2020 Revised Date: No of Revisions0</p>	<p>Angela Ritchie Moir Pringle Tom Cowan Tony Duncan</p>
18	<p>Validation Review 2019/20</p> <p>CW1909 Issue 2: Communities and Families – Complaints received by Helpline</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	Medium	<p>CW1909 Recommendation 2.1.1 - Roles and Responsibilities for managing complaints helpline</p> <p>Implemented</p>	<p>Access to the complaints database will be arranged for all team members involved in the complaint handling process with supporting files saved in secured shared drives. Contingency access arrangements will also be developed and implemented.</p>	<p>Estimated Date: 31/01/2021 Revised Date:</p> <p>No of Revisions 0</p>	<p>Claire Thompson Michelle McMillan Nickey Boyle</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
19	<p>Validation Review 2019/20</p> <p>CW1909 Issue 2: Communities and Families – Complaints received by Helpline</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	Medium	<p>CW1909 Recommendation 2.1.2 - Transferring temporary complaints records and updating performance statistics</p> <p>Implemented</p>	<p>The complaints cases that were recorded on the temporary spreadsheet will be transferred to the complaints database and the performance statistics retrospectively updated. Management will also be advised of any significant changes in performance statistic resulting from the retrospective update.</p>	<p>Estimated Date: 31/01/2021</p> <p>Revised Date:</p> <p>No of Revisions 0</p>	<p>Claire Thompson Michelle McMillan Nickey Boyle</p>
20	<p>Life Safety</p> <p>CW1910 - Life safety: Issue 4 Housing Property Services – fire and water safety processes</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Low	<p>CW1910 Rec. 4.1.2 Housing Property Services – fire safety inspections in low rise properties</p> <p>Implemented</p>	<p>Housing Property Services will investigate the feasibility of implementing a technology solution to enable recording of the outcomes of fire inspections in low rise buildings where the Council has responsibility with Digital Services. If a solution is feasible, a change request for implementation of the new system will be prepared and submitted to CGI, the Council's technology partner.</p>	<p>Estimated Date: 18/12/2020</p> <p>Revised Date:</p> <p>No of Revisions 0</p>	<p>Alison Coburn Alistair Latona Michael Thain Patricia Blore Willie Gilhooly</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
21	<p>Drivers - findings only report</p> <p>1: Completion of Driver Licence checks</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>1.2 - Agreed Management Action – Establish an accurate population of Council drivers</p> <p style="background-color: green; color: black; text-align: center;">Implemented</p>	<p>1. An e mail will be prepared and issued by the Executive Director of Place. This will include an explanation of the requirement for Council vocational and grey fleet drivers to complete and return the DVLA driver licence check permissions forms to Fleet Services and include a date for completion. The e mail will also reinforce the escalation process to be applied where that driving permission forms are not received and will confirm that driver permits will be revoked where completed forms are not returned on time. 2. Fleet services will engage with the Business Hub team within Strategy and Communications and to determine what support can be provided to enable effective resolution of the current position and the nature of ongoing support required. 3. This action is already in progress as a number of leavers have now been removed from the Fleet Services Tranman driver database. Once all permission forms have been received, a full reconciliation will be performed. Subsequent reconciliations will then be performed monthly and will be moved to quarterly if no significant issues are experienced. 4. Reports are currently received monthly from the Business Hub (Strategy and Communications) and Per Temps for agency workers, but these include all leavers and do not specifically highlight those who are drivers. As part of our engagement with the Strategy and Communications</p>	<p>Estimated Date: 01/11/2020</p> <p>Revised Date: 01/03/2021</p> <p>No of Revisions 0</p>	<p>Alison Coburn David Givan Gareth Barwell George Gaunt Graeme Hume Nicole Fraser Scott Millar</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
				<p>Business Hub, we will determine whether leaver reports can be provided that include details of vocational and grey fleet drivers. If this is not possible, we will engage with Continuous Improvement to determine whether it is possible to design and implement an electronic process that compares the employee data in the leavers reports with the data retained in the Fleet Services Tranman driver database to identify those leavers who are drivers. If this is not possible, a manual comparison will continue to be performed and leavers who are drivers will be removed from the Tranman database and advised to Davis</p> <p>5 and 6 - Once the data cleanse and reconciliation has been performed, the Council will have an accurate record of all known vocational, grey fleet, and agency drivers that details where checks have been performed and permits issued. The ongoing reconciliation to be performed at 2 above will ensure that this remains complete and accurate 7. E Davis will perform the licence checks as soon as permission forms are received by them. Davis also provides management information in relation to permissions that are due to expire. MI re permissions that are due to expire.</p>		

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
22	<p>Drivers - findings only report</p> <p>1: Completion of Driver Licence checks</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>1.3 - Driver permit revocation</p> <p>Implemented</p>	<p>1. A standard reminder e mail will be prepared by the Head of Place Development and issued to employees and their line managers where permission forms have not been received 10 days prior to their expiry. 2. The e mail will highlight that driver permits will be revoked if they are not received by the required date, and employees and line managers will be made aware that they are no longer eligible to drive for the Council and 9for vocational and agency drivers) that they are no longer covered by Council insurance. 3. and 4 Permits will be revoked where permission forms are not received on time and e mail confirmation provided to employees and line managers reminding them that they can no longer drive on behalf of the Council.</p>	<p>Estimated Date: 04/05/2020</p> <p>Revised Date: 29/01/2021</p> <p>No of Revisions 1</p>	<p>Alison Coburn David Givan Gareth Barwell George Gaunt Graeme Hume Nicole Fraser Scott Millar</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
23	<p>Unsupported Technology (Shadow IT) and End User Computing</p> <p>CW1914 Issue 1: Digital strategy and governance</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>CW1914 Rec 1.3 - Architectural roadmap</p> <p>Implemented</p>	<p>The digital strategy will be supported by a digital roadmap. The roadmap will be designed to understand both existing and future technology system requirements across Council directorates and divisions, including existing shadow IT systems and the potential future use of shadow IT to support ongoing service delivery. This road map will be prepared in consultation with divisions and directorates. A process will be established to ensure that all new technology procurement requests are considered by the enterprise architecture governance forum together with the register of shadow IT to inform final procurement / system development decisions. This will include a RACI document that clearly defines who should be responsible; accountable; consulted; and informed for all relevant aspects of enterprise architecture governance between the Council and its technology partners CGI.</p>	<p>Estimated Date: 17/12/2020</p> <p>Revised Date:</p> <p>No of Revisions 0</p>	<p>Alison Roarty Heather Robb Layla Smith Michelle Vanhegan Mike Bell Nicola Harvey</p>
24	<p>Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management</p> <p>Risk and Supplier Performance Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Rec 1 - Risk Management</p> <p>Implemented</p>	<p>A contracts management risk register will be developed describing, prioritising, and addressing risks to delivery. The risk register will be shared with and approved by the Core group by January 2018. The risk register will be refreshed quarterly and reviewed by the Core Group.</p>	<p>Estimated Date:30/03/2018</p> <p>Revised Date:01/03/2021</p> <p>No of Revisions 4</p>	<p>Angela Ritchie David Williams Tony Duncan</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
25	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Key Person Dependency and Process Documentation Judith Proctor, Chief Officer	Medium	Rec 5 - Records Management Policy Implemented	Records retention policy: Direction will be requested from the Information Governance team in relation to Records Management Policy requirements and how they should be applied to retention, archiving and destruction of contract management information. Any lessons learned will be shared with the Health and Social Care contracts management team.	Estimated Date: 30/03/2018 Revised Date: 01/02/2021 No of Revisions 5	Angela Ritchie David Williams Tony Duncan
26	Non-Housing Invoices Schedule of Rates Stephen Moir, Executive Director of Resources	Medium	New non-housing contractor framework Implemented	The non-Housing contractor framework will be re-tendered during 2017. The inclusion of detailed best-value and due-diligence options will be considered as part of the process. This may include schedule of rates, gain share, penalties etc or a combination.	Estimated Date: 31/08/2017 Revised Date: 31/03/2019 No of Revisions 2	Audrey Dutton Gohar Khan Layla Smith Mark Stenhouse Michelle Vanhegan Murdo MacLeod Peter Watton
27	Non-Housing Invoices Availability of documentation Stephen Moir, Executive Director of Resources	Medium	CAFM Implemented	It is anticipated that CAFM will be in operational use (services being implemented on a rolling programme thereafter) in early 2017 with a non-Housing R&M implementation process in place for FY 2017/18	Estimated Date: 01/04/2017 Revised Date: 31/08/2018 No of Revisions 1	Audrey Dutton Gohar Khan Layla Smith Michelle Vanhegan Murdo MacLeod Peter Watton
28	Local Development Plan Financial Modelling Paul Lawrence, Executive Director of Place and SRO	High	Funding Implemented	Challenge of infrastructure proposals will be performed at the LDP Action Programme oversight group. Complete and agree Financial Model of 2018 LDP Action Programme Annual Report to CLT and F&R Committees Prepare update to Financial Model in line with next LDP project plan.	Estimated Date: 31/03/2018 Revised Date: 01/10/2020 No of Revisions 2	Alison Coburn Claire Duchart David Leslie David Givan George Gaunt Kate Hopper Michael Thain Sandra Harrison

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
29	<p>Planning and S75 Developer Contributions</p> <p>Ongoing management of developer contributions</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>PL1802 Iss 3 Rec 3.2</p> <p>Ongoing maintenance of developer contributions</p> <p>Implemented</p>	All recommended actions will be implemented as set out above (in IA recommendations).	<p>Estimated Date: 30/09/2020</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 0</p>	<p>Alison Henry</p> <p>Annette Smith</p> <p>Hugh Dunn</p> <p>Layla Smith</p> <p>Michelle Vanhegan</p> <p>Rebecca Andrew</p>
30	<p>HMO Licensing</p> <p>PL1803 Issue 1 Licensing system - Data Integrity and Performance Issues</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>PL1803 Issue 1.2</p> <p>Escalation of system issues</p> <p>Implemented</p>	The Place Directorate has previously reported on operational performance issues to the Regulatory Committee in 2018. The Place Directorate will include a full assessment of system issues with APP within a wider performance report due to be submitted to Regulatory Committee in the last quarter of 2019/20. This report will include an update on proposed project plan for APP Cx	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 31/03/2021</p> <p>No of Revisions 1</p>	<p>Alison Coburn</p> <p>Andrew Mitchell</p> <p>David Givan</p> <p>George Gaunt</p> <p>Grace McCabe</p> <p>Isla Burton</p> <p>Michael Thain</p> <p>Sandra Harrison</p>
31	<p>HMO Licensing</p> <p>PL1803 Issue 3 - Operational Performance and Reporting</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>PL1803 Issue 3.6</p> <p>HMO Key Performance Indicators and Performance Reporting</p> <p>Implemented</p>	The Regulatory Committee were previously advised that HMO performance data would be excluded whilst the Licencing introduced the significant change of moving towards a three-year licensing system. Performance reports therefore only included Civic and Taxi data in the period 2015-2018. Licencing will be reporting to Regulatory Committee on the first cycle of three-year licencing for HMO's prior to the setting of Licensing Fees for 2020/21 in early 2020. The Directorate will include within that report relevant performance data and make recommendations for	<p>Estimated Date: 31/01/2020</p> <p>Revised Date: 01/06/2020</p> <p>No of Revisions 0</p>	<p>Alison Coburn</p> <p>Andrew Mitchell</p> <p>David Givan</p> <p>George Gaunt</p> <p>Grace McCabe</p> <p>Isla Burton</p> <p>Michael Thain</p> <p>Sandra Harrison</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
				approval for performance targets ongoing performance targets.		
32	<p>Waste & Cleansing Services - Performance Management Framework</p> <p>PL1807 Issue 1: Waste and Cleansing Performance Management Framework</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Low	<p>PL1807 1.3 Waste and Cleansing Policy</p> <p>Implemented</p>	The Policy Handbook will not be updated to reflect items suitable for inclusion in residual waste bins as it is not updated frequently enough to ensure that this information would be up to date and accurate. A clearer link to the Scottish Government's Code of Practice on Litter and Refuse guidance will be included in all customer communications and on the website.	<p>Estimated Date: 27/12/2019</p> <p>Revised Date: 01/11/2020</p> <p>No of Revisions 1</p>	<p>Alison Coburn</p> <p>Andy Williams</p> <p>David Givan</p> <p>Gareth Barwell</p> <p>George Gaunt</p>
33	<p>Road Services Improvement Plan</p> <p>PL1808 Issue 4. Roads - Management of public liability claims</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Low	<p>PL1808 - 4.1 Management of public liability claims</p> <p>Implemented</p>	A new process will be developed within the Confirm system which requires reconciliation between accident claim enquiries and those logged on the Local Authority Claims Handling System (LACHS) system.	<p>Estimated Date: 28/05/2020</p> <p>Revised Date: 31/12/2020</p> <p>No of Revisions 1</p>	<p>Alison Coburn</p> <p>Cliff Hutt</p> <p>David Givan</p> <p>Gareth Barwell</p> <p>Gavin Brown</p> <p>George Gaunt</p> <p>Jamie Watson</p> <p>Jordan Walker</p> <p>Nicole Fraser</p> <p>Sean Gilchrist</p>
34	<p>Road Services Improvement Plan</p> <p>PL1808 Issue 4. Roads - Management of public liability claims</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Low	<p>PL1808 - 4.2 Management of public liability claims</p> <p>Implemented</p>	Quarterly meetings will be arranged between the Safety Inspection team and the Insurance team to identify trends and areas of focus. This process will be designed and implemented by the Team Leader, Safety Inspections to be appointed as part of the ongoing restructure.	<p>Estimated Date: 30/04/2020</p> <p>Revised Date: 31/12/2020</p> <p>No of Revisions 1</p>	<p>Alison Coburn</p> <p>Cliff Hutt</p> <p>David Givan</p> <p>Gareth Barwell</p> <p>Gavin Brown</p> <p>George Gaunt</p> <p>Jamie Watson</p> <p>Nicole Fraser</p> <p>Sean Gilchrist</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
35	<p>Street Lighting and Traffic Signals</p> <p>Street Lighting - Inventory and Maintenance</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>PL1810 Issue 2: Rec 1 - Street lighting inventory completeness and electrical testing results</p> <p style="background-color: #00FF00; display: inline-block; padding: 2px;">Implemented</p>	<p>Clear processes will be designed and implemented to ensure that: all street lighting additions and removals are accurately recorded on Confirm; electrical testing outcomes are completely and accurately recorded on Confirm; and progress with testing is accurately monitored and reconciled. These processes will be included in the Street Lighting Operational Guide (developed under Finding No 3 below). With this action being inextricably linked with the ongoing Energy Efficient Street Lighting Programme, implementation will be phased (on a Ward by Ward basis) within six months of completion of each Ward within the Programme, with full completion by 30 June 2022. It has been agreed with Internal Audit that an implementation date of 20 December 2019 has been agreed with Internal Audit, enabling them to perform sample testing across the wards that have been completed at that time.</p>	<p>Estimated Date:20/12/2019</p> <p>Revised Date:01/02/2021</p> <p>No of Revisions</p> <p style="font-size: 1.2em;">3</p>	<p>Alan Simpson Alison Coburn Claire Duchart Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Lindsey McPhillips Nicole Fraser Robert Mansell Tony Booth</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
36	<p>Street Lighting and Traffic Signals</p> <p>Street Lighting - Inventory and Maintenance</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>PL1810 Issue 2: Rec 2 - Street Lighting Inventory Checks</p> <p>Implemented</p>	<p>The processes (designed and implemented above) will include a monitoring arrangement, with quarterly checks made to confirm the completeness and accuracy of the inventory in Confirm. With this action being inextricably linked with the ongoing Energy Efficient Street Lighting Programme, implementation will be phased (on a Ward by Ward basis) within six months of completion of each Ward within the Programme, with full completion by 30 June 2022. It has been agreed with Internal Audit that an implementation date of 20 December 2019 has been agreed with Internal Audit, enabling them to perform sample testing across the wards that have been completed at that time.</p>	<p>Estimated Date: 20/12/2019</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 3</p>	<p>Alan Simpson Alison Coburn Claire Duchart Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Lindsey McPhillips Nicole Fraser Robert Mansell Tony Booth</p>
37	<p>Property Maintenance</p> <p>Monitoring of outstanding jobs</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Monitoring of outstanding jobs</p> <p>Implemented</p>	<p>The AS400 system does not allow recoding or reporting on completion until invoice stage. Contractors are already confirming when jobs complete to agreed SLAs (M&E in particular). This includes outstanding jobs. New contracts being procured will require all contracts to report on performance, but this is not anticipated to be complete until end 2017 by which time CAFM will also be in place. CAFM will support monitoring of outstanding works orders. In the meantime, as noted in Finding 2, an interim monitoring/tracking process has been developed for condition survey high risk/urgent items</p>	<p>Estimated Date: 31/12/2017</p> <p>Revised Date: 31/05/2019</p> <p>No of Revisions 3</p>	<p>Audrey Dutton Gohar Khan Layla Smith Mark Stenhouse Michelle Vanhegan Murdo MacLeod Peter Watton</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
38	<p>Drivers</p> <p>Management and use of Driver Permits and fuel FOB cards</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Management and use of Driver Permits and Fuel FOB cards Rec 4</p> <p>Implemented</p>	Fleet Services will perform an exercise to remove all historic leavers from their database and advise the external third party who performs the annual licence checks to ensure that no subsequent checks are performed on former employees;	<p>Estimated Date: 01/02/2019</p> <p>Revised Date: 01/03/2021</p> <p>No of Revisions 3</p>	<p>Alison Coburn</p> <p>Claire Duchart</p> <p>David Givan</p> <p>Gareth Barwell</p> <p>George Gaunt</p> <p>Katy Miller</p> <p>Martin Young</p> <p>Nicole Fraser</p> <p>Scott Millar</p> <p>Steven Wright</p>
39	<p>Drivers</p> <p>Recording and addressing driving incidents</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recording and addressing driving incidents Rec 3</p> <p>Implemented</p>	Quarterly analysis of driving incidents will be performed and provided to Service Areas with a request that any recurring themes or root causes are incorporated into ongoing driver training;	<p>Estimated Date: 01/02/2019</p> <p>Revised Date: 01/12/2020</p> <p>No of Revisions 2</p>	<p>Adam Fergie</p> <p>Alison Coburn</p> <p>Claire Duchart</p> <p>David Givan</p> <p>Gareth Barwell</p> <p>George Gaunt</p> <p>Katy Miller</p> <p>Martin Young</p> <p>Nicole Fraser</p> <p>Scott Millar</p> <p>Steven Wright</p>
40	<p>Cyber Security - Public Sector Action Plan</p> <p>RES1808: Issue 1: Critical Operational Cyber Security Controls</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>RES1808: Issue 1: Recommendation 4.1 - User access controls</p> <p>Implemented</p>	CGI indicated that the full recommendations made by the external auditor could not be implemented without significant change to the contract and at a notable additional cost. CGI provided the Council and the External Auditors with details of the current oversight of the CGI Wintel and UNIX password policies. Current ongoing evidence of this oversight via the Security Working Group will be provided to external audit, a statement confirming the risk acceptance by the Executive Director of Resources will be prepared,	<p>Estimated Date: 31/05/2019</p> <p>Revised Date: 01/10/2019</p> <p>No of Revisions 0</p>	<p>Alison Roarty</p> <p>Heather Robb</p> <p>Layla Smith</p> <p>Michelle Vanhegan</p> <p>Mike Brown</p> <p>Nicola Harvey</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
				approved, signed, and provided to Scott Moncrieff.		
41	<p>Supplier Management Framework and CIS Payments</p> <p>RES1809 Issue 1: Contract Management by Directorates and Service Areas</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>RES1809 Issue 1.1(4): Completeness and accuracy of the contract register - Place</p> <p>Implemented</p>	Place A recent review of the contracts register was carried out. However, an annual review of the contracts register will be undertaken to ensure that the Council's contracts register is completely and accurately populated for all Place contracts, with contract tiering assessments and accurate contract manager details included.	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 31/12/2020</p> <p>No of Revisions 1</p>	<p>Alison Coburn</p> <p>David Givan</p> <p>Gareth Barwell</p> <p>George Gaunt</p> <p>Lynne Halfpenny</p> <p>Michael Thain</p>
42	<p>Supplier Management Framework and CIS Payments</p> <p>RES1809 Issue 1: Contract Management by Directorates and Service Areas</p> <p>Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities</p>	High	<p>RES1809 Issue 1.4(3): Review of contract waivers - C&F</p> <p>Implemented</p>	Communities and Families Recommendations accepted. We have reduced the need for waivers through the development of framework arrangements and contracts that are in place. However, we will review the waivers currently in place and report this to Communities and Families Directorate Senior Management Team meeting with the Corporate and Procurement Services commercial partner.	<p>Estimated Date: 27/03/2020</p> <p>Revised Date: 01/11/2020</p> <p>No of Revisions 1</p>	<p>Anna Gray</p> <p>Claire Thompson</p> <p>David Hoy</p> <p>Michelle McMillan</p> <p>Nichola Dadds</p> <p>Nickey Boyle</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
43	<p>New Facilities Management Service Level Agreement</p> <p>RES1814 - Facilities Management SLA: Janitorial Services Governance Framework</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>RES1814 - Facilities Management SLA: Issue 1.1 Key Performance Indicators</p> <p>Implemented</p>	<p>A suite of KPI's is currently being developed in conjunction with the Communities & Families. While an element of these are service led, Facilities Management are keen to ensure a customer led component to these. These KPI's will be based on industry standards and will be linked to Facilities Management performance data and the outcomes of quality assurance reviews. Once agreed, KPI's will be communicated through training sessions, web updates and included in the SLA and janitorial handbook which is distributed both to staff and to our customers and key stakeholders. Monthly dashboards will be produced highlighting performance against indicators. These will be both for internal service use and for customer reporting.</p>	<p>Estimated Date:31/03/2020</p> <p>Revised Date:01/08/2020</p> <p>No of Revisions</p> <p>0</p>	<p>Audrey DuttonGohar KhanLayla SmithMark StenhouseMichelle VanheganPeter Watton</p>
44	<p>New Facilities Management Service Level Agreement</p> <p>RES1814 - Facilities Management SLA: Janitorial Services Governance Framework</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>Facilities Management SLA: Issue 1.3 Ongoing quality assurance reviews</p> <p>Implemented</p>	<p>Ongoing quality assurance reviews will be established as described above. In addition to using these to measure the efficacy of our SLA delivery, these are required as part of the ISO 9001/45001 certification process and designed to give us comfort over the robustness of our policies, procedures and supporting documentation.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 01/08/2021</p> <p>No of Revisions</p> <p>1</p>	<p>Audrey Dutton Gohar Khan Layla Smith Mark Stenhouse Michelle Vanhegan Peter Watton</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
45	<p>CGI Subcontract Management C/f 2018/19</p> <p>1 Council oversight of CGI subcontract management</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>1.1 Assessment of the criticality of CGI sub-contractors</p> <p>Implemented</p>	<p>Digital Services will: Perform a review, with the assistance of CGI where appropriate, of the remaining population of 65 sub-contractors that are not currently classified as key sub-contractors to determine whether they should be reclassified as 'key sub-contractors' based on the criticality of their role in supporting delivery of Council services, or the value of their contracts in comparison to the aggregate charges forecast included in the CGI contract. This review will consider the criticality of Council applications and infrastructure supported by these sub-contractors in comparison to divisional application and system recovery requirements and will ensure that the gaps noted in the CNT spreadsheet in relation to missing contractors; expired purchase orders; and criticality of applications have been addressed. Where the review highlights any significant changes, the outcomes will be provided to the relevant Council and CGI partnership governance forums together with a request that CGI implements the supplier management arrangements specified in the contract to any new key sub-contractors. Review of CGI sub-contractors will be scheduled for completion annually, and the process outlined above applied.</p>	<p>Estimated Date: 30/04/2020</p> <p>Revised Date: 01/01/2021</p> <p>No of Revisions 1</p>	<p>Alison Roarty Heather Robb Jackie Galloway Layla Smith Michelle Vanhegan Nicola Harvey</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
46	Digital Services Incident and Problem Management RES1907 Incident and Problem Management: Issue 1 - Next steps for incident resolution Stephen Moir, Executive Director of Resources	Low	RES1907 Recommendation 1.1.1 - Incident Reports Implemented	Agreed – updates will be provided into the problem management records that feed into the Problem Review Board.	Estimated Date: 31/12/2020 Revised Date: No of Revisions 0	Alison Roarty Heather Robb Jackie Galloway Layla Smith Michelle Vanhegan Nicola Harvey Richard Burgess
47	Digital Services Incident and Problem Management RES1907 Incident and Problem Management: Issue 1 - Next steps for incident resolution Stephen Moir, Executive Director of Resources	Low	RES1907 Recommendation 1.1.2 - Partnership Board and Client Service Reports Implemented	Agreed – the Client Service reports, and Partnership Board documents will be amended in relation to problem records to make reference to updates of the problem records being recorded in the Problem Review Board input.	Estimated Date: 31/12/2020 Revised Date: No of Revisions 0	Alison Roarty Heather Robb Jackie Galloway Layla Smith Michelle Vanhegan Nicola Harvey Richard Burgess
48	Social Media - Controls over access to SM Accounts 3. Social media training Michael Pinkerton, Media Manager	Medium	CE1901 Rec3.3 Ongoing delivery of social media training Implemented	Strategy and Communications will engage with Human Resources to ask that face to face social media training is advertised through the Council's e learning (CECil) programme with courses made available at an appropriate frequency, and confirm whether there is scope for courses within the available budget.	Estimated Date: 29/01/2021 Revised Date: No of Revisions 0	David Ure Donna Rodger

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
49	Local Development Plan Governance arrangements over infrastructure appraisals Paul Lawrence, Executive Director of Place and SRO	Medium	Infrastructure Governance arrangements Implemented	Establish and agree appropriate roles, resources and the responsibilities for delivery the above matters as an early action in the project plan for LDP 2. Oversight will be provided by the Project Board to ensure that all individual appraisals performed across Service Areas have applied these recommendations. (sept 18)	Estimated Date: 31/03/2018 Revised Date: 01/10/2020 No of Revisions 2	Alison Coburn Claire Duchart David Leslie David Givan George Gaunt Kate Hopper Michael Thain Sandra Harrison
50	Planning and S75 Developer Contributions End to end developer contribution processes, procedures, and training Paul Lawrence, Executive Director of Place and SRO	High	PL 1802 Iss 2 Rec 2.1 process documentation, guidance, and standardised documentation Implemented	Planning is working with Finance and Legal Service on a number of key areas of the end to end process. Significant progress has been made including; the pilot and use of a transport officer proforma, to identify and detail infrastructure requirements; and the introduction of standard legal agreements. Planning continues to work with legal services to finalise developer contribution templates for planning officers and this will inform a standardised approach to key consultee infrastructure requests. All Internal Audit recommendations will be implemented as detailed above (with the exception of 3), with Planning leading the process. As an alternative to IA recommendation 3, the rationale detailing why either no agreement; or a section 69 or 75 agreement has been developed and applied, will be documented.	Estimated Date: 31/03/2020 Revised Date: 01/08/2020 No of Revisions 0	Alison Coburn Alison Henry Annette Smith Bruce Nicolson David Leslie David Givan George Gaunt Graham Nelson Hugh Dunn Kevin McKee Michael Thain Michelle Vanhegan Nick Smith Rebecca Andrew

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
51	<p>Drivers</p> <p>Recording and addressing driving incidents</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recording and addressing driving incidents</p> <p>Implemented</p>	Six monthly reporting will be provided to the Corporate Leadership Team together with details of relevant actions taken.	<p>Estimated Date:01/10/2019</p> <p>Revised Date:01/12/2020</p> <p>No of Revisions</p> <p>1</p>	<p>Adam FergieAlison CoburnClaire DuchartDavid GivanGareth BarwellGeorge GauntKaty MillerMartin YoungNicole FraserScott MillarSteven Wright</p>
52	<p>Portfolio Governance Framework</p> <p>CE1801 Issue 1: Project and portfolio management and scrutiny</p> <p>Gillie Severin, Strategic Change Delivery Manager</p>	High	<p>CE1801 Issue 1.4: Whole of life toolkit</p> <p>Pending</p>	Strategic Change and Delivery will include guidance for project managers on whole life costing based on the approach adopted by finance	<p>Estimated Date: 29/05/2020</p> <p>Revised Date: 01/10/2020</p> <p>No of Revisions</p> <p>0</p>	<p>Alison Henry Annette Smith Donna Rodger Hugh Dunn Rebecca Andrew Simone Hislop</p>
53	<p>Social Media - Controls over access to SM Accounts</p> <p>1. Social media operational framework</p> <p>Michael Pinkerton, Media Manager</p>	High	<p>CE1901 Rec1.5 Social Media Risks</p> <p>Pending</p>	The risks associated with the ongoing use of social media that are highlighted in this report will be assessed and recorded in the Strategy and Communications risk register together with details of mitigating actions to ensure that they are addressed.	<p>Estimated Date: 30/10/2020</p> <p>Revised Date:</p> <p>No of Revisions</p> <p>0</p>	<p>David Ure Donna Rodger</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
54	<p>Social Media - Controls over access to SM Accounts</p> <p>3. Social media training</p> <p>Michael Pinkerton, Media Manager</p>	Medium	<p>CE1901 Rec3.2 Refresh of social media training materials</p> <p>Pending</p>	<p>1. Existing training materials and the e learning module content will be reviewed and refreshed with support from Human Resources (where required) to ensure that it is aligned with applicable legislation and regulations. 2. The e learning module will be updated to ensure that sufficient information is provided prior to testing and that correct answers are provided to incorrect responses. 3. Ownership of the content of the social media e learning model will be agreed between Strategy and Communications and Human Resources.</p>	<p>Estimated Date: 25/01/2021</p> <p>Revised Date:</p> <p>No of Revisions 0</p>	<p>David Ure Donna Rodger</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
55	<p>Policy Management Framework</p> <p>CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>CE1902 - 1.2b Policy Register review: Initial review of online policy register – Place</p> <p>Pending</p>	<p>Following receipt of the Directorate policy register extract provided by Strategy and Communications, each Directorate will perform an initial review of their section of the policy register to identify out of date and draft documents. A status update will be provided to Strategy and Communications for each document currently published online, to confirm whether the published version is the most up to date approved version and no immediate action is required. is out of date but has been recently reviewed and reported to Committee in the annual policy assurance statement – a copy of the most recent version held by the Directorate or Division will then be sent to by Strategy and Communications for publication on the current online register. is out of date or in draft with no recently approved version available. Strategy and Communications will then remove the current online version from the online policy register and note that the document is being reviewed. Strategy and Communications will update the current online policy register on the basis of returns and Directorates will commence their wider policy review set out at 1.2d.</p>	<p>Estimated Date: 31/01/2021</p> <p>Revised Date:</p> <p>No of Revisions 0</p>	<p>Alison Coburn David Givan Gareth Barwell George Gaunt Lynne Halfpenny Michael Thain Veronica Wishart</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
56	<p>Policy Management Framework</p> <p>CE1902 Policy Management Framework Issue 3: Policy framework guidance</p> <p>Gavin King, Democracy, Governance and Resilience Senior Manager</p>	Medium	<p>CE1902 3.1a Policy framework – definitions for policies, procedures, and guidance</p> <p>Pending</p>	<p>Clear definitions will be established for policies; procedures; and guidance and will reflect that policies outline the Council's response to legislation; regulations and statutory requirements, specifying what the Council will do to ensure compliance, whilst procedures and guidance detail how policy objectives will be achieved. The definitions will be agreed by the Corporate Leadership Team and The Policy and Sustainability Committee and will be communicated across all Council Directorates and Divisions.</p>	<p>Estimated Date: 31/10/2020</p> <p>Revised Date: 01/03/2021</p> <p>No of Revisions 0</p>	<p>Beth Hall Donna Rodger Kevin Wilbraham Laura Callender</p>
57	<p>Policy Management Framework</p> <p>CE1902 Policy Management Framework Issue 3: Policy framework guidance</p> <p>Gavin King, Democracy, Governance and Resilience Senior Manager</p>	Medium	<p>CE1902 3.1b Policy framework - First- and second-lines roles and responsibilities</p> <p>Pending</p>	<p>Following the outcomes of the Working Group (see recommendation 1.2c), First line (directorate) and second line (Strategy and Communications) roles and responsibilities in relation to the policy management framework and confirmation of its ongoing application will be communicated across Directorates and Divisions and included in the guidance published on the Orb.</p>	<p>Estimated Date: 31/10/2020</p> <p>Revised Date: 01/03/2021</p> <p>No of Revisions 0</p>	<p>Donna Rodger Laura Callender</p>
58	<p>Policy Management Framework</p> <p>CE1902 Policy Management Framework Issue 3: Policy framework guidance</p> <p>Gavin King, Democracy, Governance and</p>	Medium	<p>CE1902 3.1c Policy framework - review of guidance, templates and orb pages</p> <p>Pending</p>	<p>Guidance and supporting templates on the Orb will be reviewed and refreshed to include links to agreed policy definitions and templates and the policy register and checks performed to confirm that these can be accessed.</p>	<p>Estimated Date: 31/10/2020</p> <p>Revised Date: 01/03/2021</p> <p>No of Revisions 0</p>	<p>Laura Callender</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	Resilience Senior Manager					
59	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	High	<p>CF1901: Issue 1.3(a) - Review of Operational Forms</p> <p>Pending</p>	<p>The remit of the working group led by the Communities and Families Senior Education Officer will include a review of all admissions forms published on the Council website and Orb to ensure that they remain fit for purpose and include all necessary accessibility and privacy statements.</p>	<p>Estimated Date: 31/12/2020</p> <p>Revised Date: 01/05/2021</p> <p>No of Revisions 0</p>	<p>Alison Roarty Arran Finlay Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>
60	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	High	<p>CF1901: Issue 1.3(b) - Online Application Form</p> <p>Pending</p>	<p>Development of a single online application form will be led by Customer Transactions Team as discussions already underway with internal automation team and Transactions have successfully introduced online applications in other areas of the business.</p>	<p>Estimated Date:31/12/2020</p> <p>Revised Date:01/05/2021</p> <p>No of Revisions 0</p>	<p>Alison Roarty Arran Finlay Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
61	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	High	<p>CF1901: Issue 1.3(c) - Issue of 'Request Granted' Letters</p> <p>Pending</p>	<p>The working group remit led by the Communities and Families Senior Education Officer will include consideration of continued need for formal 'request granted template letters or whether an email to parents / guardians is an acceptable alternative option. Where emails are the preferred option, guidance will be provided to schools to ensure that the terms and limitations of the placement offer are included.</p>	<p>Estimated Date: 31/12/2020</p> <p>Revised Date: 01/05/2021</p> <p>No of Revisions 0</p>	<p>Alison Roarty Arran Finlay Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>
62	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	High	<p>CF1901: Issue 1.3(d) - Issuing Standard Letters & Forms</p> <p>Pending</p>	<p>A communication will be issued by Schools and Life Long Learning management to all schools reminding them to comply with placing request processes as outlined on the Orb, including the requirement to: issue a standard request refusal letter for all application refusals which includes all required paragraphs and is supported by a copy of the frequently asked questions document; and use standard Council forms only. The communication will advise schools to provide feedback where standard forms are not considered to meet the needs of the school, for example, if an additional section for course subjects studied at secondary school is required. Feedback from schools will be considered as part of the working group's review of operational forms.</p>	<p>Estimated Date: 31/12/2020</p> <p>Revised Date: 01/05/2021</p> <p>No of Revisions 0</p>	<p>Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
63	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	High	<p>CF1901 Issue 2.1(a): Committee on Pupil Student Support Recording of Officer Review</p> <p>Pending</p>	<p>Communities and Families, Committee Services and Transactions will ensure the officer review of the annual placing request list and the rationale supporting recommendations made to the Committee on Pupil Student Support from 2020 onwards is formally documented.</p>	<p>Estimated Date: 30/06/2020</p> <p>Revised Date: 22/02/2021</p> <p>No of Revisions 1</p>	<p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>
64	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	High	<p>CF1901 Issue 2.3(a): Validation of Registration & Enrolment Applications</p> <p>Pending</p>	<p>A reminder will be sent to all schools to reinforce the requirement to confirm that adequate and valid evidence is provided to support all registrations and enrolments, including two matching proofs of address aligned with the address provided in the application.</p>	<p>Estimated Date: 30/06/2020</p> <p>Revised Date: 22/02/2021</p> <p>No of Revisions 1</p>	<p>Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie</p>
65	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals</p> <p>Andy Gray, Head of</p>	High	<p>CF1901 Issue 2.3(b): Quality Assurance Checks in Schools</p> <p>Pending</p>	<p>Schools business managers will be instructed to undertake sample quality assurance checks of evidence obtained from parents to support applications to ensure compliance with procedures. This will include completion of checks prior to completion of enrolment processes. Checking of completion will form part of the Communities and Families Self-</p>	<p>Estimated Date: 30/06/2020</p> <p>Revised Date: 22/02/2021</p> <p>No of Revisions 1</p>	<p>Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	Schools & Lifelong Learning			Assurance Framework from 2021 onwards.		
66	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	High	<p>CF1901 Issue 2.4: Managing Conflicts of Interest</p> <p>Pending</p>	Guidance will be developed for use in all schools to ensure any conflicts of interest are recorded and managed appropriately. This will include Business Manager review and Head Teacher sign off where necessary.	<p>Estimated Date: 30/06/2020</p> <p>Revised Date: 22/02/2021</p> <p>No of Revisions 1</p>	<p>Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie</p>
67	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 4: Data Access, Security & Retention</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	Medium	<p>CF1901: Issue 4.1: Access to Personal Data</p> <p>Pending</p>	Files and shared folders will be reviewed, and appropriate access permissions and password controls implemented.	<p>Estimated Date: 31/07/2020</p> <p>Revised Date: 22/02/2021</p> <p>No of Revisions 1</p>	<p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
68	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 4: Data Access, Security & Retention</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	Medium	<p>CF1901: Issue 4.2: Secure Email Transmission</p> <p>Pending</p>	<p>The Information Governance Unit and Digital Services will be engaged to discuss the recipients; nature and sensitivity of information transmitted via email to establish whether the current method is appropriately secure or whether additional steps are required. This will include consideration of email data classification labels where deemed appropriate.</p>	<p>Estimated Date: 30/09/2020</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 0</p>	<p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>
69	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 4: Data Access, Security & Retention</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	Medium	<p>CF1901: Issue 4.4(b): Document Retention & Disposal; Schools</p> <p>Pending</p>	<p>A communication will be issued to schools to request that retention schedules and destruction logs are established to ensure records are managed and disposed of in line with the Council's retention schedule.</p>	<p>Estimated Date:30/06/2020</p> <p>Revised Date:22/02/2021</p> <p>No of Revisions 1</p>	<p>Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie</p>
70	<p>PVG and Disclosures</p> <p>CF1904: Issue 1 - PVG membership for individuals in schools</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	High	<p>CF1904: Rec 1.2c - Monitoring volunteers who are employees</p> <p>Pending</p>	<p>A communication will be issued by Communities and Families to Active Schools to advise that a 'Short Scheme Record' is required for all volunteers who are City of Edinburgh employees. In addition, Communities and Families seek written assurance from Active Schools, on a six-monthly basis to confirm that all volunteers who carry out regulated work within schools</p>	<p>Estimated Date: 31/12/2020</p> <p>Revised Date:</p> <p>No of Revisions 0</p>	<p>Claire Thompson Michelle McMillan Nickey Boyle</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
				have a current PVG scheme membership.		
71	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer	Medium	CW1806 Issue 1.1(7): ATEC 24 Review of Operational Processes - Key Safes Pending	7. The key safe business case, or an alternative approach, will be progressed and an installation programme implemented to allow the numbers of individual safes to be maximised.	Estimated Date: 30/04/2020 Revised Date: 01/05/2021 No of Revisions 1	Angela Ritchie Craig O'Donnell Tom Cowan
72	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer	Medium	CW1806 Issue 1.4(3): ATEC 24 Quality Assurance Framework - Review Pending	3. Where systemic themes or trends are identified from quality assurance reviews, management will consider whether existing operational processes should be revisited.	Estimated Date: 30/04/2020 Revised Date: 01/05/2021 No of Revisions 1	Angela Ritchie Craig O'Donnell Tom Cowan
73	Brexit impacts - supply chain management CW1905 Issue 1: Divisional and Directorate Brexit supply chain management risks Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	Medium	CW1905 Rec. 1.1c: Communities and Families - Divisional and directorate supply chain management Pending	As discussed and agreed at the Corporate Leadership Team (CLT) on 29th July 2020, these findings will be implemented as recommended by Internal Audit and in line with an earlier CLT decision (8 July 2020) that the most significant corporate concurrent risks (including Brexit supply chain risks) that could potentially impact the Council will be identified by October 2020. It is acknowledged that divisional and directorate supply chain risks will need to be identified to support this process.	Estimated Date: 30/10/2020 Revised Date: No of Revisions 0	Andy Gray Bernadette Oxley Crawford McGhie Michelle McMillan Nichola Dadds Nickey Boyle

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
74	<p>Brexit impacts - supply chain management</p> <p>CW1905 Issue 1: Divisional and Directorate Brexit supply chain management risks</p> <p>Gavin King, Democracy, Governance and Resilience Senior Manager</p>	Medium	<p>CW1905 Rec. 1.1e: Strategy and Communications - Divisional and directorate supply chain management</p> <p>Pending</p>	<p>As discussed and agreed at the Corporate Leadership Team (CLT) on 29th July 2020, these findings will be implemented as recommended by Internal Audit and in line with an earlier CLT decision(8 July 2020) that the most significant corporate concurrent risks (including Brexit supply chain risks) that could potentially impact the Council will be identified by October 2020. It is acknowledged that divisional and directorate supply chain risks will need to be identified to support this process.</p>	<p>Estimated Date: 30/10/2020</p> <p>Revised Date:</p> <p>No of Revisions 0</p>	<p>Andy Nichol Donna Rodger Gillie Severin Michael Pinkerton Paula McLeay</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
75	<p>Brexit impacts - supply chain management</p> <p>CW1905 Issue 2: Brexit governance and risk management</p> <p>Andrew Kerr, Chief Executive</p>	Medium	<p>CW1905- Recom. 2.1a: Resilience team - Adequacy & effectiveness of the Brexit risk management & governance process</p> <p>Pending</p>	<p>Resilience presented a report on Brexit planning, preparedness and governance to the Corporate Leadership Team on 8 July and will subsequently be presented to the Policy and Sustainability Committee. This includes proposals for the cessation of the cross-party Brexit working group, with all Brexit resilience planning taken forward through the Council resilience group. The paper also proposes that the Council Incident Management Team (CIMT) considers Brexit alongside Covid-19 and includes Brexit as a standing item on CIMT agendas from September 2020. Once approved by the Policy and Sustainability Committee, these new governance arrangements will be implemented. Resilience will coordinate review of the corporate Brexit risk register, in conjunction with the Commercial and Procurement Service and Corporate Risk Management teams for consideration at the CLT risk committee.</p>	<p>Estimated Date: 30/09/2020</p> <p>Revised Date:</p> <p>No of Revisions 0</p>	<p>Donna Rodger</p> <p>Gavin King</p> <p>Mary-Ellen Lang</p>
76	<p>Validation Review 2019/20</p> <p>CW1909 Issue 2: Communities and Families – Complaints received by Helpline</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	Medium	<p>CW1909 Recommendation 2.1.3 - Development and communication of complaints handling guidance</p> <p>Pending</p>	<p>3. Complaint handling procedures and guidance will be developed and maintained and shared with all relevant team members as recommended.</p>	<p>Estimated Date: 31/01/2021</p> <p>Revised Date:</p> <p>No of Revisions 0</p>	<p>Claire Thompson</p> <p>Michelle McMillan</p> <p>Nickey Boyle</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
77	<p>Road Services Improvement Plan</p> <p>PL1808 Issue 1. Roads Improvement Plan financial operating model and project governance</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>PL1808 - 1.3 Roads Service Improvement Plan project governance</p> <p>Pending</p>	<p>Accepted. The re-based plan will be managed in line with the Project Management Toolkit for Major Projects. The plan will be managed by the Roads service Performance Coordinator once appointed in the revised structure.</p>	<p>Estimated Date: 20/12/2020</p> <p>Revised Date: 01/05/2021</p> <p>No of Revisions 0</p>	<p>Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Nicole Fraser</p>
78	<p>Supplier Management Framework and CIS Payments</p> <p>RES1809 Issue 1: Contract Management by Directorates and Service Areas</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>RES1809 Issue 1.3(3): Contract manager support and guidance - Place</p> <p>Pending</p>	<p>Place This recommendation is accepted, and this will be added as appropriate to the Place mandatory training matrix at the next review.</p>	<p>Estimated Date: 31/08/2020</p> <p>Revised Date: 01/01/2021</p> <p>No of Revisions 0</p>	<p>Alison Coburn David Givan Gareth Barwell George Gaunt Lynne Halfpenny Michael Thain</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
79	<p>Budget Setting and Management</p> <p>RES 1903 Issue 1: Savings proposals documentation and risk assessments</p> <p>Gillie Severin, Strategic Change Delivery Manager</p>	Medium	<p>RES 1903 Issue 1.1: Savings proposals documentation and risk assessments</p> <p>Pending</p>	<p>1. Savings plan and business case templates will both be reviewed to ensure that they align to major projects documentation. In addition, a procedural document will be created which details the amount and depth of documentation, which is required to support savings plans, based on outcomes of the prioritisation matrix assessment. 2. The Finance budget monitoring RAG (Red, Amber, Green) delivery risk assessment categories will each be formally defined, and consistently applied to all savings delivery progress updates provided to Directorate management teams, CLT, and service committees.</p>	<p>Estimated Date:30/09/2020</p> <p>Revised Date:01/02/2021</p> <p>No of Revisions</p> <p>0</p>	<p>Alison HenryAnnette SmithDonna RodgerEmma BakerHugh DunnJohn ConnartyLayla SmithMichelle Vanhegan</p>
80	<p>Budget Setting and Management</p> <p>RES 1903 Issue 3: Continuous improvement: Lessons learned and customer feedback.</p> <p>Paula McLeay, Policy and Insight Senior Manager</p>	Medium	<p>RES 1903 Issue 3.1: Annual budget setting lessons learned methodology</p> <p>Pending</p>	<p>A methodology for the lessons learned process will be developed and stated in a procedure document. This work will be performed through liaison between the Change Strategy Team and Finance. The methodology will include the requirements stated above.</p>	<p>Estimated Date: 31/05/2020</p> <p>Revised Date: 01/10/2020</p> <p>No of Revisions</p> <p>0</p>	<p>Alison Henry Annette Smith Donna Rodger Emma Baker Hugh Dunn John Connarty Layla Smith Michelle Vanhegan</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
81	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	High	<p>CF1901: Issue 1.1(b) - Review of Admissions Operational Procedures</p> <p>Started</p>	<p>A working group led by the Communities and Families Senior Education Officer with representation from all service areas involved in school admissions, appeals and capacity planning, will be established to undertake a review of all procedural documents. This will include consideration of amalgamation of existing procedures where appropriate and implementation of a review schedule and version control.</p>	<p>Estimated Date: 31/08/2020</p> <p>Revised Date: 22/02/2021</p> <p>No of Revisions 1</p>	<p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>
82	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	High	<p>CF1901: Issue 1.1(c) - Placing Appeals Procedures</p> <p>Started</p>	<p>As part of the working group led by the Communities and Families Senior Education Officer, appeals procedures which detail end to end processes to be applied across all areas involved in placing requests will be established and this will include clear roles and responsibilities.</p>	<p>Estimated Date: 31/08/2020</p> <p>Revised Date: 22/02/2021</p> <p>No of Revisions 1</p>	<p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
83	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	High	<p>CF1901: Issue 1.1(d)/(e) - Communicating Guidance on Website & Orb</p> <p>Started</p>	<p>Following review and completion of working group actions, all policies and procedures will be published on the Council's website and Orb, and communicated to all relevant officers, with changes highlighted.</p>	<p>Estimated Date: 30/09/2020</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 0</p>	<p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>
84	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>CF1901 Issue 2.3(d): Sharing Outcomes of Annual Checks</p> <p>Started</p>	<p>Outcomes of annual checks that highlight any significant and systemic weaknesses will be shared with Schools and Lifelong Learning with a request that findings identified from the review are addressed and processes updated to ensure that they do not recur in subsequent years.</p>	<p>Estimated Date: 30/11/2020</p> <p>Revised Date: 01/04/2021</p> <p>No of Revisions 0</p>	<p>Alison Roarty Andy Gray Arran Finlay Jane MacIntyre Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
85	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 3: Process Documentation & Delivery Responsibilities</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	Medium	<p>CF1901 Issue 3.1(a): Development & Communication of end to end processes and role/responsibilities</p> <p>Started</p>	<p>The remit of the working group led by the Communities and Families Senior Education Officer, will include reviewing and documenting end to end processes for the annual school admissions, appeals, and capacity planning process. A matrix describing divisional roles and responsibilities for processes, which details who will be responsible; accountable; consulted; and informed for each stage will also be developed. The end to end procedures and matrix will be discussed and agreed with all divisional teams involved in the process, communicated, and published on the Council's intranet (the Orb) with training provided where required.</p>	<p>Estimated Date: 31/08/2020 Revised Date: 22/02/2021 No of Revisions 1</p>	<p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
86	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 3: Process Documentation & Delivery Responsibilities</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	Medium	<p>CF1901 Issue 3.1(b): Internal Partnership Protocols</p> <p>Started</p>	<p>Internal partnership protocols will be prepared and implemented for services delivered by other divisions on behalf of Schools and Lifelong Learning, incorporating the scope of services and roles and responsibilities defined in the new end to end process documentation. Where relevant, current internal charging arrangements will be reviewed to ensure that it accurately reflect the levels of support provided. Partnership protocols and associated key performance measures / indicators will be reviewed at least every two years to ensure they remain aligned with service delivery, operational processes and relevant regulatory and professional standards. Governance arrangements to support ongoing performance monitoring will be designed and implemented to ensure that both Schools and Lifelong Learning and the service areas that support them are satisfied with the quality of services provided.</p>	<p>Estimated Date: 31/08/2020</p> <p>Revised Date: 22/02/2021</p> <p>No of Revisions</p> <p>1</p>	<p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>
87	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 3: Process Documentation & Delivery Responsibilities</p> <p>Andy Gray, Head of</p>	Medium	<p>CF1901 Issue 3.1(c): Annual Process - Debrief & Lessons Learned</p> <p>Started</p>	<p>Following completion of the annual process, a debrief meeting will be held with all teams involved to understand what worked well and what areas need to be improved. The outcomes should be recorded in a 'lessons learned' document that is used to implement the improvement opportunities identified and address any process issues in advance of the next annual process.</p>	<p>Estimated Date: 31/08/2020</p> <p>Revised Date: 22/02/2021</p> <p>No of Revisions</p> <p>1</p>	<p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	Schools & Lifelong Learning					Sheila Haig Stephen Moir
88	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 3: Process Documentation & Delivery Responsibilities</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	Medium	<p>CF1901 Issue 3.1(d): Roles & Responsibilities Outwith Annual Process</p> <p>Started</p>	<p>The working group will review the roles and responsibilities for any tasks performed outwith the annual P1/S1 admissions, appeals and capacity planning process. These will be documented and communicated to all teams involved in the process. The review will include identifying key contacts for common non-annual admissions queries, for example, home schooling; private schooling; dealing with refugees; and requests for current or future capacity information, to ensure that they can be appropriately redirected and resolved.</p>	<p>Estimated Date: 31/08/2020 Revised Date: 22/02/2021 No of Revisions 3</p>	<p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>
89	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 4: Data Access, Security & Retention</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p>	Medium	<p>CF1901: Issue 4.4(a): Document Retention & Disposal; All Services</p> <p>Started</p>	<p>The Information Governance Unit will be engaged to confirm data retention and disposal requirements. Where necessary the data retention schedule will be updated. Document retention and disposal requirements will be reinforced across all services processing admissions and appeals including schools. All appeals information currently retained outwith the relevant period will be destroyed in line with the Council's disposal guidelines and a retention schedule and destruction log maintained.</p>	<p>Estimated Date: 30/06/2020 Revised Date: 22/02/2021 No of Revisions 1</p>	<p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
90	Resilience BC Resilience responsibilities Judith Proctor, Chief Officer	High	Rec 3.3 H&SC - Defining and allocating operational resilience duties Started	Operational resilience responsibilities for completion and ongoing maintenance of Directorate and Service Area Business Impact Assessments; Resilience plans; and coordination of resilience tests in conjunction with the Resilience team will be clearly defined and allocated. The total number of employees with operational resilience responsibilities will be determined with reference to the volume of business impact assessments and resilience plans that require to be completed and maintained to support recovery of critical services.	Estimated Date: 20/12/2018 Revised Date: 30/06/2021 No of Revisions 6	Angela Ritchie Jacqui Macrae
91	Resilience BC Resilience responsibilities Judith Proctor, Chief Officer	High	Rec 4.3 H&SC - Objectives for operational Resilience responsibilities Started	Corporate; management; and team member objectives for operational resilience responsibilities (for example completion of Service Area Business Impact Assessments; Resilience Plans; and coordination of Resilience tests) will be established, with ongoing oversight performed by Directors and Heads of Service to confirm that these are being effectively delivered to support the resilience responses included in both the Directorate and Council's annual governance statements.	Estimated Date: 31/07/2019 Revised Date: 30/06/2021 No of Revisions 2	Angela Ritchie Jacqui Macrae
92	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements	High	Rec 3.1 a) Place - Development of Resilience Plans/protocols for statutory and critical services	Rebased action October 2020 Following a refresh of Business Impact Assessments and the new organisational structure, resilience plans/protocols will be developed, with support and training from Resilience, for high-risk essential services. A list of	Estimated Date: 19/06/2020 Revised Date: 31/12/2022 No of Revisions 1	Alison Coburn Claire Duchart David Givan Gareth Barwell Gavin King George Gaunt Lynne Halfpenny

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	Paul Lawrence, Executive Director of Place and SRO		Started	these services is to be provided by Resilience for approval by CLT. Date revised to 31 December 2022.		Mary-Ellen Lang Michael Thain
93	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Stephen Moir, Executive Director of Resources	High	Rec 3.1b Resources - Development of Resilience Plans/protocols for statutory and critical services Started	Rebased action October 2020 Following a refresh of Business Impact Assessments and the new organisational structure, resilience plans/protocols will be developed, with support and training from Resilience, for high-risk essential services. A list of these services is to be provided by Resilience for approval by CLT. Date revised to 31 December 2022.	Estimated Date: 19/06/2020 Revised Date: 31/12/2022 No of Revisions 1	Annette Smith Gavin King Hugh Dunn Katy Miller Layla Smith Mary-Ellen Lang Michelle Vanhegan Nick Smith Nicola Harvey Peter Watton
94	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Judith Proctor, Chief Officer	High	Rec 3.1c H&SC - Development of Resilience Plans/protocols for statutory and critical services Started	Rebased action October 2020 Following a refresh of Business Impact Assessments and the new organisational structure, resilience plans/protocols will be developed, with support and training from Resilience, for high-risk essential services. A list of these services is to be provided by Resilience for approval by CLT. Date revised to 31 December 2022.	Estimated Date: 19/06/2020 Revised Date: 31/12/2022 No of Revisions 1	Angela Ritchie Jacqui Macrae
95	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	High	Rec 3.1d C&F - Development of Resilience Plans/protocols for statutory and critical services Started	Rebased action October 2020 Following a refresh of Business Impact Assessments and the new organisational structure, resilience plans/protocols will be developed, with support and training from Resilience, for high-risk essential services. A list of these services is to be provided by Resilience for approval by CLT. Date revised to 31 December 2022.	Estimated Date: 19/06/2020 Revised Date: 31/12/2022 No of Revisions 1	Donna Rodger Gavin King Mary-Ellen Lang Michelle McMillan Nichola Dadds Nickey Boyle Ruth Currie

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
96	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Gavin King, Democracy, Governance and Resilience Senior Manager</p>	High	<p>Rec 3.1e S&C - Development of Resilience Plans/protocols for statutory and critical services</p> <p>Started</p>	<p>Rebased action October 2020 Following a refresh of Business Impact Assessments and the new organisational structure, resilience plans/protocols will be developed, with support and training from Resilience, for high-risk essential services. A list of these services is to be provided by Resilience for approval by CLT. Date revised to 31 December 2022.</p>	<p>Estimated Date: 19/06/2020</p> <p>Revised Date: 31/12/2022</p> <p>No of Revisions 1</p>	<p>Donna Rodger Mary-Ellen Lang</p>
97	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>Rec 6.1a Place - Review of third-party contracts to confirm appropriate resilience arrangements</p> <p>Started</p>	<p>Existing third-party contracts supporting critical services should be reviewed by Directorates in consultation with contract managers / owners to confirm that they include appropriate resilience arrangements. Where gaps are identified, Procurement Services should be engaged to support discussions with suppliers regarding inclusion of appropriate resilience clauses requiring third parties to establish adequate resilience arrangements for both services and systems that are tested (at least annually) with the outcomes shared with / provided to the Council. Where these changes cannot be incorporated into existing contracts, they should be included when the contracts are re tendered.</p>	<p>Estimated Date: 20/12/2019</p> <p>Revised Date: 31/03/2021</p> <p>No of Revisions 3</p>	<p>Alison Coburn Annette Smith Claire Duchart David Givan Gareth Barwell George Gaunt Hugh Dunn Iain Strachan Lynne Halfpenny Mary-Ellen Lang Michael Thain Mollie Kerr</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
98	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>Rec 6.1b Resources - Review of third-party contracts to confirm appropriate resilience arrangements</p> <p>Started</p>	<p>Existing third-party contracts supporting critical services should be reviewed by Directorates in consultation with contract managers / owners to confirm that they include appropriate resilience arrangements. Where gaps are identified, Procurement Services should be engaged to support discussions with suppliers regarding inclusion of appropriate resilience clauses requiring third parties to establish adequate resilience arrangements for both services and systems that are tested (at least annually) with the outcomes shared with / provided to the Council. Where these changes cannot be incorporated into existing contracts, they should be included when the contracts are re tendered.</p>	<p>Estimated Date: 20/12/2019</p> <p>Revised Date: 31/03/2021</p> <p>No of Revisions 2</p>	<p>Annette Smith Hugh Dunn Iain Strachan Katy Miller Layla Smith Mary-Ellen Lang Michelle Vanhegan Mollie Kerr Nick Smith Nicola Harvey Peter Watton</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
99	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Rec 6.1c H&SC - Review of third-party contracts to confirm appropriate resilience arrangements</p> <p>Started</p>	<p>Existing third-party contracts supporting critical services should be reviewed by Directorates in consultation with contract managers / owners to confirm that they include appropriate resilience arrangements. Where gaps are identified, Procurement Services should be engaged to support discussions with suppliers regarding inclusion of appropriate resilience clauses requiring third parties to establish adequate resilience arrangements for both services and systems that are tested (at least annually) with the outcomes shared with / provided to the Council. Where these changes cannot be incorporated into existing contracts, they should be included when the contracts are re tendered.</p>	<p>Estimated Date: 20/12/2019</p> <p>Revised Date: 31/03/2021</p> <p>No of Revisions 2</p>	<p>Angela Ritchie Jacqui Macrae</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
100	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities</p>	High	<p>Rec 6.1d C&F - Review of third-party contracts to confirm appropriate resilience arrangements</p> <p>Started</p>	<p>Existing third-party contracts supporting critical services should be reviewed by Directorates in consultation with contract managers / owners to confirm that they include appropriate resilience arrangements. Where gaps are identified, Procurement Services should be engaged to support discussions with suppliers regarding inclusion of appropriate resilience clauses requiring third parties to establish adequate resilience arrangements for both services and systems that are tested (at least annually) with the outcomes shared with / provided to the Council. Where these changes cannot be incorporated into existing contracts, they should be included when the contracts are re tendered.</p>	<p>Estimated Date: 20/12/2019</p> <p>Revised Date: 31/03/2021</p> <p>No of Revisions 2</p>	<p>Annette Smith Hugh Dunn Iain Strachan Mary-Ellen Lang Michelle McMillan Mollie Kerr Nichola Dadds Nickey Boyle Ruth Currie</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
101	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Gavin King, Democracy, Governance and Resilience Senior Manager</p>	High	<p>Rec 6.1e S&C - Review of third-party contracts to confirm appropriate resilience arrangements</p> <p>Started</p>	<p>Existing third-party contracts supporting critical services will be reviewed by Directorates in consultation with contract managers / owners to confirm that they include appropriate resilience arrangements. Where gaps are identified, Procurement Services will be engaged to support discussions with suppliers regarding inclusion of appropriate resilience clauses requiring third parties to establish adequate resilience arrangements for both services and systems that are tested (at least annually) with the outcomes shared with / provided to the Council. Where these changes cannot be incorporated into existing contracts, they will be included when the contracts are re tendered and critical service plans should be documented and communicated by Corporate Resilience.</p>	<p>Estimated Date:20/12/2019</p> <p>Revised Date:31/03/2021</p> <p>No of Revisions: 2</p>	<p>Annette Smith Donna Rodger Hugh Dunn laine Strachan Mary-Ellen Lang Mollie Kerr</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
102	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>Rec 6.2a Place - Annual assurance from Third Party Providers</p> <p>Started</p>	<p>Following receipt of initial assurance from all third-party providers for statutory and critical services (as per rec 6.1), annual assurance that provider resilience plans remain adequate and effective should be obtained. This should include confirmation from the provider that they have tested these plans and recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved. It is recommended that contract managers include this requirement as part on ongoing contract management arrangements. Where this assurance cannot be provided, this should be recorded in Service Area and Directorate risk registers. Date revised to reflect that following receipt of initial assurance by 31 March 2021, annual assurance should be obtained by 31 March 2022.</p>	<p>Estimated Date: 28/06/2019</p> <p>Revised Date: 31/03/2022</p> <p>No of Revisions 3</p>	<p>Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Lynne Halfpenny Mary-Ellen Lang Michael Thain</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
103	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>Rec 6.2b Resources - Annual assurance from Third Party Providers</p> <p>Started</p>	<p>Following receipt of initial assurance from all third party providers for statutory and critical services (as per rec 6.1), annual assurance that provider resilience plans remain adequate and effective should be obtained. This should include confirmation from the provider that they have tested these plans and recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved. It is recommended that contract managers include this requirement as part on ongoing contract management arrangements. Where this assurance cannot be provided, this should be recorded in Service Area and Directorate risk registers. Date revised to reflect that following receipt of initial assurance by 31 March 2021, annual assurance should be obtained by 31 March 2022.</p>	<p>Estimated Date: 28/06/2019</p> <p>Revised Date: 31/03/2022</p> <p>No of Revisions 2</p>	<p>Annette Smith Hugh Dunn Iain Strachan Katy Miller Layla Smith Mary-Ellen Lang Michelle Vanhegan Mollie Kerr Nick Smith Nicola Harvey Peter Watton</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
104	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Rec 6.2c H&SC - Annual assurance from Third Party Providers</p> <p>Started</p>	<p>Assurance will be obtained annually for statutory and critical services from third party service providers that their resilience plans remain adequate and effective; and have been tested to confirm that the recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved. Where this assurance cannot be provided, this will be recorded in Service Area and Directorate risk registers.</p>	<p>Estimated Date: 21/06/2019</p> <p>Revised Date: 31/03/2022</p> <p>No of Revisions 2</p>	<p>Angela Ritchie Jacqui Macrae</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
105	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities</p>	High	<p>Rec 6.2d C&F - Annual assurance from Third Party Providers</p> <p>Started</p>	<p>Following receipt of initial assurance from all third party providers for statutory and critical services (as per rec 6.1), annual assurance that provider resilience plans remain adequate and effective should be obtained. This should include confirmation from the provider that they have tested these plans and recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved. It is recommended that contract managers include this requirement as part on ongoing contract management arrangements. Where this assurance cannot be provided, this should be recorded in Service Area and Directorate risk registers. Date revised to reflect that following receipt of initial assurance by 31 March 2021, annual assurance should be obtained by 31 March 2022.</p>	<p>Estimated Date: 28/06/2019</p> <p>Revised Date: 31/03/2022</p> <p>No of Revisions 2</p>	<p>Anna Gray Mary-Ellen Lang Michelle McMillan Nichola Dadds Nickey Boyle</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
106	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Gavin King, Democracy, Governance and Resilience Senior Manager</p>	High	<p>Rec 6.2e S&C - Annual assurance from Third Party Providers</p> <p>Started</p>	<p>Following receipt of initial assurance from all third party providers for statutory and critical services (as per rec 6.1), annual assurance that provider resilience plans remain adequate and effective should be obtained. This should include confirmation from the provider that they have tested these plans and recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved. It is recommended that contract managers include this requirement as part on ongoing contract management arrangements. Where this assurance cannot be provided, this should be recorded in Service Area and Directorate risk registers. Date revised to reflect that following receipt of initial assurance by 31 March 2021, annual assurance should be obtained by 31 March 2022.</p>	<p>Estimated Date: 28/06/2019</p> <p>Revised Date: 31/03/2022</p> <p>No of Revisions</p> <p>2</p>	<p>Donna Rodger Mary-Ellen Lang</p>
107	<p>Resilience BC</p> <p>Adequacy, maintenance and approval of Council wide resilience plans</p> <p>Gavin King, Democracy, Governance and Resilience Senior Manager</p>	Medium	<p>Rec 4) Update of Council Business Continuity Plan to include key elements from Business Area Resilience Plans/Protocols</p> <p>Started</p>	<p>The Council Business Continuity Plan (BCP) was developed and signed off the Chief Executive in May 2019. Following Directorate review and update of Business Area Resilience Plans and protocols, the Council BCP will be updated to include key elements of Directorate plans.</p>	<p>Estimated Date: 18/12/2020</p> <p>Revised Date: 31/03/2024</p> <p>No of Revisions</p> <p>1</p>	<p>Donna Rodger Mary-Ellen Lang</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
108	<p>Records Management - LAAC</p> <p>CW1705 Issue 1: Project file review process</p> <p>Bernadette Oxley, Head of Children's Services</p>	Medium	<p>CW1705 Issue 1.3: Quality assurance checks</p> <p>Started</p>	<p>Project management information will be monitored weekly to identify the volume of files that have been reviewed by the project team and an independent risk based quality assurance approach developed and implemented that focuses on files that have not been 'split' by the project team, to confirm that they have been accurately classified as files that have not been merged prior to their return to Iron Mountain for archiving. Quality assurance sample sizes will be selected at the start of each week and will depend on the volumes of files reviewed by the project team and the relevant proportion of non-merged and merged files. Where merged files have been identified and split by the project team, a lighter touch approach involving peer reviews will be adopted to ensure that the project file review process has been consistently applied and appropriate actions implemented. Quality assurance outcomes will be recorded and all significant errors (for example failure to identify merged files), areas of good practices, and areas for improvement will be shared with the project team. Availability of quality resource will be monitored throughout the project to ensure that it remains adequate to complete an appropriate number of QA reviews based on file outcomes. A retrospective sample of cases already reviewed by the project team will also be selected for retrospective review</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 31/03/2022</p> <p>No of Revisions 4</p>	<p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed Gillie Severin John Arthur Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
				based on the approach outlined above. The project team will work to an end of February date for implementation of quality assurance within the project team with an end of March date for Internal Audit to review the process applied.		
109	Records Management - LAAC CW1705 Issue 2: Review of additional files Bernadette Oxley, Head of Children's Services	Medium	CW1705 Issue 2.1: Review of additional files Started	The total volume of files at Westerhailes will be quantified. Once this has been completed, a risk based sample approach will be applied to review the files and identify any that may have been merged.	Estimated Date: 31/03/2020 Revised Date: 31/03/2021 No of Revisions 3	Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed Gillie Severin John Arthur Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
110	<p>Records Management - LAAC</p> <p>CW1705 Issue 2: Review of additional files</p> <p>Bernadette Oxley, Head of Children's Services</p>	Medium	<p>CW1705 Issue 2.2: Impact analysis</p> <p>Started</p>	<p>The outcomes of the review of additional files (as detailed at recommendation 2.1) will be shared with the Senior Responsible Officers together with an impact analysis detailing the resourcing and associated costs of including the files within the project scope, and recommendations made as to whether the scope of the project should be extended to include these files, or whether reliance should be placed on the new business as usual process to be implemented as detailed at Finding 3. Where the decision is taken to include the potentially merged files within the scope of the project, they will be transferred across to the project team and logged for review. The project team will work to a completion 29 May with a date of 26 June for validation by Internal Audit.</p>	<p>Estimated Date: 26/06/2020</p> <p>Revised Date: 31/03/2021</p> <p>No of Revisions 4</p>	<p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed Gillie Severin John Arthur Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir</p>
111	<p>Records Management - LAAC</p> <p>CW1705 Issue 3: Pre destruction business as usual file review process</p> <p>Bernadette Oxley, Head of Children's Services</p>	Medium	<p>CW1705 Issue 3.1: Pre destruction business as usual file review process</p> <p>Started</p>	<p>The pre destruction business as usual file review process is currently being developed and will cover all the points recommended by Internal Audit. The process will be prepared by the end January 2020 and agreed with the Health and Social Care and Communities and Families Directorates by the end of February 2020.</p>	<p>Estimated Date: 28/02/2020</p> <p>Revised Date: 31/03/2021</p> <p>No of Revisions 4</p>	<p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed Gillie Severin John Arthur Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
112	<p>Records Management - LAAC</p> <p>CW1705 Issue 3: Pre destruction business as usual file review process</p> <p>Bernadette Oxley, Head of Children's Services</p>	Medium	<p>CW1705 Issue 3.2a (C&F): Communication and training</p> <p>Started</p>	<p>Children's Practice team managers have already been briefed regarding the outcomes of the audit and a refreshed process will soon be implemented. The process will be co-produced with Business Support Team Managers, communicated and uploaded to the Orb. Given the scale of training to be provided, a CECiL based approach will be applied with support provided by Business Support and requested from Learning and Organisational Development (Human Resources), with divisions requested to track completion of the CECiL module. Locality Management teams will also receive face to face training on the new process.</p>	<p>Estimated Date: 30/06/2020</p> <p>Revised Date: 31/08/2021</p> <p>No of Revisions 3</p>	<p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed Gillie Severin John Arthur Louise McRae Nickey Boyle Nicola Harvey Stephen Moir</p>
113	<p>Records Management - LAAC</p> <p>CW1705 Issue 3: Pre destruction business as usual file review process</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>CW1705 Issue 3.2b (H&SCP): Communication and training</p> <p>Started</p>	<p>Health and Social Care will adopt a similar approach to Communities and Families with the new process communicated and uploaded to the Orb. A CECiL based approach will also be applied with support provided by Business Support and requested from Learning and Organisational Development (Human Resources), with completion of the CECiL module by the relevant teams tracked. Locality Management teams will also receive face to face training on the new process.</p>	<p>Estimated Date:30/06/2020</p> <p>Revised Date:31/08/2021</p> <p>No of Revisions 1</p>	<p>Alison Roarty Angela Ritchie Louise McRae</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
114	<p>Records Management - LAAC</p> <p>CW1705 Issue 3: Pre destruction business as usual file review process</p> <p>Bernadette Oxley, Head of Children's Services</p>	Medium	<p>CW1705 Issue 3.3a (C&F): Quality assurance process</p> <p>Started</p>	<p>A joint risk-based quality assurance process will be established between Business Support and Team Managers in Localities. Quality assurance outcomes will be recorded, and learnings shared with team managers at Children's Practice Team meetings, enabling city wide service improvement actions to be identified and implemented where appropriate.</p>	<p>Estimated Date: 30/06/2020</p> <p>Revised Date: 31/08/2021</p> <p>No of Revisions 1</p>	<p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed Gillie Severin John Arthur Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir</p>
115	<p>Records Management - LAAC</p> <p>CW1705 Issue 3: Pre destruction business as usual file review process</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>CW1705 Issue 3.3b (H&SCP): Quality Assurance Process</p> <p>Started</p>	<p>A joint quality assurance process will be established between Business Support and Team Managers in Localities. The new Health and Social Care Partnership Chief Nurse and Head of Quality will be responsible for managerial oversight of the quality assurance processes, ensuring that lessons learned are fed back to the Localities and outcomes reported to the Clinical and Care Governance Committee for scrutiny and oversight.</p>	<p>Estimated Date: 30/06/2020</p> <p>Revised Date: 31/08/2021</p> <p>No of Revisions 1</p>	<p>Alison Roarty Angela Ritchie Louise McRae</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
116	<p>Payments and Charges</p> <p>CW1803 Payments and Charges Issue 4: Processing and recording Licensing Fees</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>CW1803 Rec. 4.1 - Procedures supporting processing and recording licencing fees</p> <p>Started</p>	<p>The Licensing Service processes approximately 21,000 applications per annum and the Internal Audit sample reviewed represents approximately 1% of the overall number of applications. Internal procedures will be reviewed to ensure that that they adequately cover the issues raised and all staff will receive refresher training to reinforce the importance of consistent application of the procedures. Longer term upgrades to the APP Civica Licensing system should also offer enhanced capability with mandatory sections for each licence type processed.</p>	<p>Estimated Date: 20/12/2019 Revised Date: 01/05/2020 No of Revisions 0</p>	<p>Alison Coburn Andrew Mitchell David Givan Gavin Brown George Gaunt Michael Thain Sandra Harrison</p>
117	<p>Payments and Charges</p> <p>CW1803 Payments and Charges Issue 4: Processing and recording Licensing Fees</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>CW1803 Rec. 4.2 - Quality checking</p> <p>Started</p>	<p>Licensing has existing assurance procedures for monitoring noncompliance with core procedures and processes. These will be reviewed to identify whether additional quality assurance is required proportionate to the level of risk. Any revision of the procedures will be focused on those aspects of the processes which present higher levels of legal risk and will use existing assurance data to identify areas that would benefit from more robust scrutiny. Longer term upgrades to the APP Civica Licensing should reduce the risks in this area. The review and proposed revision of assurance procedures will be agreed with Internal Audit to ensure that this risk is fully addressed.</p>	<p>Estimated Date: 20/12/2019 Revised Date: 01/05/2020 No of Revisions 0</p>	<p>Alison Coburn Andrew Mitchell David Givan Gavin Brown George Gaunt Grace McCabe Michael Thain Sandra Harrison</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
118	<p>Payments and Charges</p> <p>CW1803 Payments and Charges Issue 5: Processing and recording of Parking Permit fees</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>CW1803 Rec. 5.2 - Procedure for authorising payments</p> <p>Started</p>	<p>NSL Apply offers improved control mechanisms by automating many processes and tasks, including payments. These are currently not being used. Implementations of these controls, along with a formalised payment acceptance procedure will ensure correct payments are received and further reduce any anomalies. The payment acceptance procedure will confirm that the Council does not accept part payment for parking permits and only reduces the price when the applicant is a disabled persons' blue badge holder. The procedure will establish a quality assurance payment sampling processes for implementation across Business Support teams who administer parking permits.</p>	<p>Estimated Date: 31/03/2020 Revised Date: 01/08/2020 No of Revisions 0</p>	<p>Alison Coburn David Givan Ewan Kennedy Gavin Brown Gavin Graham George Gaunt Michael Thain Sandra Harrison</p>
119	<p>Payments and Charges</p> <p>CW1803 Payments and Charges Issue 5: Processing and recording of Parking Permit fees</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>CW1803 Rec. 5.3 - Ongoing risk-based quality assurance</p> <p>Started</p>	<p>A quality assurance payment acceptance procedure will be developed to ensure the accuracy of parking permit payments. This process will be based on the Internal Audit recommendations.</p>	<p>Estimated Date: 31/03/2020 Revised Date: 01/08/2020 No of Revisions 0</p>	<p>Alison Coburn David Givan Ewan Kennedy Gavin Brown Gavin Graham George Gaunt Michael Thain Sandra Harrison</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
120	<p>Payments and Charges</p> <p>CW1803 Payments and Charges Issue 5: Processing and recording of Parking Permit fees</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>CW1803 Rec. 5.4 - NSL income reconciliation</p> <p>Started</p>	<p>The recommendation is accepted. Financial reconciliations between the systems have commenced reinstatement. Work is underway to build a management information suite which will augment the control attributes of the reconciliation as a standalone mechanism.</p>	<p>Estimated Date: 28/02/2020</p> <p>Revised Date: 30/06/2021</p> <p>No of Revisions 3</p>	<p>Annette Smith Dougie Linton Gavin Graham Hugh Dunn John Connarty Layla Smith Michelle Vanhegan Susan Hamilton</p>
121	<p>Emergency Prioritisation & Complaints</p> <p>CW1806 Issue 1: ATEC 24 Operational Framework</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>CW1806 Issue 1.2(3): ATEC 24 Service Level Agreements - Partnership Protocol</p> <p>Started</p>	<p>3. A partnership protocol will be approved and implemented for the Fallen Uninjured Person Service to reflect the current operations, funding arrangements and any planned process improvements.</p>	<p>Estimated Date: 29/11/2019</p> <p>Revised Date: 01/03/2021</p> <p>No of Revisions 3</p>	<p>Angela Ritchie Craig ODonnell Tom Cowan</p>
122	<p>Emergency Prioritisation & Complaints</p> <p>CW1806 Issue 1: ATEC 24 Operational Framework</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>CW1806 Issue 1.1(6): ATEC 24 Review of Operational Processes - Response Recording</p> <p>Started</p>	<p>6. Roll out of handheld devices to allow automated reporting will be progressed.</p>	<p>Estimated Date:30/04/2020</p> <p>Revised Date:01/03/2021</p> <p>No of Revisions 1</p>	<p>Angela Ritchie Craig ODonnell Tom Cowan</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
123	<p>Emergency Prioritisation & Complaints</p> <p>CW1806: Issue 2: Third Party Service Provision - Health & Social Care Partnership</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>CW1806: Issue 2(1): SLAs - Third Party Service Provision</p> <p>Started</p>	<p>A review of the SLA for the ESCS is underway. It is likely the detail of the arrangements will differ considerably from what is currently included within the SLA. The review will, however, take into consideration the points noted above. The review of the SLA will include contributions from City of Edinburgh Council, Midlothian Council and East Lothian Council, and will be presented to the Edinburgh Health and Social Care Partnership Executive Management Team for review and approval.</p>	<p>Estimated Date: 30/11/2019</p> <p>Revised Date: 31/08/2021</p> <p>No of Revisions 4</p>	<p>Angela Ritchie Brian Henderson Colin Beck Tony Duncan</p>
124	<p>Emergency Prioritisation & Complaints</p> <p>CW1806: Issue 2: Third Party Service Provision - Health & Social Care Partnership</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>CW1806: Issue 2(2): Partnership Protocol HSCP/Contact Centre</p> <p>Started</p>	<p>Agreed, once the SLA is finalised, a Partnership Protocol will be developed in conjunction with Customer Contact Centre colleagues.</p>	<p>Estimated Date: 28/02/2020</p> <p>Revised Date: 01/03/2021</p> <p>No of Revisions 2</p>	<p>Alison Roarty Angela Ritchie Craig ODonnell Tom Cowan</p>
125	<p>Homelessness Services</p> <p>CW1808 Issue 2: Homelessness data quality and performance reporting</p> <p>Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities</p>	High	<p>CW1808 Recommendation 2.1.5 - HIS alignment to Council's records retention policy and schedule.</p> <p>Started</p>	<p>2.1.5 - Records held within HIS will be managed within the Council's Records Retention Policy and Schedule. The ongoing management and deletion of historical records will form part of the data cleansing project as HIS migrates to Northgate.</p>	<p>Estimated Date: 31/10/2020</p> <p>Revised Date: 01/03/2021</p> <p>No of Revisions 0</p>	<p>Debbie Herbertson Emma Morgan Nichola Dadds Nicky Brown</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
126	Homelessness Services CW1808 Issue 2: Homelessness data quality and performance reporting Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	High	CW1808 Recommendation 2.2.3 - Performance Reporting Started	2.2.3 - We will report performance information through a dashboard to the Housing and Economy Committee, officers are currently working with elected members to finalise the key performance indicators required.	Estimated Date: 31/01/2020 Revised Date: 31/03/2021 No of Revisions 2	Emma Morgan Nichola Dadds Nicky Brown
127	Homelessness Services CW1808 Issue 3: Provision of homelessness advice and information Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	Medium	CW1801 Recommendation 3.1.2: Updating homelessness information on website Started	3.1.2 - Following the engagement events with key stakeholders, the Council's website will be updated to include the information set out within the recommendation, and any other information relevant to key stakeholders. Webpages will be subject to regular review to ensure the information remains up to date and in line with policies and legislation.	Estimated Date: 30/04/2020 Revised Date: 31/03/2021 No of Revisions 3	Debbie Herbertson Nichola Dadds Nicky Brown
128	Homelessness Services CW1808 Issue 3: Provision of homelessness advice and information Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	Medium	CW1801 Recommendation 3.1.3: Homelessness information leaflet Started	3.1.3 - Following the engagement events with key stakeholders, we will develop a leaflet for applicants based on the information set out above, and any other relevant information. The leaflet will be made available in all Council offices, locality offices, libraries, health centres, Citizen Advice Bureaus, charities and other local support and advice agencies.	Estimated Date: 30/04/2020 Revised Date: 30/06/2021 No of Revisions 1	Debbie Herbertson Nichola Dadds Nicky Brown

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
129	<p>Assurance Actions and Annual Governance Statements</p> <p>CW1903 Issue 1: Assurance Management Framework</p> <p>Andrew Kerr, Chief Executive</p>	High	<p>CW1903 Issue 1.1a: Develop and implement an assurance management framework</p> <p>Started</p>	<p>Discussions will be held with Directors on the outcomes of the Internal Audit report, and they will be requested to establish their own processes to ensure that the risks associated with all open assurance findings are completely and accurately reflected in their 2020/21 divisional and directorate annual assurance statements.</p>	<p>Estimated Date: 31/12/2020</p> <p>Revised Date: 28/02/2021</p> <p>No of Revisions 1</p>	<p>Chris Peggie Donna Rodger Gavin King Hayley Barnett Laura Callender Mirka Vybiralova</p>
130	<p>Assurance Actions and Annual Governance Statements</p> <p>CW1903 Issue 1: Assurance Management Framework</p> <p>Andrew Kerr, Chief Executive</p>	High	<p>CW1903 Issue 1.1c: Develop and implement an assurance management framework</p> <p>Started</p>	<p>An assurance management framework will be developed and implemented that covers the points raised by Internal Audit and includes: liaison with directorates to assess current and best practice; clearly defined roles and responsibilities for first line directorates and the second line Corporate Governance team; process flow; monitoring / reporting / closure requirements; an assessment of existing automated tools to determine whether they can support the process; issue guidance; The framework will be implemented and rolled out across Council divisions and directorates to support completion of the 2021/22 annual governance statement for inclusion in the Council's 31 March 2022 annual financial statements.</p>	<p>Estimated Date: 31/12/2020</p> <p>Revised Date: 31/03/2021</p> <p>No of Revisions 1</p>	<p>Chris Peggie Donna Rodger Gavin King Hayley Barnett Laura Callender Mirka Vybiralova</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
131	<p>Life Safety</p> <p>CW1910 - Life safety: Issue 4 Housing Property Services – fire and water safety processes</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Low	<p>CW1910 Rec. 4.1.1 Housing Property Services – water risk assessments</p> <p>Started</p>	<p>1. The Scientific Services team have reviewed the comment above against current legislation and will implement the following refreshed approach: Rather than a rolling programme covering all 20,000 Housing Property Services (HPS) properties equally, different types of property are classed in different priority risk categories. The Council has responsibility for 44 multi storey blocks and 33 Sheltered Housing complexes. These properties are all classed as high risk and assessments will be carried out within the stated two-year period currently specified in the Council's water policy, and then every two years going forward. The remaining properties on the Housing estate are considered low level priority and legislation states that these surveys should be undertaken over a five-year period. Risk assessments will be carried out on sample properties for these low risk properties. For example, in a street of 100 homes with 20 different house types, only 20 surveys would be required. 2. Providing that Housing Property Services as the risk owner allocate sufficient budget resource, Scientific Services are comfortable that this work will not put a strain on their current resources and as the approach adopted is in line with the Council's Water Safety Policy and applicable regulations, there is no need to record completion in relevant divisional and directorate risk registers.</p>	<p>Estimated Date:31/12/2020 Revised Date: No of Revisions 0</p>	<p>Alison CoburnGareth BarwellJemma TennantRobbie Beattie</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
132	<p>Unsupported Technology (Shadow IT) and End User Computing</p> <p>CW1914 Issue 1: Digital strategy and governance</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>CW1914 Rec 1.1 - Digital strategy development</p> <p>Started</p>	<p>The Council's digital strategy is currently being refreshed as part of the Adaptation and Renewal Programme and will include consideration of use of both networked and cloud-based systems solutions that are aligned with the Council's strategic and service delivery objectives and applicable security and compliance requirements. A separate cloud strategy will also be prepared as part of the overarching digital strategy that outlines the opportunities and risks associated with ongoing and future use of cloud-based shadow IT systems. The digital strategy will be developed following engagement and consultation with Council directorates; divisions; citizens; and other organisations (where required).</p>	<p>Estimated Date: 31/12/2020 Revised Date: 30/06/2021 No of Revisions 1</p>	<p>Alison Roarty Heather Robb Layla Smith Michelle Vanhegan Nicola Harvey</p>
133	<p>H&SC Care Homes - Corporate Report</p> <p>A1.1: Care Homes Self Assurance Framework</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>A1.1: Care Homes Self Assurance Framework</p> <p>Started</p>	<p>A self-assurance framework will be designed and implemented that will validate effective operation of controls in place to manage these risks. The Health and Social Care Partnership Operations Manager will be accountable for development; implementation and ongoing operation of the framework. Development and implementation support will be requested from Business Support and Quality Assurance and Compliance.</p>	<p>Estimated Date: 30/06/2019 Revised Date: 01/05/2021 No of Revisions 1</p>	<p>Angela Ritchie Jacqui Macrae</p>
134	<p>H&SC Care Homes - Corporate Report</p> <p>A2.3: Welfare Fund and Outings Funds</p>	Medium	<p>A2.3(2) Establishment of welfare fund committees</p>	<p>A working group has been established that will focus on welfare. The remit of the group will focus on welfare committees; constitutions; accounts; criteria and donations. 2 officers from</p>	<p>Estimated Date: 31/07/2018 Revised Date: 01/05/2021</p>	<p>Angela Ritchie Jacqui Macrae</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	Judith Proctor, Chief Officer		Started	the working group have been assigned responsibility to write and implement welfare guidelines.	No of Revisions 5	
135	H&SC Care Homes - Corporate Report A2.3: Welfare Fund and Outings Funds Judith Proctor, Chief Officer	Medium	A2.3(3) Production of annual accounts and review by welfare fund committee Started	A working group has been established that will focus on welfare. The remit of the group will focus on welfare committees; constitutions; accounts; criteria and donations. 2 officers from the working group have been assigned responsibility to write and implement welfare guidelines Task assigned to Business Officer for annual accounts and daily bookkeeping. Guidelines to be written for consistency.	Estimated Date: 31/07/2018 Revised Date: 01/05/2021 No of Revisions 4	Angela Ritchie Jacqui Macrae
136	H&SC Care Homes - Corporate Report A3.1: Training Judith Proctor, Chief Officer	Medium	A3.1(1) Manager review of training Started	This will be included as part of a new monthly controls process to be implemented and monitored via completion of a monthly spreadsheet. A working group has been established to document all processes to be included.	Estimated Date: 30/06/2019 Revised Date: 01/05/2021 No of Revisions 3	Angela Ritchie Jacqui Macrae
137	H&SC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(2) Health & Social Care Teams - 6 monthly and annual performance conversations Started	Health and Social Care Teams Will ensure that annual performance conversations (once completed) are recorded on the iTrent system.	Estimated Date: 30/06/2018 Revised Date: 01/05/2021 No of Revisions 5	Angela Ritchie Jacqui Macrae

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
138	H&SC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(4) Health & Social Care Teams - quarterly review of absence and performance management Started	This is the responsibility of the Unit manager for their direct reports. The Business Support Officer will ensure that the Unit Manager is aware on a monthly basis for Domestic and Handymen reporting to them. The Business Support Officer is required to monitor and report through the Customer process on a monthly basis. The staff nurse / charge nurse to be appointed at Gylemuir will ensure that this is performed for all NHS staff.	Estimated Date: 30/06/2018 Revised Date: 01/05/2021 No of Revisions 3	Angela Ritchie Jacqui Macrae
139	H&SC Care Homes - Corporate Report A3.4: Agency Staffing Judith Proctor, Chief Officer	Medium	A3.4(2) Analysis of the agency staff and hours worked charges Started	The BSO will assist the UM (See A2.1). A paper is being presented to the Health and Social Care Senior Management Team week commencing 15th January 2018 that proposes a solution where information will be provided to Locality Managers who will prepare reports for Care Homes. If this solution is agreed, it will be implemented immediately.	Estimated Date: 31/03/2018 Revised Date: 01/05/2021 No of Revisions 4	Angela Ritchie Jacqui Macrae
140	H&SC Care Homes - Corporate Report A3.5: Adequacy of Resources Judith Proctor, Chief Officer	Medium	A3.5(1) Care Inspectorate Dependency Assessments requirements Started	Unit managers submit monthly reports to Cluster manager and Locality management team. Locality management team responsible for ensuring resource meets the demand based on dependency scoring.	Estimated Date: 31/01/2019 Revised Date: 01/05/2021 No of Revisions 5	Angela Ritchie Jacqui Macrae

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
141	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer	High	Recommendation 1a - Health & Social Care Started	<p>1. Health and Social Care: Given the considerable business support and social worker resources implications, the above recommendations will take time to design, implement and maintain. Business Support is resolving problem appointee arrangements as we go along, however, the backlog of reviews will need a programme management approach to rectify errors and support the governance required. In the meantime, associated risks will be added to the Partnership's risk register to monitor controls and progress on a monthly basis, given its high finding rating. Following the Care Home Assurance Review, the Partnership is developing a self-assurance control framework. Locality Managers have agreed for corporate appointee arrangements to be included in the assurance framework – which if found to be successful and useful, can be mirrored by the other applicable services in this report. Business Support is working on new guidelines for the administration of Corporate Appointeeship (e.g. new procedures, monthly checklists, etc.), which will support the effective delivery of the framework.</p>	Estimated Date: 28/06/2019 Revised Date: 01/08/2021 No of Revisions 2	Alison Roarty Angela Ritchie Colin Beck Louise McRae Tony Duncan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
142	<p>Social Work Centre Bank Account Reconciliations</p> <p>Corporate Appointee Client Fund Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>2.2. Updating procedures to include an annual review of Corporate Appointee contracts</p> <p>Started</p>	<p>2. New guidelines will be written to ensure clarity of responsibilities. Sections will be included detailing Social Work; Business Support; and Transactions team responsibilities. The objective is to create and implement an end to end process that includes eligibility criteria, DWP processes and a full administrative process that will be applied centrally and across Locality offices; clusters; and hubs.</p>	<p>Estimated Date: 30/04/2018</p> <p>Revised Date: 01/08/2021</p> <p>No of Revisions 2</p>	<p>Alison Roarty Angela Ritchie Colin Beck Louise McRae Tony Duncan</p>
143	<p>Social Work Centre Bank Account Reconciliations</p> <p>Corporate Appointee Client Fund Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Rec. 8 Business Support and Senior Social Worker - refresher training closing and reallocation of client fund accounts</p> <p>Started</p>	<p>8. Refresher training will be offered as part of the implementation of the new guidelines to all staff involved in the process, and recorded on staff training records. The training will also be incorporated into the new staff induction process.</p>	<p>Estimated Date: 31/05/2018</p> <p>Revised Date: 01/08/2021</p> <p>No of Revisions 3</p>	<p>Alison Roarty Angela Ritchie Colin Beck Louise McRae Tony Duncan</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
144	<p>Social Work Centre Bank Account Reconciliations</p> <p>Corporate Appointee Client Fund Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Rec 1b - Business Support - review of Corporate Appointee processes</p> <p>Started</p>	<p>1. Business Support: Business Support will enable the review of current processes and guidelines in conjunction with Hub and Cluster Managers with sign off at the Locality Managers Forum. Business support will review all Corporate Appointee accounts and contact the relevant social worker, support worker or hub where the funds are over £16K for immediate review. Business support will advise social work when the funds exceed £16K where there is not a valid reason (for example, client deceased and social worker discussing estate with solicitor). Clarity on contact with DWP is being progressed and will be written into the new guidelines. Regular reporting will be introduced from the revised systems being implemented. This will be provided monthly at Senior Social Work level and annually for H&SC management</p>	<p>Estimated Date: 31/05/2018</p> <p>Revised Date: 01/08/2021</p> <p>No of Revisions 2</p>	<p>Alison Roarty Angela Ritchie Colin Beck Louise McRae Tony Duncan</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
145	<p>Localities Operating Model</p> <p>1. Localities Governance and Operating Model</p> <p>Gillie Severin, Strategic Change Delivery Manager</p>	High	<p>1.1 Recommendation - Localities Operating Model Post Implementation Review</p> <p>Started</p>	<p>Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first finding below will be considered and implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 31/03/2023</p> <p>No of Revisions 2</p>	<p>Alison Coburn David Givan Donna Rodger Evelyn Kilmurry George Gaunt Jackie Irvine mike Avery Nichola Dadds Peter Strong Ruth Currie Sarah Burns</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
146	<p>Localities Operating Model</p> <p>1. Localities Governance and Operating Model</p> <p>Gillie Severin, Strategic Change Delivery Manager</p>	High	<p>1.2 Recommendation – Development and Delivery of Council Locality Improvement Plan Actions</p> <p>Started</p>	<p>Management response from the Place Directorate and Strategy and Communications It is recognised the Council’s localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first finding below will be considered and implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.</p>	<p>Estimated Date:31/03/2020</p> <p>Revised Date:31/03/2023</p> <p>No of Revisions2</p>	<p>Alison Coburn Alison Henry David Givan Donna Rodger Evelyn Kilmurry George Gaunt Michele Mulvaney Mike Avery Paul Lawrence Paula McLeay Peter Strong Sarah Burns</p>

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147	<p>Localities Operating Model</p> <p>1. Localities Governance and Operating Model</p> <p>Gillie Severin, Strategic Change Delivery Manager</p>	High	<p>1.3 Recommendation - Locality Service Delivery Performance Measures</p> <p>Started</p>	<p>Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first finding below will be considered and implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 31/03/2023</p> <p>No of Revisions 2</p>	<p>Alison Coburn Donna Rodger Evelyn Kilmurry Michele Mulvaney mike Avery Paula McLeay Peter Strong Sarah Burns</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
148	<p>Localities Operating Model</p> <p>1. Localities Governance and Operating Model</p> <p>Gillie Severin, Strategic Change Delivery Manager</p>	High	<p>1.4 Recommendation - Engagement with Council centralised divisions</p> <p>Started</p>	<p>Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first finding below will be considered and implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 31/03/2023</p> <p>No of Revisions 2</p>	<p>Alison Coburn David Givan Donna Rodger Evelyn Kilmurry George Gaunt mike Avery Peter Strong Sarah Burns</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
149	<p>Localities Operating Model</p> <p>1. Localities Governance and Operating Model</p> <p>Gillie Severin, Strategic Change Delivery Manager</p>	High	<p>PL1801 1.5 Recommendation - Locality budget planning and financial management</p> <p>Started</p>	<p>Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first finding below will be considered and implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 31/03/2020</p> <p>No of Revisions 2</p>	<p>Alison Coburn Annette Smith Donna Rodger Evelyn Kilmurry Hugh Dunn John Connarty Michelle Vanhegan mike Avery Peter Strong Sarah Burns Susan Hamilton</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
150	<p>Localities Operating Model</p> <p>1. Localities Governance and Operating Model</p> <p>Gillie Severin, Strategic Change Delivery Manager</p>	High	<p>1.6 Recommendation - Risk Management</p> <p>Started</p>	<p>Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first finding below will be considered and implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.</p>	<p style="text-align: center;">Estimated Date:31/03/2020</p> <p style="text-align: center;">Revised Date:31/03/2023</p> <p style="text-align: center;">No of Revisions</p> <p style="text-align: center;">2</p>	<p>Alison CoburnDavid GivanDonna RodgerEvelyn KilmurryGeorge Gauntmike AveryPeter StrongSarah Burns</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
151	<p>Localities Operating Model</p> <p>1. Localities Governance and Operating Model</p> <p>Gillie Severin, Strategic Change Delivery Manager</p>	High	<p>1.7 Recommendation - Succession Planning</p> <p>Started</p>	<p>Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first finding below will be considered and implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 31/03/2023</p> <p>No of Revisions 2</p>	<p>Alison Coburn David Givan Donna Rodger Evelyn Kilmurry George Gaunt mike Avery Peter Strong Sarah Burns</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
152	<p>Localities Operating Model</p> <p>2. Oracle Financial System – Authorised Approval Limits</p> <p>Stephen Moir, Executive Director of Resources</p>	Low	<p>PL1801 2.1 - Authorisation Limits Review</p> <p>Started</p>	<p>A large-scale exercise, involving over 500 changes to the structure, was undertaken during the winter months realigning Place, taking into account changes relating to Transformation. A review of all Oracle Requisition Approvers for the department of Place has been initiated and is currently underway. More fundamentally, a rolling programme of all Oracle Requisition Approvers, across all divisions, has been reinstated. Prior to 2015 this was business as usual (BAU), however due to the proposed introduction of the enterprise resource planning solution and other budget cuts and staff reductions this was suspended. The significance of this regular review was recognised and reinstated in 2018. This will be rigorously implemented until firmly re-embedded as part of BAU across the business</p>	<p>Estimated Date: 26/06/2020</p> <p>Revised Date: 31/05/2021</p> <p>No of Revisions 1</p>	<p>Alison Henry Annette Smith Brenda Brownlee David Camilleri Hugh Dunn Layla Smith Michelle Vanhegan</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
153	<p>Planning and S75 Developer Contributions</p> <p>End to end developer contribution processes, procedures, and training</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>PL1802 Iss 2 Rec 2.2 Quality Assurance</p> <p>Started</p>	<p>Planning has made significant progress on specific parts of the contributions process, and will deliver other improvements to this process to address the recommendations. The capture and tracking of the financial contributions will be performed using the Council's PPSL accounts receivable system. The Planning team's existing quality assurance process will be extended to include the end to end developer contributions process to be designed and applied as per recommendation 1. The quality assurance process will cover the areas recommended by Internal Audit at 1 to 4 above, including use of the Council's PPSL accounts receivable system to record and monitor financial contributions received ISO accreditors will also be requested to include the Developer contributions quality assurance process within the scope of their review which is scheduled for completion by October 2020.</p>	<p>Estimated Date: 31/12/2020</p> <p>Revised Date: 01/05/2021</p> <p>No of Revisions 0</p>	<p>Alison Coburn Alison Henry Annette Smith Bruce Nicolson David Leslie David Givan George Gaunt Graham Nelson Hugh Dunn Kevin McKee Michael Thain Michelle Vanhegan Nick Smith Rebecca Andrew</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
154	HMO Licensing PL1803 Issue 1 Licensing system - Data Integrity and Performance Issues Stephen Moir, Executive Director of Resources	High	PL1803 Issue 1.1 Project Plan Started	Response from Digital Services Digital Services resources have now been allocated to work with both the Licencing team and CGI to progress the change request for the upgrade to APP Civica CX, and this will involve developing a plan to support implementation of the system upgrade that includes details of all relevant activities to be completed and implementation timeframes. Response from Licencing The Place Directorate and Digital Services have made change requests for CGI to provide analysis on the business benefits, costs and risks of moving to the APP. These change requests are outstanding from CGI from 2018. Upon receipt of this analysis the Directorate will agree with the Resource Directorate a project plan for approval by senior managers,	Estimated Date: 20/12/2019 Revised Date: 31/03/2021 No of Revisions 3	Alison Roarty Grace McCabe Heather Robb Isla Burton Julie Rosano Layla Smith Michelle Vanhegan Nicola Harvey
155	HMO Licensing PL1803 Issue 2 - Collection and processing of HMO licence fees Paul Lawrence, Executive Director of Place and SRO	High	PL1803 Issue 2.1 BACs payment reference Started	It should be noted that measure is in place to ensure that no application is progressed without the required fee being reconciled. This reflects the statutory process and the need to ensure that the Council treats applications for a renewal lawfully unless the reconciliation process can evidence a payment has not been made. There is no evidence from directorate monitoring the level of income from HMOs licence applications which would demonstrate that fees are not being collected. Any unmatched fee not identified will in effect contribute to the Council's	Estimated Date:30/03/2020 Revised Date:05/10/2020 No of Revisions 1	Alison Coburn Andrew Mitchell David Givan George Gaunt Grace McCabe Isla Burton Michael Thain Sandra Harrison

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
				<p>general revenue account and therefore there is no financial loss to the Council. The Internal Audit recommendation outlined above is not accepted as it not believed to be achievable. Therefore Licencing; Customer; and Finance will investigate potential solutions re the BACS issue, (including any potential scope for a technology solution) to address this risk. These options will be reviewed with Internal Audit and a longer-term solution identified and implemented. It has been agreed with Internal Audit that (once the solution has been identified) another audit finding will be raised that will monitor implementation of the solution to confirm that it is operating effectively. In the meantime, a statement will be added to the Licencing pages on the Council's external website and application forms advising customers of what reference must be used to successfully make a BACs payment.</p>		
156	<p>Road Services Improvement Plan</p> <p>PL1808 Issue 1. Roads Improvement Plan financial operating model and project governance</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>PL1808 - 1.1 Roads Service Improvement Plan review (including financial operating model)</p> <p>Started</p>	<p>Accepted. The Roads Service Improvement Plan (the Plan) will be reviewed following completion of the organisational restructure and will consider the points noted in the recommendation. A review of the financial operating model will also be undertaken with the aim of embedding a new budget structure for the service. Once completed the Plan business case will be refreshed to reflect any significant changes.</p>	<p>Estimated Date: 30/04/2020 Revised Date: 01/09/2020 No of Revisions 0</p>	<p>Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Nicole Fraser</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
157	<p>Road Services Improvement Plan</p> <p>PL1808 Issue 1. Roads Improvement Plan financial operating model and project governance</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>PL1808 - 1.2 Roads Service Improvement Plan approval</p> <p>Started</p>	<p>On appointment of the tier 3 and 4 management team, a re-base of the improvement plan will take place and the revised plan will be submitted to the Council's Change Board and the Transport and Environment Committee for approval, with ongoing progress updates provided to both forums.</p>	<p>Estimated Date: 31/07/2020</p> <p>Revised Date: 01/12/2020</p> <p>No of Revisions 0</p>	<p>Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Nicole Fraser</p>
158	<p>Road Services Improvement Plan</p> <p>PL1808 Issue 2. Roads services performance monitoring and quality assurance</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>PL1808 - 2.1 Service Delivery Performance Monitoring</p> <p>Started</p>	<p>One of the roles included in the new Roads structure is a Roads Service Performance Coordinator. The team member appointed to this role will be responsible for designing; implementing; and maintaining a performance and quality assurance framework that will incorporate the recommendations made to support ongoing monitoring and management of the Roads service. This will involve ensuring that all Roads teams develop team plans that include key performance measures; outline their respective roles and responsibilities for delivery; and are aligned with overall Council's commitments that are relevant to Roads.</p>	<p>Estimated Date: 31/07/2020</p> <p>Revised Date: 30/06/2021</p> <p>No of Revisions 1</p>	<p>Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
159	<p>Road Services Improvement Plan</p> <p>PL1808 Issue 2. Roads services performance monitoring and quality assurance</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>PL1808 - 2.2 Roads services quality assurance framework</p> <p>Started</p>	<p>1. The existing Transport Design and Delivery quality framework will be revised to reflect the new Roads and Transport Infrastructure Service and rolled out across the service. As part of this review, the recommendations highlighted above will be considered and incorporated where appropriate. The Design, Structures and Flood Prevention Manager will be responsible for refreshing the quality framework once appointed. 2. A sampling regime will be designed and embedded for safety inspections to ensure that defects are being categorised properly. This process will be designed and implemented by the Team Leader for Safety Inspections to be appointed as part of the ongoing restructure. 3. A sampling regime will be designed and embedded for road defect repairs to ensure that repairs are fit for purpose and effective. 4. Key performance indicators for each team will be included in the target setting for each 4th tier manager and their direct reports to ensure focus on these measures. Emerging themes from Team Plans and quality assurance reviews will also be shared with Roads teams, and individual and team training needs will be considered based on the themes identified. This process will be designed and implemented by the Service Performance Coordinator to be appointed as part of the ongoing restructure.</p>	<p>Estimated Date: 30/06/2020</p> <p>Revised Date: 31/03/2021</p> <p>No of Revisions 1</p>	<p>Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist</p>

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160	Road Services Improvement Plan PL1808 Issue 3. Roads inspection, defect categorisation, and repairs Paul Lawrence, Executive Director of Place and SRO	Low	PL1808 - 3.2a) Inspector training and qualifications Started	1. Design and implement a training framework for all relevant Inspectors in line with the newly adopted 'Road Safety Inspection and Defect Categorisation Procedure'	Estimated Date: 31/01/2020 Revised Date: 01/06/2020 No of Revisions 0	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Nicole Fraser Sean Gilchrist
161	Road Services Improvement Plan PL1808 Issue 3. Roads inspection, defect categorisation, and repairs Paul Lawrence, Executive Director of Place and SRO	Low	PL1808 - 3.2b) Inspector training and qualifications Started	2. Ensure all relevant Inspectors are accredited by an appropriately accredited professional body.	Estimated Date: 31/08/2020 Revised Date: 01/01/2021 No of Revisions 0	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Nicole Fraser Sean Gilchrist
162	Road Services Improvement Plan PL1808 Issue 3. Roads inspection, defect categorisation, and repairs Paul Lawrence, Executive Director of Place and SRO	Low	PL1808 - 3.3 Management information for planned inspections Started	On appointment, the new Service Performance Coordinator and Team Leader – Safety Inspections will work with Pitney Bowes (the supplier of the Confirm system) to develop a new process to plan and monitor safety inspection performance	Estimated Date: 31/03/2020 Revised Date: 01/04/2021 No of Revisions 3	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Nicole Fraser Sean Gilchrist
163	Street Lighting and Traffic Signals Street Lighting and Traffic Signals: Process and quality assurance	Low	PL1810 Issue 3 - Rec 1 Operation and maintenance procedures Started	Street Lighting and Traffic Signals Operational Guides will be developed, implemented, and reviewed to ensure that processes align with current regulatory requirements. Operational Guides will be implemented within six months of implementation of the Roads Improvement Plan, or by 30	Estimated Date: 30/09/2019 Revised Date: 01/03/2021 No of Revisions 3	Alan Simpson Alison Coburn Claire Duchart David Givan Gareth Barwell Gavin Brown George Gaunt Lindsey McPhillips Mark

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	documentation and training Paul Lawrence, Executive Director of Place and SRO			September 2019, whichever comes first.		LoveNicole FraserRobert MansellTony Booth
164	Street Lighting and Traffic Signals Street Lighting and Traffic Signals: Process and quality assurance documentation and training Paul Lawrence, Executive Director of Place and SRO	Low	PL1810 Issue 3: Rec 2 - Refresher training for existing employees Started	An essential Learning Matrix that specifies the refresher training that the team requires to complete on an ongoing basis has been developed and provided to Learning and Organisational Development for their review and feedback, with no response received as yet. The matrix will now be implemented, and employee training requirements will be assessed (and agreed) as part of the Annual Conversations.	Estimated Date: 20/12/2019 Revised Date: 01/04/2021 No of Revisions 6	Alan Simpson Alison Coburn Claire Duchart Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Lindsey McPhillips Mark Love Nicole Fraser Robert Mansell Tony Booth
165	Street Lighting and Traffic Signals Traffic Signals: Evidence of pre installation design and acceptance testing Paul Lawrence, Executive Director of Place and SRO	Low	PL1810 Issue 4: Rec 1 - Paperless testing checklist Started	A checklist will be introduced to record all factory and site acceptance testing and uploaded onto InView against the appropriate asset. The checklist will record engineer acceptance and review.	Estimated Date: 31/03/2020 Revised Date: 01/02/2021 No of Revisions 2	Alan Simpson Alison Coburn Claire Duchart Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Lindsey McPhillips Mark Love Nicole Fraser Robert Mansell Tony Booth

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166	<p>Street Lighting and Traffic Signals</p> <p>Traffic Signals: Evidence of pre installation design and acceptance testing</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Low	<p>PL1810 Issue 4: Rec 2 - Guidance supporting testing checklist</p> <p>Started</p>	Workshop to be arranged to guide all relevant team members on the processes for completion and retention of the checklist.	<p>Estimated Date: 31/12/2019</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 3</p>	<p>Alan Simpson</p> <p>Alison Coburn</p> <p>Claire Duchart</p> <p>Cliff Hutt</p> <p>David Givan</p> <p>Gareth Barwell</p> <p>Gavin Brown</p> <p>George Gaunt</p> <p>Lindsey McPhillips</p> <p>Mark Love</p> <p>Nicole Fraser</p> <p>Robert Mansell</p> <p>Tony Booth</p>
167	<p>Street Lighting and Traffic Signals</p> <p>Traffic Signals: Evidence of pre installation design and acceptance testing</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Low	<p>PL1810 Issue4: Rec 3 - Checklist retention procedures</p> <p>Started</p>	Processes for the completion and retention of the checklist to be included in appropriate Operational Guide.	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 2</p>	<p>Alan Simpson</p> <p>Alison Coburn</p> <p>Claire Duchart</p> <p>Cliff Hutt</p> <p>David Givan</p> <p>Gareth Barwell</p> <p>Gavin Brown</p> <p>George Gaunt</p> <p>Lindsey McPhillips</p> <p>Mark Love</p> <p>Nicole Fraser</p> <p>Robert Mansell</p> <p>Tony Booth</p>
168	<p>Drivers</p> <p>Recording and addressing driving incidents</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recording and addressing driving incidents Rec 2</p> <p>Started</p>	A monthly reconciliation between the incidents reported to Fleet Services and those recorded on SHE will be performed, with line managers advised re any gaps on the SHE system that need to be addressed;	<p>Estimated Date: 01/04/2019</p> <p>Revised Date: 31/12/2020</p> <p>No of Revisions 2</p>	<p>Adam Fergie</p> <p>Alison Coburn</p> <p>Claire Duchart</p> <p>David Givan</p> <p>Gareth Barwell</p> <p>George Gaunt</p> <p>Katy Miller</p> <p>Martin Young</p> <p>Nicole Fraser</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
						Scott Millar Steven Wright
169	<p>Asset Management Strategy</p> <p>Issue 1: Visibility and Security of Shared Council Property</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Review of existing shared property</p> <p>Started</p>	<p>A review of the office estate is underway by the Operational Estates team to identify third party users and approach them to seek appropriate leases or licences to allow them to occupy the premises and ensure the Council is appropriately reimbursed.</p>	<p>Estimated Date: 31/10/2018</p> <p>Revised Date: 01/03/2026</p> <p>No of Revisions 3</p>	<p>Audrey Dutton</p> <p>Gohar Khan</p> <p>Layla Smith</p> <p>Lindsay Glasgow</p> <p>Michelle Vanhegan</p> <p>Peter Watton</p>
170	<p>Certifications and Software Licenses</p> <p>RES1805 Licenses and Certificates: Issue 1 - Governance and Oversight</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>RES1805 CDS 1.1 Council - Governance and Oversight of Certificates and Licenses</p> <p>Started</p>	<p>Council: Both Digital Services Management and CGI agree that the issues relating to Certificates and Licenses must be addressed. Digital Services Management will: ensure improved Governance of the processes around this are undertaken, reporting any issues through the Executive Board; and ensure licenses are reduced/savings are realised where reduction or improved management of licenses is practicable.</p> <p>2. Although not directly part of this action, more explicit requirements and governance around certificates and licenses will form part of any new or revised outsourcing contract.</p>	<p>Estimated Date: 31/01/2020</p> <p>Revised Date: 01/11/2020</p> <p>No of Revisions 2</p>	<p>Alison Roarty</p> <p>Heather Robb</p> <p>Jackie Galloway</p> <p>Julie Rosano</p> <p>Laura Millar</p> <p>Layla Smith</p> <p>Michelle Vanhegan</p> <p>Nicola Harvey</p> <p>Stuart Skivington</p>

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171	<p>Certifications and Software Licenses</p> <p>RES1805 Licenses and Certificates: Issue 1 - Governance and Oversight</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>RES1805 CDS 1.2 CGI - Reporting and monitoring - Licenses and Certificates</p> <p>Started</p>	<p>CGI will Provide improved reporting on licenses and usage to Council Asset meetings. This will start no later than October 2019; At these meetings, also provide updates on certificate management, highlighting any service impact/incident reports caused by certificate issue; and Work with Council to provide a relevant update for the Partnership Board/Executive meeting on certificate and license management.</p>	<p>Estimated Date: 31/01/2020</p> <p>Revised Date: 01/11/2020</p> <p>No of Revisions 2</p>	<p>Alison Roarty Heather Robb Jackie Galloway Laura Millar Layla Smith Michelle Vanhegan Nicola Harvey Stuart Skivington</p>
172	<p>Certifications and Software Licenses</p> <p>RES1805 Licenses and Certifications: Issue 2 - Ongoing management</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>RES1805 - CDS 2.1 Completeness and accuracy of license inventory reports</p> <p>Started</p>	<p>CGI will: Use the Microsoft SCCM Product to ensure that all software installed in appropriately licensed Ensure that the license report is reconciled back to source system data (where applicable) and gain Council confirmation that they are satisfied with the completeness and accuracy of the license inventory. Update the Council at the fortnightly asset meetings of any differences between installed and licensed software and agree a course of action e.g. removal, reduction in licenses, discussion with Services on usage This should start by the end of October 2019.</p>	<p>Estimated Date:31/01/2020</p> <p>Revised Date:01/11/2020</p> <p>No of Revisions 2</p>	<p>Alison Roarty Heather Robb Jackie Galloway Julie Rosano Laura Millar Layla Smith Michelle Vanhegan Nicola Harvey Stuart Skivington</p>

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173	<p>Out of Support Technology and Public Sector Network Accreditation</p> <p>RES1807 - Issue 1: Public Services Network governance framework</p> <p>Stephen Moir, Executive Director of Resources</p>	Low	<p>RES1807 - 1.1 Public Services Network governance arrangements</p> <p>Started</p>	<p>Digital Services Management has recognised the need to review governance arrangements around PSN /Cybersecurity. This will include Adapting the Security Working Group (SWG) Assurance report, in conjunction with CGI, to be the single report for all security assurance and accreditation matters encompassing PNS, Cyber Essentials/Cyber Essentials Plus, PSCAP and progress against Internal Audit findings. Working with CGI to change the Security Management Plan to have separate fortnightly SWG meetings to cover Operations and Assurance: SWG Operations Group will review the Security Operations Centre (SOC) and Security Operations Reports (SOR)SWG Assurance Group will review Assurance, PSN, Cyber Essentials/Cyber Essentials Plus and Audit Actions. To enable this approach, we will work with the Commercial teams from CGI and the Council to ensure that this approach is acceptable under the terms of the Contract Ensuring that PSN risks are included and highlighted in the Public Sector Network Plan B report. These risks will also be added to the Council/CGI partnership security risk log and reviewed as part of this.</p>	<p>Estimated Date: 31/01/2020 Revised Date: 30/06/2021 No of Revisions 2</p>	<p>Alison Roarty Heather Robb Julie Rosano Layla Smith Michelle Vanhegan Mike Brown Nicola Harvey</p>

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174	<p>Cyber Security - Public Sector Action Plan</p> <p>RES1808: Issue 1: Critical Operational Cyber Security Controls</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>RES1808: Issue 1: Recommendation 1.2 - Cyber Essentials Accreditation</p> <p>Started</p>	<p>CGI completed a complete manual vulnerability scan of the estate in November 2018 Vulnerabilities identified from this scan are being resolved as part of the Public Services Network remediation action plan. CGI have been formally requested to implement automated vulnerability scanning as a service. To ensure this is in place in time for Cyber Essentials Plus accreditation this automated vulnerability scanning is targeted to be implemented by end of June 2019.</p>	<p>Estimated Date: 30/09/2019</p> <p>Revised Date: 01/05/2021</p> <p>No of Revisions 2</p>	<p>Alison Roarty Heather Robb Layla Smith Michelle Vanhegan Mike Brown Nicola Harvey</p>
175	<p>Supplier Management Framework and CIS Payments</p> <p>RES1809 Issue 2: Contracts and Grants Management Strategic Direction</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>RES1809 Issue 2.2: Contract Management Compliance Reviews</p> <p>Started</p>	<p>The C&GM team will design and implement a rolling programme of compliance reviews, focused on the Tier 1 and 2 contracts, this programme to take account of the limited resources in the team, and other ongoing work. The scope of these reviews will, as appropriate, include the recommendations above. Again, this work will be dependent upon active service area engagement and responsiveness, including for service areas to implement identified actions. It is to be noted, however, that the staffing resources in the C&GM team may not be sufficient to include all aspects referred to above, including follow-up and monitoring of implementation.</p>	<p>Estimated Date: 31/12/2020</p> <p>Revised Date: 01/05/2021</p> <p>No of Revisions 0</p>	<p>Annette Smith Gavin Brown Hugh Dunn Iain Strachan Layla Smith Michelle Vanhegan Mollie Kerr</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
176	<p>Supplier Management Framework and CIS Payments</p> <p>RES1809 Issue 2: Contracts and Grants Management Strategic Direction</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>RES1809 Issue 2.3: Project Governance supporting implementation of the Public Contracts Scotland Tendering technology system</p> <p>Started</p>	<p>This system is already well-established in other public sector partners, and supported by the Scottish Government, and has been identified by Scotland Excel as an appropriate e-solutions system to support contract and supplier management. Training sessions have already been held, including a day session focussed entirely on contract management functionality. All members of the team have had access to the system for a suitable period of time, to allow for learning on a test system and have built up a thorough knowledge of the system's capability to upload contract documentation. The mass upload of contract documentation is a key factor in the successful roll out of the system, and the team continues to get support from contemporary teams in Scottish Government and other public sector partners who have carried this out. Training sessions have been held with a number of contract managers across 4 directorates, focussing on 6 Tier 1 contracts, some with cross-directorate delivery. 40 suppliers have also been involved in the trial to date. The team are continuing to monitor the trial, with regular updates from contract managers and will use all lessons learned to prepare the project plan for full roll out of the system. The C&GM team will design and apply a suitable project management and governance framework to support PCS-T implementation. This will include</p>	<p>Estimated Date: 31/12/2020 Revised Date: 01/05/2021 No of Revisions 0</p>	<p>Annette Smith Gavin Brown Hugh Dunn Iain Strachan Layla Smith Michelle Vanhegan Mollie Kerr</p>

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				<p>additional suitable system testing, and training for service area contract managers who would be using the system to store and access contract documentation. As stated above, the team is already also working with public sector partners, to identify best practice to assist the successful roll out the contract management module. Commercial and Procurement Services are already considering the possible adoption of PCS-T as the Council's eProcurement system, bringing an end to end approach to procurement and management of contracts. This work is continuing, and the PCS-T Working Group which has been established within Commercial and Procurement Services will take forward both aspects. If it is decided to adopt PCS-T for the Council's actual procurement processes, and not just contract management, then it is noted that the actual implementation of that would take longer, as there would be a greater direct impact upon other Council services.</p>		

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177	<p>Asset Management Strategy and CAFM system 18/19</p> <p>RES1813 Asset Management Strategy and CAFM: Issue 3 - Property and Facilities Management Data Completeness; Accuracy; and Quality</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>3.1 Ensuring Data Completeness, Accuracy, and Quality</p> <p>Started</p>	<p>Current CAFM users have access to the operational data they need in the system to perform their roles and are also updating the CAFM system with new data. Whilst the vision is to have all property data in CAFM, the volume of property data that could be captured and recorded is near infinite, therefore property data that will retained in CAFM has to be focused on the effort and cost to collect versus the value it provides. The CAFM Business Case includes requirement for a Data Quality Manager, who will be the responsible data steward for Property and Facilities Management (P&FM) data. Their role is not necessarily to collect the data but to ensure rigor and control over it. This will involve ensuring regular reviews of data within the system and ensuring that data is managed and maintained in line with the established CAFM data hierarchy and agreed Council information management policies and procedures. Sharing data steward responsibilities across services is problematic, as they hold responsibility and accountability for the data under their remit. It would be highly unlikely that a data steward from another service would want to take on the additional accountability of data from P&FM. We recommend that P&FM establish their own data steward. The CAFM Business Case includes the delivery of a Data Quality Strategy for P&FM. The objective of the data quality strategy is to attribute</p>	<p>Estimated Date: 31/03/2016</p> <p>Revised Date: 01/08/2022</p> <p>No of Revisions 1</p>	<p>Alan Chim Andrew Field Audrey Dutton Brendan Tate Gohar Khan Layla Smith Michelle Vanhegan Peter Watton</p>

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				<p>risk and value to the data maintained in the system. Additionally: data change processes and procedures that capture data processing and management in CAFM will be designed and implemented. processes for reviewing data quality, for example, review of condition survey data run in tandem with review of property data every five years, will be designed and implemented. data validation controls within CAFM will be applied; and data quality audit controls for individual data fields available in CAFM will be applied, and audit reports run at an appropriate frequency to identify any significant changes to key data.</p>		
178	<p>Asset Management Strategy and CAFM system 18/19</p> <p>RES1813 Asset Management Strategy and CAFM: Issue 3 - Property and Facilities Management Data Completeness; Accuracy; and Quality</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>3.2 Resolution of known data quality issues</p> <p>Started</p>	<p>A reconciliation of the two lists has been performed and there are no obvious discrepancies other than properties which are out with the scope of the survey team. The viability of establishing a referencing system for concessionary lets in the CAFM system will be explored. The volume and value of known concessionary lets across the Council Estate will form part of the Annual Investment Portfolio update which is reported to the Finance and Resources committee. There is an ongoing work stream looking at vacant and disposed properties and the systems updates required.</p>	<p>Estimated Date:31/03/2016</p> <p>Revised Date:01/08/2022</p> <p>No of Revisions:</p> <p>2</p>	<p>Alan ChimAndrew FieldAudrey DuttonBrendan TateGohar KhanGraeme McGartlandLayla SmithMichelle VanheganPeter Watton</p>

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179	Budget Setting and Management RES 1903 Issue 2: Budget setting and management processes Stephen Moir, Executive Director of Resources	Medium	RES 1903 Issue 2.1: Budget setting and management processes and timetable Started	Guidance will be developed for budget setting and management as described in the recommendation above and issued to support the 2021/22 budget setting process.	Estimated Date: 31/12/2020 Revised Date: 01/05/2021 No of Revisions 0	Alison Henry Annette Smith Emma Baker Hugh Dunn John Connarty Layla Smith Michelle Vanhegan
180	Budget Setting and Management RES 1903 Issue 2: Budget setting and management processes Stephen Moir, Executive Director of Resources	Medium	RES 1903 Issue 2.2: Clarity of roles and responsibilities Started	The respective roles and responsibilities for first line budget managers and second line Finance and Change Strategy teams in relation to the annual budget setting and ongoing budget management process will be clearly defined in a procedure document and communicated with documentation reflecting guidance on this matter issued by CIPFA.	Estimated Date: 31/12/2020 Revised Date: 01/05/2021 No of Revisions 0	Alison Henry Annette Smith Emma Baker Hugh Dunn John Connarty Layla Smith Michelle Vanhegan
181	Budget Setting and Management RES 1903 Issue 3: Continuous improvement: Lessons learned and customer feedback. Stephen Moir, Executive Director of Resources	Medium	RES 1903 Issue 3.2: Finance customer and staff feedback surveys Started	Finance will conduct customer and staff feedback exercises every two years. A feedback process will be developed and implemented that is aligned with the lessons learned methodology as described in recommendation 3.1. In addition, feedback from each exercise will be consolidated and used to generate improvement actions. The survey results and improvement actions will be reported to service managers and staff.	Estimated Date: 31/12/2020 Revised Date: 01/05/2021 No of Revisions 0	Alison Henry Annette Smith Hugh Dunn John Connarty Layla Smith Michelle Vanhegan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
182	<p>Budget Setting and Management</p> <p>RES 1903 Issue 4: Training for budget managers</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>RES 1903 Issue 4.1: Training for budget managers</p> <p>Started</p>	<p>Finance is not currently responsible for providing training for budget managers as this was centralised into, Learning and Development in 2016. However, following discussions earlier this year, it has been agreed that responsibility for budget managers training will transfer back from Learning and Development to Finance. Once these responsibilities have been transferred, Finance will establish a process to ensure that all first line budget managers have completed the two training modules with supporting checks performed to ensure that the training has been completed. Please note that the 'Evidence required to close' listed above is for indicative purposes only. During Internal Audit's review of any evidence submitted, further supporting evidence may be required to close the action. Evidence should be uploaded to TeamCentral as actions progress and no later than 10 working days before agreed implementation date. This will allow Internal Audit sufficient time to review the evidence.</p>	<p>Estimated Date: 30/09/2020</p> <p>Revised Date: 31/12/2021</p> <p>No of Revisions 1</p>	<p>Alison Henry Annette Smith Hugh Dunn John Connarty Layla Smith Michelle Vanhegan</p>