Notice of meeting and agenda

Governance, Risk and Best Value Committee

10:00am, Tuesday, 5 June 2018

Dean of Guild Court Room, City Chambers, High Street, Edinburgh This is a public meeting and members of the public are welcome to attend

Contact -

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1. Order of Business

1.1 Including any notices of motion and any other items of business submitted as urgent for consideration at the meeting.

2. Declarations of Interest

2.1 Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

3. Deputations

3.1 If any

4. Minutes

4.1 Minute of the Governance, Risk and Best Value Committee of 8 May 2018 – submitted for approval as a correct record (circulated)

5. Outstanding Actions

5.1 Outstanding Actions – 5 June 2018 (circulated)

6. Work Programme

6.1 Governance, Risk and Best Value Work Programme – 5 June 2018 (circulated)

7. Reports

- 7.1 Internal Audit: Overdue Findings: Late Management Responses; and 2017/18 Plan Completion – report by the Executive Director of Resources (circulated)
- 7.2 Internal Audit Report Housing Property Follow Up May 2018 report by the Chief Internal Auditor (circulated)
- 7.3 Internal Audit and Risk Update on Service Delivery Model report by the Executive Director of Resources (circulated)
- 7.4 Accounts Commission : Local Government in Scotland Challenges and Performance 2018 – joint report by the Chief Executive and the Executive Director of Resources (circulated)
- 7.5 Response to GRBV Decision on Historic Internal Audit Findings report by the Chief Executive (circulated)
- 7.6 National and Local Scrutiny Plans 2018/19 report by the Chief Executive (circulated)

- 7.7 Edinburgh Partnership Review and Consultation of Governance and Partnership Working Arrangements – report by the Chief Executive (circulated)
- 7.8 Complaints Management Update report by the Chief Executive (circulated)
- 7.9 Change Portfolio report by the Chief Executive (circulated)
- 7.10 Immediate Pressures and Longer Term Sustainability Health and Social Care report by the Chief Officer, Edinburgh Health and Social Care Partnership (circulated)
- 7.11 Whistleblowing Quarterly Report report by the Chief Executive (circulated)

8. Motions

8.1 None.

Laurence Rockey

Head of Strategy and Insight

Committee Members

Councillors Mowat (Convener), Main (Vice-Convener), Bird, Bridgman, Jim Campbell, Doggart, Howie, Lang, Munro, Rae and Watt.

Information about the Governance, Risk and Best Value Committee

The Governance, Risk and Best Value Committee consists of 11 Councillors appointed by the City of Edinburgh Council. The Governance, Risk and Best Value Committee usually meet every four weeks in the City Chambers, High Street in Edinburgh. There is a seated public gallery and the meeting is open to all members of the public.

Further information

If you have any questions about the agenda or meeting arrangements, please contact Gavin King, Strategy and Insight, City of Edinburgh Council, Waverley Court, Business Centre 2.1, Edinburgh EH8 8BG, Tel 0131 529 4239, e-mail gavin.king@edinburgh.gov.uk

A copy of the agenda and papers for this meeting will be available for inspection prior to the meeting at the main reception office, City Chambers, High Street, Edinburgh.

The agenda, minutes and public reports for this meeting and all the main Council committees can be viewed online by going to <u>www.edinburgh.gov.uk/cpol</u>.

For remaining items of business likely to be considered in private, see separate agenda.

Governance, Risk and Best Value Committee – 5 June 2018

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10.00am, Tuesday, 8 May 2018

Present

Councillors Mowat (Convener), Main (Vice-Convener), Bird, Bridgman, Jim Campbell, Howie, Lang, Mitchell (substituting for Councillor Doggart), Munro, Rae and Watt.

1. Minute

Decision

To approve the minute of 20 March 2018 as a correct record subject to noting that a briefing note would be circulated by the Executive Director for Communities and Families in relation to Item 2 – Outstanding Actions on the current position on the pilot scheme for ICT in schools.

Declaration of Interests

Councillor Main declared a non-financial interest in the above item as the parent of a young person at James Gillespie's High School.

2. Outstanding Actions

Details were provided on the outstanding actions arising from decisions taken by the Committee.

Decision

1) To agree to close the following Actions:

Action 5 - Internal Audit Quarterly Update Report – Edinburgh Building Services

Action 10 - Internal Audit Quarterly Update Report – Homelessness Provision

Action 16 - 2016-17 Annual Audit Report and Review of Internal Controls – Progress Update

Action 17 - External Audit Review of CGI IT Security Controls – Progress Update

Action 18 – Risks Arising from Carillion PLC Entering Administration

Action 20(3) - Internal Audit Quarterly Update Report – Adult Drug and Alcohol

Action 21 - Audit Scotland Report – Equal Pay in Scottish Councils.



2) To ask that expected completion dates be provided for the following actions:

Action 1 – Committee Report Process

Action 4 - Home Care Re-ablement Service Contact Time

- 3) Action 7(2) Governance of Major Projects To ask the Executive Director for Communities and Families to set up a workshop for members to enable them to contribute to the scoping of the lessons learned report together with an expected completion date for the action.
- 4) Action 19(2) Licensing Forum Review of Constitution and Membership
 to note that the expected completion date was June 2018.
- 5) To note the remaining outstanding actions.

(Reference – Outstanding Actions – 8 May 2018, submitted.)

3. Work Programme

Decision

To note the work programme.

(Reference – Governance, Risk and Best Value Committee Work Programme – 8 May 2018, submitted.)

4. 2016-17 – Annual Audit Report and Review of Internal Controls – Progress Update

An update was provided on the progress of the Annual Audit Report and review of the Council's Internal Control framework against the agreed improvement actions.

Decision

To note the progress made in addressing the remaining actions contained within the 2016/17 Annual Audit Report and review of the Council's internal control framework report.

(References – Governance, Risk and Best Value Committee 26 September 2017 (item 9); joint report by the Chief Executive and the Executive Director of Resources, submitted.)

5. Internal Audit Report – Building Standards March 2018

The outcomes of the Internal Audit review of Building Standards was presented.

Decision

- To note the outcomes of the March 2018 Building Standards review and the progress being made by Building Standards towards addressing the findings raised by both the Scottish Government Building Standards Division and Internal Audit.
- 2) To note that a copy of the final report would be shared with the Scottish Government Building Standards Division.

- 3) To ask that an internal briefing be held with the Scottish Government Improvement Team to update members on the current position.
- 4) To ask that training on Building Standards be provided for members of the Planning Committee and a reporting framework to that Committee be set up.
- 5) To note that a further update would be provided in August 2018.

(Reference – report by the Chief Internal Auditor, submitted.)

6. Internal Audit Repot – Historic Internal Audit Findings

The Convener ruled that the following motion, notice of which had been given at the start of the meeting, be considered as a matter of urgency to allow the Committee to give early consideration to this matter.

An update was provided on the validation exercise which had been carried out to establish whether the Council was exposed to significant service delivery risks relating to audit activity from 1 April 2015.

Motion

Committee:

Requests the Chief Executive to provide a fully populated version of Table 1 at Appendix 2 to the next meeting of the Committee detailing:

- 1) Audit Finding identified;
- 2) Current position of Audit Finding; has it been treated, ignored or whether it is no longer extant;
- 3) How each outstanding Audit Finding is to be treated to minimise the risk to the Council and the timescale in which necessary actions will be carried out;
- 4) The resource required by each Directorate to carry out the actions detailed at 3 above;
- 5) Any additional resource required by the Council's Internal Audit function to ensure that the actions identified in the paragraphs above can be undertaken;
- 6) Where any additional resource identified will come from and the impact of this on Service Delivery;

Further that a list of work being carried out by each Service is prepared and brought to each Committee so consideration can be given to what projects can be delayed or set aside in order to create sufficient time for staff to carry out the remedial actions required.

Reminds officers and Councillors that scrutiny and mitigation of risks as identified during internal audits is the responsibility of all to ensure reduced risks and improved performance thus protecting frontline services via efficient use of finances and therefore recommends: that high and medium level findings which are not treated by officers in the timescale agreed with Internal Audit (overdue findings) are forwarded to the relevant Executive Committee with a revised report format which makes clear that it is the responsibility of Executive Committees to ensure that any high or medium audit findings within the remit of their Committee are dealt with by officers and risks appropriately treated or mitigated.

- moved by Councillor Mowat, seconded by Councillor Main

Amendment

To agree the terms of the motion by Councillor Mowat subject to the addition of the word "audit" in the paragraph after 6), to read "Further that a list of audit work......"

- moved by Councillor Bird, seconded by Councillor Watt

In accordance with Standing Order 20(7), the amendment was accepted as an addendum to the motion.

Decision

To approve the following adjusted motion by Councillor Mowat:

Committee:

Requests the Chief Executive to provide a fully populated version of Table 1 at Appendix 2 to the next meeting of the Committee detailing:

- 1) Audit Finding identified;
- 2) Current position of Audit Finding; has it been treated, ignored or whether it is no longer extant;
- 3) How each outstanding Audit Finding is to be treated to minimise the risk to the Council and the timescale in which necessary actions will be carried out;
- 4) The resource required by each Directorate to carry out the actions detailed at 3 above;
- 5) Any additional resource required by the Council's Internal Audit function to ensure that the actions identified in the paragraphs above can be undertaken;
- 6) Where any additional resource identified will come from and the impact of this on Service Delivery;

Further that a list of audit work being carried out by each Service is prepared and brought to each Committee so consideration can be given to what projects can be delayed or set aside in order to create sufficient time for staff to carry out the remedial actions required.

Reminds officers and Councillors that scrutiny and mitigation of risks as identified during internal audits is the responsibility of all to ensure reduced risks and improved performance thus protecting frontline services via efficient use of finances and therefore recommends: that high and medium level findings which are not treated by officers in the timescale agreed with Internal Audit (overdue findings) are forwarded to the relevant Executive Committee with a revised report format which makes clear that it is the responsibility of

Executive Committees to ensure that any high or medium audit findings within the remit of their Committee are dealt with by officers and risks appropriately treated or mitigated.

(Reference – report by the Chief Internal Auditor, submitted.)

7. Accounts Commission Report on Edinburgh Schools

Details were provided on the Accounts Commission recently published report in relation to Edinburgh Schools and in particular the closure of multiple schools in 2016.

Decision

To note the content of the Accounts Commission report.

(Reference - report by the Executive Director of Resources, submitted.)

8. Corporate Leadership Team Risk Update

Details were provided on the Council's top risks and the key controls in place to mitigate them as at 4 April 2018. These risks and associated controls had been scrutinised and challenged by the Corporate Leadership Team and were presented for oversight and review.

Decision

- 1) To note the report by the Executive Director of Resources.
- 2) To request, where appropriate, further updates from relevant officers to discuss the key risks and mitigating actions identified.

(Reference - report by the Executive Director of Resources, submitted.)

9. Governance Arrangements for the Edinburgh Alcohol and Drug Partnership

The Committee had called for a report on the Edinburgh Alcohol and Drug Partnership governance and reporting arrangements.

Details were provided on the operating arrangements for the Edinburgh Alcohol and Drug Partnership which included governance and key agreed priorities for the city.

Decision

To note the report by the Chief Social Work Officer and Head of Safer and Stronger Communities.

(References – Governance, Risk and Best Value Committee 20 March 2018 (item 4); report by the Chief Social Work Officer and Head of Safer and Stronger Communities, submitted.)

10. Status of the ICT Programme

Details were provided on the programme of works within ICT and the current services delivered by the Council's external ICT partner, CGI.

Decision

- 1) To note the report by the Executive Director of Resources.
- 2) To ask that productivity measures be included in the revised dashboard.
- 3) To call for a programme to measure milestones over time going forward with and end date of June 2019.
- 4) To request that the Governance, Risk and Best Value committee is provided with a programme for the End User Compute Project to enable milestones to be measured by the Committee.
- 5) To ask the Executive Director to provide a quarterly report which includes a programme with timescales of "stable service", detailing the 28 transformation projects including those that have been completed and those awaiting commencement and when they can be expected.
- 6) To ask the Executive Director to provide information to members on the on-line fault reporting system.

(Reference - report by the Executive Director of Resources, submitted.)

11 External Audit Review of CGI IT Security Controls – Progress Update

The Committee, in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, excluded the public from the meeting during consideration of the following item of business for the reason that it involved the likely disclosure of exempt information as defined in Paragraph 14 of Part 1 of Schedule 7(A) of the Act.

An update was provided on progress with the implementation of the agreed improvement actions in collaboration between CGI, the Council's ICT partner and by the Council's ICT service.

Decision

To note the progress update on the identified external audit actions, as externally assessed by Scott Moncrieff.

(Reference - report by the Executive Director of Resources, submitted.)

June 2018

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
1	19/10/2015	<u>Committee Report</u> <u>Process</u>	To investigate technology offered by the new IT provider with a view to improving report format and reducing officer workload. To request a progress report back to Committee in one year.	Chief Executive	August 2018		Work has been undertaken looking at different options. An option has been identified and funding options are being explored.
2	21/04/2016	Internal Audit – Audit and Risk Service: Delivery Model Update	To ask that an update report on the internal audit function be provided to the Governance, Risk and Best Value Committee a year after implementation.	Executive Director of Resources	June 2018		Recommended for Closure Report on agenda for this meeting
3	26/09/16	<u>Corporate</u> Leadership Team <u>Risk Update</u>	To request that progress reports on the additional precautionary surveys	Executive Director of Resources	December 2018		A report was submitted to the Corporate Policy



No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			currently being undertaken in buildings sharing similar design features to those of the PPP1 schools, would be referred to the Governance, Risk and Best Value Committee for scrutiny.				and Strategy Committee in December 2017 who have called for a further update in 12 months. The update report will then be referred to this Committee.
4	24/10/16	Home Care and Re-ablement Service Contact Time	To request an update report 6 months after the implementation of the new ICT system for shift allocation.	Chief Officer, Edinburgh Health and Social Care Partnership			A project is currently underway to look at short term interventions to increase efficiency and contact time
	29/09/17		To ask the Chief Officer, Edinburgh Health and Social Care Partnership to provide an update on why the new ICT system for shift allocation was not implemented earlier in the year				within the internal Home Care and Reablement service. This will consider issues such as sickness absence management, mobile working technology,

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							improved management information and efficiency of travel.
							The replacement of the existing shift/resource allocation system has been placed on hold pending a wider consideration of the ICT strategy for the Partnership and the wide variety of systems currently utilised within the Partnership. An outline business case is in development for the replacement of the existing Swift system. Any replacement for our shift allocation

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							system would need to interface effectively with the replacement for Swift
5	09/03/2017 26/09/17	Outstanding Actions Outstanding Actions – 26 September 2017	To request that the report on the Governance of the Edinburgh Partnership would be referred from the Culture and Communities Committee to the Governance, Risk and Best Value Committee. To request a timeline for the development of governance arrangements for the Edinburgh Partnership	Chief Executive	June 2018 June 2018		Recommended for Closure Report on agenda for this meeting
6	20.04.2017	Governance of Major Projects: progress report	 To note the review underway for how change was reported 	Chief Executive	February 2018	20 February 2018	1) CLOSED

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			 and managed across the Council which will also include strengthening of governance arrangements around project and programme delivery. This would be reported to the Governance, Risk and Best Value Committee with developed proposals in the next reporting period. 2) To request that members of Governance, Risk and Best Value Committee have input into the scope of the lessons learned report to be drafted on the New Boroughmuir High School and that this report was referred to the Governance, Risk 		August 2018		2) The lessons learned exercise will be carried out as part of the normal project activity at the end of the project. The scope will be shared with elected members for comment.

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			and Best Value Committee following consideration at the Education, Children and Families Committee.		August 2018		8 May 2018 To ask the Executive Director for Communities and Families to set up a workshop for members to enable them to contribute to the scoping of the lessons learned report
			3) To request communication with teachers, parents and parent councils on the progress with WIFI provision in schools.		June 2017	June 2017	CLOSED 3) The Chief Information Officer/Head of ICT has met with the Parent Council of JGHS to update them on the progress of WiFi in the school.

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
7	01/08/2017	Governance, Risk and Best Value Work Programme – 1 August 2017	To note an investigation report on retention of case records would be reported to the appropriate committee and a timescale for this would be provided as soon as possible.	Executive Director for Communities and Families	September 2018		The internal auditor's investigation is still ongoing therefore it may take a few months before an update is provided. The Executive Director for Communities and Families will provide an update once the Chief Internal Auditor's investigation is concluded. The final audit report would be referred from the Corporate Policy and Strategy Committee to GRBV.

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
8	01/08/2017	Employee Engagement Update 2017	To request the action plan drafted following the 2017 employee survey was reported to GRBV for scrutiny and approval prior to implementation	Executive Director of Resources	September 2018		The report will be provided following completion of the employee survey which is due to commence in March 2018 and following an analysis and reporting of the results an action plan will be developed and reported to committee to address the results.
9	26/09/2017	Internal Audit: Overdue Recommendations and Late Management Responses	 To request an update on: a) the progress of actions due to close in September. b) Mortuary Services 	Chief Internal Auditor	October 2017	October 2017	1) CLOSED

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			2) To request a scoping report with proposals to address the outstanding actions for Health and Social Care back to GRBV with an appendix highlighting who is responsible for each area.		July 2018		2) Following discussion with the Chief Officer, it has been agreed that overdue H&SC recommendatio ns will be reviewed in conjunction with the findings of the IJB H&SC purchasing budget audit that is due to complete by 31 March 2018. It is expected that the emerging findings from this review will replace a number of the historic

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							overdue findings.
10	26/09/2017	Principles to Govern the Working Relationships between the City of Edinburgh Council Governance, Risk and Best Value Committee and the Edinburgh Integrated Joint Board Audit and Risk Committee	To accept the high-level principles subject to further information on how elected members could best engage with the process.	Chief Internal Auditor	August 2018		An update will be provided to Committee in August 2018 on how elected members can best engage with the process.
11	26/09/2017	<u>City of Edinburgh</u> <u>Council – 2016/17</u> <u>Annual Audit</u> <u>Report to the</u> <u>Council and the</u> <u>Controller of Audit</u>	1) To request an update report in January 2018 on the progress of the improvements recommended in the action plan.	Chief Executive and Executive Director of Resources		January 2018	Recommended for Closure Update report was provided to Committee in January 2018

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			2) To request a briefing to members on Edinburgh Catering Services including the current situation and a breakdown of what has caused the deficit			October 2017	CLOSED
12	31/10/2017	<u>Complaints</u> <u>Management</u>	 To note that an update report would be presented to Committee in Spring 2018 To include the previous years' comparative figures any future report. 	Chief Executive	June 2018		Recommended for Closure Report on agenda for this meeting
13	31/10/2017	Spot-checking on the Dissemination of Council Policies	To note that a report which explored with directorates more	Chief Executive	July 2018		

Νο	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			effective ways to monitor the dissemination and understanding of Council policies by employees would be submitted by Spring 2018.				
14	20/02/18	Licensing Forum - Review of Constitution and Membership	1) To call for a report to the next meeting of the Committee on the current appointment process to the Licensing Forum together with the timelines for reviewing the current process.	Executive Director of Place	March 2018	20 March 2018	1) CLOSED
			2) To request a review of the appointment process to the Licensing Forum.	Executive Director of Place	July 2018		2) Recommended for ClosureReport on agenda for this meeting

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
15	20/03/18	Internal Audit Quarterly Update Report Quarter 3 – (1 October – 31 December 2017)	1) To circulate performance information in regard to third party suppliers for Adult Drug and Alcohol services to members for information.	Interim Chief Officer, Edinburgh Health and Social Care Partnership	June 2018		
			 To ask that Internal Audit provide a future update on GDPR readiness. 	Chief Internal Auditor	28 August 2018		
			3) To ask for a report on the Edinburgh Alcohol and Drug Partnership governance and reporting arrangements and that that report be referred on to the Edinburgh Alcohol and Drug Partnership.	Chief Social Work Officer/Head of Safer and Stronger communities	May 2018	8 May 2018	CLOSED

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
16	08/05/18	Internal Audit Report - Building Standards March 2018	To note that a further update would be provided in August 2018.	Place	August 2018		
17	08/05/18	Internal Audit Report - Historic Internal Audit Findings	Request the Chief Executive to provide a fully populated version of Table 1 at Appendix 2 to the next meeting.	Chief Executive	June 2018		Recommended for Closure Report on agenda for this meeting
18	08/05/18	Status of the ICT Programme	1) To call for a programme to measure milestones over time going forward with an end date of June 2019	Executive Director of Resources			1) Briefing note to be circulated to Committee members in June 2018.
			2) To request that the Governance, Risk and Best Value Committee be provided with a programme for the End User Compute Project to enable milestones to be				2) Briefing note to incorporate details of the End User Compute Project in June 2018 and reporting to be included in

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			measured by the Committee.				quarterly status updates to the Committee.
			3) To ask the Executive Director to provide a quarterly report which includes a programme with timescales of "stable service", detailing the 28 transformation projects including those that have been completed and those awaiting commencement and when they can be expected.				3) Quarterly reports to be provided to Committee – first report due on 31 July 2018.
			 To ask the Executive Director to provide information to members on the on- line fault reporting system 				4) Note circulated by Committee Services – May 2018.

	Title / description	Sub section	Purpose/Reason	Category or type	Lead officer	Stakeholders	Progress updates	Expected date
Sec	tion A – Regular	Audit Items						
1	Internal Audit: Overdue Recommendati ons and Late Management Responses		Paper outlines previous issues with follow up of internal audit recommendations, and an overview of the revised process within internal audit to follow up recommendations, including the role of CLG and the Committee	Internal Audit	Chief Internal Auditor	Council Wide	Quarterly	June 2018 September 2018 January 2019
2	Internal Audit Quarterly Activity Report		Review of quarterly IA activity with focus on high and medium risk findings to allow committee to challenge and request to see further detail on findings or to question relevant officers about findings	Internal Audit	Chief Internal Auditor	Council Wide	Quarterly	31 July 2018 September 2018 January 2019



3	IA Annual Report for the Year		Review of annual IA activity with overall IA opinion on governance framework of the Council for consideration and challenge by Committee	Internal Audit	Chief Internal Auditor	Council Wide	Annually	31 July 2018
4	IA Audit Plan for the year		Presentation of Risk Based Internal Audit Plan for approval by Committee	Internal Audit	Chief Internal Auditor	Council Wide	Annually	20 March 2019
5	Accounts Commission	Annual report	Local Government in Scotland: Financial Overview	External Audit	Executive Director of Resources	Council Wide	Annually	January 2019
6	Accounts Commission	Annual report	Local Government in Scotland: Performance and Challenges	External Audit	Executive Director of Resources	Council Wide	Annually	June 2018
7	Annual Audit Plan	Scott Moncrieff	Annual audit plan	External Audit	Executive Director of Resources	Council Wide	Annually	March 2019
8	Annual ISA 260 Audit Report	Scott Moncrieff	Annual Audit Report	External Audit	Executive Director of Resources	Council Wide	Annually	September 2018
9	Interim Audit Report	Scott Moncrieff	Interim audit report on Council wide internal financial control framework	External Audit	Executive Director of Resources	Council Wide	Annually	July 2018
10	IT Audit Report	Scott Moncrieff	Scope agreed during annual external audit planning cycle	External Audit	Executive Director of Resources	Council Wide	Annually	October 2018

11	Audit Charter			External Audit	Executive Director of Resources	Council Wide		March 2019
Sec	tion B – Scrutiny	Items	1		1		I	
12	Governance of Major Projects	TBC	To ensure major projects undertaken by the Council were being adequately project managed	Major Project	Chief Executive	All	TBC	TBC
13	Welfare Reform	Review	Regular update reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	March 2019
14	Review of CLT Risk Scrutiny	Risk	Quarterly review of CLT's scrutiny of risk	Risk Management	Chief Executive	Council Wide	Quarterly	28 Aug 2018 27 November 2018 February 2019
15	Whistleblowing Quarterly Report		Quarterly Report	Scrutiny	Chief Executive	Internal	Quarterly	June 2018
16	Workforce Control	Staff	Annual report	Scrutiny	Executive Director of Resources	Council Wide	Annual	September 2018
17	Committee Decisions	Democracy	Annual report	Scrutiny	Chief Executive	Governance, Risk and Best Value Committee	Annual	Date TBC Re-examine after improved information tracking.
18	Monitoring of Council Policies	Democracy	Annual report	Scrutiny	Chief Executive	Council Wide	Annual	Spring 2018

19	Edinburgh Shared Repairs Service and Legacy Closure Programme	Review	Progress reports	Scrutiny	Executive Director of Resources	All	Six- monthly	August 2018
20	Revenue Monitoring	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Quarterly	August 2018 October 2018 February 2019
21	Capital Monitoring	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Quarterly	August 2018 October 2018 February 2019
22	Revenue Outturn	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	September 2018
23	Capital Outturn and Receipts	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	September 2018
24	Treasury – Strategy report	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	March 2019
25	Treasury – Annual report	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	September 2018
26	Treasury – Mid- term report	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	January 2019

Sec	Section C – Council Companies							
27	Edinburgh Leisure	Review	Progress Report	Scrutiny	Executive Director for Communities and Families	Council Wide	Annual	November 2018
28	Festival City Theatres Trust	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	November 2018
29	Other ALEOs to be confirmed	Review	Progress Report	Scrutiny	Relevant Director	Council Wide	Annual	TBC

GRBV Upcoming Reports

Appendix 1

Report Title	Туре	Flexible/Not Flexible
31 July 2018		
Internal Audit Quarterly Activity Report	Scrutiny	Flexible
IA Annual Report for the Year	Scrutiny	Flexible
Interim Audit Report	Scrutiny	Flexible
Scoping Report with Proposals to Address the Outstanding Actions for Health and Social Care	Scrutiny	Flexible
Spot Checking on the Dissemination of Council Policies	Scrutiny	Flexible
A National Report on Early Learning	Scrutiny	Flexible
Licensing Forum – Review of Constitution and Membership	Scrutiny	Flexible

28 August 2018		
Review of CLT Risk Scrutiny	Scrutiny	Flexible
Edinburgh Shared Repairs Service and Legacy Closure	Scrutiny	Flexible
Revenue Monitoring	Scrutiny	Flexible
Capital Monitoring	Scrutiny	Flexible
Principals to Govern the Working Relationships between the City of Edinburgh Council Governance, Risk and Best Value Committee and the Edinburgh Integration Joint Board Audit and Risk Committee	Scrutiny	Flexible
Building Standards Update	Scrutiny	Flexible
September 2018		
Employee Engagement Update 2016	Scrutiny	Flexible
Internal Audit: Overdue Recommendations and Late Management Responses	Scrutiny	Flexible
Internal Audit Quarterly Activity Report	Scrutiny	Flexible
Annual ISA 260 Audit Report	Scrutiny	Flexible
Workforce Control	Scrutiny	Flexible

Revenue Outturn	Scrutiny	Flexible
Treasury – Annual Report	Scrutiny	Flexible

10.00am, Tuesday 5 June 2018

Internal Audit: Overdue Findings; Late Management Responses; and 2017/18 plan completion

Item number	7.1		
Report number			
Executive/routine			
Wards			
Council Commitmen	ts		

Executive Summary

This report sets out details of overdue Internal Audit (IA) findings, and audit reports issued in draft where management responses have not been received within the agreed service standard timeframes as at 23 March 2018; and progress with delivery of the 2017/18 IA plan as at 11 May 2018.

As at 23 March 2018 there were 86 open IA findings across the Council. This excludes the 30 IA historic findings reported to Committee on 8 May 2018 that will be reopened and tracked as overdue.

Appendix 1 contains details of the overdue findings and management updates as at 23 March 2018. Some of the actions will have progressed significantly since that date and progress is set out in set out in the report on this agenda responding to the Motion approved at this Committee on 8 May 2018.

The overdue findings ageing profile confirms that 45% are more than six months old and 10% more than one year old. Of the open (not yet overdue) findings, 45% include management actions where agreed implementation dates have not been achieved.

The management responses for one audit was not received on time.

A total of 18 audits are in the process of being finalised to support completion of the 2017/18 plan and IA annual opinion. Early indications are that these will include number of High findings. These requirements are likely to have a significant resource impact on service areas.



Internal Audit: Overdue Findings; Late Management Responses; and 2017/18 plan completion

1 Recommendations

Members of the Governance, Risk and Best Value Committee are requested to note:

- 1.1.1 the status of the overdue Internal Audit findings as at 23 March 2018;
- 1.1.2 IA progress towards implementation of an automated open and overdue findings monitoring and reporting process;
- 1.1.3 that a further 30 historic IA findings dating back to 1 April 2015 that have not been implemented, or implemented but not sustained, will be reopened as overdue (based on the original implementation date) with effect from 15 May, as reported to Committee on 8 May 2018;
- 1.1.4 that there was one report issued in draft where management responses have not been received within the agreed two-week service standard (Lothian Pension Fund Pensions Tax). This report has now been finalised;
- 1.1.5 that the proposals in relation to shadow IT set out below have been approved by the Corporate Leadership Team (CLT) with an 18-month timeframe agreed to address shadow IT risk; and,
- 1.1.6 progress with the 18 audits to be completed to support the 2017/18 IA annual opinion.

2 Background

- 2.1 IA overdue findings and late management responses are reported monthly to the CLT and quarterly to the GRBV.
- 2.2 It is expected that the greater visibility that monthly CLT reporting to improve direct ownership of actions at an executive level will result in more IA findings being closed off in a timely manner.
- 2.3 The IA definition of an overdue recommendation is any recommendation where all the agreed management actions have not been implemented by the final date agreed by management and recorded in Internal Audit reports.
- 2.4 The IA Charter includes the requirement for receipt of management responses to draft IA findings within 10 working days. Where management responses are not received on time, details are included in this report

3 Main report

Historic findings

3.1 This report reflects the current population of known overdue IA findings as at 23 March 2018, but does not yet include the 30 historic IA findings dating back to 1 April 2015 that have not been implemented, or were implemented but not sustained, as reported to the Committee on 8 May 2018. These will be reopened as overdue (based on original implementation dates) and recorded through the monthly IA follow up process from 15 May 2018.

Quality of Evidence and Management Responses

- 3.2 Quality of evidence provided to support follow-up and closure of IA findings remains an ongoing challenge. Agreed actions are, at times, confirmed as completed by senior management whilst subsequent IA review confirms that controls have not been fully and effectively implemented. This has resulted in IA providing further advice and often having to reperform follow-up work to support final closure. This is having a sustained and adverse impact on resourcing within IA.
- 3.3 Quality and agreement of management responses is a new challenge emerging when finalising IA reports. Whilst management responses are generally received on time, the quality of responses provided often do not always fully address the findings raised and require rework to ensure that they can be included in the final report prior to presentation to GRBV.
- 3.4 It should be noted that Appendix 1 contains details of the overdue findings and management updates **as at 23 March 2018**. Some of these actions will have progressed significantly since that date and progress is set out in set out in the separate report responding to the Motion approved by GRBV on 8 May 2018.

IA Solutions to Address Quality of Evidence and Management Responses

- 3.5 Representatives from service areas are currently supporting the pilot of the automated open and overdue findings reporting process in May and June. Training delivered to pilot users in April and early May has been well received and full launch of the system is across the Council is scheduled for July 2018.
- 3.6 The full launch will be supported by training for all owners of IA findings and executive support. This training will include an explanation of IA follow-up expectations and the quality of evidence required to support closure of findings.
- 3.7 IA is also planning a rebrand. This will involve production of a video where members of the GRBV, the Chief Executive, and the Executive Director of Resources will reinforce the importance of implementing agreed management actions to close IA findings effectively and on time. In addition, there will be a launch of new IA pages on the Council's intranet, the Orb, that will include guidance on working with IA to finalise reports and close findings.

Overdue Findings as at 23 March 2018

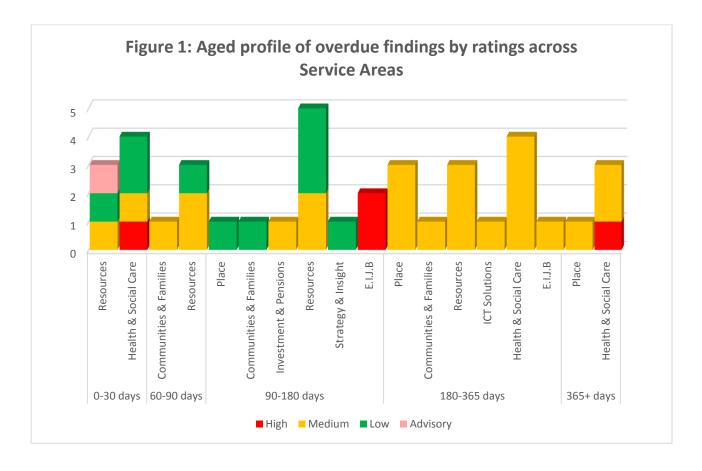
- 3.8 There were 86 open Internal Audit findings across Service Areas as at 23 March 2018 (70 as at 20 February 2018). Of these, 39 (45%) are overdue (3 High; 24 Medium; and 9 Low) in comparison to 36 (46%) as at 20 February. During the period, 5 overdue findings (3 Medium; and 2 Low) were closed, with 7 new findings reporting as overdue.
- 3.9 The 5 overdue findings were closed by the following Directorates:
 - 3.9.1 Health and Social Care / EIJB (4) 3 Medium; 1 Low
 - 3.9.2 Resources (1) 1 Low
- 3.10 The 7 open findings that have become overdue in the period are:
 - 3.10.1 Health and Social Care (4) 1 High; 1 Medium; 2 Low
 - 3.10.2 Investments and Pensions (1) Medium
 - 3.10.3 Resources (2) 1 Low; 1 Advisory
- 3.11 The 4 Health and Social Care overdue findings relate to the Care Homes review that was completed in January 2018. Whilst Health and Social Care are the owners of these findings, support was required from Resources (Finance and Customer Services and IT) to ensure that they could be closed on time.

Shadow IT

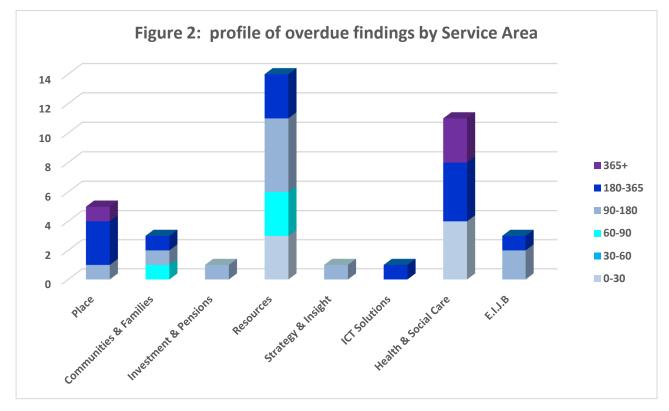
- 3.12 Customer Services and IT owns a High rated audit finding requiring review of all critical shadow IT (systems and applications used by services areas that are provided by third parties) to ensure that appropriate disaster recovery arrangements either exist or are established and implemented. This finding is due for closure by 31 May 2018.
 - 3.12.2 The full population of returns from Service Areas was received in January 2018, and confirmed that a large number of shadow IT systems were in use across the Council. Service areas have confirmed that around a quarter of these would have a critical or major adverse impact on service delivery if they were unavailable. Given the scale of the critical shadow IT systems identified, both the agreed management action and May implementation date were considered unrealistic in terms of delivery capacity requirements. IA recommends that:
 - a paper is presented to CLT to discuss the risks associated with critical shadow IT resilience and security;
 - a revised approach and implementation date is agreed at CLT;
 - delivery of the revised approach is raised and tracked as IA findings; and
 - Shadow IT risk is captured on both Directorate and CLT risk registers.
- 3.13 A low recommendation in relation to service level agreements with outside entities was also reallocated to all Service Areas Directorates; Service Areas; and Lothian Pension Fund in August, with an implementation date of 30 November. Only three

service areas have completed their actions, with Communities and Families; Place; Resources and Strategy and Insight actions overdue.

- 3.14 Service Areas have provided evidence to IA for 9 overdue findings (5 H&SC and EIJB; 4 Resources). IA is reviewing the evidence provided and engaging with management to confirm whether the findings have been sufficiently addressed and can now be closed.
- 3.15 No overdue finding ratings have been reduced in the period.
- 3.16 Our next open and overdues report to CLT will reflect the position as at **23 April 2018**. Evidence is required for 17 open findings to ensure they are not reported as overdue in our next report. These are
 - 3.16.1 Health and Social Care (9) Social work: Pre-employment verification (SW1601ISS.5); IJB Data Integration and Sharing (HSC1604ISS.4); Care Homes (HSC1701 issues 3, 4, 6 and 15); Edinburgh Alcohol and Drug Partnership (HSC1715 issues 1, 2 and 3);
 - 3.16.2 Communities and Families (1) GIRFEC named person (CF1621ISS.2);
 - 3.16.3 Place (3) Local Development Plan (PL1705 issues 1, 2 and 3);
 - 3.16.4 Lothian Pension Fund (2) Review of IT Business Resilience and Disaster Recovery (RES1706ISS.2); and Pensions Payroll Outsourcing (RES1708ISS.1); and
 - 3.16.5 Strategy and Insight (2) ICO Follow up (RES1606 issues 2 and 4)
- 3.17 A further 4 overdue Medium findings are due for closure by 30 April 2018. Action is required from Resources (Risk Management RES1608) and Health and Social Care (Social Work Pre-Employment Verification SW1601).
- 3.18 16 overdue findings (2 High; 7 Medium; 6 Low; and 1 Advisory) currently have no revised implementation dates. Action is required from Communities and Families (1 Medium and 1 Low); Place (3 Medium and 1 Low); Resources (1 Medium and 2 Low; 1 Advisory); Health and Social Care and EIJB (2 High; 1 Medium 2 Low); and Strategy and Insight (1 Low). Findings where revised dates are required have been highlighted in Appendix 1.
- 3.19 Figure 1 illustrates the ageing profile of all overdue findings by rating across Service Areas. Whilst the total number of 17 findings more than 180 days old remains the same as the position as at 20 February (17) the following movement is evident:
 - 3.19.2 Resources +1 (Medium)
 - 3.19.3 Health and Social Care +2 (Medium)
 - 3.19.3 Communities and Families +1 (Medium)
 - 3.19.4 EIJB -4 (Medium)
- 3.20 4 Findings remain more than 365 days old 1 High and 2 Medium in Health and Social Care; and 1 Medium in Place

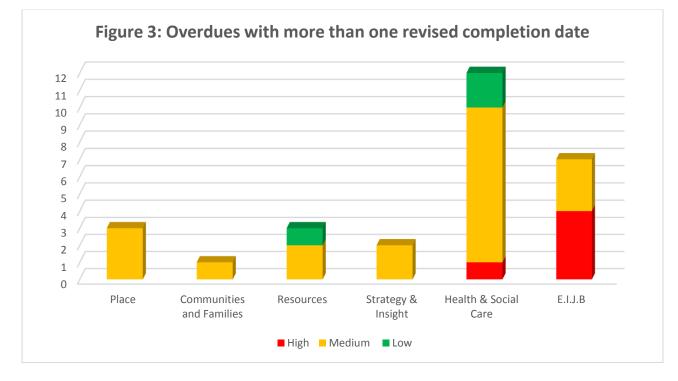


3.21 Figure 2 highlights the ageing profile of overdue IA findings for each Service Area. Place and Health and Social Care are the owners of the most historic overdue findings.



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3.22 Figure 3 illustrates that there are 28 overdue findings (15 as at 20 February 2018) where completion dates have been revised more than once since the implementation dates agreed with Service Areas when finalising audit reports. This is an increase of 13 and reflects changes in 2 dates for EIJB; 9 for Health and Social Care; 1 for Strategy and Insight; and 1 for Resources.



- 3.23 There are also 21 open (not overdue) findings where agreed dates for specific actions have been missed. These are:
 - 3.23.1 Health and Social Care (13) Care Homes Assurance Review (HSC1715 issue 18 (High); issues 6, 7, 10, 11, 12, 14 and 15 (Medium); issues 7 and 9 (Low)); EADP Contract Management (HSC1715 issue 3 (High) and issues 1 and 2 (Medium));
 - 3.23.2 EIJB (1) Data Integration and Sharing (HSC1604ISS4 Medium);
 - 3.23.3 Resources (2) External Vulnerability Assessment (CW1603ISS.3 High); Asset Management Strategy (RES1712ISS.5 – Low);
 - 3.23.4 LPF (2) IT Business Resilience and Disaster Recovery (RES1706 issue 2 (High) and issue 1 (Medium);
 - 3.23.5 Strategy and Insight (2) ICO Follow Up (RES1606ISS.2 Medium); Complaints Process (CF1619ISS.1 – Medium); and
 - 3.23.6 Safer and Stronger (1) Short Term Homelessness Provision (SSC1701ISS5 Medium).
- 3.24 Internal Audit has categorised all overdue Internal Audit actions by Directorate showing the latest status updates where received. The detailed results of this categorisation are set out in Appendix 1.

IA 2017/18 annual plan completion progress as at 11 May 2018

- 3.25 As at 31 December 2017, IA had a total of 29 audits to complete to support the 2017/18 annual opinion. 11 Audits have now been finalised, and of the remaining 18:
 - 3.25.1 1 review (St Katherine's Records Management) will continue into 2018/19;
 - 3.25.2 5 reports are with IA to review management comments, provide feedback and finalise;
 - 3.25.3 3 reports are with service areas awaiting management comments;
 - 3.25.4 7 draft reports are being prepared by IA; and
 - 3.25.5 2 reviews are in fieldwork (Care Inspectorate and Fleet). As these audits require to be completed in time to support the 2017/18 IA opinion, management will require to support IA in finalising the reports by 14 June to ensure the annual opinion can be prepared for the GRBV meeting on 31 July 2018.
- 3.27 2 reviews are in fieldwork (Care Inspectorate and Fleet). Management responses for one report (LPF Pension Tax) were not finalised within our specified two-week timeframe but have now been agreed.

4 Measures of success

- 4.1 An increase in the implementation and closure of Internal Audit recommendations within their initial estimated closure date.
- 4.2 An improvement in the time taken to receive management responses and finalise Internal Audit Reports

5 Financial impact

5.1 Not applicable.

6 Risk, policy, compliance and governance impact

6.1 If agreed management actions supporting closure of Internal Audit findings are not implemented, the Council will be exposed to the 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.

7 Equalities impact

7.1 Not Applicable.

8 Sustainability impact

8.1 If agreed management actions supporting IA findings are implemented, but not sustained, this could result in increased and unnecessary exposure to service delivery risk.

9 Consultation and engagement

9.1 Not Applicable.

10 Background reading/external references

10.1 Internal Audit report - Historic Internal Audit Findings - Item 7.3

Lesley Newdall

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Appendices

Appendix 1 - Audits in Progress to be finalised to support the 2017/18 IA annual opinion as at 11 May 2018

Appendix 2 - Status report: Overdue Findings Detailed Analysis as at 23 March 2018

Appendix 1 - Audits in progress to be finalised to support the 2017/18 IA annual opinion – status as at 11 May 2018

Audit Title	<u>Status</u>	<u>Comments</u>
Health and Social Care		
1. Care Inspectorate Report	Fieldwork	Ongoing discussions with Health and Social Care Partnership Chief Officer regarding the scope of this review.
IJB		
2. Purchasing Budget Management	Draft Report preparation	Initial findings discussed with new Partnership Chief Officer. Draft report to be issued w/c 14 May.
3. Community Care Capacity and Access	Draft Report preparation	Initial findings discussed with new Partnership Chief Officer. Draft report to be issued w/c 14 May.
Resources		
4. Customer Transformation	Draft Report with IA	Draft report with IA for finalisation.
5. HR and Payroll - Drivers	Draft Report preparation	Progress has been delayed due to delays in receiving information from Service Areas.
 CGI Contract Management and Cyber Maturity (PwC) 	Draft Report preparation	PwC specialist review. Initial draft has been received from PwC. Initial outcomes discussed with for Chief Information Officer; the Executive Director, Resources; and the Head of Customer Services and Information Technology
Place		
7. Port Authority Security	Draft report with Place	Awaiting final sign off by service area
8. St James project	Draft report with IA	Draft report with IA to finalise
9. Zero Waste project	Draft report with IA	Draft report with IA to finalise.
10. Structures and Flood Prevention	Draft report preparation	Fieldwork now completed. IA preparing draft report.

11. Fleet Project	Fieldwork	This Audit is ongoing.
12. Edinburgh Building Services	Draft report with Place	Awaiting final sign off by the service area
13. Health and Safety – Waste and Recycling (PwC)	Draft report preparation	PwC specialist review. Initial outcomes have been discussed with Waste and Recycling. Draft report will be issued to Place w/c 23 April.
Strategy and Insight		
14. Resilience	Draft report with IA	Management comments have now been received from Strategy and Insight. IA to update and reissue draft report.
Council Wide		
15. Phishing	Draft report with ICT / Resources	ICT currently working through management comments and will revert to IA.
16. Records Management – St Katherine's	Will complete in 2018/19 - currently in fieldwork	Completion date to be determined. A project has now been established within Strategy and Insight to support completion. Likely that this review will continue into the 2018/19 plan year.
17. GDPR Readiness (PwC)	Draft report preparation	PwC specialist review.
Other		
18. Lothian Valuation Joint Board	Draft report with IA	Meeting held with LVJB 23 April. IA now require to finalise and issue report.

Appendix 2 - Internal Audit Overdue Recome Project Cod Project Name Group Issue (endations as at 23rd March 2018 Refig Finding	Business Implication	Reconvendation	Agreed Management Action	Status Due Date Revised Date Revision	Status Update	Owner
Communities and Families C7561955.3 C75619 Complaints Communities (55.3 Process & Families	Medium The Chef Social Web Officer conducted a review of complanets handling for scondary schools in 2015, and surveyed the teachers of the 18 accordary schools which had not recorded a complanet in the previous 2 years. 9 had teachers responded that they were unuer what type or level of complanet should be abared with the Ables and Complanet for the schools of the complanet that they have the total complanet should be abared with the Ables and Complanet for complanet. School of the complanet school and they have the total complanet formers. In Head Net School of the complanet complanet school of the complanet of total school of the Chef School of the complanet complanet school of the complanet of the Chef School of the Chef School of the complanet methods and the complanet previous the school of the Chef School of the Chef School of the complanet complanet school of the complanet of 2015(27). The response chef school school of the complanet these schools did not review any complanets in this priority. The chem school school school school is the school school of the complanet previous complanets and levels the school school of the complanet school sc	include all Stage 1 complaints; There is a risk that complaints are not being reported / handled approp of riately by the schools, meaning problems are not addressed early on and may escalate: Communities and	We recommend the Advice & Compliaits (Education) Service issues guidance to school on what is considered a compliain, and how a compliain should be handled and recorded. This may be delived most efficiency through foroms and a title Communities & Fallence Red Comp or Head Tarakan's Composed. We are not be considered and the source of	Strategy & insight, to ensure that complaint information can be collected at an earlier stage in the process.	Overdue ####################################	17 Februart Update - Jadu recording format has been reviewed, however dependent on a council wide platform to electronically monitoring progress with complaints handling and an earlier stage.	Frances Smith, Advice & Complaints Officer (Education)
CF162155.3 GF1621 GMF1CKlaned Communities (85.3 Person & Panities	Matura Molegin the GHTC taplation from one regular documentation of developing in Window Courset (WC Tables, Sub exeruse network with or the Physicalis CH Tele transition and the sharing at charging detainties of courses, and the Sub-protective Light Sector Sector Sector S	difficulty analysing the history and patterns of concerns raised. Lack of a single repository to share data prevents professionals from being able to access the full picture for each child, and enhances the risk of inaccurate or in sufficient action being taken to ensure ing a child 's wellbeing is maintained. D ata protection al legislation and policy could be hereached and not	analysis of data, trends and proparing planning meeting summaries. Whilst we understand that management accept the risk poxed in relation to the current inability to share dat a , they should investigate the feasibility of using an established or introducing a new Data Management System DMS o option by which the wellbeing chronology can be securely shared between relevant parties.	control scended stiff will develop strangetists for shoreholdy	Overdue SERVERED Data required	Control Chate 22(2):16, separates to long and/or be actions on of they implemented - use estances from expression from loss loss that is	d and Families It
RESI605IS1 RESI605 Service Level Communities (IS.1 Agreement: & Families until Outlide Control	We reviewed the arrangement in place with 5 openications to which the Council provides professional nervices. Organization Service provided 2015/16 Free Lethan Valuation Joint Bound Payroll nervices. Accountancy nervices interval addre 12 (2010) Strass. Accountancy neurons: Payront and programment Instancian Countancy and Actin 2 (2010) Strass. Accountancy and the service of the services of the countancy neurons: Payron Interval and Actin 12 (2000) CCC Healings Account any services. Payront Interval Actin 12 (2000) Royal Endough Maters Tabos. Payrolarizes reasons and actin to the service of the serv	organisation, there is a risk that: There is r eputational damage and increased resource pressure if A the Council does not deliver services as expected by the counter party; The Council may not receive appropria to remuneration for services provided; and Arrangement in elace may not be approcriste or may conflict with othe	Service Level Agreements with the organisations to which the Council provides professional services should be reviewed and/or established. These should set out services provides, lwy achieves and devine where we have reviewed and/or established and and/or and/o	Directors will ensure that a samica level agreement (SLA) has been established with all arms level expansions (BLCD) that they export. The SLA should set on all services provided and recorders (the discuss), by according according to the program and an ensure that the structure of the structure and discussions, and the program be for a one year period and reflexibility annually to ensure that agreed services and charges remain appropriate.	Overdue SEMINATE Data required	I A Note: no response necelwed or exident a provided. This is a wave recommendation allocate across all Directorates / Service Areas as agreed at CLT in September N update memory and the current meeth. Can you please provide exidence that this has now been completed are well close?	
Place Pl1601ISS.4 Pl1601 Recycling Place ISS.4 Targets	Mattern how as it is a motion decision of access are an experimental of the most of any standard strategy is an extense of the access of the strategy and access of the strategy of the strategy of the strategy of the strategy of the access of the strategy	Regulation changes not appropriately communicated	A key stakholar identification exercise should be performed to ensure all required indekdusk are included in the process. Key prougs identified could include: Wates favices, justiauability Team, Progenty Sincisca and the enteranding posts. In alignment with the could not a internal wates management policy, stakholders could be expaged through an overarching taxeing group with representation from acti the signa, this group would be grown that thread wate information is appropriately dissemined and that all subholders needs tax econdences it would also exable stakholders to molecular and challing performance against the overal area management criterion.	As outlined within the regions to Action 3, it is our intention to infresh the initiate strategy and to consult with both internal and external standardisets to help shape the fault attrates. A series of commitmet/actions the a law podput from the strategy and progress against individual action/commitments will form a key part of reporting progress to stakeholders.	Overdue statistics assessment 30/09/ 17	30 Convertigence (11)(1)(1): Oracle Walkshow (1)) and one operation have non-second and the Destination of the Config Advancement (1) and the model Advancement (1) and (1)	Angus Murdoch,Strategy Officer
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PL1603555 PL1603 Monuary Pieco 555 Services	Materials https://www.initial.com/section/se	accurate and up to date capacity information, the required actions to be understaten by Council staff may be unders, hicrossing the risk of inappropriate treatment of fatalities.	all bottomy provide configurery given exquisite to an invivation of and induction sense that they use up to data, comprehense and first for correst generative signature. Comprehenses and the information within configurery documents about the corrected for a return correct a mangements. Fiddware given and return of the provided the corrected for a return correct a mangements. Fiddware given and return of the provided with vyddated extincts.	Next with Gouports evidence, Unit to and etc. contribution of general inferent findee transformation more,	Overdue ######### 31/12/201 30/4/1 7 Data required	7 Convert Stations of 2002/2021 - Overlan ¹ The landware Continuely (Ren 1) being updated in coordination with the features Chart Ren is to care a brackout when evidence of the updated fluctures Continuity Plen's provided to internal Audit.	h Robbie Beattle, Scientific, Bersawment & Registration Services SeniorManager
RESA65IS3. RESA65 Several regular (Pace 05.1 Agronautor Man Databa Entities	Interviewend their analysement is agrice and the degradionals table that that Good provides gradient and exercise interviewend in TEVER (etc., classis black and provides) gradientical effects and exercise interviewent interviewent tables and exercises interviewent interviewe	organisation, there is a risk that: There is r eputational damage and increased resource pressure if A the Council does not deliver services as expected by the counter partry. The Council may not receive appropriat remuneration for services provided; and Arrangement in place may not be appropriate or may conflict with othe Council dues.		bronce one will ensure that a work who appeared (LA) to be been excluded with all one who regardination (LA) for the three pages. The ALA should not be the regarding provide and received by the Cancel, buy schulters and derivedues, with the respective lines and responsibilities of the Cancel and the concentreparts. The anges generates should be for a dow your period and reflected annually to ensure that agreed services and charges means appropriate.	Overdue sessence Date required	Pedruary Update - some information has been provided, but this does not hally address the recommendation. If A et cummaly working with Trice on which is required. Marker: This is an economication address cores ad Directionates / Service Areas as agreed at CLT is September. No update required in the current month.	Paul Lawrence, Executive Director of Place and SRD

RE51654(52) RE51614 Laftian eximationer (55.2) Madh Pendor Ford & Pendon Ogler Scrutty	Whow the: "Scorely near not fully provided at time of encourses of his farm yapters and "There is a formula proper action by generation for the build activity. White all details includes, U.F. analysis and the time of the house higher at the proper activity and the second activity. The formula of the house Administration Spinn, the toting of the inflationary of the second activity and the formula activity and the house of the proper activity and the second activity and the formula of the house activity and the house of the proper activity and the second activity and the formula of the house acceptable built, the lossing of the inflation of the second activity and the second activity and the second acceptable built, the lossing of the inflation of the second activity and the second activity and the acceptable built, the lossing of the second activity and the second activity and the second activity and the second activity and the second activity and the	suppliers, the impact and likelihood of a data breach, system compromise, or loss of service are increased. This may result, in adverter modul coverage for LPF, loss of stakeholder confidence, an impact on financial results and could impact one services provided. Additional consequence can include increased vulnerability to litigation and the possibility of regulatory enforcement actions.	Management will here Life ministen consistency and visibility of the rules they face from the their particle that they contract with a visib and with the dominants to trainablency regulators and management that supplier rule is considered consistently. Life about review existing that party contracts to ensure that ensuring provisions are operposite.	UP agrees to inviewent both recommendations. Existing the d party contracts will be revenued do in an displorational back.	Oordus Hamman		Strain Faithain, Chief Rox Officer, UY
ASS170505.1 IFF. ASS170505.1 information Generation	The Fund's records management framework and supporting processes require improvement to ensure that Fund records are effectively anranged in line with Diat Protection AP requirements. Our relevance with filed in the biologing control waiknesses. These is controlly or build records management and an departing processes. Fundation shall be also that is control or build records and anneal management and an anneal procession and anneal the second and that the control or build records and anneal the biological bases. Fundation is used to be an anneal base and bases in classical or bases. That the form of the biological bases are achieved in a control and equipation bases in a biological or biological bases maintees in some to be control procession and bases in the line and the procession bases in the biological control of an adher in the state and the source that base and bases in the state and the state procession and procession and the source bases and the fire of the the Aliar procession administration procession and the in the state of the source bases and the state bases and the fire of the state procession administration procession administration of the source bases and the state bases and the fire of the state and the state and the state administration administration procession administration and the state and bases administration procession administration administration procession administration administration procession administration administration procession administration administration procession administration administration procession administration administration administration administration administration administrati	a records retention schedule, records management process and disposal log means that decisions are not	It is necessarily a second management plan is prepared that sets out the proper remaindent of the management of hashing hencess. A host work that is think approximately and a stark a model resource management. While there is no staticity sequences for this plan is properly and the proper provide management. While there is no staticity sequences for this plan is properly and the proper provide management with the properly and the properly and the properly and the properly and the properly and the properly and the properly and the properly and the properly and the properly and the properly and the properly and the properly and the properly and the properly and the properly and the properly and the found at highly always are scattering by a divide the description of the properly and the properly and the properly and the properly and the properly and the properly a	Recommendations accepted – all actions recommended by internal Audit will be fully implemented.	Overlar SERVICE	March - no update received.	Srnan Faitbain, Chef Ria Office, JPF
Resources Chrysol955.5 CW1605 External ICT Solutions ISS.5 Media Valorability Assessment	For project: that involve the implementation of new technologies or information management, the Courd have implementation as its second have implementation as a structurely built and the second seco	issues with new technologies and systems are not	The Council, with the support of CD ₂ should implement a Design Authority that has appropriate oversight and generation to consider whether new technologies comps, with the Council's scoutry requirements, existing security includencies and aligns with the Council's scotage of dijectives.	The existence of a Design Anthonty is a contractual requirement in the CGI contract. The oractor of this Authonty-will be progressed with CGI as a matter of priority.	IA STUDENCES ADDRESSES Valdata in Progress	IA Note: Evidence has been provided by ICT and is currently being reviewed by IA. Spetentee Update: (GD) have red before: a calvicab being hadhorty depide assertiated affort and calculations by ICT address meagement. Meaning and CD Solution Anticet on 14/09/2011 and agreed apprach: and plane for the orrantion of an effective Desgn Authority. Revised implementation date is 38/09/2018.	Neil Dumbleton/CT Enterprise Architect
MISI602455 MISI602 Non-Housing Resources (55.2 Media 2 linebces	A fair device space is deduced from requestion outcomes for space administration (source space space) and the space s	There is a risk that the Council is not achieving best value on non-housing repairs and maintenance.	We recommend that a schedule of rates is built into the next non-housing contract framework.	The case budge contents for smooth will be no knowled and way (2017) the inducion of detailed base values and addigation approximate the consolution & pays and the process. This may include schedule of rates, gain there, penalties etc or a contenuation.		Question Update: Due is direct cataligate the vide is the intervent a searching / during graphic is using table testimania all investimations in the state of the vide intervent products intergraphical testimation and the state and and with intervent Audit. This is also test the potential increase in the NMM badget from 0.0 k13 to ensure the weath set the control wide of generatical and resort to many the badget from 0.0 k13 to ensure the weath set the control wide of generation and resort to many the badget from 0.0 k13 to ensure the weath set the control wide of generation and resort to many the badget. For the 0.0 k13 to ensure the set and the control wide of generation and resort to many the badget. For the 0.0 k13 to ensure the the an intervine papel, that will be in place from 0.0 k13 unit the full resorting exercise is completed. Is Comment - These to be arranged for walkfringely of revised process.	MacLeod, Maintenance
MISI601455 MISI601 Manhaning Resources ISS Madu 3 Integers	The spear random emergen registre or discriminance of spear-bold hashings, AK480, 14 ord 15 segments in the Antomyoticities 2023, the spearsis issue of space of a local instruct in its specifications with this start for control spears. This means its disfluction to data interface in a spear of a spear of the spear and the spear AK200 sporting instructions, and row used both is to finder in the spear instruction and the spear of the spear and instructions, and row used both is in the spear instruction and the spear of the spear of the property and the spear of the property and the spear of the means of the spear of the spear of the spear of the means of the spear of the spear of the spear of the spear of the spear of the		Mangament will not have medy access to access and method information about the venture and coart or regions and maintenance and MAON is regioned by CAVI in AndoneManyCarta2018. We cole table the introduction of CAVI has been delayed, and every effort should be made to meet the new target implementation date.		IA SERVERING ARMINIST Valdzio nin Propress	February lipidate: 8: appears this was to indicate to PO's going direct to ESS, this was stopped about 2 years ago and new reports can be run to trace all invoices.	Peter Watton, Head of Corporate Property
RESI60355 RESI603 Januer Resources ESS Mada Process	We value data cample of 45 mm/symes who like the Council in August 2015. Security parties had by 18 of those employees (40%) had not been returned or disabled.	Security passes could be used to fraudulently gain access to Council buildings putting sensitive data and mobile assets at fisk.		Al tempory partice will be disclosed on 1 April Cardholdon will need to contact Security to vanchaite then.		in maintaining the database is to have the contractor audit the database for inactive cards over 90 days. The	Mark Stenhouse, Facilities Management Senior Manager
RESI405155.1 RESI405 Servet Linet Resources US.1 Inv Agreements with Outside Entlines	We hender the strategenetic to give web 5 organizations to shall the Courd provide productional service. Organization Services provided 2015/HBC and Charak Valadion softward Proyel envices. Toward Services (Services 1998) and Services (Services 1998) and Service Annual Valadio Andoro Jacobson (Services 1998) and Service Annual Valadio Andoro Jacobson (Services 1998) and Services Annual Valadio Annual Valadio Andoro Jacobson (Services 1998) and Services Annual Valadio Annual Valadio Andoro Jacobson (Services 1998) and Services Annual Valadio Annual Valadio Andoro Jacobson (Services 1998) and Services Annual Valadio Annual Valadio Andoro Jacobson (Services 1998) and Services Annual Valadio Annual Valadio Andoro Annual Valadio Annua	organisation, there is a risk that: There is r eputational damage and increased resource pressure if the Council does not deliver services as expected by the counter party; The Council may not receive appropria te remuneration for services provided; and Arrangements in place may not be appropriate or may conflict with other	Service Lond presenters with the oppositations to which the Cound provide preferences on- loaded for inversived and or instability. These balances are service provide the presenter of the differences and the respective measure and responsibilities of the Counce's and the counterparty. Service Lond Agreements though the or a difference priority and endowed the services and charges remain appropriate.	Destarts of densem that a series level generate (DA) to be needed to deal to de el en operation (or (Alba ter tre segue). The series and a series proded and reviewel by the Council, the council and ensembles and ensembles and the Council and the council and the company. The agreements should be for an eye product and reflected annually to ensure that agreed services and charge- remain appropriate.	required	February lipidate: . O exertise - Native raise majoried to confirm completeness of the list of SLAs provided. IA has shared detailse of action required with historyros.	Stephen Moir, Executive Director of Resources

RES1608ISS.2 RES1608 Risk Resources ISS.2 M ourney to develop risk Duncan Harwood, Chie Management Risk Officer The last function, suggested by the service of the same table (00, board next the and resource to endpoint). For dark function, and the same table, there exists in the same table and the same constraints and the same cons Duncan Harwood, Chief Risk Officer nt use of the templat register template, with any other versions removed to avoid inaccurate information being reported to CLT and GRBV and improve the efficiency of the aggregation and reporting process. Ine Rad Function, segment ally the member will be exployed and the search term and rescarces to advice a transmitted for the search term and the search term and term and term and term and term and the search term and term Duncan Harwood Chie Risk Officer The should write length from Hill and their initiation to minifications. Consideration builded by given as to should be training out the should be been power of an expension training of their taken such additional structures and an accurate and the should be the should be the should be been as the should be been additional and accurate and the should be been as the should be been additional to the should be been additional to the should be unsertained laware. In definition, the site should be additional to the should be ensemble above and control of the should be should be additional to the should be the should be additional to the should be additional to the should be the should be additional to the Duncan Harwood, Chief Risk Officer GRBV and improve the efficiency of the aggregation and reporting process The BitA Function, supported by the new full time CR0, block direct time and resource to embod ratio management balow array management balow. It is important to embod and with contributed to the constructions of the balow and the second balow and the contributed to the constructions of the balow and the second balow and the contributed to the balow and the direct the second. Here the balow and approximate the second balow and the register tangets, with any other version, resources the second to balow the the second the second balow and the second second the second to balow the the second balow the second balow and the second second the second to balow the the second the second tens would be defined to be resolved and the second balow and the second the second to balow the second balow and the second the second to balow the second the second to be second to any other second the second the second the second to be s Feruary Lipidare - Work in progress and on schedule. December Lipidate - work in progress and on schedule. Durcan Harwood, Ohef Noember Lipidate - Work with Inducting Lipid To registical the work in an angeometry. Consert to be work conservation of the Unit of the State of an angeometry conservation of CAL with the Management Conservation of the State of the State of an angeometry conservation of CAL with the Management Conservation of the Management Conservation of the State of -----C (c) is in snagement "bolk" represents the key documents and spacement places and black to tall" at the oble place place between the place and the constraint of a regression tall is in the snagement places and the constraint of a regression tall is in the snagement places and the constraint of a regression tall is in the snagement places and provides as soon at the snagement places and the constraint of a regression tall is in the snagement places and the constraint of a regression tall is in the snagement places and regression tall is RES1608ISS.4 RES1608 Risk Resources ISS.4 Management Descharder upon utilization 1. The rink management policy and porochim documents are added Frédures 2015 and 1. The rink management policy and porochim documents are added Frédures 2015 and 2015 and 2015 first first and 2015 first first first first and 2015 and 2015 first fir C2C should consider implementation of a replacement systemised risk management tool to drive efficiencies and consistency in risk management practices and provide the opportunity to generate risk Mi without the need for manual intervention. The business cale for an enterprise wide risk management system should be propared and integrated with the wider if Change programme. In line with best practice, CE risk down and the system should be a set on site new structure has CEC's Risk Management Policy is updated annually in December. ususs and Duncan Harwood, Chief Risk Officer been finalised, with updated versions communicated and circulated to staff CC Calculation could impresentation to a page-term to be to average the fort to averag Duncan Harwood, Chief CC Coalcolate consider imprenentation of a support to the house of the constraint of February Update - Work in progress and on schedule December Update - Work in progress and on schedule November Update: Develop a risk appetite statement (RAS) which is fit for purpose for CEC. Due Risk Officer schedule Nevember Lipdate: Develop a rick appeter textament (NA) which is fit for purpose for CCC Due to a lack of standardised apprach among topic automicities a benchmarking exercice of startiset 55 cettish and US local automicities and other relevant private and public scatcor organizations: will be carried out to help define which is fit for purposed for CCC calculate Come there with terminational scandard for rick management (GD31000) which is due to be published in Itab 2017/sanly 2018 will be considered in the work. RAS to be approved by CLT and GRBV by 291 auto 2018. The ASIGO system does not allow recoding or reporting on completion until invokes stage. Over the **BREEREESE BREEREESE** Contractors an always continuing when jobs complete tage aged SJA (MAE is in percidual). This induces carcinating lips, the work contracts time group count will require all contracts to report on performance but this is not, anticipated to be complete will ind 2017 by which there (MM will allow to just acc). All we all upper contracts for good to 2017 by which there (MM will allow to just acc). All we all upper contracts for good to 2017 by which there (MM will allow to just acc). All we all upper contracts for good to 2017 by which there (MM will allow to just acc). All we allow per contracts for good to 2017 by which there (MM will allow to just acc). All we allow per contracts for good to 2017 by which there (MM will allow to just acc). RES1615ISS.4 RES1615 Property Resources ISS.4 Maintenance All or distant one carried cat by framework contractors, when work to Service Lowel All generating for sample 14, by for usymt. Reported issues are not addressed within a general work). The contracts is not regressing reports task to the Fochs Rangemont Highest Hall with works (an optical). The instruction. Or contracts is not regressing contracts are not regressing and the most is completed. RecElles Maagement Highest Hall all fors may return to be interactive. Or statistical gives may return to advect and the most is completed. We take that the high risk issues are not resolved. Contractors should confirm when jobs are completed. Outstanding jobs should be monitored. December Update - the use of CAFM to monitor and report on R&M work/expenditure is still expected to be Murds operational in time for the start of the new FY 2018/19. MacLu MacLeod, Mainte jobs. However, there is no monitoring of outstanding works orders (i.e. issues which have been reported, but not completed or outstanding works orders. In the meantime, as noted in Finding 2, an interim monitoring/tracking process has been developed for c ondition survey high risk/ur

RES1615155.5 RES161	i15 Prope Main	erty Resources tenance	ISS.5 Mediur	All repairs and maintenance work is noted through the Facilities Management helpdes. The helpdesk are a small, experienced team familiar with the Council's buildings and contractors, who are responsible for pointining and procuring low value works, and exclusing higher value works to the technical operations manager. There is no formal guidance available to Facilities. Management therefores studies and on the small balance of available to the facilities. Management helpdesk attert on how issues should be portional	Risk of loss of corporate knowledge if members of the helpdesk team leave.	Formalise guidance on prioritising and commissioning works to ensure consistency and continuity if staff leave.	Helpdesk staffing does not report to P&FM but form part of the Business Support service. Business continuity and resilience are line management responsibility, However: An agreed list of H&S. W&WT farms has been developed and is issued, and reviewed annually to all Helpdesk staffang with SIA times for action/attendance.	Ooted - Antonous anatonous Verified		Mark Stenhouse, Facilities Management Senior Manager
						Formalise guidance on prioritising and commissioning works to ensure consistency and continuity if stat leave.		Overdue ########### Date required	February Update - Discussion required with Service Area December Update - overdue: Request for update has been sent to Service Area.	Mark Stenhouse, Facilities Management Senior Manager
RESI70: RESI701ISS.2	Edinb	Resources surgh ed Repairs ce	ISS.2	The favories aggines to become a paperiors office with a single, trusted reportion yfor all documentation relating to a case or property, dea DME with a introduced as an interprete content througeness report which will also and all the since to the single singl	Risk that project documentation is inaccurate where displacer records are hadd fait that core project documentations almost is relations?	Develop records remagnesset procedures with a close file structure and randog convertion-Latence whether Max DMX will across antionization to be recorded electronically due an interm mesoning, across whether a algebraic proton on a POF would provide an adequate record of authorization at key stages of a project.	ERE bits a Record. Manager from information Governance secting on historical paper files and part of this project is implement; a new electronic records management system. This project is self-ways and at a task comparish by Geometric 2017. Due to the EP paper to the system attack of the section of the system attack of the system attack of the the system attack of the system. This will be implemented by any 2018.	Overdue destances elementes	Match - no update recent do to December. Describe Update / Legendra et al. (The practicely which that this date will not be achieved to the describe Update / Legendra et al. (The practicely which that this date will not be achieved to the describe Update / Legendra et al. (The practicely update / Legendra et al. (The prac- ticely active) and formprate content the support and to Desng about 25 March and achieved bout to the comport and formprate (content the support on the Update . Just presidence the spatial transformation of the support of the support on the support on the support of the Update . Just presidence the support of the support on the support on the support on the support of the Update . Just present the support of the present of the support of the support on the present wave with an exhibition of the support of the present of the support of the support on the support of the support of the support of the present of the support of the support on the present wave for support of the support of the present of the support of the support of the support of the support of the support of the support of the present of the description of the support of the support of the support of the present of the description of the support of t	lackie Timmons, (SSS - Manager
RES1712ISS.2 RES171:	12 Asset Mana Strati	agement	ISS.2 Mediur	held on AIS are not fully up to date for all properties in the investment portfolio. • There is no centralised recording of inspections and repairs for investment property portfolio. Manual records of property inspections and repairs are held by	refershed to ensure that all files can either be located or retrieved from storage upon request. The linestments taum should exerce that the AS system is updated to include all current property details. Current and accurate property details. Cannot be extracted from the AS system for the Investment property portfolio. Information on investment toreour vondition may not be easily	Respery inspections and regains for investment properties should be recorded centrally to allow this information to be accessed when required. Monitoring of regains zoness the Investment property portfolio should be implemented to confirm that examinal regains are completed in a timely manner.	All property inspections will now be accorded and placed on the with immediate effect. Notes of regains and inspection notes for properties will be added to AKS system. Montoring of regains will now be routine and an inspection carried out when the invoke is received prof to payment. Texast are generally on fail regaining and insuring leases and therefore regains et al. Is be defined during the interim or final allightion	Oosed - Antenneus Verified	Current position at 20/2/14 ⁻ Coste wirfeld E foldence provided to show property inspections are cross intermental in AS. Describe liquid A water within the exceeded of the 15/10/2018, parces has been implemented to record property inspections, the recording of inspections is to be room Andread in the disk instruction for the accord property inspections. The record property inspection of the AC 2017/2018 Correst position at 15/8/2/2018. Describe using a forward to be a 2017/2018. Correst position at 15/8/2/2018. Describe using with the abs room property inspection of the 12/00/2018.	Graeme McGartland, Investments Senior Manager, Resources Graeme McGartland, Investments Senior Manager,
				In illustrate the percentage of the week metric percentage internet that are loaded and then that are currently avail. It is herefore not provide the determine whether there are a varies to come provide and current to perclose these experiments. It is the second of	Council or are on long term sickness absence. Risk that delayed completion of repairs is not identified where	Guidance should be produced on the acceptable timelines for agreeing new leases on rental properties.	and negotiation of new leases, this will include process for an options appraisal of properties that have been vacant for more than 6 months.	Gosed - Assurances Verified	Current profiles at 2010218. Disact Verified: A revined procedure note highlighting by treatments has been provided to internal hards. Businary lipidate internal and auxility revince processare note highlight internations. Bucketine guidate listence and provided with a procedure note regarding agreeing lasses for rental progenties, it has been requested that this is changed to highlight lay time frames.	Resources Graeme McGartland, Investments Senior Manager, Resources
					escan or againtan period and the potential relation	The OTR opported by the lowstment Team should be reviewed to include a specific OPI in initiation to the processing of the population that has been backet and the state of the state of the state of the state of the investment properties which have been vacant for more than six months should be reviewed to accertain if other options would maintime returns.	Void rates on commercial property has been introduced as one of eleven IPH by Strategy and insight and reported to BATT monthly. A guidance good practice note will include process for an options appraisal of properties that have been vacant for more than 6 months.	Closed - ########## Closed - ########### Wenfied	Common position at 15(9)(17) - Obset Wirlell - Corporate popymery PKI-ser reported to the directorate common position at 25(7)(17) - Nucleication - This has been provided to has Anolling the Mirr ported the series of the series of the ser	Senior Manager, Resources Graeme
						Records in the AIS system should be reviewed to ensure the information recorded for each property is up to date, complete and accurate.	All property inspections will now be recorded and placed on file with immediate effect. Notes of repairs and inspection notes for properties will be added to AIS system.	A assessment Validatio n in Propress	agreend wasks for next a properties, it has been requested that the <i>x</i> changed to hydroght key time traines. Current protion as at 20/02/18 - IA validation. The service area has confirmed that the management action has been implement, hitman J Audit wire Complete a waithtroop before the action can be closed. In anary Update The Service Intercent Management as advantagement of the service their first on AS his is a work in progress and wire require In to conduct tearing to service this sites completed as	Graeme
RES1712/ISS.3 RES1712		t Resources agement Rey	ISS.3 Low	The Property and Adapt Management and adapt protected to the interact and Adaptives Constraints is insplanted 2016. In Progenity and Adaptive Property adaptive adaptive to the Constraints and Constraints and Adaptive to the Constraints and Adaptive to the Constraints and Constraints a	Progress with implementation of the Operational Estate appendix the property and party management strategy cannot be formally monitored or tracket	The plan will also record those areas where implementation is dependent on completion of actions by other sories Areas.	Appropriate for the development of the subcontract buoging topologic field with a reduced to the subcontract of the subcontract buoging topologic field with a reduced topologic subcontract and the subcontract topologic and the result of the subcontract subcontract and the subcontract topologic and the result of the subcontract Stratege Boot. The plan will reflect comparison of the subcontract subcontract subcontract and the subcontract subcontract topologic and and subcontract subcontrac	Glavid, sensores	Control code as as (10)(1).7. Code Verifiel - A 107 model to be introduced in apply of the set of the control code and provide the source can be also be modeled for the produced for apply of the set of the process for profitmining respects. Goldenies have been added to the OHI for alterations to property and a RMC from created (this is due to be implemented following the FM review).	Linday Glagov, Asat Srategy Manager
						Regular progress updates against piles will be provided at appropriate governance forums. This could include Santor Management meetings. Kaset binangement Strategy project meetings, or the Property Boots	Appropriate pair to the development of the information budging properties the analogues of the properties of the second	Obad, sensores	Control calculo and 2000/18- Cound Window Mondowski wakawa provided to 16 occontrol of the AG former of reference in an income typicate. Here there have been provided and a control of a calculo in an income typicate in a control of the set of the set of the set of the AGS.	
					Progress and in-partners taken of Augustional Estate aspects of the reporting section of an engineers trackage cannot be formally monitored or tracket	A project plan or readmap detailing the remaining Operational Exter actions and timeframes for completions should be prepared.	Appropriate pairs of the development of the information budging together than and outcome information of the development of the information budging together. The and outcome the development of the developmen	Ownous assessment Date required	Control cate 2002/18: Overlaw The averlaw was his indicated that a project readmap may not be their product an investor of a diverging the indices as all numbers is to be discussed with internal Audit. January update: Project readmap to be provided to its.	
RES1712/55.4 RES1712		agement	ISS.4 Low	The contractual agreement between the Council and Faithful and Gould specifies that a target of 10% of the condition surveys compared by Faithful and Gould's assess of the server and the revealed by the Council truttering the call of charge the server of the council truttering of the server of the server and the server and the server of the server	by third parties and Council employees could result in	increased to meet the 10% target to ensure that any system issues with the quality of the surveys is	Survey, were completed in relia Spänsher 2017, with the quality sourcestor process will and/orange, hypotheses detected as a survey process the second source of anothese strategies and the second source of the second source of the second source management of the second source of the second source required. A full LDS samples will be completed, along with condeny of any other obtains associate.	M REPRESENT	Current Status as at 2002/2013 - Waldation Reports reveiving the condition surveys completed by external contraction have been provided to internal Audit, Issennal Audit have respected additional information regarding how the taxes identified have been remained.	Lindsay Glasgow,Asset Strategy Manager
RES1712ISS.7 Health and Social Care a	Asset Mana Strate e and EUB	t agement #89	Adviso	It has been shortfled that there may be a lack of oversight regarding socially arrangements supporting the let of Council 79 property for a of those I's lack of oversight or advoct latk for evening commonly lets; It is understand that a draft 1 Acatlos Mangement Service Level Agreement is committy being properties that will include problem of according and antices.	If Council properties do not have appropriate internal security arrangements in place, the Council's assets and records could be compromised due to out of hours letting arrangements.	The Facilities Management SLA should specify the minimum security arrangements required to support out of hours lists of Council properties and protect Council assets and records.	The SLA – and accompanying Services Portfolio Matrix (SPM) – will detail the requirement for security staff to have a thorough understanding of the layout, working and management involving of and building and its functionality. These will be managed and monitored through the static patrols or through the lay holding airm response mobile unit. Where applicable CCTV will also nelay back to the control room.	Overdue assessments	No suplative provided.	Andrew Field,Interim Operations Manager

HSC150155.1 HSC150 Personalisation Hudth & 65.1 HgH 555-Option 3 Social Care	amount that the local authority considers is a reasonable estimate of the cost of securing the provision of support for the	directed Support) (Scotland) Act 2013. The supported person may not have sufficient financial information to	applied where the supported person is allocated the same budget whichever option is chosen. Management must then ensure that the SDS assessment process is compliant with Scottish Government 's instructions. This may mean i norming the supported person of their personal budget at an earlier	SDS Sub-group and have indicated that they are prepared to consider issuing further guidance and in particular revisit the issue of whether local authorities need to notify	Overdue #	SUBJUCE	10/03/31 Convert-Position of 20/03/21 Dominant: Dissociation band band tableg place to consider the options for the 20/20/27 equiparament of the F-coding places on protein informed by the developments can band band balage place around the support planning and brokerings place. A further meeting has been arranged for 36(2/18 to come up 30/64/17 with more concrete proposals.	Commissioning Manager
H8SC Care	At the time of our final will in July 2021, four months into the new financial year, now of the same home 2017/18 budgets both these final ends in a discussion and control to the home monifold along March 2017. If our de 10 crash bones		Care home budgets should be reviewed and rebased to align them with current operational service models and expected operating costs.	This piece of work was completed as part of the restructure of budgets to reflect the locality operating model in Suptember 2017. Budgets are regularly monitored through general ongoing monitoring partormed by Friancian of there is an entatiliated process for ensuring that overgends are communicated to budget owners. Business support tail also be providing more support to link Management.	IA Validatio n in Progress		Current Position as at 26(01)(18 - 14 Valdation in Progress March 2018 Update: This piece of work has been completed. New does more regularly. Exidence already submitted to close in Norwmber - can this piece be followed only 04, 14. Update: Meeting held on 09(04/18 and supporting evidence requested for a sample of Care Homes; CS.	Kenny Raebum,Senior Accountant
HSC1701ISS.5 HSC1701 Homes - Health & ISS.5 High Corporate Social Care ISS.5 Report	significantly overgent tatifing badgets in 2016/21 due to high schemes absence rate. Unified vacancies & lack of badget tore holdary cover from care roles recessizing increased expenditure on agreen tatificant provide manager previously met with Finance (Service Accounting incomity). These meetings no longer happen regularly resulting in a lack of overgith and challenge of care home sequenditure. Consequently, care home managers no longer happen regularly resulting in a lack of overgith and challenge of care home sequenditure. Consequencing constraints are angular forum where they can set advice on		All care home managers should be provided with monthly budget reports or given access to the Frontier system to enable review of performance against budget and communication of any issues.	Frontier reports sent out monthly	IA Validatio n in Progress		Current Position as at 26/03/18 - U Aldiation in Progress March 2018 Update: This piece of work has been completed. Frontier reports are now sent to Care Horne Managers monthly. Evidence already submitted to close in November - can the Uplace be followed up by IA7 / U Update: Meeting held on 09/04/18 and supporting evidence requested for a sample of Care Homes; CS.	Accountant
	financial matters or raise operational lisues (such as long term sickness absence or new residents with high care needs) which may impact on their ability to meet their budget Additionally, changes in the care home management structure implemented in January 2017 has resulted in immed contact between care conterner managers raining in managers, and limited oversight of budgets within Health and Social Care.		Care home managers should be supported with budget management by re-establishing regular meetings with Finance and their line managers (duster managers).	hoc basis when required. Budget meetings started in Sept 2017.	LA Validatio n in Progress		Current Position as at 26/03/18 - IA Validation in Progress March 2018 Update: This is done. Evidence already submitted - Can this please be followed up by IA? IK Update: Meeting held on 09/04/18 and supporting evidence requested for a sample of Care Homes; CS.	Kenny Raebum,Senior Accountant
HBSCCare HSC1701155.1 HSC1701 Hamas - Health & ISS.17 Low	Whist no concerns were identified at any of the care homes in relation to employees accepting gifts from residents or family members, no formal gifts and hospitality registers ran maintained at individual care homes. Social care finance maintain a central gifts and hospitality register for care home, however there is no catabilited guidance or procedures to serve that		Gifts and hospitality registers should be maintained in each care home to record all gifts and hospitality received by employees.	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. The new process will specify that anything in excess of £10 in value should be included in the gifts and hospitality register	Overdue ##	anananan 30/06/11	Current Position at 12/04/18 - Overdue March 2018 update: Gift and Hospitality register work stream to be created. Revised due date requested: June 2018.	Mary McIntosh,Business Services Manager
7 Colparate Social Carle Report	centra girs an industant y region to it can motion, however usine is to considering galaxies or processors to motion in a details of girst and hopped this received are provided by care homes to the Social Care finance team to support maintenance of the centralised register.		Gifts and hoxpitality details should be provided quarterly to the Health and Social team (including provision of a ni return where applicable) to ensure that the central register is regularly updated and maintained.	This will be included as part of a new monthly controls process to be implemented and monitored val completion of a monthly spreaddheat. A working group has been established to document all processes to be included. The new process will specify that anything is excess of E10 is value should be included in the gfts and hospitality register and that the control hospitality register should be updated quarterly.	Overdue ##	aaaaaaaa 30/05/11	Current Position at 12/04/18 - Gift and Hospitality register work stream to be created. Revised due date requested: June 2018.	Mary McIntosh,Business Services Manager
HSSC17011SS.1 HSC1701 9 HSSC1701 Homes - Health & ISS.19 9 Report Social Care ISS.19	In seven of the ten care homes, employees who had left the Council were still listed on the Global Address List and had live active directory account enabling them to access Council systems, including e mail.		Care home managers should ensure that the Council's procedures for leavers are consistently applied, with requests to remove access directory accounts submitted in advance of the leaving date with a request for this to be actioned by ICT the day after the agreed termination date.	This will be part of the revamped Starters/Leavers process.	Overdue ##		Current Position 12/04/18 - IA Update 12.04.18 - One piece of evidence received for validation. Meeting held between IA, Business Support Manager and HBSCP Operations Manager12.04.18 to discuss further evidence required. Business Support Manager to advise of date for validation of relevant evidence to IA.	Mary McIntosh,Business Services Manager
H&SC Care HSC1701ISS-2 HSC1701 0 Corporate Social Care ISS-20 Low Report	Five care homes did not have an asset register in place at the time of our audit visit, with three of those indicating that they had no high value assets to record. The nature of kerne recorded on the 5 asset registers wined and usually only included Council issued detacking and mobile phones. Other assets including artwork, TV4, computers for service users and rented items were often excluded.		Clear guidance should be provided by Finance and ICT regarding the value and nature of items that should be recorded in an asset register.	The asset registers currently used in Social Work centres has been copied and e mailed to all business support teams and unit managers in care homes for completion.	date - please provide an	eu ou eu eu	IA Update 12.04.18 · Meeting held between IA, Business Support Manager and HRSCP Operations Manager 12.04.18 to discuss evidence required. Business Support Manager to advise of date for validation of relevant evidence to IA.	Mary McIntosh,Business Services Manager
SW1601S54 SW1601 Sector Health 4, ISS4 Minute Pro- Enginymett Verification	employees'. The original PVG certificate is destroyed at the initial point of employment. Therefore recruiting managers of nominated candidates, who are existing employees, may not be aware of the 'vetting information' included in the original PVG Check. This restricts managers' ability to make an informed decision to proceed with the employment. It is check and be noted that the original PVG certification of the original PVG certification of the original PVG that the original PVG certification of the original PVG certification of the original PVG that the original PVG certification of the original PVG certification of the original PVG the original PVG certification of the original PVG certification of the original PVG that the original PVG certification of the original PVG the original PVG certification of the original PVG that the original PVG certification of the original PVG the original PVG certification of the original PVG	PVG 'vetting information' to allow them to make an informed decision over whether to proceed with	The "Recomment and Selection Disabance for Managers file Engloyment Disats for Nominated Candidates" should be updated to inflect the above sharing in procedure.	Indepense and connecting main within globinstation recented as a small of a PKD distance scholar for significant globinstation recented as a small of a kPCD maintain distation for a scholar globinstation of the social globinst and regulated works the the star candidate scholars in the westig distance by the social globinst the star candidate scholars in the westig distance by the social globinst meso costs and globinstations. The westig distance by the social globinst meso costs and globinst and the social globing and globinstations. Engineers who for a beaters the social globinstation of the social globinst globinstation of the social globinst information with a social globinstation. Engineers who for a beaters the social distance social distances in the social globing and provide scholars. The social distance information with a social globin social globinstation of the social in the first instances the social globinstation of the social distance social globinstation with the social globinstation of the social globinst in the first instances the social globinstation of the social globinstation of the social distance social globinstation with the social globinstation of the social globinst and distances with globinstation of the social globinst and the social globinst in the first instances the metal distances with globinstation of the social globinst and the social globinst and distances with globinstation of the social globinst and the social globinst and distances with globinstation of the social globinst and the social globinst at its net review.	Closed - an		 Cosed and Verified 	Grant Craig.People Support Manager
			All non-texted candidates should be requested to being that copy of the PAC set ficate to the pe- englopment check energin in soft to allow mangers to make an informed decision as to whether to proceed with the recruitment process or to rescind the offer.	Locally Managers to obtain confirmation from their recruiting managers that nominated confidence are being requested to foring their VG conflicts to the give-enryloyment check meeting. This requirement has been effectively communicated to all relevant managers (staff and a mechanism will be introduced to ensure that the requirement is biage adhered too. This procedure will be embedded within the HSC and Safer & Stronger Communities protocol.	Validatio		8 BQH202 Current Position at 2200/21.9. Overheal W-Validation is progress. February lyddet: Contri checkles has now been produced. Proposal prior-majoremist process may be more been developed. BQ11202 internal Audit on 21. February. This will also be included in the Care Home Assurance Transversk. Agreed of revised data for Apr2026 is in survay will internal Audit. In Auto: CBoxend Opposed process 120/218. 31/8/2102 Further evidence requested prior to consideration for this issue to be dosed off and werifited.	Cathy Wilson,Operations Manager
SW160155.5 SW1601 Social Work: Hoath 8 (55.5 Medium Pre- engenetic Social Care Verification	documented and this has led to inconsistencies including: - bypassing the HSC Recruitment Co-ordination Team; -	Key information may not be retained. HSC Becruitment Staff and Recruiting Managers may not be aware of what is appected of them. Biskof non- compliance with Disclosure Scotland's 'Code of Practice'.	All relevant policies and procedures should be updated with the requirement to formally record the "Recording landargine" decision on the "Yel" () Disclosure Wick Assessment Tom" and "Record Disclosure on Yel" () Disclosure information" from in order in solved and when the advance complex these procedures is should be formally communicated to all relevant call? (Nonculing Managers'. This should include the safe storage and relevant call or both forms.	The forms "PVG / Disclosure RiskAssessment form" and "Recoil of Meeting on PVG / Disclosure information" should be forwarded to the Council Recontinent Team checked the metaland a put of the employee personality. In: the velocation of the decision of the council results of the product of the state of the product of the second results. The state of the product of the second results are stated as a second result of the second results. The state of the second results are stated as a commitment to communicate to all relevant staff and recruiting managers.	Closed - ## Verified			Grant Craig, People Support Manager
			Procedures should be produced by the HSC Resolutions (Co constants) have in conjunction with HB Resolutions (Can and easier HSC Management process is allow, constant and complete with appropriate lightback and eCC policies. This should include the requirement to complete PHQTbackness Risk Assessment Form ¹ and ¹ Resolution for these tag or PHQTbackness Form ¹	and consistent procedure including the requirement to update both of the PVG / Disclosure Forms noted. Procedures to be strengthened to ensure that we are up to date to	Validatio n in		8 ID(4/2) Current Position et 22/02/13-1 - develuel At Valations in progress. February lighters Durth checkits has now been produced. In Properties pre-importent process may has now the ondeveluel. Meetings of accura with 30/1127 internal-Arter and 14 february. This will acids in checkies that Carl and the set of action and the internal activity of the produced activity of the set of the se	Cathy Wilson,Operations Manager
SW1601ISS.7 SW1601 Social Work: Hoath & ISS.7 Medum Employment Verification	where there are a number of different posts required at different locations around the city. This is due to a high volume of staff movement within these posts, which due to the nature of the posts are required to be filed timeously. However, it	Bisk of identification frame resulting in the Council employing a cardiate who does not have the kills or experience required to fulfil the duties of the post. Risk of financial canctions re Right to Work in UK Legislation	All nominated candidates to request to bring photographic (satisfication with them which thoold be included and within the Location Manager on the candidate bring reduced to dark work within bring the appropriate interfication should result in the candidate bring reduced to dark work within procedures. and communicated to all relevant tatk.	Locality Managers to sele confirmation from either encoding managers and/of tocation managers to assess that calcidiases are being encoded to the dispergisphic ID or being first day of work. This process will also be embedded within the HSC and Safer & Stronger Communities procedures and communicated to all relevant staff.	IA at Validatio n in Progress		8 ID(4/2) Current Position et 22/02/18-1 Overback W validation in programs. February logitatic barft indexitis has now the produce in Proposed pre-employment process may be now indexident of the set of the	Cathy Wilson,Operations Manager
HGC1501553 HCC1507 Personalisation xxintegration (553 Medium 505-Option 3 wort Board	South Generation of Local Action of South Through annual and quarterly statistical annual of local and/ordine. The meansment to unrevy quarters in basised on add and the Sint. The accuracy on properties of data against therefore summary to the second statistical and the Sint. The accuracy on properties of data against and the part year use to mean the second statistical action of the second statistical activity action of the second statistical activity activ	reporting which is likely to be incorrect. Data quality is affected where several processes to capture the same information are in use. There are over \$00 practitioners completing assessments on \$wift: multiple process challings over a short period of time increase the likelihood of errors in data input.	Further charges to the assessment process are expected over the next year as a result of the Traditional Conference on the SA charges management process should be plate to monitors the number of process and recording charges through the year, implement char exist information that are also as a second secon	changes to processes and trying to reduce the recording burden of implementing these on frontline practitioners. The Research and Information Team are aware of all changes to			12/L/12 Commet Notion 212/02/13: Overlau Alkoto: Request for farther clarkized/or / webnice statused 12/02/L/12/12/15/04/16/04/16/04/04/04/04/04/04/04/04/04/04/04/04/04/	Mary McIntosh,Business Services Manager

HIGCISGIISS HIGCISGI Personalitation wirtigeprice (S.S. Week	See the second 2015, if provide used and provide the grant off by a server. The is measure interduced to proper the based of explosition of the second second second second second second second second second second 2016. We instructed of cases as of \$111,6.4% where the system movies that the second s	delivering SDS and ensuring that people receive the care that they choose and need. A lack of review may affect	All personal care plans should be signed off by a senser, as required by HCG policy. Workarounds' on Sant aboud the discriminant to prevent this branch of signification of dates recurring.	Book the first is a structure of the second SMTE for the second or received in at my par- equivalent in the second	Owthat SHEEREES SHEEREES SO(64) 31,71.7	13 Government (2002) RE: Download a Makee Register (2002) And the former characterized produced model 2020 RE Download RE(10) (2014) Download Molynamicson Register (2014) Download (2014) State Termino In pices, rest of the Term science on PU/DE Conf. project pice agreed by Assessment and Review Based Gropy supplied to Internal Audit for validation).	Many Mittelohukuines Seneet Malage
HSCISHISI HCISH Casterir xinggodo 65.1 Met Capiriy xinfisari	such as life expectancy, morbidity, deprivation, prevalence of unpaid carers and employment levels (affecting both need for social care and the availability of carers). While the ISNA gives a sophisticated analysis of the current demographic and economic profile of the city, it is a snapshot based on historic statistics. Forecast in gis limited to percentage growth	service structures and inflistives may be created in an attempt to address current problems which are not suitable for changing demands caused by foreseeable mov ements and trends in the population.	forecasting model should include a sensitivity analysis to assess the likely-impact of variation in forecast trunch. This approximation provide the compariso devolution and completely of concil and completely and an approximation of the comparison devolution of the comparison devolution sensition has been threatened, the since a should identify the gap between current tables the forecast is sinceful more sensitivity and the able to be devolution of the gap between recurrences and evel for a different groups, types of care, and localization. If the process is sinceful has been protected has gap and the sensitivity of the gap between the more than an advance of the since of	population through the angeing development of the SMA . A working group has been established to carry othis work . Memetra incidea colleagues from Relik Habith In Mish Lothian a well as from the Habit and Social Care Partnership. One of the work streams which has been identified for the group is to further leading the most forecasting exect among specific groups, and our P ubit Habith In Mish and social the second stream of the second stream of the second stream social has the second stream of the second stream forecasting exect among specific groups, and our P ubit Habith To Colleagues are copporting this work. Second stream well has been in the rescaling models. Toge Analysis facting an enthodes enable the gap to be identified between demand and cuptly in brown home. Enther show the IM boaths in constraints and the creating forebulk.	n in Date Progress required	17 Honorsker Updare: Overkalen W Validation in progress. Further existence supplied by Ekanor Curringhum for unitation by high Thomson	Wendy Dak Strategic Conniscioning Manager
HSCL66HS1 HSCL60 (IBDLas oximparion BS.) fee integration & Joint Board Sharing	The generatory processes is place as not cultificating visuation to support the vision of assembly during data between both parties to the list Westwork the Mongare area of availables. Since a lost approximation of the second strategies of the second strategies and the second strategies are also been been been been been been been bee	legal requirements or regulations are not met or are addressed in isolation. There is a rait that UB members and the executive board cannot monitor progress against cartar ejec objectives effectively. With no clear implementation roadmap, the UB might experience resourcing issue or miss important dependencies between requirements: I internal communication is not well defined , there is the risk that employees do not male best use of the available data with also rok on impact	The lift hold server note and responsibilities for the management of access to oritical systems, reporting and exclusion of liceus and compliance with legal regulations are clearly defined and communicated.	Nemioted affect to be identified in regards of CF and telements for downance is that the equivalent of the second (108) and the Edition of New K Social Care Performing (100%)	Overdue BRRINGER 31/12/201 0 7 Date required	Current Praticio 21/02/14 Overder , Peterary Update: Operations Manager has been in part free 1 December 2017. Interesting and an entertain of the second	
			The LB should have a draw reading, detailing which requirements are to be implemented when, highlighting resources needs and eventual cross-dependencies.	Roadmap of ICT requirements to be developed based upon priorities for delivery of the UB Strategic Plan.	Overdue ####################################	18. Governit Policetico Operative Teleformy 2028 update - scope of the expensit from the workshop or U11/2021 propresented to the U14 of Information Generative Storing Group or U12/218 will be submitted as evidence by 17 separate email. Anote - separate email not received	Wendy Dale,Strategic Commissioning Manager
			A clear prioritisation process should be implemented. Priorities should be revised each time a new requirement is gathered.	Prioritisation of requirements to be agreed through the EHSCP ICT and Information Governance Steering Group.	Overdue янаналания янаналания 30/09/ 17	20 Current Position 26.02.18 - Overdue February 2018 update - following discussion at the ICT and Information Governance Steering Group on 13/2/18 It has been agreed that four short file working groups will be established to take this work forward. Once requirements have been identified they can be prioritised.	Wendy Dale, Strategic Commissioning Manager
			The UB should ensure they communicate their values and goals to the NHS and CEC staff.	Water and grads in respect of ICT to be conveyed through the development and publication of an ICT transports the INSO.	Overdue sessesses assessment 0	Current Position 28:03-18. Overhaal February 2018 opdate - a copy of the outputs from the workshop on 1/11/2017 prevented to the CF and information Generators Takening Group on 1/2/128 will be submitted as endorse by apparets enault. A solide - separate enaul not received.	Wands: Dala Stratanic
HSCI604IS2 HSCI60 (BDBas anilogation 55.2 sp integration & Sort Road Sharing	During barrieres constants of with Net Sup GET, these restores the processor (postCarlo) rescores mergement and communication proteins of eack sharing (not developed) the displanet the displanet to the site. Responsible to the site of the displanet term of the transmission of the displanet term of the disp	responsibilities to notify their 'non-home' organisation of staff changes. This could lead to access rights not being updated for leaves or movers and result in confidentiality of sensitive citizen data being put at risk, leading to regulatory fines or censure. Immature data sharing protocols increase the risk of data being inappropriately	UB double tensors the communication protocols for data sharing are fully established and mature on data protocolon.	A pair table General Data Sharing Honorach that facilitates trust among all pairsin (Mor Honorach, Ginhongh, Cark and Mol Candina Constraints and Big In oneon places and the Memoraland on Urdentratinding (MoJ) darling the join cata as controls were honored to the start of the start of the start of the Big In in the Inter of the Inter of the memoralance of the start of the encounter of the start of the start of the start of the Big In in the Inter of the Inter of the encounter of the start of the start of the start inter of the start inter of the memoral start in the big Inter of the start of the start interplation and researcher.	Overdue ######## 31/01/201 31/10/ 8 Date required	12 Connet Residence 432/2021B. Owned-Management and Understanding the base signed after (belt of the and the Council' for advanced to 14 Heavier 2021 BH Cord ment direct takes the contract test present a staff mecauge that will be sure from the Daird Officer to all HCC. Copy of Comms to be sent to Internal Audit for evidence. If Note: Noted evidence has not been received.	Keda Wittenham,Indormation Governance Maeger, Corporate Governance.
			access rights are regularly recertified. This would provide assurance to system owners over the operating eff e ctiveness of these controls.	mechanism for gaining access for new staff and notifying system owners of leavers and changes in role will be a priority for the nominated officer to be identified in respect of ICT and information Governance.		37: Counter National vs.233(2):8 Overlage - Enhances, 2018: Specifications Message Take one been plane a copy of a grandhord made by 16. (documbing at the count of training regressments. Examples work to walder this data via consultation with locality Managers needs to take place.	
HSC1604ISS.3 HSC1604 UB Data xx integration ISS.3 Medi integration & Joint Board Sharing Strategy and	During our sude procedures, we obtained them are compatibility and connecting insure when using CCC hardware at NMC locations or to access NMC ender of systems wide waves CCC CEC states were presented informations: in connecting howers, at NMC states (and vice wereal) in order to access their emails, and some systems cannot be accessed using specific hardware that are noble devices (i.e. tablets, mobile phone).	There is a risk of the operational efficiency and effectiveness being impacted by an inability to access system in a timely manner.	The UB should add for a review of connectivity and hardware compatibility to be conducted in NHS and CEC sites, to ensure all staff can be fully operational wherever they are located.	The kT and information Geometrics Groups will request a review of connectivity and nardware compatibility to be conducted across all disk housing integrated teams and consider any recommendations arising from that review.	Overdue assesses assessment 31/12/	12 Current Proteins at 27(02):R. Owndras No status update encoded this month. Proteins 17(02):R - Dourdos The CT and Information Generators Sterring Ginos asked specific individuals to produce the Survey Monike guestions for agreement at the next meeting of the Group on 22(1)/2018. Revised implementation data 31/3/2018.	Wendy Dale, Strategic Commissioning Manager
Magdet RE31605551 HE31605 ServiceLovel Strategy & 05.1 Dee Agreements Insight Ballow Easter		organisation, there is a risk that: There is r eputational damage and increased resource pressure if A the Council does not deliver services as expected by the counter enarty: The Council may only receive anomerica te	Service Level Agreements with the organizations to which the Council provides professional annices should be reviewed and/or established. These should selve care services provided, ley activities and the service care and provide the service and the service of the service services and services care adjressment should be for a additional paired and effectivel regularly to ensure that agreed services and charges remain appropriate.	Denctory will ensure that a service level agreement (ELA) has been established with all arms level cognisations (ALIG) that the synapset. The IAA should are due all an vices the service of the IAA should be all an all and the IAA should be all an all and the IAA should be all and all and the IAA should be also accounted by the service should be for an exy says period and reflected annually to ensure that agreed services and charges remain aggregation.	Overdue REBEREERE Cate 0 required	December Update: Deerbar - ito response received	Lawrence Rockey,Head of Strategy& Insight

Governance, Risk and Best Value Committee

10.00am, Tuesday, 5 June 2018

Internal Audit Report – Housing Property Follow Up – May 2018

Item number	7.2
Report number	
Executive/routine	
Wards	
Council Commitments	5:

Executive Summary

The purpose of this paper is to present the outcomes of the Internal Audit (IA) follow-up review of Edinburgh Building Services (now Housing Property) to the Committee.

This review was requested by the Committee in December 2016 to confirm whether the management actions agreed to address the findings raised in the Edinburgh Building services review of Contract Management Arrangements and Processes (completed in August 2016) had been effectively implemented and sustained.

Both Housing Property and Repairs Direct have made significant progress with implementation of the findings raised. Some elements of three High rated findings have not been fully implemented as yet, resulting in exposure to both significant and moderate levels of residual service delivery risk. Consequently, two findings will be reopened. The residual management actions from two of the three Highs will be consolidated and reopened as one High, and the remaining High reopened as a Medium reflecting the moderate level of residual risk to be addressed.

Two new findings, one Medium and one Low have also been raised.



Report

Internal Audit Report – Housing Property Service Follow Up – May 2018

1. Recommendations

- 1.1 The Committee is requested to note:
 - 1.1.1 the outcomes of the May 2018 Housing Property follow-up review;
 - 1.1.2 the progress made by both HPS and Repairs Direct with implementation of agreed management actions to address the findings raised in the original August 2016 report;
 - 1.1.3 that the High and Medium rated findings to be re-opened are included in the total population of 30 historic IA findings to be re-opened as approved by the Committee on 8 May 2018.
 - 1.1.4 that implementation of the agreed management actions to address the High and Medium findings that have been re-opened and the new findings raised will be tracked as part of the monthly IA follow-up process.

2. Background

- 2.1 In August 2016, IA completed a review of Edinburgh Building Services (EBS) Contract Management Arrangements and processes, and raised nine findings (5 High; 2 Medium; 1 Low and 1 Advisory). Six of the findings raised related to revenue works performed by the service (4 High; 2 Medium; and 1 Advisory), whilst the remaining two (1 High and 1 Low) related to capital works.
- 2.2 One of the High rated findings raised reflected weaknesses in the Repairs Direct Customer Contact Centre performance as only 10% of calls from tenants were answered within 30 seconds, and 33% of incoming calls abandoned (as at April 2016). This reflected a significant deterioration in performance in comparison to April 2015 when 75% of calls were answered within 10 seconds, and only 6% of calls abandoned.
- 2.3 The outcomes of this review were presented to the Governance, Risk, and Best Value Committee (GRBV) in December 2016, who requested that IA provide a subsequent update on whether the management actions agreed to address the findings raised and mitigate service delivery risks had been effectively implemented and sustained.
- 2.4 Edinburgh Building Services (EBS), and Housing Asset Management services were combined in September 2016 to form Housing Property, and now provide a streamlined repair, maintenance and capital programme service across the portfolio

Governance, Risk and Best Value Committee - Tuesday 4 June 2018

of council houses and Housing Revenue Account land. The service provided is subject to compliance with the Scottish Housing Regulator requirements.

- 2.5 As the findings raised in 2016 had not been effectively validated by IA prior to their closure, an additional review was added to the 2017/18 IA plan to confirm whether agreed management actions had been effectively implemented and sustained.
- 2.6 It has not been possible to fully test implementation of agreed management actions supporting closure of the High rated finding raised in relation to contract monitoring for capital works, as no new capital framework contracts have been authorised since June 2016.

This finding has been closed on the basis of evidence provided by management detailing the process to be applied in the event that capital works are required.

3. Main report

- 3.1 Both Housing Property Services (HPS) and Repairs Direct have made significant progress with implementation of the findings raised in the August 2016 Internal Audit of contract management arrangements and processes, with all agreed management actions supporting 2 High; 2 Medium; 1 Low and 1 Advisory findings fully implemented and effectively sustained.
- 3.2 Our review confirmed that elements of three High rated revenue works findings have not yet been fully implemented, resulting in exposure to both significant and moderate levels of residual risk associated with recording authorisation of invoices; employee training on invoice approval and authorisation; and quality assurance performed on contractor invoices and site inspections.
- 3.3 Two of the three High rated HPS findings will be reopened and tracked as overdue until all agreed management actions have been effectively implemented:
 - 3.3.1 Finding 1 will be reopened as a High, reflecting the significant level of the risks to be addressed;
 - 3.3.2 Finding 2 will not be reopened, as the remaining agreed management action to be implemented is covered by one of the outstanding agreed management actions in finding 1; and
 - 3.3.3 Finding 3 will be reopened as a Medium, reflecting the moderate level of risk to be addressed.
- 3.4 Whilst Repairs Direct has implemented all agreed management actions to close the original High rated finding, the expected uplift in performance has not yet been achieved. Consequently, a new Medium rated finding reflecting the need to review and re-baseline demand and resources and the development of an integrated improvement strategy and plan has been raised
- 3.5 One new Low rated finding has also been raised in relation to records management within the payments team.

Governance, Risk and Best Value Committee – Tuesday 4 June 2018

4. Measures of success

4.1 A robust HP service that is responsive to the needs of tenants and compliant with Scottish Housing Regulator requirements.

5. Financial impact

5.1 None.

6. Risk, policy, compliance and governance impact

6.1 Implementation of IA findings raised will ensure that HPS service delivery risk is effectively managed.

7. Equalities impact

7.1 None.

8. Sustainability impact

8.1 Delivery of a sustainable service that will support effective management of the Council's housing stock across the City.

9. Consultation and engagement

9.1 The IA report was finalised in consultation with HPS management; the Head of Place Development; and the Executive Director, Place.

10. Background reading/external references

10.1 None.

Lesley Newdall

Chief Internal Auditor,

Legal and Risk, Resources Directorate

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11. Appendices

Appendix 1 – Housing Property Services follow-up, Final Internal Audit report

The City of Edinburgh Council Internal Audit

PL1702 - Housing Property follow up Draft Report

9 May 2018

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This internal audit review is conducted for the City of Edinburgh Council under the auspices of the 2017/18 internal
audit plan approved by the Governance, Risk and Best Value Committee in March 2017. The review is designed to
help the City of Edinburgh Council assess and refine its internal control environment. It is not designed or intended
to be suitable for any other purpose and should not be relied upon for any other purpose. The City of Edinburgh
Council accepts no responsibility for any such reliance and disclaims all liability in relation thereto.

The internal audit work and reporting has been performed in line with the requirements of the Public Sector Internal Audit Standards (PSIAS) and as a result is not designed or intended to comply with any other auditing standards.

Although there is a number of specific recommendations included in this report to strengthen internal control, it is management's responsibility to design, implement and maintain an effective control framework, and for the prevention and detection of irregularities and fraud. This is an essential part of the efficient management of the City of Edinburgh Council. Communication of the issues and weaknesses arising from this audit does not absolve management of this responsibility. High and Critical risk findings will be raised with senior management and elected members as appropriate.

1. Background and Scope

Background

Housing Property

Edinburgh Building Services (EBS), and Housing Asset Management services were combined (as part of the Council's transformation programme) in September 2016 to form Housing Property (HP), and now provide a streamlined repair, maintenance and capital programme service across the portfolio of council houses and Housing Revenue Account land. The service provided is subject to compliance with the Scottish Housing Regulator requirements.

In August 2016, an Internal Audit of contract management arrangements and processes was performed prior to transformation, and raised nine findings (5 High; 2 Medium; 1 Low and 1 Advisory). Six of the findings raised related to revenue works performed by the service (4 High; 2 Medium; and 1 Advisory), whilst the remaining two (1 High and 1 Low) related to capital works.

The outcomes of this review were presented to the Governance, Risk, and Best Value Committee (GRBV) in December 2016, who requested that Internal Audit provide a subsequent update on whether the management actions agreed to address the findings raised and mitigate service delivery risks had been effectively implemented and sustained.

In response to the contract management audit HP developed an action plan that included 35 specific actions to address the Internal Audit findings raised.

One of the actions included in the plan was development of a payment authorisation matrix for inclusion in the Housing Property procedure manual. Evidence of authorisation in line with payment matric requirements is recorded on the compliance form supporting all invoice payments. Training has also been developed and delivered to both existing and new employees involved in invoice processing.

Repairs Direct

The Repairs Direct contact centre receives repairs for requests directly from tenants and neighbourhood housing officers, and passes them to HP for action. Current call volumes are circa 8K per month in comparison to circa 10K calls received per month as at April 2016.

One of the High rated findings raised in the August 2016 report reflected weaknesses in Repairs Direct performance as only 10% of calls from tenants were answered within 30 seconds, and 33% of incoming calls abandoned (as at April 2016). This reflected a significant deterioration in performance in comparison to April 2015 when 75% of calls were answered within 10 seconds, and only 6% of calls abandoned.

Scope

This objective of this review was to confirm whether all agreed management actions resulting from the EBS Contract Management audit completed in August 2016 have been effectively implemented and sustained. The scope also considered the design and operating effectiveness of any newly introduced controls in Housing Property.

Where management actions have been implemented, and our testing confirms that they have not been sustained, the historic audit findings will be re-opened.

The Housing Property action plan was reviewed to confirm that it was fully aligned with the audit findings, and was then used as the basis for our follow-up work.

2. Executive summary

Total number of findings

Critical	-	-
High	1	reopened
Medium	2	1 reopened and 1 new
Low	1	new
Advisory	-	
Total	4	-

Summary of findings

Both Housing Property (HP) and Repairs Direct have made significant progress with implementation of the findings raised in the August 2016 Internal Audit of contract management arrangements and processes, with all agreed management actions supporting 2 High; 2 Medium; 1 Low and 1 Advisory findings fully implemented and effectively sustained.

However, our review confirmed that elements of three High rated revenue works findings have not been fully implemented, resulting in exposure to both significant and moderate levels of residual risk associated with recording authorisation of invoices; employee training on invoice approval and authorisation; and quality assurance performed on contractor invoices and site inspections.

Consequently, two of the three High rated HP findings will be reopened and tracked as overdue until all agreed management actions have been effectively implemented.

- Finding 1 will be reopened as a High, reflecting the significant level of the risks to be addressed;
- Finding 2 will not be reopened, as the remaining agreed management action to be implemented is covered by one of the outstanding agreed management actions in finding 1; and
- Finding 3 will be reopened as a Medium, reflecting the moderate level of risk to be addressed

Whilst Repairs Direct has implemented all agreed management actions to close the High rated finding the expected uplift in performance has not yet been achieved. Consequently, a new Medium rated finding reflecting the need to review and re-baseline demand and resources has been raised.

Finally, one new Low rated finding has also been raised in relation to records management within the payments team.

Details of the control gaps identified from our testing and the High rated findings to be reopened are included at Section 3: Detailed findings. Appendix 2 also includes a detailed outcomes summary that maps the findings raised in the August 2016 report through to our testing outcomes and next steps.

3. Detailed findings

1. Original Finding 1 (High) - Allocation of works to contactors and authorisation of payments

Findings

Our review established that three of the five agreed management actions required to support closure of this High rated finding have not been fully and effectively implemented. As the residual risk associated with the outstanding actions is considered significant, this finding will be reopened with a High rating.

Specifically:

Management action 1 - invoice authorisation

The key control supporting authorisation of invoices as per the payment authorisation matrix is evidence of authorisation recorded on compliance forms.

Review of a sample of 25 invoices and supporting compliance forms to confirm authorisation in line with the authorisation matrix included in the Housing Property procedure manual, identified the following moderate control gaps:

- 7 instances (28%) where the compliance form was not attached to the invoice held in archives therefore there was no evidence of invoice authorisation; and
- 1 instance where the compliance form had not been signed by a team leader and two operations managers, where a signature from the Housing Property Manager was required. It is acknowledged that the HPM was on annual leave.

Management action 3 – employee training

The following minor exceptions were noted in relation to delivery of training on work order and invoice processing processes:

- Five new employees started after delivery of initial training. Whilst an induction timetable for all new employees was in place, it did not include a space for employee confirmation of attendance at and completion of training, and attendance had not been recorded elsewhere; and
- Six staff on the Housing Property structure chart (circa 7.5% of the employees at team leader level and above) had not signed training attendance sheet. Their attendance was confirmed verbally by the Operations Manager.

Management action 4 – quality assurance – contractor invoices

Contractor invoices are subject to 100% quality checking prior to payment by the Housing Property compliance team, who produce a Contractor Payment Report detailing the invoices rejected and the supporting rationale.

The compliance team then performs a retrospective review of the quality checking process, however the methodology supporting this process has not been defined (for example, the sampling methodology to be applied) and the outcomes are not recorded.

A further check is then performed by operations managers. Confirmation of completion of the check is recorded in the new HP database, however the outcomes of the check are not recorded.

Bu	siness Implication	Finding Rating
•	HP Housing Property may be unable to demonstrate consistent application of payment approval authorities;	High
•	Employees may not aware of authorisation levels or procedures regarding the authorisation of work orders and invoices; and	High
•	Quality assurance sampling methodology and size may not be sufficient to identify inaccurate or potentially fraudulent payments to contractors.	
Ac	tion plans	
Re	commendation	Responsible Officer
1.	The invoice authorisation compliance form should be completed, signed, and retained in line with the authorisation matrix for all invoices in excess of £5K;	Willie Gilhooly, Acting Housing Property Manager
2.	Approval authorisations to be applied in the absence of the Senior Manager (Housing Property) will be documented within existing procedures;	
3.	Training attendance and completion on invoice and work order processes and authorisation should be recorded and retained; and	
4.	The process to be applied when selecting samples and recording outcomes of invoice authorisation reviews should be documented, implemented, and consistently applied. Invoice sample selection should cover an appropriate range of invoice values and suppliers.	
Ag	reed Management Action	Estimated Implementation Date
1.	A stamp will be created and applied to all invoices that will record the appropriate authorisations in line with established approval limits;	29 June 2018
2.	Approval authorisations will be documented within existing procedures;	
3.	Induction training templates have been revised to include signatures of new employees to confirm and record attendance. For future training a check will be implemented to confirm that all attendees have signed the attendance sheet; and	
4.	Risks associated with invoices will be considered at monthly HP management team meetings, and sample sizes selected and advised to the compliance team. Performance information detailing the outcomes of sample testing performed will be provided to the monthly contract management board meeting for review and action.	

2. Original Finding 3 (High) – Quality Assurance

Findings

Our review established that two of the six agreed management actions required to support closure of this High rated finding have not been implemented. As the residual risk associated with the outstanding actions is considered moderate, this finding will be reopened with a Medium rating.

Specifically:

Management action 2 – targeted site inspections

Whilst HP completes a programme of site inspections, there is no established methodology supporting selection of and reasons for the sample of sites to be visited. Currently, site inspections are completed based on an absolute number (a target of 40 for each team leader which is currently not being achieved) instead of the 2% of completed jobs specified in the agreed management action. It should be noted that the target of 40 site visits exceeds the previously agreed 2% check based on current volumes of sub contracted work.

Additionally, there is no evidence available to confirm that site inspections provide appropriate coverage of individual trades; expenditure levels; customer feedback and any potential or reported safety risk or incidents.

Management action 1 – implementation of site inspection checklists

Additionally, review of a sample of 25 site inspections checklists established some minor control gaps as 3 inspections were not scored and 2 were not signed by the relevant Quality Control Officer or Team Leader.

Bu	siness Implication	Finding Rating
•	The sample of site inspections selected may not include high risk and high value works, resulting in inability to identify unacceptable quality or unsafe outcomes; and	Medium
•	Weaknesses identified from site inspections are not addressed.	
	tion plans commendation	Responsible Officer
<u>re</u>	commendation	Responsible Officer
1.	The process to be applied when selecting samples and recording outcomes of site inspections should be documented, implemented, and consistently applied; and	Willie Gilhooly, Acting Housing Property Manager
2.	Invoice sample selection should be based on an appropriate percentage of completed works; cover an appropriate range of contractor spend and consider both reported safety concerns and customer feedback.	
Ag	reed Management Action	Estimated Implementation Date
1.	The contract board will retrospectively review the volume of subcontracted work each month, and confirm whether the current number of 40 site inspections remains appropriate or should be increased, as HP management is keen to maintain a minimum no of 40 monthly site inspections;	29 June 2018
2.	The contract board will also select the sample of site inspections to be performed, ensuring appropriate coverage of contractor spend and considering reported safety concerns and customer feedback; and	
3.	A briefing will be issued to all staff confirming that any site inspection checklist that are not fully completed will not be accepted by the Compliance team. The Compliance team will also record details of any incomplete property inspection checklists.	

3. New Finding - Repairs Direct

Findings

Following the original audit report in August 2016, an action plan was produced and implemented to improve the Repairs Direct contact centre performance and establish appropriate future performance targets, to support tenants when reporting housing repair requirements.

An interim Service Level Agreement (SLA) was also agreed between Housing Property Services (HP) and Customer in November 2017 that specifies an 80% stretch target for calls to be answered within 30 seconds and a 10% call abandonment rate. This rate exceeds the 55% target implemented across all other non critical services following Contact service transformation.

Whilst Repairs Direct implemented all of the agreed actions to support closure of the High rated finding and performance has improved (as detailed in the table below), it has not yet achieved the service levels delivered in April 2015, or met the agreed 80% call response rate SLA.

Managers have recognised that an integrated service improvement plan is required to bring performance in line with that of similar housing organisations and to support compliance with Scottish Housing Regulator and Social Housing Charter standards.

	Average Call volumes	Performance against 80% target	Abandoned Calls
March to July 2017	6,676	41%	21.2%
July to December 2017	8,897	56%	13%

Analysis of Repairs Direct Performance

Source: Contact Performance Update Dashboards

Business Implication	Finding Rating	
• Potential non compliance with Scottish Housing Regulator requirements;		
 Increased risk associated with delays in responding to emergency repairs; and 	Medium	
• Potentially adverse impact on citizen experience and reputational damage.		
Action plans		
Recommendation	Responsible Officer	
1. An integrated service improvement plan is developed to align contact centre, localities and the repairs and improvement teams. Demand is reviewed and baselined;		
 Performance targets are reviewed and reset at a realistic and achievable level; 		
3. Sufficient resources are allocated to support performance delivery; and		

4.	Meetings are established between senior HP and Customer management o review and challenge performance.	
Ag	reed Management Action	Estimated Implementation Date
1.	Agree integrated service improvement strategy and plan;	30 September 2018
2.	Review year end results and agree interim SLA, to align performance with compliance with regulatory requirements and benchmarked against performance of other similar landlord organisations. ; and	31 May 2018
3.	Implement new online forms for non emergency repairs, with associated automation to allow for greater focus on emergency repairs.	31 August 2018

4. New Finding - Payments Records Management

Findings

During testing of Housing Property invoices, 25 invoices were requested from the Council's archives. The box containing one invoice could not be identified and one invoice could not be located in the box numbers provided.

The payments team has subsequently sourced the correct box and also obtained a copy of the missing invoice from the supplier.

Business Implication	Finding Rating
 Original invoices cannot be located to support the audit trail of paid invoices; and 	Low
• Potential non compliance with Council records management policies and non compliance with current Data Protection and the forthcoming General Data Protection Regulations if sensitive information is recorded on original invoices.	
Action plans	
Recommendation	Responsible Officer
Payments records management procedures should be reviewed, updated where required, and consistently applied when archiving invoices.	SheilaHaig,CustomerManager.Transactions:Assessment&&
	Finance
Agreed Management Action	Finance Estimated Implementation Date

Appendix 1 – Outcomes summary

Original Finding raised in August 2016	Rating	Status December 2017	Testing outcomes and next steps		
Revenue Works	levenue Works				
1. Allocation of works to contactors and authorisation of payments	High	Partially implemented	Testing Outcomes Three of the original five agreed management actions in relation to application of invoice approval authorities; employee training; and compliance checking performed by the HP compliance team have not been fully implemented. Next Steps This High rated finding will be reopened and tracked as overdue until all agreed management		
2. Scrutiny of Invoices	High	Partially implemented	actions have been implemented as the remaining risks are significant. Testing Outcomes One of the original seven agreed management actions in relation to quality assurance has not been implemented. Management action required to address this finding is included in recommendation 1 above. Next Steps This finding will be closed and the outstanding management action addressed as part of finding 1 (above)		
3. Quality Assurance	High	Partially implemented	Testing Outcomes Two of the original six agreed management actions in relation to site inspections have not been implemented. Next Steps As the remaining risks are moderate as opposed to significant, this finding will be reopened with a Medium rating and tracked as overdue until all agreed management actions have been implemented		

Original Finding raised Rating in August 2016		Status December 2017	Testing outcomes and next steps
4. Repairs Direct	High	Fully implemented	Next Steps
			Whilst all agreed management actions to close the High rated finding have been implemented, the expected uplift in performance has not been achieved.
			Consequently, a new Medium rated finding reflecting the opportunity to improve performance has been included at finding 3.
5. Contract Monitoring	Medium	Fully implemented	N/A
6. Management Information	Medium	Fully implemented	N/A
7. Manual Process	Advisory	Fully implemented	N/A
Capital Works			
1. Contract Monitoring	High	Fully implemented	No new capital contracts have been authorised since June 2016. However, delegated authority approval dated 27 January 2017 in favour of the Housing Property Manager is available for contract values of up to 5 million, signed by Executive Director of Place.
2. Capital projects procured by third parties	Low	Fully implemented	N/A

Appendix 1 - Basis of our classifications

Finding rating	Assessment rationale
Critical	 A finding that could have a: <i>Critical</i> impact on operational performance; or <i>Critical</i> monetary or financial statement impact; or <i>Critical</i> breach in laws and regulations that could result in material fines or consequences; or <i>Critical</i> impact on the reputation or brand of the organisation which could threaten its future viability.
High	 A finding that could have a: Significant impact on operational performance; or Significant monetary or financial statement impact; or Significant breach in laws and regulations resulting in significant fines and consequences; or Significant impact on the reputation or brand of the organisation.
Medium	 A finding that could have a: <i>Moderate</i> impact on operational performance; or <i>Moderate</i> monetary or financial statement impact; or <i>Moderate</i> breach in laws and regulations resulting in fines and consequences; or <i>Moderate</i> impact on the reputation or brand of the organisation.
Low	 A finding that could have a: <i>Minor</i> impact on the organisation's operational performance ; or <i>Minor</i> monetary or financial statement impact; or <i>Minor</i> breach in laws and regulations with limited consequences; or <i>Minor</i> impact on the reputation of the organisation.
Advisory	A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.

Appendix 3 – Terms of Reference

Place

Terms of Reference – Edinburgh Building Services

To: Paul Lawrence, Executive Director of Place

From: Lesley Newdall, Chief Internal Auditor

Date: 27th November 2017

Cc: Michael Thain, Head of Place Development Alexander Burns, Housing Property Manager - Housing & Regulatory Services

This review is being undertaken as part of the 2017/18 internal audit plan approved by the Governance, Risk and Best Value Committee in March 2017.

Background

In August 2016, an Internal Audit of contract management arrangements and processes was conducted for two service areas, Edinburgh Building Services (EBS), and Housing Asset Management. The two service areas joined together on 5 September 2016 to form 'Housing Property' through the transformation programme and provide a streamlined repair, maintenance and capital programme service to council houses and Housing Revenue Account land.

In December 2016, Internal Audit submitted a report to the Governance, Risk, and Best Value Committee (GRBV), detailing the outcomes of the EBS Contract Management review.

The audit raised 9 Findings raised (5 High; 2 Medium; 1 Low and 1 Advisory), and EBS has confirmed that all agreed management actions have now been completed.

GRBV requested that Internal Audit provide an update on recommendations to GRBV by November 2017.

Scope

This review will confirm whether all agreed management actions resulting August 2016 Contract Management review have been effectively implemented and sustained, and support provision of a progress update to GRBV in January 2017. Our scope will also consider the design and operating effectiveness of any newly introduced controls in EBS.

Where management actions have been controlled, and our testing confirms that controls have not been sustained, audit recommendations will be re-opened.

Limitations of Scope

Our scope is detailed above, and there are no specific scope limitations.

Approach

Our audit approach is as follows:

 Obtain an understanding of the management actions implemented to address the control weaknesses identified in relation to work allocation; contractor monitoring; invoice scrutiny; and quality assurance through discussions with key personnel, review of systems documentation and walkthrough tests;

- Confirm whether the key risks associated with these processes are being effectively managed;
- Confirm that the controls that have been implemented have been sustained; and
- Test the operating effectiveness of the key controls.

The sub-processes and related control objectives included in the review are:

Sub-process Control Objectives				
	Ensure that management actions to address the following Internal Audit recommendations have been effectively implemented and maintained:			
	• The existing delegation of financial limits for authorisation of repair orders to Repairs Direct and authorisation of invoices will be reviewed and revised. Repair orders and invoices of high value will subject to secondary approval.			
	• The allocation of works process (assigning work to a procured contractor) will be reviewed and a robust system identified and embedded to ensure that an officer does not authorise the payment of any works which they ordered			
Allocation of works to contractors and authorisation of	 All staff involved in authorisation of work and payments will be trained in these new limits and processes. 			
payments	• Role of compliance teams will be strengthened and include a percentage audit of authorisation processes and secondary approvals. Any anomalies will be reported to the Housing Property Manager.			
	• Contract Management Board meetings will be set up and held monthly, chaired by Housing Property Manager. These board meetings will scrutinise contract management across the service, for both revenue and capital works. A quarterly report will be brought to the Housing and Regulatory Services Senior Management Team.			
	 Letter will be sent to contractors re-iterating the requirement to comply with all aspects of invoice submissions. Where this is not complied with the invoice will be rejected. 			
	 Schedule of Rates (SORs) have been re-issued to contractors and Team Leaders. 			
	• Variation to any works order will require to be agreed in advance of work being carried out. Any variation above a set financial limit will require sign off by Team Leader or Operations Manager, depending on the value. This will be communicated to contractors.			
Scrutiny of Invoices	 Process for authorisation of invoices will be reviewed ensuring clarity on authorisation limits, what information/documentation must be present for sign off, where invoices should be rejected. 			
	 All relevant staff will be retrained on revised procedures including SORs. 			
	• Random selection of invoices from each contractor will be investigated each month by the Compliance Team to ensure that agreed submission and authorisation processes are being followed. Any anomalies will be reported to the Housing Property Manager			
	 Contract Management Board meetings will be set up and held monthly, chaired by Housing Property Manager. These board 			

	meetings will scrutinise contract management across the service, for both revenue and capital works. A quarterly report will be brought to the Housing and Regulatory Services Senior Management Team.
	• An improved Site Inspection Checklist has been devised, which includes a scoring framework for works.
	• Site inspection will be targeted to contractors, and individual trades based on analysis of increased expenditure, customer feedback and any potential or reported safety risk or incidents. The programme will target 2% of jobs completed.
	• Empty Homes and Kitchen and Bathroom inspections will be included as part of the quality assurance check process. This would provide an additional 2,500 inspections within the programme.
Quality Assurance	All relevant staff will be retrained on revised procedure.
	 Independent Review of Gas Safety Processes and Standard of Work to be carried out.
	• Contract Management Board meetings will be set up and held monthly, chaired by Housing Property Manager. These board meetings will scrutinise contract management across the service, for both revenue and capital works. A quarterly report will be brought to the Housing and Regulatory Senior Management Team.
	 Discussions were held with Procurement Services on Housing Property being early adopters of revised corporate contract management processes.
	• The recommendation to consider accelerating Channel Shift at Repairs Direct will be taken to Senior Managers in the Resources directorate.
Repairs Direct	• Performance measures set out in the SLA will be jointly scrutinised and monitored on a monthly basis.
	• Staffing at Repairs Direct to be reviewed and additional staff put in place.
	Revised shift patterns to be implemented.
	 Contract Management Board meetings will be set up and held monthly, chaired by Housing Property Manager. These board meetings will scrutinise contract management across the service, for both revenue and capital works. A quarterly report will be brought to the Housing and Regulatory Services Senior Management Team.
Contract Monitoring	• Within the new Housing Property Structure the focus of the in-house Compliance team will be to audit all aspects of the practices and procedures of contract management and to report findings directly to the Housing Property Manager. Members of team will be trained in role and required processes.
	• Letter will be sent to contractors re-iterating the requirement to comply with all aspects of invoice submissions. Where this is not complied with the invoice will be rejected.
Management Information	• EBS will work with Finance colleagues to agree a formula to calculate the true cost of EBS operatives and external contractors.

	 A business case to procure a consultant to review the SOR rates will be put forward to Commercial Procurement Services.
	 A review of the cost of external and internal resources will be carried out.
Manual Processes	 Refresher training to be rolled out to all relevant staff regarding all aspects of authorisation or work and invoices including checking of SORs. Where schedule of rates have not been applied, the invoice will be rejected.
	• The requirements for the new ICT system to support electronic invoicing will form part of the scoping document which will be submitted to ICT team.
	 Bi monthly meetings will be held with contractors which will include review of KPI performance, quality of work, cost and safety.
Contract Monitoring	• Capital contracts will be included in the remit of the Contract Management Board which will sit on a monthly basis, chaired by the Housing Property Manager. Reports on KPIs, quality, cost and safety will be reviewed by the contract management board so that any issues will be quickly identified and risk managed appropriately.
Capital projects procured by third	 Housing Property will ensure that all contracts are approved in line with contract standing orders. All delegated authority approval will be evidenced for records.
parties	 Compliance Team will audit compliant sign off of contracts as part of their monthly audit; any anomalies will be reported to Housing Property Manager and Head of Service.

Internal Audit Team

Name	Role	Contact Details
Lesley Newdall	Chief Internal Auditor	lesley.newdall@edinburgh.gov.uk 0131 429 3216
Dheeraj Shekhar	Auditor	dheeraj.shekhar@edinburgh.gov.uk 07753458625

Key Contacts

Name	Title	Role	Contact Details
Paul Lawrence	Executive Director – Place	Review Sponsor	0131 529 7325
Michael Thain	Head of Place Development	Key Contact	0131 529 2426
Alexander Burns	Housing Property Manager	Key Contact	0131 529 5890

Timetable

Fieldwork Start

21 November 2017

Fieldwork Completed	12 December 2017
Submission of Draft Report	22 December 2017
Response from Auditee	15 January 2018
Final Report to Auditee	26 January 2018

Follow Up Process

Where reportable audit findings are identified, the extent to which each recommendation has been implemented will be reviewed in accordance with estimated implementation dates outlined in the final report.

Evidence should be prepared and submitted to Audit in support of action taken to implement recommendations. Actions remain outstanding until suitable evidence is provided to close them down.

Monitoring of outstanding management actions is undertaken via monthly updates to the Director and his executive assistant. The executive assistant liaises with service areas to ensure that updates and appropriate evidence are provided when required.

Details of outstanding actions are reported to the Governance, Risk & Best Value (GRBV) Committee on a quarterly basis.

Appendix 1: Information Request

It would be helpful to have the following available prior to our audit or at the latest our first day of field work:

• The file containing evidence of implementation of recommended action points

This list is not intended to be exhaustive; we may require additional information during the audit which we will bring to your attention at the earliest opportunity.

Governance, Risk and Best Value Committee

10.00am, Tuesday 5 June 2018

Internal Audit and Risk – Update on service delivery model

Item number	7.3
Report number	
Executive/routine	
Wards	
Council Commitments	

Executive Summary

A report was presented to the Governance, Risk and Best Value Committee in April 2016 setting out a proposed new model of working for the Internal Audit and Risk functions of the Council.

The Head of Legal and Risk was requested to bring back a report one year after implementation of the new model in April 2017. This report discharges that request and provides the Committee with an update on delivery through the new model of working.



Internal Audit Report – Update on service delivery model

1. Recommendations

1.1 The Committee is recommended to note the content of this report.

2. Background

2.1 The improvements made in the Council's internal audit function, as well as its risk management arrangements, through the co-source arrangements with PwC have been well documented and are outlined in previous reports to Committee in May and October 2013, May 2014, March 2015, June 2015 and April 2016.

3. Main report

- 3.1 The April 2016 report to this Committee signalled a change of approach in that the Council would seek to reduce the level of the co-source arrangements with PwC and move to employ a substantive Chief Internal Auditor and Chief Risk Officer.
- 3.2 It was proposed that, to ensure that the Internal Audit and Risk functions maintained the strength and depth of expertise, the continuation of a co-source "light" arrangement was to be retained through a new procurement.
- 3.3 A new procurement was carried out in late 2016 and PwC were the successful provider. The Council entered into a new agreement with PwC for the provision of Internal Audit and risk services from March 2017 until 31 March 2019, with the option to extend for a further two years. This contract operates on a service drawdown basis and includes provision for both specialist and generalist support. In late 2016 a recruitment process was completed for the posts of both Chief Internal Auditor and Chief Risk Officer and the successful candidates commenced with the Council in Spring 2017.
- 3.4 The Head of Legal and Risk was requested to bring back a report after a year following implementation of the new service delivery model. This report discharges that request.

Internal Audit

- 3.5 Lesley Newdall commenced as the Council's Chief Internal Auditor in May 2017.
- 3.6 In terms of service delivery there have been some key benefits to having a substantive Chief Internal Auditor employed by the Council. These include a growing and consistent knowledge of the Council's areas of operations, as well as the ability to build strong and trusted relationships with colleagues as part of one organisation. There have also been significant financial benefits when compared to the co-source arrangements.
- 3.7 As at March 2017 the Internal Audit team comprised the Chief Internal Auditor, two Principal Audit Managers and four Internal Auditors. This team was supplemented by co-source resource from PwC to allow the annual audit plan to be delivered.
- 3.8 To further enhance knowledge and capacity within the team, the Chief Internal Auditor recommended that the drawdown of three, three-week blocks of generalist audit capacity from the co-source provider be replaced by the recruitment of two new Senior Internal Auditors.
- 3.9 The recruitment process for these posts has commenced and one internal candidate has been successfully promoted to Senior Internal Auditor. Recruitment for the two remaining vacancies for Auditor and Senior Auditor is ongoing.
- 3.10 As Committee is aware from the report provided in May 2018, a historic issue has been identified in relation to previous effectiveness of the Internal Audit follow-up process, which has resulted in non-compliance with Public Sector Internal Audit Standards (PSIAS). This will be reflected in the 2017/18 Internal Audit annual opinion to be presented to Committee in July 2018. Upon identification, this issue was addressed through implementation of a manual follow-up process in September 2017, with implementation of a fully automated solution scheduled for July 2018. The new system-based solution is designed to make the follow-up of audit findings more streamlined, effective and user-friendly.
- 3.11 The Internal Audit team has faced some resource pressures when delivering the 2017/18 plan and further funds were allocated to the team on a one-off basis to assist with this. Given the issues identified within the report to this Committee in May in relation to the historic audit follow-up process and ongoing staff absence at Principal Audit Manager level, these resource challenges remain.
- 3.12 Resourcing challenges have also had an impact on the Internal Audit quality assurance process, which has not been completed in 2017/18. This will also be reflected in the 2017/18 Internal Audit annual opinion. The risks in relation to PSIAS non-compliance and internal quality assurance have been included in the Resources Directorate risk register.
- 3.13 The issue of current Internal Audit resource challenges is addressed in another report to this Committee today.

- 3.14 The Chief Internal Auditor has developed a strong working relationship with Scott Moncrieff as the Council's external auditors and partnership working arrangements have been established in order to avoid duplication and minimise impact on services.
- 3.15 Overall, notwithstanding the present resource challenges, the changes within the Internal Audit team has been positive for the Council, achieving a higher quality and independent service in a cost-effective manner.
- 3.16 The co-source "light" arrangement also appears to be working well, enabling to Council to draw on specific expertise as required.

Risk

- 3.17 Duncan Harwood commenced as the new Chief Risk Officer with the Council in February 2017. The Corporate Risk Team is presently 2.8 FTE, with one Chief Risk Officer and two Principal Risk Officers.
- 3.18 An internal audit was carried out on risk management in late 2016 and, since then, work has been undertaken to help strengthen the Council's risk management framework and to cascade and embed knowledge and understanding of risk management within the organisation. It is, however, recognised that this is very much still work in progress and that understanding and acceptance of risk management as a beneficial tool in the Council still requires to be more embedded.
- 3.19 The Chief Risk Officer presented a paper to the Corporate Leadership Team in February 2018 outlining further improvements which are intended to strengthen the risk management framework through 2018-19. These include updating the Council's enterprise risk management policy and procedures (including re-setting the Council's risk appetite), delivering risk identification workshops for some Council services and introducing a new software solution which will assist in the recording, monitoring and reporting of risk across the Council.
- 3.20 Quarterly Risk and Assurance Committees and Risk Management Groups are now established in all Directorates. The Corporate Risk Team is working with services to encourage Directorates to regularly update and challenge the content of their risk registers. Representatives from Internal Audit and Health and Safety attend these Committees to seek to ensure that relevant risks, issues and performance within those areas are considered appropriately. Risk Management Groups focus on risk at an operational and managerial level and provide a mechanism for the collective assessment, scrutiny and escalation of risks to the appropriate Committee where required.
- 3.21 The Corporate Risk Team are working alongside colleagues from NHS Lothian to establish and embed risk management within the Health and Social Care Partnership. Work is currently underway to review and update the Partnership's risks, and embed risk management within the Partnership localities. Risks to the Council which arise from the work of the Partnership will be escalated and reported through the Council's existing risk management structures. The Corporate Risk Team are also currently considering any impacts of the change in reporting lines for Safer and

Stronger Communities when it moves to become part of the Communities and Families Directorate.

- 3.22 The Corporate Risk Team is working with service areas to improve the early identification and flow of specific risks to ensure that risks are appropriately and timeously escalated through the relevant registers and committees. Once more fully embedded, this will significantly improve the Council's ability to prioritise and manage risks effectively.
- 3.23 Members of the Corporate Risk Team now provide input at each Leaders' Induction session, ensuring that all new leaders have an appropriate understanding of their responsibilities as they relate to risk management. Two new e-learning packages have also been created which provide updated guidance and information for managers and staff working at all levels.
- 3.24 The Corporate Risk Team are also working alongside teams in Strategy and Insight, particularly in Strategic Change and Delivery, to improve the reporting mechanisms between projects, performance and risk.
- 3.25 There are two outstanding Internal Audit actions. One has now been closed and the other requires the implementation of the new Enterprise Risk Management Policy and Risk Appetite. These documents will be submitted to the Corporate Policy and Strategy Committee in August 2018 which will enable closure of the relevant outstanding actions.

4. Measures of success

4.1 The Council has high quality Internal Audit and Risk services delivered in a costefficient manner which provide the Council with assurance that the Council is operating in an appropriate manner and consistently identifying and addressing any key risk and control gaps.

5. Financial impact

5.1 The current service model is funded by the Legal and Risk Service budget. Any financial pressures arising are being monitored and will be resolved or reported as required.

6. Risk, policy, compliance and governance impact

6.1 Having effective Internal Audit and Risk services is of key importance to ensure the Council is operating in an appropriate manner and identifying and addressing any key risk and control gaps.

7. Equalities impact

7.1 Not applicable.

8. Sustainability impact

8.1 Not applicable.

9. Consultation and engagement

9.1 Not applicable.

10. Background reading/external references

- 10.1 GRBV Committee 23 May 2013 Internal Audit Co-Source Update Report
- 10.2 <u>GRBV Committee 10 October 2013 Internal Audit Co-Source Update Report</u>
- 10.3 GRBV Committee 22 May 2014 Internal Audit Co-Source Update Report
- 10.4 <u>GRBV Committee 5 March 2015 Internal Audit & Risk Service Delivery Update</u> <u>Report</u>
- 10.5 <u>GRBV Committee 18 June 2015 Internal Audit & Risk Service Delivery Update</u> <u>Report</u>
- 10.6 <u>GRBV Committee 21 April 2016 Internal Audit & Risk Service: Delivery Model</u> <u>Report</u>

Stephen S. Moir

Executive Director of Resources

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11. Appendices

None.

Governance, Risk and Best Value Committee

10.00am, Tuesday, 5 June 2018

Accounts Commission: Local Government in Scotland – Challenges and Performance 2018

Item number	7.4
Report number	
Executive/routine	Routine
Wards	n/a
Council Commitments	n/a

Executive summary

Following the publication in November 2017 of its Scotland-wide review of 2016/17 local government financial performance, the Accounts Commission has now issued a complementary, forward-looking report assessing councils' readiness to confront the growing challenges that lie ahead. The report re-emphasises a number of previous messages of relevance to all councils in Scotland, including the need for robust financial and service planning, appropriately-resourced transformational change programmes and close working with elected members and communities in prioritising services to deliver key outcomes and secure financial sustainability.



Report

Accounts Commission: Local Government in Scotland – Challenges and Performance 2018

1. Recommendations

- 1.1 Members of the Governance, Risk and Best Value Committee are asked to:
 - 1.1.1 note the contents of the report; and
 - 1.1.2 refer the report to the Finance and Resources Committee for its consideration.

2. Background

- 2.1 At the meeting of the Governance, Risk and Best Value Committee on 16 January 2018, members considered the key findings of the Accounts Commission's Financial Overview 2016/17 report. The report concluded that in light of increasing demand and reducing funding, the financial challenges facing all councils had continued to grow, with savings correspondingly more difficult to identify and greater use made of reserves, in some cases to support routine service delivery.
- 2.2 Given an accompanying increase in debt levels in some authorities, robust medium-term planning, transparent reporting and effective leadership were identified as being key to securing on-going financial sustainability. In confronting the challenges of necessary service redesign and prioritisation, close working amongst officers, councillors, stakeholders and partners will be vital.
- 2.3 As in 2016/17, the financial overview report has been supplemented by a followup *Challenges and Performance* report, released on 5 April 2018, providing a high-level, independent view of the challenges facing councils, assessing how well they are addressing these and what more they can do going forward. The recommendations of the report intentionally complement those set out in the earlier Financial Overview.
- 2.4 The *Challenges and Performance* report's findings are aimed primarily at councillors and senior officers, supporting them in their increasingly complex and demanding roles. As with previous similar reports, <u>a self-assessment checklist</u> (with the corresponding questions included at relevant points within the report) is provided to assist councillors in understanding their own council's position and scrutinising its performance, thereby informing the difficult decisions that

undoubtedly lie ahead. <u>An interactive online tool</u>, facilitating inter-authority comparison of councils' performance, has also been developed.

2.5 As with similar previous publications, in view of its Scotland-wide coverage, the report's contents are correspondingly general, although the underlying issues presented resonate with those faced within Edinburgh. Other reports focusing specifically on the Council's activities are, however, regularly considered by the Finance and Resources and Governance, Risk and Best Value Committees. Of particular relevance is the Council's own <u>Annual Audit Report</u>, considered by the Governance, Risk and Best Value Committee on 26 September 2017.

3. Main report

Overview of report and key messages

- 3.1 The Accounts Commission report comprises three distinct sections. The first (on pages 10 to 20) provides a succinct, high-level overview of the challenges facing all councils, with a useful summary of the key UK and Scottish policy drivers included on pages 11 to 13. This overview also incorporates commentary and analysis of the differing impacts of demographic change on key demand-led services across Scotland's councils, all set against a backdrop of on-going reductions in real-terms funding levels and significant legislative reform.
- 3.2 Exhibit 4 on page 19 confirms Edinburgh's estimated overall population growth as the second-highest in Scotland in proportionate terms between 2014 and 2039, increasing by 21% over this period. Within this overall increase, growth is particularly pronounced amongst those of pensionable age or above, amounting to almost 70%. Expected growth in those aged 0 to 5 is also amongst the highest in Scotland.
- 3.3 The report highlights the resulting increase in the proportion of councils' budgets allocated to education and, in particular, health and social care, with a consequent impact on "non-protected" services outside these areas such as cultural services, regulatory functions and corporate services. This emphasises not only the importance of effective service prioritisation but the need to consider different and innovative ways of managing demand within these core areas. Against a backdrop of reducing resources, protection needs to be relative rather than absolute, with all functional areas requiring to contribute in meeting overall savings targets.
- 3.4 The second and third sections of the report then proceed to examine how councils have responded to these challenges, emphasising that further incremental changes will not be sufficient to deliver the required level of savings and sustain performance improvement. The report therefore reiterates the importance of longer-term financial planning, aligned with comprehensive workforce planning approaches, improved productivity and the importance of digital solutions to deliver savings and make services more efficient, as well as

the need for effective political and managerial leadership in considering all options for service delivery and transformation, underpinned by robust option appraisal.

Relevance to Edinburgh

- 3.5 As noted above, given the report's Scotland-wide coverage, there are few Edinburgh-specific references. The report also provides considerable contextual information, intentionally complementing and reinforcing recommendations included in the earlier *Financial Overview* report.
- 3.6 On this basis, rather than commenting in detail on specific report references, members' attention is drawn to a number of the points made with regard to the earlier report as follows:
 - 3.6.1 the Council was one of the first in Scotland to introduce a long-term financial plan, doing so in 2009. The plan captures movements in key expenditure (and income) factors influencing the Council's activities. The content of the plan is reviewed on a regular basis, with the outcome of the most recent review to be reported to the Finance and Resources Committee on 12 June 2018;
 - 3.6.2 the Council adopted a corporate charging policy framework in June 2014, with increases in most discretionary fees and charges linked to wider changes in inflation rates to supplement the level of investment in key services;
 - 3.6.3 in line with the position for Scotland as a whole, the Council has afforded relative protection to education and social work services in recent years' budgets. As is set out in the report, however, given that expenditure in these areas accounts for over two-thirds of the Council's budget and is increasing with each year of relative protection, all areas need to contribute to addressing savings requirements going forward if financial sustainability is to be secured;
 - 3.6.4 the Council was one of a minority in Scotland that increased their levels of reserves in 2016/17 against the backdrop of an overall Scotland-wide reduction of £32m. The Council's 2016/17 external audit concluded that an effective approach to the management of reserves was in place, with the combination of unallocated and earmarked reserves appropriate to the risks it faces and the annual Risks and Reserves report considered by the Finance and Resources Committee identified as an example of good practice. In this vein, the Council has applied earmarked reserves in 2017/18 in meeting, for example, building dilapidation liabilities and obligations associated with its waste disposal contract;

- 3.6.5 the Scotland-wide demand-driven nature of a number of service overspends in 2016/17 mirrors the experience in Edinburgh, with the 2018/19 budget framework subsequently providing additional investment in the areas of Health and Social Care and Safer and Stronger Communities. This additional investment is, however, only affordable through the identification of corresponding savings elsewhere within the budget, with a consequent need for much more fundamental consideration of what the Council does and how it does it;
- 3.6.6 enhanced senior officer and elected member scrutiny at the inception, development and implementation stages have seen significant improvements in the proportion of savings subsequently delivered in recent years, with nearly 90% by value delivered in both 2015/16 and 2016/17;
- 3.6.7 no use of general (unallocated) reserves was assumed in approving either the 2017/18 or 2018/19 budget. In view of external audit recommendations around enhancing in-year transparency of the use of earmarked reserves, however, a review of practice elsewhere is being undertaken and will be incorporated in subsequent Council-wide revenue monitoring reports;

4. Measures of success

- 4.1 The report reiterates a number of principles of sound financial management and assesses councils' current practices against these. The Council's own arrangements were assessed to be effective as part of the 2016/17 Annual Audit process, with expenditure contained within budget for the tenth successive year and almost 90% of approved savings delivered.
- 4.2 In the more immediate context of the 2018/19 financial year, the key targets are achieving a balanced overall budget outturn position and successful delivery of approved savings and key service performance indicators.

5. Financial impact

5.1 Delivery of a balanced budget in any given year is contingent upon the development, and subsequent delivery, of robust savings, alongside management of all risks and pressures, particularly those of a demand-led nature.

6. Risk, policy, compliance and governance impact

- 6.1 An annual report on the risks inherent in the budget process is considered by the Finance and Resources Committee, usually in January, and referred to Council as part of setting the revenue and capital budgets.
- 6.2 The savings assurance process is intended to ensure that, as far as is practicable, those proposals approved by Council deliver the anticipated level of financial savings in a way consistent with the expected service impacts outlined in the respective budget templates. Subsequent delivery is reported to the Finance and Resources Committee on a quarterly basis.
- 6.3 Wider progress in the delivery of targeted outcomes is assessed as part of annual performance updates, the most recent of which was reported to Council in <u>November 2017</u>. Going forward, Executive Committees will consider an overview of performance relevant to their area, scrutinising indicators, improvement actions, issues and opportunities, on an annual basis.
- 6.4 The performance framework will be reviewed annually and will include refreshing the measures, actions, milestones and targets to ensure that the data collected is useful in terms of being able to measure performance and delivery against strategic aims, outcomes and commitments. This annual cycle will ensure that the framework provides timely information needed to lead and scrutinise performance but with enough flexibility to be able to change and adapt as necessary.
- 6.5 The effectiveness of the Council's wider governance framework is similarly assessed on an annual basis, with <u>the most recent such review</u> reported to the Governance, Risk and Best Value Committee on 28 November 2017.

7. Equalities impact

7.1 Proposals comprising the budget framework are assessed for their corresponding potential equalities and human rights impacts. The results of this assessment are reported to the Finance and Resources Committee to allow members to pay due regard to them in setting the Council's budget.

8. Sustainability impact

8.1 The proposals comprising the budget framework are also subject to an assessment of their likely corresponding carbon, climate change adaptation and sustainable development impacts, with the results reported to the Council as part of annual budget-setting.

9. Consultation and engagement

9.1 As in previous years, the Council's budget framework for 2018/23 was the subject of a number of weeks' engagement, with the key findings reported to the Finance and Resources Committee on 8 February 2018.

Stephen S. Moir Executive Director of Resources Andrew Kerr Chief Executive

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Contact: Laurence Rockey, Head of Strategy and Insight E-mail: Laurence.rockey@edinburgh.gov.uk | Tel: 0131 469 3493

10. Background reading/external references

City of Edinburgh Council 2016/17 Annual Audit Report to the Council and Controller of Audit, Governance, Risk and Best Value Committee, 26 September 2017 Implementing the Programme for the Capital – Council Performance Framework 2017/22, City of Edinburgh Council, 23 November 2017 Corporate Governance Framework 2016/17, Governance, Risk and Best Value Committee, 28 November 2017 Accounts Commission – Local Government in Scotland – Financial Overview, Governance, Risk and Best Value Committee, 16 January 2018

11. Appendices

One – <u>Accounts Commission – Local Government in Scotland – Performance and</u> <u>Challenges 2018</u>

Governance, Risk and Best Value Committee

10.00am, Tuesday 5 June 2018

Response to GRBV decision on historic Internal Audit findings

Item number	7.5	
Report number		
Executive/routine		
Wards		
Council Commitments	5:	

Executive Summary

The purpose of this paper is to present the Council's response to the decision of the Governance, Risk, and Best Value Committee ("GRBV") in May 2018 in relation to historic Internal Audit findings.

Statements have been obtained from each Directorate that confirms their ability and capacity to address all the full population of current, historic and emerging Internal Audit ("IA") findings and their capacity to support delivery of the 2018/19 Internal Audit annual plan.

These statements are supported by a Council wide action plan ("Action Plan") that addresses the points raised by the GRBV decision, and confirms that services will prioritise workloads to ensure appropriate focus on implementation of their remedial actions.

The implications for Internal Audit capacity is under consideration by the Executive Director of Resources.

To ensure dissemination of the decision, the Chief Executive has also issued a communication reminding staff that scrutiny and mitigation of risks identified during internal audits is the responsibility of all to ensure reduced risks and improved performance, thereby protecting frontline services through the efficient use of finances.

Finally, a reporting format has been designed to support referrals of overdue Internal Audit findings to the relevant Executive Committees for their attention and follow-up.



Response to GRBV Motion on historic Internal Audit findings

1. Recommendations

1.1 It is recommended that the Committee notes the Council's response to the decision on historic Internal Audit findings.

2. Background

- 2.1 Following presentation of a report on historic Internal Audit findings, a motion on the Council's approach and capacity for addressing both current and historic Internal Audit findings was agreed at Committee in May 2018. The terms of the agreed decision are attached at Appendix 1 for reference.
- 2.2 The decision included a requirement to consider the adequacy of resources in Internal Audit and requested the creation of a suitable reporting format enabling referral of overdue Internal Audit findings to the relevant Executive Committee for their attention and follow-up.

3. Main report

Total Population of Internal Audit Findings

- 3.1 As at 16 April 2018, there were a total of 86 open IA findings (High; Medium and Low). Of these, 39 (45%) were designated as being overdue.
- 3.2 A further 30 historic High and Medium IA findings have been reopened as overdue based on self-attestation by Directors and Heads of Service. A further 56 draft findings (approximately two-thirds of which are high or medium rated) are included within draft IA reports that are being finalised as part of the 2017/18 Internal Audit plan. Additional findings are also expected to be raised from three ongoing reviews that have not yet reached draft reporting stage.
- 3.3 Consequently, the Council will need to address a population of circa 170-180 findings, including 67 (circa 40%) that are presently overdue.
- 3.4 Note that this total excludes the 53 low rated IA findings raised between 1 April 2016 and 31 March 2017 that were not included in the Council wide self-attestation exercise. Directors will address these separately as the focus is currently on the high and medium risks.

- 3.5 Since the decision at the May Committee meeting, the following progress has been made:
 - 3.5.1 There are 67 overdue findings within the full population of 116 open and overdue findings. All 67 now have clear next steps and actions if they are not already recommended for closure;
 - 3.5.2 39 findings are with Internal Audit recommended for closure, pending validation of completion of the relevant management actions;
 - 3.5.3 72 findings are designated 'Will be treated in progress by Service Area';
 - 3.5.4 5 findings have been closed;
 - 3.5.5 All Directors have confirmed that they do not expect any adverse impact on Service Area workloads. This will continue to be assessed by CLT as the relevant actions are progressed.

Director Statements and Action Plans

- 3.6 Statements have been obtained from each Directorate that confirms their ability and capacity to address this population of IA findings and support delivery of the 2018/19 IA plan. Each Director has confirmed that they are satisfied with the Action Plan submitted for their Directorate and that they have sufficient resource to support closure of the current open and overdue IA findings, the emerging findings from draft IA reports and the planned 2018/19 audits.
- 3.7 These statements and the Action Plan address the points raised in the decision, and details how services will prioritise workloads to ensure appropriate focus on implementation of their remedial actions. The Action Plan is attached at Appendix 2. It should be noted that Internal Audit has not yet reviewed the adequacy of actions and timeframes detailed in the consolidated Action Plan given the tight timeframes for preparation by service areas and reporting.
- 3.8 A list of ongoing Internal Audit work within each Directorate is set out in Appendix 3.
- 3.9 The Chief Executive will be monitoring each Directorate's audit actions on a regular basis and this will continue to be regularly reported to CLT. In addition, challenge panels will be put in place to ensure that actions are being progressed.

Internal Audit Resources

3.10 The impact on Internal Audit capacity is presently being considered by the Executive Director of Resources.

Communication

3.11 To ensure dissemination of the decision, the Chief Executive has also issued a communication reminding staff that scrutiny and mitigation of risks identified during internal audits is the responsibility of all to ensure reduced risks and improved performance, thereby protecting frontline services through the efficient use of finances. This message will be reinforced by a further message from the Chief Executive in a video supporting the launch of the new IA follow-up system and rebranding in July, and training delivered by the IA team.

Executive Committee Referral Report

3.12 A reporting format has been designed to support referrals of overdue Internal Audit findings to the relevant Executive Committees for their attention. This is attached at Appendix 4.

4. Measures of success

4.1 Appropriate action is taken by Service Areas to address service delivery risks associated with IA recommendations that have not been implemented or implemented and not effectively sustained.

5. Financial impact

5.1 There are potentially financial risks associated with historic IA findings that have not been addressed. However, although these have not been quantified, they are not expected to be material as financial risk is also subject to review by external audit.

6. Risk, policy, compliance and governance impact

6.1 Risks identified by IA have not been effectively addressed and mitigated by Service Areas.

7. Equalities impact

7.1 Not applicable.

8. Sustainability impact

8.1 Not applicable.

9. Consultation and engagement

9.1 Not applicable.

10. Background reading/external references

- 10.1 Internal Audit Historic Internal Audit Findings Item7.3
- 10.2 GRBV Historic Internal Audit Findings Motion Item 7.3
- 10.3 Internal Audit Annual Plan Item 7.2

Andrew Kerr

Chief Executive

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11. Appendices

- Appendix 1 GRBV Decision
- Appendix 2 Action Plan
- Appendix 3 List of ongoing Internal Audit work within service areas
- Appendix 4 Executive Committee Referral Report

Addendum by the Conservative Group Appendix 1

Governance, Risk & Best Value Committee 8 May 2018 Item 7.3 – Historic Internal Audit Findings

Committee:

Requests Chief Executive to provide a fully populated version of Table 1 at Appendix 2 to the next meeting of GRBV detailing:

1) Audit Finding identified;

2) Current position of Audit Finding; has it been treated, ignored or whether it is no longer extant;

3) How each outstanding Audit Finding is to be treated to minimise the risk to the Council and the timescale in which necessary actions will be carried out;

4) The resource required by each Directorate to carry out the actions detailed at 3 above;

5) Any additional resource required by the Council's Internal Audit function to ensure that the actions identified in the paragraphs above can be undertaken;

6) Where any additional resource identified will come from and the impact of this on Service Delivery;

Further that a list of <u>audit</u> work being carried out by each Service is prepared and brought to each Committee so consideration can be given to what projects can be delayed or set aside in order to create sufficient time for staff to carry out the remedial actions required.

Reminds officers and Councillors that scrutiny and mitigation of risks as identified during internal audits is the responsibility of all to ensure reduced risks and improved performance thus protecting frontline services via efficient use of finances and therefore recommends:

that high and medium level findings which are not treated by officers in the timescale agreed with Internal Audit (overdue findings) are forwarded to the relevant Executive Committee with a revised report format which makes clear that it is the responsibility of Executive Committees to ensure that any high or medium audit findings within the remit of their Committee are dealt with by officers and risks appropriately treated or mitigated.

Moved by Councillor Mowat

Seconded by Councillor

Internal Audit - Open and Overdue Recommendations as at 13/04/2018

The objective of this document is to provide Directorates and Service Areas with details of all open and overdue Internal Audit findings.

The report will be produced on the 10th of each month (or nearest working day) with responses from findings owners required by the 15th of each month

Current volume of Open and Overdue Internal Audit Findings as at 29 May 2018

	Open 13/04/2018	Historic Re- Opened	Totals
Communities and Families	4	2	6
Health and Social Care	28	9	37
IJВ	7	0	7
Resources (including Pensions and ICT)	23	7	30
Place	15	5	20
Strategy and Insight	6	7	13
Safer and Stronger Communities	3	0	3
Total Open and Overdue Findings	86	30	116

		nmunities & F i as at 13th		18		Service Area Code								-					
Unique No	Project Code	Project Name	Group	Issue Code	Rating	Finding	Business Implication	Recommendation	Agreed Management Action	Status	Due Date	Revised Date	Revisions	Status Update	Owner	Audit Contact	Treated	Additional Resource Requirements	Impact on Service Workload
CF1619I SS.3	CF1619	Complaints Process	Communit ies & Families	155.3	Medium	The Chief Social Work Officer conducted a review of compaints handling for secondary schools in 2015, and surveyed the head teachers of the 18 secondary schools which had not recorded a complaint in the previous 2 years. 9 head teachers responded that they were unure weat type or level of complaint should be shared with the Advice and Complaints (Education) Service; and acknowledged that they had not followed the complaints procedure. Perhaps as a result of increased avaerases of the complaints	Performance Information is inaccurate as it does not include all Stage 1 complaints; There is a risk that complaints are not being reported / handled appropriately by the schools, meaning problems are not addressed early on and may escalate; Communitie	We recommend the Advice & Complaints (Education) Service Issues guidance to schools on what is considered a complaint should be handled and end the school of the source and how a complaint should be handled and recorded. This may be delivered most effectively through forums such as the Communities & Families	The current dada form will be reviewed, in consultation with the weak reading within Strategy & Audyst, to ensure that complaint information can be collected at an earlier stage in the process.	Overdue	31/08/2017	31/07/2018	Suggest to close	A meeting was held on the 3 May 2013 with the Clink internal Andrez and Warrel Andrez. There is to charge in the process and the Jush recording process still and the process and the Jush recording process still which compares and the start of the Charle of the wide completions system (Capture), the Andrez Andrez recorde and responded to as per the Charler's completion proceeds and a flacture of the Charler's completion proceeds and a start of the Charler's completion proceeds as a per the Charler's completion proceeds as a per start of the Start Charler's and the Start of the Start of the Start Charler's completion are being recorded within transcale.	Frances Smith, Advice & Complaints Officer (Education)	Lesley Newdall	With IA for validation	N/A	N/A
CF1621I SS.2	CF1621	GIRFEC Named Person	Communit ies & Families	155.2	High	There is currently no defined Named Person allocation or process for children aged 16 to 18 no longer in secondary education.	There is a risk that without a defined process a +16 unlerable person may not receive the required support assistance resulting in harm to them and exputational damage to the Council.	A named person, or persons, should be defined to protect this group.	This is in progress. Two "Cetting it Right Implementation Officers" are accorded to develop the work. The Towarg Projects's strarts is carrently leasing considered as being the service in which have left actional will be provided for under 13.8 who have left actional multiple products of this strarts is conditionate the second strategies and the second strategies and the second strategies and the second strategies and the second strategies and the second strategies and the second strategies and the second strategies the second strategies and the second strategies and the second strategies and the second strategies the second strategie	Overdue	30/03/2018	N/A		The timescale for implementation of this part of the significants still entering unclear and there in to local authority that has yet developed a a cyclic. Let name management to use existing services such as the Yong particle structure of the services management to use existing services such as the Yong particle this service if and when required. This will meet any structure of displayment.	Andy Jeffries, Interim Head of Children's Services	Anne Smith	Will be treated - in progress by Service Area	N/A	N/A
CF16211	CF1621	GIRFEC Named Person	Communit les & Families	155.3	Medium	Although the GIFFC legislation does not require documentation of the counterpan in Neural 2014 (Section 2014) (Section 2014) (Section 2014) (Section 2014) Practicion (O) Fiers to anable analysis is to be promoted as good practice in the section 2014 (Section 2014) (Section 2014) (Section 2014) (Section 2014) (Section 2014) (Section 2014) (Section 2014) (Section 20	Lack of chronology in Wellbeing Cancern Rifes can result in difficulty analysing the halony and model of the halony and model of the halon yang registration of the halon yang registratio	A standard chronology template should be template should be myoand for vC fish guidance on the analysis of data, temos and proparing planning meeting meeting the standard that management accept the risk posed in relation to the current hability to moversignet be fassibilited or introducing a new Data but see scurely theme batters should be between relevant particular between should be standard batters should be between relevant particular batters should be between relevant particular batters should be between relevant particular batters and batters should be between relevant particular batters and batters an	relation to records management. The officers currently seconded to develop GIRFEC recording practice in schools will review the learning from this, issue guidance to schools about application of Records Management policy/procedures, and offer training as appropriate. S. They are also undertaking work to embed the use of	Overdue	29/12/2017	1 . Suggest to Close 2. Suggest to Close 3. Suggest to Close 4. Suggest to Close 5. 31/08/2018		Implemental – Chronology template was issued to schools in Amer 2027. Jangenemical and Substand – GHTET Variang Is sugging, MAID primary, 12/21 accordary and 1/12 exception. WAID primary, 12/21 accordary and 1/12 exceptions with the emplate the Weiteleng Applications with the emplate the Weiteleng Applications with the emplate the Weiteleng Applications with the emplate the Meiteleng applications with the emplate the Meiteleng applications with the emplayers of the American taken were Weiteleng Application operational tasks. 3. This is then ghese added to the GLT rule right primary in the principle Risk Makery, Fuld ettals to the net but have provide: 4. AGHTET Franciscomer Guide has been produced which covers publichers on the application of records management. 5. The which applies the application of the trul is that it has not proved to be an effective erificiant way have an application and a management decision has been to dispose with it. Francisco Index with common guides the screen with it. Francisco Index Weith Covers and Schools by end of Applications 2016.	Martin Genmell Martin Genmell Martin Flant Martin Flant Martin Flant Martin Plant	Anne Smith	Will be treated- in progress by Service Area	N/A	NA
RE51605	i RES1605	Service Level Agreements with Outside Entities	Communit les & Families	155.1	Low	We reviewed the arrangements in place is 5 organisation which the Council produce professional annexis, the second professional annexis, the second professional annexis, the schema Value of the second Bandflaynests and passes annexistential annexistential Audflaynests and passes annexistential annexistential Audflaynests and passes annexistential annexistential Audflaynests and passes annexistential	If anvice levels are non- ter formally agreed with the other organisation, there is a risk that. There is in a risk that: There is in a regulational damage and increased are not ensure pressure if the Council date and the Council date and the council date and date and the council date and the counter perty. The Council may the council date and appropriate or may constitute perty. The Council duties.	Service Level Agreements which the organizations to which the Council which the Council services should be reviewed and/or estitutioned. These should set out envices should be reviewed and/or estitutioned. These should be diversarily, and the respectualized of the Council regional Should be for a defined particle and inferented regularly wervices and charges remain appropriate.	Directors will ensure that a sortice low agreement (201) has been established with all arms level organization (ALEO) that they appoint. The SLA of the sortice of the sortice of the sortice of the concelling with the sortice of the sortice of the respective roles and responsibilities and the respective roles and responsibilities of the council and the counterparts, the agreements should be for a one property and the offended annuals to ensure that agreed services and charging remains appropriate.	Overdue	30/11/2017	Closed		30/05 - Keth Irwin - Principal Solicitor has advant that the Exhaugh Leaver funding Agreement has been issued to factoraryli Laisure for agreement has been issued to factoraryli Laisure for agreement has been memory of the agreement wherea J Audit Concluded that it is new appropriate to close this audit action.	Alistar Gaw / Andy Gray	Lesley Newdall	Closed	N/A	N/A
CF1621	CF1621	GIRFEC Named Person 1. Arrangement s for Out with School Terms	Communit les & Families		High	The units must be a state of the second seco	Current practice leads to the risk that: Wellbeing support action is desired putting child as there are a start of the wellbeing support action is taken without the nume person being fully risk and person length of the start length of the start l	Out of Hours Hamed Parton Responsibility 1. A formal service Level Agreement (SA) between SL and SCD between SL and SCD and Parton And SCD and Parton And SCD and Parton And SCD and Parton SCD and Parton SCD and SCD and SCD and SCD and SCD and SCD and SCD	Is in a quarter barr of parton in the Abula partodi. Catalogues y planning is therefore required in the continuously and concerns to local Care which involves (reform) and a concerns to local Care which involves (reform) and a concerns to local Care which and the Care and the Care and Care and Care and the Care and Care and Care and Care and San and Care and Care and Care and San and Care and Car	Historic	30/08/2017	1: Suggest to Crose 2: 29/05/2018 3: Suggest to Crose		 Implemented and Sostained-Ar part of Getting it Right Implementation Officers runnit, the business and the second second second second second second schools in advanced of the summer holdbars, test of the second second second second second second second to issue prompt prior to holdbars. In progress-Twender of holdbars, test of childbar holdbars, of the SA has been assigned to the Schools and Lifetiong tensoring Market of Childbar's Services has adviced the will be in pace 1 advance. In progress-Twender and Lador. The Acting Head of Childbar's Services has adviced the second second the in risk advanced. The lead of Childbars Services Tables. In progeners. The lead of Childbars Service Tables the Size Market and We treated and key controls put in place for monitoring. 	Andy Gray / Andy Jeffries		With IA for validation	N/A	NA

CF1621 CF1621				Medium	recording the request for 'concent from Parents'Carres to their information reparding Wellbeing Concerns. In a number of files reviewed, concent was not recorded adqualativy. Whils the current child protection training specifies the need to obtain consent the requirement to record the outcome of the conversation adequately is not highlighted.	possible to evidence that the proper procedure has been followed, in the event of external inspection or challenge.	Recording Consent Conversations 1. Where connect to sharing Wellbeing Cancern Information Education Determined Consent Conversation with the encorded as a consent conversation with the encord and converse consent conversation of the communication in the communication in the encord and the research			31/08/2017	Suggest to Close		 Implemental - The Getting Highs Officers have worked clocky with the Learning and Development Officers in OLM Protocols no ensure that there is a consistent message in the same professional approximation of the same professional constant and a same professional approximation of the constant and a same professional approximation of the constant and a same professional approximation approximation of an approximation of the same professional meeting. 	Martin Gemmell		With IA for validation	N/A	N/A	
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	1.1111111111		-		Noticed And Test alex Machine graphics of Machine and Societarian and Andreas and Machine	Estimation parts a characterization of applications and applications and applications the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	Japanes Japanes Malpine in stratus and stratus Malpine in stratus and stratus manufactures and stratus and stratus and stratus and stratus and stratus and stratus and stratus and stratus and stratus and stratus and stratus			*10.000	Naporas to aniso a cogarding model of spaces to aniso a cogarding model of spaces to the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space of the space o	Wite shore		attise transit di attise transit attise transit	**	5
	1.11.11.11		-	And have been appendix to stand of they are a support to the start of they are a support to the start of the start of the support of the start of the start of the start of the start of the support of the start of the start of the start of the start of the start of the start of the start start of the start of the start of the start of the	Theorem is for the file strategy of the strate	Pa quella accession finite ad charles de services e activas de la construcción de la constru- ción de la construcción de la constru- toria de la construcción de la companya activa activativa construcción de la constru- cción de la construcción de la construcción de la construcción de la construcción de la construcción de la construcción de la construcción de la construcción de la constru- cción de la construcción de la construcción de la constru- cción de la construcción de la construcción de la construcción de la constr	Instruction and the second secon		0,00,000	*100,000		Washee		Millionand e property Networks	44	\$

Unique No	Project Name	Rating	Finding	Business Implication	Recommendation	Agreed Management Action	Status	Due Date	Revised Date	Revisions	Status Update	Owner	Audit Contact	Treated	Additional Resource Requirements	Impact on Service Workload
															Requirements	
			Interview news and Musice IT (Musice Managements And Amagements Amagements and Amagements And Amagement Am	If the Council's areas of 'Shadow II'' have not been identified or do not have appropriate controls in place, there is an increased risk that the	It is recommended that a risk assessment be performed to scope the technologies and rystems in operation across the Gourcil that an our camaged by certral ICT warders. Following this, Better Management though determine, on a care by case basis, whether to scope the risk that these systems pose to the Gourcil's scored year and some them to pose to the Gourcil's scored year and some them to	The four elements to this recommendation are agreed. These actions who address the 3d action in Finding 1. of the "TO tasks for encourry Internal Autor Report (EWIG02) The proposed implementation dates are as follows:1) Risk assessment	Closed - no longer applicable	30/09/2017	13/09/2017		AdqU2: The Backworl Riak Assessment element to be been another also closes - on going regions in Assessment to the Solution U been canaval, as there existing action to determine the Solution U determines and the solution of the solution of the close of the Solution is anyoint of the action of the latest of the Solution of the action of the determine of the latest of the solution of the solution is a completed and de closes and anyoint of the solution of the solution of the solution of the latest of the solution of the solution of the solution of the latest of the solution of the solution of the solution of the latest of the solution of the solution of the solution determines the Nadawa III estation of the solution of the solution determines the Nadawa III estation of the solution of the solution of the solution of the solution of the solution of the solution determines the Nadawa III estation of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the Solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of t	Carolann Miller, ICT Solutions	Lesley Newdall	Closed	N/A	NJA
CW1603HSS-3	External Valentability Assessment	High	Caucil I partaise male out with d standard GO applications and the spatial risk areas want to applica application and the spatial risk areas the adjuste interaction and the spatial risk areas the adjuste interaction with the parton the recommendation. Answ the adjuste with the partone the recommendation which which is partone the recommendation and the standard with the partone the recommendation which which is partone to the recommendation of the standard standard with the commendation of the theory of the standard standard the standard standard are parameterized in the read parameters part (in any out- traction and the standard standard the standard data. Departments with the Commendation that appendix the sum of the standard or standard the spatial data. Departments with the Commendation that appendix the sum of the standard or standard the spatial the standard standard standard the spatial standard the spatial standard standard standard the spatial standard the spatial standard standard stand	tater a nin-borno cast of a cast of the replacing or digitally leading to the douglos of environment of the environment of PI data. This would recar significant reputational damage to the Courcel.	operate autoanomulo, c'oris-based These system i adout them to be administented by Central CLI worker. Al '10-based process should be developed, with a standard process should be developed with management. Management bhool data control mon management. Management bhool data control mon management data control and the source of the standard of those and point to acquisition.	a CT will review initial assessments providely arrive towars and reach quences with Soviet Assa and Cospanse inselecting Team on the most critical and the second second second second second second team of the second distance recovery, business restrictly and second ryrial assessment performa- tion with the two second distance recovery, business restrictly and second ryrial assessment performa- tion with the two second distance recovery business restrictly and second ryrial assessment performa- tion with the two second distances. This hardware there exists the restored approximation scalars. This section gluoness as used between performance with soliting shadow IT uppliers.	Not yet due	31/12/2018			determines the full dataset of the Doddwall Testine – new such that the Doddwall of the Doddwall Testine – new such banding has been created. The maining determines the or- boarding procession of the discions have been read about what systems will and will not the or boarded site the created of the Doddwall of the Doddwall of the Created CI management procession. As note: Executions with ICT has construed the due to the Created and the Strategies and the CI and the creation of the Strategies with the CI and the CI and execution of the Strategies with the CI and the CI and the CI and and execution of the CI and the CI and the CI management procession of the CI and the CI and the CI and and execution of the CI and the CI and the CI and the CI and the CI and the CI and the CI and the CI and the CI and the CI and the CI and the CI and the CI and the CI and the CI and the CI and the CI and the	Carolann Miller, KT Solutions	Lesley Newdall	Will be treated - is progress by Service Area	N/A	NJA
CW1603HSLS	External Vulnerability Assessment	Medium	The despite that a started of the unique Alasticate are many technologies of information management, the Exclusibility and information provide the starter of the considerations are as chosened legal prior to project considerations are as chosened legal prior to project and an analysis of the starter of the starter of the Neuwork them is correcting no Design Authority are provide as generations form in place within CG to an analge the introduction of new inclusion between them is correcting no Design Authority are provided as generating the interplacement to the interplacement of the starter of the starter and the interplacement of the starter and the starter of the starter and the starter of the starter and starter than a starter and starter than a starter and starter than a starter and the starter and the starter than a starter and the starter and the starter than a starter than a starter and the starter than a starter than a starter and the starter than a starter than a starter than a starter and the starter than a starter than a starter than a starter and the starter than a star	Without a Design Authority in place, there is a fact that issues with new tackfield is a timely manner leading to workely masses, diplication of effort and project delays.	The Council, with the support of CGL should implement a Design Authority that has appropriate ownight and geometrys to consider whether near anyonement, which exercise a constraint of the which the Council's strategy. If objectives.	The enterior of a Design Authority is a contractual requirement in the GD contract. The crustion of this programment with GD as a matter of priority.	W Validation in progress	21/08/2017			w. Vanch Ugder. A darf drogs nutherly terns of relevence has been provide to U. This has been reviewed and converts shared with ICT.	Nel Dumbleton,ICT Enterprise Architect	Lesley Newdall	With IA for validation	N/A	N./A
ME51001a/55.2	Non Housing Invoices	Medium	A clean given agains in occurring the projective construction. For engine within the fit occurs the Mini- LLSSS. Any variance between the quote and the Ministry of the second second second second second and against approved particular. Climates and against approved matching against approved particular second second second second second second second second second second matching against approved particular second second second second second second second second second matching against approved particular second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	There is a risk that the Council is not aclieving best value on non-housing repairs and maintenance.	We recommend that a schedule of noise is built into the next non-housing confirst framework.	The non-Heating constraint in transverse hard to an ender the second se	Overthe	31/08/2017	31/12/2018	30/06/2018	Active: Clief internet Author to new DA Tochnice Countern Wanager to discuss while process and walkdet that the action can be closed.	Muréo MacLeod, Maintenance Standards Officer	Lesley Newdall	With IA for validation	R/A	N/A
MIS16D1#ISS.3	Non Housing Invoices	Medum	maintenance to operational tanking, A4000, dea to be registerin it have a future of the second in the spatient is not end by any side and it should in the spatient is not deal and tanking and the second second regards carried out. Delay one offers it able to use a second second second second second second Cargorate regards (and second second second Cargorate regards) and the second second Cargorate regards (and second second second Cargorate regards) and the second second Cargorate regards (and the second second second cargorate regards) and the second second second the second second second second second regards (and second second second second regards) and the second second second second regards) and the second second second second regards (and second second second second second regards) and second second second second second regards (and second second second second second regards) and second second second second second regards (and second second second second second regards) and second second second second second regards (and second second second second second regards) and second second second second second regards (and second second second second second second regards) (and second second second second second regards) (and second second second second second second regards) (and second second second second second second second regards) (and second sec	Lack of management information about the volume and value of non- housing repairs.	biosegeneral will not have ready access to access and missible information about the volume and cost or regars are demonstrated with Adobb register by Add in Aukanny Marco 2016. We note that the aircad-cast of CARA has been delayed, and every afford solublation and to next the new target implementation date.	It is anticipated that CAFM will be in operational use particle binds industry and as a ciling programma implementation process in place for PF 2021/28	Ovendue	01/04/2017	01/04/2018	31/08/2018	Active: Oler Internal Author to meet FM Technical Querritors Manager to discuss wavelegencess and waliden that the action cashe closed.	Peter Watton, Head of Corporate Property	Ledity Newdall	With Monwaldsten	bij(A	N/A
						The Management information team will provide Security with a last of leavers each week. Security will deactivate passes.	Closed - Verified	31/03/2018	22/03/2017			Edel McManus	Obeetaj Shekhar			
						An expiry date will be set for all cards issued to bemporary staff, agency staff and contractors at 6 months unless otherwise specified by the line manager.	Closed - Verified	30/04/2017	10/04/2017			Mark Stenhouse,Facilities Management Senior Manager	Dheeroj Shekhar			
RESIDENTSS 5	Leavers Process	Medium	We unlected a sample of 45 employees who left the Council in August 2016. Security passes held by 18 of those employees (40%) had not been returned or disabled.	Security passes could be used to fraudulently gain access to Council buildings putting servicitie data and mobile assets at risk.	Security passes should be collected from payroll and non-payroll leaves and returned to the Facilities Management Have Ner ecommend that Facilities Management are also provided with a daily or weekly list of leaves, so security passes can be deactivated.	months unless otherwise specified by the line manager. All security passes which have not been used for 2 weeks will be deschared on 1 April. Cardholders will need to contact Security to reactivate them.	Closed - Weified	30/04/2017	30/06/2017		Connective all non-CCC staff whether agency of FTC are given bit doe servers after which the matrix on to loose the used.	Marager Mark Stenhouse,Facilities Management Serior Manager	Dheeraj Shekhar			
						All temporary passes will be desctivated on 1 April. Cardholders will need to contact Security to reactivate them.	Overthe	30/04/2017	31/03/2018	31/08/2008	day access after which the case can no longer to used. FIS, the company that manages the software databases, have been approached to carry cut an exercise to parge the database and decolvate all cards with 6 months functivity. This exercise is likely is take 2 – 4 days and will incolve uploading the entire database.	Mark Sterhouse, Facilities Management Serior Manager	Dheeraj Stekhar	With IA for validation	N/A	NJA
			The sociated interdeding of the neargipener throughout an organization is abilitized when staff of all levels are: aware of their risk management responsibilities; understand their approxibilities; againstation's risk management transvock. The Risk Function and CDI have deliver risk training to the GT, their respective Senior Management Teams (SMMr1) and to EMP double chains and the SMP double and the SMP double chains and the SMP double and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double chains and the SMP double	The risk management embedding gap below serior management level presents the risk that CSC may be	The Risk Function, supported by the new full-time CRO, should invest time and resource to embed nick management below senior management level. It is important to inflect an what contributed to the success of dwy-if and education of the senior team.	As laterilled, we are in an inscheding "phase with respect to the journey to develop risk management. Points to transformations a risk steering group was in place whereby risk champions" from each development could often measuing the meed for training and maintain momentum. With the substantial organisational dampes this arrangement was suppreded and we are currently ne-establishing such	Closed - Verified	31/12/2016	25/02/2017			Rebecca Tatar,Principal Rid Manager	Lesley Newdall			
			indicates that this training has been effective in securing buy in-autometanding strike the serier manager level and above. However, risk training has net recerbly been pooled to an india management levels, no have serior managers within direct crastes been trained to powhich nik management training to bein trained to powhich nik management schematsdatung and mediatige of risk management balaga senior manager heat. The Risk Exaction have balaga undor manager heat. The Risk Exaction have	exposed to a degree of undue risk: at times of significant change, people can uniterterionally event to behaviours that are not in keeping with expectations. If the generic risk management traking module within CECIL is completed by staff, there is inconsistent with CECI wide inconsistent with CECI risk	Additionally, there reads to be pragmatic consideration gives to the large numbers of tatif across the council. We recommend a training and communications plan is darind reflecting the above and approved by the appopties committee. This should involve input from HR and other relevant non- risk functions. Conderization should be given as to whether training senior management training to their teams oprovide risk management training to their teams.	For clarity two fisk modules exist on the Council's elawing time. One is generic and the other specific to CCC. We agree with the finding that the generic tolk management module is not helpful from the perspective of specific messaging. Management will work with Hi et on ensure that only the single tailored solution is accessible.	Closed - Verified	31/03/2017				Rebecca Tatar,Principal Rid Manager	k Lesley Newdall			
RES1608ISS 2	Risk Management	Medium	below senior manager level. The Risk Function have designed CEC specific risk management training as well as an internal controls module which teaches staff how to manage risk. These modules are well when the manage risk. These modules are	inconsistent with CEC's risk management approach. If risk register templates are not used consistently across all Directorates, key information may be missed or	would held drive understanding and accountability below senior management level. Human Resources should include risk management and internal context training modules as part of CEC's essential learning.	HR is currently reviewing the requirements of induction and essential learning throughout the Council. The latest timing for go-live is likely to be prior to the commencement of PVIB. The plan with HR will be reachinged whether	Closed - Verified	30/11/2016	30/04/2017			Rebecca Tatar,Principal Ris Manager	Lesley Newdall			
			well as an internal control, module which suches suffit have to manage risk. These modules and parallable to reveryone through CCV interactive learning partorms (CCU), however, there is no mandparty modulement for tall to complete this taking. Within CCU, there is also a parent risk management taining module, dividend by the caternal system provider. This is not CCU specific and there is a risk tart this may cause contains moreget staff. From discussions with the is lead of	reported incomectly when consolitated by the Nick Function for CLT and GRAV. This undermines the quality of information present to CLT and GRAV. It makes management of rick and rick reporting less efficient and potentially less effective.	Individual's scores from the end of module assessments can be used to confirm staff's undestructured and the score staff's and providen in disramgement module hundle be monoved to avoid confusion. In heading with policy, and a score score score score score and anoncar was information being regords to QLT and GBBV and improve the efficiency of the aggregation and assortize more scores.	The 'different' risk register template was adopted as a temporary measure in Nace as part of a learning exercises to prompt focus on cause and effect in the articulation of risks. This version is now being superseded.	Closed - Verified	30/11/2016	25,02,2017			Rebecca Tatar,Principal Rid Manager	k Lesley Newdall			
			HR, we understand that all staff will be required to complete 'essential learning' when on-boarding and on an annual basis going forward. Good practice is achiesed when HR have an important role in facilitating risk training so that it is considered		GRBV and improve the efficiency of the aggregation and reporting process.	A training and communications plan involving input from RR and Communications teams was drafted within the last two years, however due to recognisation of staff, teams and service delivery these plans had to be put on hold and will need to be	Overdue	30/09/2017	30/06/2018	Aug-18	Report on revised Enterprise Risk Management Policy and Risk Appetite Statement to be submitted to Corporate Policy and Strategy Committee for approval in August 2018.	Duncan Harwood, Chief Risk Officer	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A
			appendic where is an advance of a construction of documents and system available to darf with the key documents and system available to darf with the div- gramment, and system available to darf with the documents include nick management. By documents include nick management, and appendix and the that appendix takenet. Upon melve of these documents and following benchmarks that that and a management to any document is and the system takenet. Upon melve of these documents and following benchmarks documents of the documents and the system management of performance, governance and used to them the functionality for decroscilarly	Masual risk management processes are labour-intensive and require an increased reliance on interpretation and judgement of there is a reed to consolidate information based on different assessment criteria of formats. When risk M is collated on this basis, vital information may be mixed and not exclusited on a timely		Interpreter tax is a part of the content of the interfect to the Risk Management tax in its careful provincing options with negaritor is "CRC (Excertance Risk and Compliance) elastication that its 64-op-appears for the Council. The new CR content islentifies the reads to introduce und a solution by the Sammer O 3217. A such a basiness care will be developed in line with this relation and the meantime, risk negatives for SMT and CT are updated quarkerly on consistently formated operations and sorted on a shared drive the solution of the solution of the Sammer SMT and constant operationed and solution on a shared drive the solution of the solution of t	Closed - Worlfied	30/09/2017	31/03/2018			Robecca Tatar,Principal Ris Manager	k Lesley Newdall			
			management of performance, governance and risk it offers the functionality to electronically consolidate information and make it simple and efficient for user to update and analyse data. This system is not used consistently throughout	missed and not escalated on a timely basis. Use of an exterptise risk management system should increase the efficiency of collaring and reporting data, and increase capacity	CEC should consider implementation of a replacement systemiaed risk management tool to drive efficiencies and consistency in risk management practices and provide the opportunity to generate risk MI without the need for manual intervention. The business case	for version control. CEC's Rick Management, Policy is updated annually in	Closed -	31/12/2016	28/02/2017			Rebecca Tatar,Principal Ris	Lesley Newdall			
RES1608155.4	Risk Management	Low	Directorates and CEC will be withdrawing Covalent in early 2017. Therefore, a manual and inconsistent approach to risk management is likely to ensue	to focus on analysis of risk. Risk Management policies and procedures	for an enterprise wide risk management system should be prepared and integrated with the wider IT change programme. In line with best practice. CEC risk		Creat.					Manager Rebecca Tatar Principal Ris				
			management policy and procedure documents are dende Fishnary 2015 and Nach 2016 impactively and do not reflect CCE's convert sparsaftig structures. These documents are also inconsistent with CE's risk apparties statement (Intel Arbanay 2018), For- example, the calippenties of "Nacionalement in the risk apparties statement are not consistent with the calippolicy of "may in opparational and devolpment/ document. Indeed, CE's risk appetite latement applicity reflect to opparational and devolpment/	Coppension and a Constraint rate appetite submeet forms the foundations for a sound risk framewook. It as organisation is going through strategic changing, its risk eminatomet is also continuously changing. Therefore, annual review and updating of this information is important to ensure staff are provided with guidance and direction to manage risks in accordance with C2C+ expectations and requirements.	decurrentiation should be updated as seen as the new situation by because of the standard environs communicated and circulated to staff.	The second secon	Verified	31/01/2017 30/09/2017	35/62/2017	Aug 18	Region ce neeles Enterprise Risk Management Follog and Risk Aggertine Statement to be subwitted to Corporate Follog and Strategy Committee for approval in August 2018.	Manager Duncan Hanwood, Chief Risk Officer	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A
R551615355.4	Property Maintenance	Medium	negreentation risks which are not trackaded in the Marchina term occurred on by harmowine contraction, who work to a Sandon Level Agreement the anample 1 afort program works, The manufacture of the sandon sector of the sandon Facilities taking means helpfolds along works to complete Facilities taking means the byte of the sandon facilities taking and the sandon sector of the manufacture of the sandon sector sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sandon sector of the sand	Reported issues are not addressed within agreed timescales. Cutatoning Job may not be been defined, with a nit with that high fluk issues are not resolved.	Contraction should confirm when juits are completed Outstanding jobs should be monitored.	The AGAD system does not allow recoding or responsing on completion with linesice stage. Controctors are shareds continues when pilos complete an greed DAA IMAE in particular). This includes subtanding jobs. When contracts being moursel with result and controls to response using moursel with result and the CMAE will also be space. CMAE with support monitoring of particular double controls and the CMAE will also be space. CMAE with support monitoring of particular grants and controls are one control with a faulting g, in interior monitoring/tracking precess has been developed for condition survey flag half updated to any other than the condition survey flag half and the control of the set developed for condition survey flag half updated to the condition survey flag half and the control of the set developed for condition survey flag half updated to the condition survey flag half and the condition of the set developed for condition survey flag half and the condition of the set of the condition survey flag half and the condition of the set of the condition survey flag half and the condition survey flag h	l Not yet due	31/12/2017	01/04/2018		Scientistry Update - Thesa or GLAMM is marked and registron MAM work/speedmeth as in Bit practed to be experitional in time for the start of the new F7 2020/20. Correct positions in the Science Science Science Science Science Science (Science Science), and the Science Science Science Science (Science Science), and the Science Science Science Science Market Science Science Science Science Science Science (Science Science), and the Science Science Science (Science Science), and the Science Science Science Science (Science Science), and the Science Science Science Science (Science Science), and the Science Science Science Science (Science Science), and Science Science Science Science Science Science (Science Science), and Science	Murtio MacLeod, Maintenance Standards Officer	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A
			Suttaining works of deal (i.e. issues which have been reported, but not completed or involved). All repain and maintenance work is routed through			terns Heighek staffing does not report to PACHA but form part of the Basines Support service, Basines continuity and resilince are line management responsibility, Howwere, An agreed bit of HASK WWAT forms has been deviniped and is usual and reviewed annually to all Heighesk staff along with SLA times for action/attendence.	Closed - Verified	30/04/2017	27/04/2017		commone aborty. September typitatisky per sudt action NESIGOLISES Jawa (n. 1996), per hill relia cor dire AMA habitor, Jackdow the centrole of BMA costs at not centralised	Mark Stenhouse,Facilities Management Senior Manager	Lesley Newdall			
RESIG158555	Property Maintenance	Medium	As inputs the Statistication is basic in Statistication of the Statistication is a statistic approximate in basic interval with the Canach's basic gas and constructions, who are majorishild for particular gas approximate for the Statistical approximation approximate in the Statistical Statistication approximation approximate in the Statistical Statistication approximation approximate in the Statistical Statistication approximate in the Statistical Statistical Statistication approximate in the Statistication a	Risk of loss of corporate knowinger if members of the helpdesk team leave.	Formulae guidance on prioritising and commissioning works to resource consistency and continuity if staff laters.	Next profession SAs as being dentinged as part of the AMT transformation excisions in which part of the AMT transformation excisions in which are determined and tabeling and an and professions and associated threads. These are articipated to be in place by Verf 2027 although the full suppler released will not be complete to support until devention 2027.	Overdae	31/12/2017	31.12.19		Visit fM was not part of the original AME Review supp. A set- situation and advances are completed in Fordaway 2018 which are commended that use into models are to large agriculture. The development of one when fM whose CALs will fix any original term of the set of the set of the set of the completed by the security that is scheduled to be completed by Dec 2019.	Mark Szerhouse, Facilities Management Serior Manager	Lesley Newdall	WII be treated - in progress by Service Area	N/A	N/A
RE51701/55.2	Edinburgh Shared Repairs Service	Low	The decision apports because a paper software the second s	Risk that project documentation is inscrute shares duplicate received installation and the state of the state documentation cannot be writhwell.	Develop recipit mengement procedures with a data for a data and a data and a data and a data and a data for a data and a data and a data and a data and for a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data and a data an	ESS has a facenth Manager from Information Generators waiting an Mathematical apper file, and part management systems. The practical apper file, and part management systems. The practical appears and the practice waiter systems. The practical appears and the practice waiter systems. The system file appears and the practice waiter systems and the system systems and the practice waiter systems. The system file appears and the practice waiter systems and the system systems and the practice waiter systems and the system systems and the system state of the systems. The system system systems are represented by series 2018.	Cuentae	28/02/2018	31/0/18		CECE true de descritérie fils dans de la collection de la true descriter per location de la collection en allown angelanne agres comparei la solution général paratities. La collection de la collection de la collection de la collection implementation en d'Alford en la collection de la constante implementation en d'Alford en la collection de la constante la collection de la collection de la collection de la constante la collection de la collection de la collection de la constante la collection de la collection de la collection de la constante la collection de la collection de la collection de la constante la collection de la collection de la collection de la collection de la collection de la collection de la collection de la collection de la collection de la collection de la collection de la collection de la collection de la collection de la collection de la collection de la collection de la collection de la collection de la collection de la collectio	Jackie Timmone, 5985- Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A
			There are block arrangements in place with maternal partner agrecies used as the Police, et the startor organization to share space of locard anead properties. Nowever, most of these are next anyonsted by formal lases agreements, were not consistently charged. These agreements were canada by additual service areas and there is a		A review of solicity shared property arrangements should be completed to identify Council properties shared with external organisations.	The Operational Extants team are also reviewing third sector treatmancies across the Operational Extent. This will require the octation of international detectly from establishmets (who have traditionally made direct arrangements which gatarish, to capature all instances and formalise these amongements. Given the will take arranditize years to complete. and complexity of this take, it is envised that this will also arrandition years to complete.	Not yet due	31/10/2018			A Strained independent/	Linduay Glasgow, Asset Strategy Manager	Dheeraj Shekhar	Will be treated - in progress by Service Area	N/A	NJA
RES1712455.1	Asset Management Strategy	Medium	Lack of visibility of informal property sharing anrangements. A fewn is no visibility of informal property sharing a mangements with external property sharing a mangements with external accurity arrangements have been established to many Cours II as unclear whether appropriate accurity arrangements have been established Wavering Cours II as unclear whether approximate the property of the state of the state of the present of the state of the state of the state information of the state of the state of the metal income. Scionify arrangements for Vikoreity Cours were deviced by the Catable The inclusion of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st	Lack of visibility of the Council's divard exists arrangements and lack of formal excertly supporting them could ready comparative. Addisonally, there may be opportunity to down additional renta income from these arrangements.	For shared properties identified, 3 should be established which buildings non-course (mappyon can accurat, Approximately physical intervity) arrangements should then be implemented to proven Coursell awares and records from being componented.	In station, as part of our presentations for the technomic general lists Protection Regulation, the information Gowmanou Units will be underskipp after of Physical Institutions to identify any role to Cascel Information, The windows will assess a number of contrain adoptations, scientification same Cascel Induces, scientification same Cascel Induces, scientification same Cascel Induces, scientification same cascel Induces, scientification same addings from accelerations that have been interdised with Facilities Management, with planted interdised with Facilities Management, with planted interdised with Facilities Management in the most have programme with no facilities in the interdised in the most related of the science of the interdised of the interdised interdised. Just a trans of these total points in the inter- tional science of the interdised of the interdised of the interdised interdised. Just a trans of these total points in the inter- tional science of these total points in the interdised of the interdised. Just a trans of these total points in the inter- tional science of the interdised of the interdised of the interdised of the interdised. Just a trans of these total points in the interdised of the interdi	Not yet due	31/10/2019			A Revised regression ratio of 21/02/18 for segments and intermentation of 04/06 with read with sevend marths. Revised expected diste for completion 32/02/23.	Linduay Glaugow, Asset Strategy Manager	Dheeraj Shekhar	Will be treated - in progress by Service Area	ŊſĂ	N/A
			and the design report, with costs and recommendations, was submitted for the Cosporate Landoningh Team in August 2027. It is exercised to summe that the new succells arrangements are implemented prior to finalization of the revised CG lease.		Where formal restal agreements do not exist for shared properties they should be formalised and income generated from these ansagements.	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 Ecences to allow them to accupy the premises and ensure the Council is appropriately reinburned.	Not yet due	31/10/2018				Linduay Glaugow, Asset Strategy Manager	Dheeraj Shekhar	Will be treated - in progress by Service Area	N/A	N/A

						All property inspections will now be recorded and									
			Our review of the controls established to support management of the investment property portfolio		Property inspections and mpains for investment properties should be recorded centrally to allow this information to be accessed when required.	placed on Tile with immediate effect. Notes of repairs and impection notes for properties will be added to Atl system.	Closed - Verified	22/12/2017			Graeme McGartlandjinvestments Senior Manager, Resources	Dheetaj Shekhar		N/A	N/A.
			identified the following operational control pper- dec Signed leaves requested for 2 investment properties could not be located. Additionally, records held on AS are not fully up to date for all properties in the investment portfolio. BACC there is no centralised recording of inspections and repairs for investment property and/folio. Menail records	Records management procedures should be inviewed and refreshed to ensure that all files can either be located or retrieved from storage upon receiver. The investments team	Monitoring of repairs across the Inwestment property portfolio should be implemented to confirm that essential repairs are completed in a timely manner.	Monitoring of repairs will now be routine and an inspection carried out when the invoice is received prior to payment. Tenants are generally on full explaining and invoice lawses and benefore repairs ex- will be identified during eliter interior or final displation investment particular survey exercise its also looking at investment particular.	Closed - Verified	22/12/2018			Graeme McGartlandjinvestments Senior Manager, Resources	Dheeraj Shekhar			
			of property isopection and repairs are held by surveyors. The Head of Service has advised that this due to resource constaints. Mc No monitoring is performed to confirm that nacessary repairs have been performed, with reliance placed on receiving involces to ensure that repairs have been completed. The Head of Service has advised that	should ensure that the AIS system is updated to include all current property details. Current and accurate property details cannot be extracted from the AIS system for the Investment property portfolio. Information on investment property	Guidance should be produced on the acceptable timelines for agreeing new leases on nettal properties.	A guidance good practice note will be prepared on timeline for dealing with the reletting and negotiation of new leases. this will include encouses for an options	Closed - Verified	22/12/2017			Graeme McGartland/investments Senior Manager, Resources	Dheetaj Stekhar			
RE51712H55.2	Asset Management Strategy	Medium	involves to ensure that regain have been completed. The lead of device has adviced that this is due to resource constraints. BCC the main key enformance isolatical (DII) spectral and monitored by the investments team it the value of restal income networks. On SVIs have been extablished to income the percentage of the investment portfolio poperties that are leaded and to be investment portfolio corrently vacast. It is therefore only possible to assessment environment the control has been reformed.	Intercention, program of periodic. Instrumention on the early accessible, expectably where surveyons have left the Council or are on long term sickness absence. Risk that delayed completion of mpains is not identified where involces are not received. Failure to mcond the need to ce seastial mpains and exame they	The KPIs reported by the investment Team should be	appraisal of properties that have been vacant for more than 6 months.	Closed - Verified	22/12/2017			Graeme McGartlandjinvestments	Dheetai Sekhar			
			ACC One Royal Institute of Chartered Surveyors (RICS) Registered Valuer currently completes rent renewals and negotiations with tenants. Negotiations can be verbal and are not always	received. Jaluarie to record the need for executial regarks and examine they are completed will increase the risk of occurrence of health and safety related incidents. Risk that a property could remain vacant for a significant period and that potential rental income is not optimized.	reviewed to include a specific KR in relation to the percentage of the portfolio that has been leased.	Introduced as one of eleven KPI by Strategy and Insight and reported to RAIT monthly. A guidance good practice note will be prepared on timeline for dealing with the nelecting and negotiation of new leases, the will include process for an optiona-	Verified				Graeme McGartland, Investments				
			documented. Resources do not permit heu officers to be involved in all negotiations, however all rest revaluations and new leases are approved by an independent lowstment. Manager is line with applicable Council standing orders.	acone a not optimised.	If other options would maximise returns.	appraisal of properties that have been vacant for more than 6 months.	Verified	22/12/2017		 Current postion as at 20/02/18 - IA validation The service area	McGartland,investments Senior Manager, Resources Graeme	Dheeraj Shekhar			
			The Property and Asset Management strategy presented to the Finance and Resources Committee		Records in the AG system should be reviewed to ensure the information recorded for each property is up to date, complete and accurate.	All property inspections will now be recorded and placed on File with immediate effect. Notes of repairs and impection notes for properties will be added to AD system. A project plan for the development of this information, bringing tagether the various on-going strands of work.	A Validation in progress	22/12/2017		 has comfilmed that the management action has been implemented, internal Audit will complete a waikthrough before the action can be closed. Current Status as at 19(01/17 - Closed Vienfield AFAGT model has been produced to apply indexed lifecycle costs across the	Graeme McGartlandjinvestments Senior Manager, Resources	Dheetaj Shekhar	With IA for validation	N/A	N/A
			In September 2015 Introduced the concept of the corporate landlood. The actions required to develop the concept are still in progress. These include development, finalisation and implementation of: forms of references for the recently established Asset Insestment Groups. The content of management Information packets to be provided to		The plan will also record floate areas where implementation is dependent on a completion of actions by other Service Areas.	[Including other service areas] and risks, and will be incorporated within the Property Board governance with regular updates. It is also proposed to present this monthly to the Asset Management Strategy Board. This plan will reflect completion dates for the following 34C the resht for the Asset Investment	Closed - Verified	29/12/2017		portfolio. Business cases have been produced for the projects within the portfolio as well as a parcent for princing requests. Guidelines have been added to the QBB for alterations to property and a RFMC free created (this is due to the property and a RFMC free created (this is due to the property and a RFMC free created (this is due to the property and a RFMC free created (this is due to the property and a RFMC free created (this is due to the property and a RFMC free created (this is due to the property and a RFMC free created (this is due to the property and a RFMC free created (this is due to the property and a RFMC free created (this is due to the property and a RFMC free created (this is due to the property and a RFMC free created (the pr	Lindsay Glasgow, Asset Strategy Manager	Dheetaj Shekhar		N/A	N/A
RES171265.3	Asset Management Strategy	Low	Localities Leadenship teams. Finalization of locality property requirements. The process supporting and responsibilities for preparation of business cases for all new property development requests for submission to Aust Investment Groups and the Property Board. Fully Indexed property Infeccide costs acoust the portfolia. A process for receipt, assessment, and proficialization of products for	Progress with implementation of the Operational Estate aspects of the properly and saset management strategy cannot be formally monitored or tracked.	Regular progress updates against plan will be provided at appropriate governance forums. This could include Senior Management meetings, date Management Strategy project meetings, or the Property Board.	Group has been drafted and is in the process of being approved at each departmental NG meeting. ACK Base data and analysis for life cycle costing for the pipeline wrate is maning completion and the mest step is to apply inflation. This information will be stored in a FACT model, developed with Finance, to allow scenario aleximized.	Closed - Verified	29/12/2017		Correct status as at 20/02/14: - Cloud Verified Metate has been provided to Londming appresent of the ASC terms of reference. January Lipditable credit have been podaced and discussed at each of the Asuat investment groups, LA require conformation that there have been agreed by each of the ASG.	Lindsay Glasgow,Asset Strategy Manager	Dheeraj Shekhar			
			assessment, and prioritization of nequents for property space from Service Areas. While there is clear evidence of progrem is each of these areas, there is no defined project plan or readmap to support delivery and oversight of the remaining Operational States aspects of the wider property resourcessman agreement serveres the sumer and Subhul and Gould specifies that a staget of DDM		A project plan or roadmap detailing the remaining Operational Exate actions and timetrames for completion should be prepared.	accommodation requirements is mid-way through a two-moch assessment, with requirements identify by the end of Catches and detailed models to be compared to be and detailed models to be in property changes has been developed and will be implemented in tandem with the 'go-live' date of the	Overdue	29/12/2017	N/A	Evidence/response has been provided to IA. Action: IA to validate	Lindsay Glasgow, Asset Strategy Manager	Dheeraj Shekhar	With IA for validation	N/A	N/A
RES171255.4	Asset Management Strategy	Low	and Gabrid and Gould specifies that a stoppt of DSC of the costilion very completed by Sinhifa and Gould's external surveys as not to be reviewed by the Gaucellio costerio fitta the quality of surveys meets Coascil expectations. To date citas SK of condision surveys completed by the sestenal contractor have been reviewed. Although the surveys samplet and reviewed by the Caucel have found the surveys to be thorough and the reported found the surveys to be thorough and the reported found the surveys to be thorough and the reported sorts resultive, surveys to be thorough and the reported sorts resultive sorts and the reported sorts resultive sorts and the reported sorts resultive sorts resultive sorts resultive sorts and the reported sorts resultive sorts resultive sorts and the reported sorts resultive sorts and the reported sorts and th	Insufficient independent oversight of surveys performed by third parties and Council employees could result in failure to identify issues with quality or the estimated cost of regain.	The solume of independent review of third party narwyens performed by the Gaussil should be increased to meet the ION target to ensure that any system issues with the quality of the surveys is identified and resolved. The neries performed should ensure that survey grade appled optical so cache of A to I accurately reflects the condition of the property and the costs associated with the regular.	Surveys were completed in mid-September 2017, with the quality assumes process well underway. Any unversite identifies a locostation to between identified costs and condition grade are being returned to the instances where the condition grade has been adjusted instances where the condition grade has been adjusted to reflect the least of grade required. A full 2018 sample will be completed, along with scatcing of any other obvious aronalise.	Cosed	22/12/2017		Current Status as at 20(12/2018 - W Validation Reports moleving the condition surveys completed by external contractors have been provided to internal. Accil. Internal Audit. have requested additional information regarding how the knows identified have been remedied.	Lindory Glaugow, Asset Strategy Manager	Dheetaj Shekhar	Dosed	N/A	N/A
			costs realistic, assum have been noted regarding the	SCC Risk that the full property	A review of the properties recorded on A25 should be performed to confirm that the full estate has been adocated to either the insustments of Operational Estate property portfolio.	The majority of assets have been ascribed to either insustments or Operational Estates. There remains number that are more efficute to categories and it proposed that the two teams will meet to apportion there to the correct teams by Orientas 2017. This extens informations will be added to the AFS system, which informations will be added to the AFS system.	Overdue	29/12/2017	N/A	Basiness case update shared with IA in December 2017 and signed off by IA.	Lindsay Glasgrw, Asset Strategy Manager	Dheetaj Shekhar	With IA for validation	N/A	N/A
RES1712455.5	Asset Management Strategy	Low	Ine Auter Information System (Inc) materials, metode for the Courter's full proversy periodic, but deters often are two functionality to incosed the metode of the system of the system of the relative periodics. The Logation butters used by finance is populated from the AS system is substituted by course appropring. The AS system is currently being replaced on a staget basis by the Comparer Med Schilly Management (CAMM) system. The expectation is that the data source for togetech will transfer from ASS to CAM when the	act use that the full property portfold has not been accurately allocated to either the investments or Operational Istanta portfolio, and that unallocated properties are not effectively managed. BCC Risk that the ACS, CMM and Logotech system are not fully and accurately populated with details of the Council's property portfolio, with a potential impact on the value of Thead assets included in	Prior to the transfer of the source data feed from AG to CAFA( it should be contineed that the CAFA system includes the full population of property data, with the correct allocation of properties between the extracts or inversement portfolios.	which will subsequently feed CAPM when the data is migrated from AIS to CAPM.	Not yet due	28/12/2018			Linduay Glasgow, Asset Strategy Manager	Dheetaj Shekhar	Will be treated - in progress by Service Area	N/A	NJA
			Compare Yours Away mangement (CANN) generation in that the data source for Logistech will transfer from AK to CAFA when the relevant CARM module is available.	the order of the control of the property of the portfolio, with a potential impact on the value of fixed assets included in the financial statements.	A reconciliation between the property data recorded in the AG and CAM systems should be performed to continu completeness of the property data held in CAM and ensure that Logatich accurately reflects the value of the entire Council estate	The implementation plan for CAFM will include a quality assurance process to ensure that all data is correctly aligned between system, in order to feed the Logatech system with complete details of the entire Council property base. The timing of this insilers to the go-live date of this module of CARM. In the meanitors	Not yet due	28/12/2018			Linduary Glasgow, Asset Strategy Manager	Dheeraj Shekhar	Will be treated - is progress by Service Area	N/A	N/A
RE51712455.7	Asset Management Strategy	Advisory	It has been identified that there may be a lack of oversight regarding security annapyments supporting the let of Council property for out of hour's leases (the example, like or a knoch talk for wening community lets), it is understood that a dou't facilitie Management Envice Level Agreement is currently being prepared that will	If Council properties do not have appropriate internal socialty arrangements in place, the Council's assets and records could be compromised due to out of hours letting arrangements.	The Facilities Management SLA should specify the minimum security arrangements required to support out of hours lets of Council properties and protect Council assets and records.	the full Council database continues to be held on A/S. The SLA – and accompanying Services Portfolio Marine (SPM) – will datable mapdemeet for recently staff have a thorough understanding of the layout, working and management knowledge of any hubiling and ba- functionality. Those will be managed and monitored through the staffs patrols on through the key holding alarm response models with . Where applicable CCTV	Overdue	28/02/2018	N/A	This has been implemented and sustained.	Andrew Field, Interim Operations Manager	Dheeraj Shekhar	With IA for validation	N/A	N.fA
	Service Level		Include provision of security and lanitodal services. We reviewed the arrangements in place with 5 ergenisations on which the Council provides professional services. Organisation fervices provides/2005/36 fees Lothian Valuation Joint Seard/Bayed services/countancy services/security Audit30,1005/Strank/countancy services/services and procurrence linearase/Transavy	If service levels are not formally agreed with the other organization, there is a risk that: There is reputational damage and increased resource pressure if the Council does not deliver envices as expected by	Service Level Agreements with the organisations to which the Council provides professional services should be reviewed provided, key activities and set out service.	He and here have to the control roots. Directors will ensure that a service level agreement. (SIA) has been established with all arms level organizations (HLOG) that they support. The SIA shauld set out all services provided and mechanism by the				SLAS with ALEOs for which Resources has agreements are now in place with only the Royal Edinburgh Millitary Tatzoo to be signed.					
RES1605555.1	Agreements with Outside Entities	Low	managementintennal AudiFayroll services(22),356Lothian & Bocders Community Jatice Authorhyliccountancy services/Byrmetainteenal Audit22,000ECC HoldinguitCountancy services/20,000Eoyu Edinburgh Military TatlooFayroll services/Trasary managementintennal Audit21,500 There was a	the counter party; The Council may not receive appropriate remaneration for services provided; and Arrangements in place may not be appropriate or may coeffict with other Council duties.	deliverables, and the respective noise and responsibilities of the Council and the counterparty. Service Level Agreements should be for a defined period and mitmaked regularity to ensure that agreed services and charges remain appropriate.	Counci, law activities and deliverables, and the respection noises and responsibilies of the Council and the countergary. The agreements should be for a one year period and refreshed annually to ensure that agreed services and charges remain appropriate.	Overdue	30/11/2017	Jun-18	Litto to to le lighted. Action: Head of France to confirm position of ESMT SLA. REAM SLA was submitted (signed) to IA on 28.5.2018	Stephen Molt, Executive Director of Resources	Lesley Newdall	With IA for validation	N/A	NA
RES1601	Review of City of Edinburgh Council Contractor Management Arrangements 1. Suppler management	High	current Service Level Agreement (E.J. Un observable). While the Guard Dasa a number of standing orders inplace to provide guidance on Contractor pocurrement, Here is no overstrating stratage and/or policy in place for the control and management of contractory/uppliers. The standing orders in invaluence have been developed to must various needs that are being identified as the pocurrement process becomes more obsult. There	The Council has a responsibility to ensure that its contractors and subcontractors operate to acceptable standards in all aspects of their performance including quality of work, financial cost and risk management. Failure to satisfactorily monitor contractors could result in monitor contractors could result in monitor contractors or operating and result of the management and gets on representations.	1. (a) Create a central team that has cross departmental overlight and is responsible for driving the different faces (F) Fanceia (L) generational and fails plus folioy owners for M&G, data protection, realismon, etc. (c) the control and management of contract-ny/lupplers. In the intervet of consistency, we recommend that the current procurrent teams aggmented to be able to perform this additional aggmentates to contain a direct on this additional.	It is proposed that the findings will be addressed through the implementation of a Counci-wide approach to Contract Management. The establishment of a dedicated team to facilitate the development of an overarching strategy and architecture to define common processor, best practice and to support management and reporting on a timed basis was previously appreced by CLT and will support the	Hatoric	31/12/2017	N/A	With internal Audit for Framework to be validated.	Finance - Commercial and Procument Services		With IA for validation	N/A	N/A
MI51601	Non-Housing Invoicing 1. Budgetary Impact	Medium	We inspected a sample of 60 charges to Corporate Property by EBS non-housing for repairs and maintenance to operational property. We identified: We visited 15 schools as part of the schools	and maintenance are inaccurate; and The budget allocation for repairs and maintenance in 2016/17 is likely to be Staff may not be aware of their roles	Property those be monitored closely during 2005/17. The budget for 2017/18 should be related using 2005/17 actual expenditume on repairs and maintenance (RBAM, given that recorded expenditure Disputy head frachers, head trachers, or business	The R&M budget for 2005/17 will be closely monitored as services are now procured direct from suppliers and an imbedded due dilgence process has been developed. This will inform the budget setting process but it should, however, be noted that this has a firsteed by the setting recording	Hatoric	31/03/2017	30.6.18	Evidence submitted for internal Audit to mview. Action: Chief Internal Auditor to meet with Banking and Payment Services Manager to finalise.	Legal and Risk – Audit		With IA for validation	N/A	N/A
CF1519	Resilience Planning 2. Significant Occurrence Training	Medium	assurance pilot. At least one member of the school management team had attended significant occurrence training at all but one of the schools. However, not all members of the school management team had attended the training at 6 schools.	start may not be aware or morrows and responsibilities if a significant incident occurs. B Communities and families are unable to identify staff who have not received training essential to their role and/or legally required.	Lipping relationscener, near traction, or outlines: namagine who have not yet does to should attend the significant occurrence training course this academic year. Completion of mandatory training should be monitored and action taken when non-compliance is identified.	mechanisms is underway. In the manaform: - A communication will be circulated by the Head of Schools and Lifelong Learning to instruct that any member of ratif due to attend the significant occurrece workshop must do sa. - Attendance at significant occurrence workshops will	Hatoric	30/06/2016	N/A	Action has been completed from a Resources perspective.	Communities and Families should no longer be showing as open on Resources.		With IA for validation	N/A	N.JA
	Review of Management Information Quality		The significant occurrence training is mandatory for A CMM, Techniqy Paop subtine D(food), was selected by Cooporate Property to provide in Alay lengensted property yetters in order to increase operational efficiency and powelds improved Management Information reporting however, the Courcil Tex not bern able to implement CAFM in the Tennesakes appreciated are nan tunber of factors, including lauses coloring the majoried source data, multing in the appreciated beamth tables delyated.	Care to a task of conserver, care surrounding their property portfolio CEC are at risk of not maintaining its portfolio effectively or efficiently, potentially resulting in risks to the safety of the staff or public;	Undertake a cost / benefit review of the CAFM project plan, prioritizing deliverables with the genatest banefits. Engage with the Data Council and wider information Governance Unit, to develop an agend data reference document of information and data regimed to efficiency run the CAFM prior and provide a updie version of the "truth" to Corporate Property	the Austral Management Strategy (MKG) approved by Finance and Resources in Segtement 2025. It is accepted that clusing out Phase 3 of the implementation plan must be a priority for the Division and therefore additional resources within the Council and There additional resources within the Council and There additional resources within the transmission and Therefore additional resources are at the optimism pages of a notice to help pages within the planets and the implementation of the second second and the second second second and Therefore additional resources are as the second and Therefore additional resources are as the second and the second second second and the second additional and the second additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additi									
068513	within Facilities Management 1. Data architecture is not being managed within Facilities Management and the solute Concession	Hab	Phase 1 of the CARM project has not yet been fully implemented with only City Chambers and Waweley Court currently using the system. Phase 1 aims to	Corporate Property do not have robust Management Information and are at risk of producing reporting that is inaccurate, inconsistent and/or incomplete; Corporate Property are using staff	attribute, should be a technical definition, a business definition and a definitive source; Develop a regular feed of outgoing data from CAFM	The AMS proposes that the CAFM implementation is fully resourced and prioritised, as part of the delivery of the wider programme. In this context, new oversight and direction has been introduced to ensure robust project management to accelerate delivery.	Historic	30/06/2016	N/A	Risk accepted / action complete – Risk Acceptance Template completed on 22.5.38	Property and FM		Risk Accepted	N/A	N/A
	within Facilities Management and the wider Composite Property department which is delaying the CAFM implementation		deliver a certral recosfig system to support the delivery of facilities management for all operational buildings. This has been delayed primarily due to a lack of understanding of the correct source data needed and restructuring this into the required data hierarchy.	resource inefficiently, i.e. too much time being spent collating the required data to produce reports; and CEC are not realising the benefits expected from the implementation of the CAFM ovtees:	to the Builmes intelligence team to allow the creation of dashboard reporting on Facilities Management; Provide welfication to and sain sien off by the Data	B A Data Forum 1 earn made up of CEC staff from each of the Corporate Property envice areas, tas been created and is diving Forward the CAFM implementation plan. This coupled with additional project management, accountancy and tasking support from 17 will earner an accelerated belowy plan. The Data Forum team meets every 2 weeks with the Isbital									
			Corporate Property are unable to produce robust reporting due to summerical data quality issues, both within its own data and also within the wider Council data it uses. Inconsidencies in reporting are often caused by tatif that do not fully comprehend the need for	Poor data processing and quality assurance is leading to incorrect	Provide werification to and gain sign off by the Data Council for the correct and accurate source of data within the Corporate Property data reference document; Corporate Property data references to raise data quality concerns to the Data Council for centralised management and resolution; and	The AMS proposes that the data cleansing and									
C61513	Review of Management Information Quality within Facilities Management 2. Data Quality	Medum	tain two data ting toopenets of reverse accuracy whe registing data. Also downpile he the subply issues that logat data into the finance patters. There adduces is not runners and the importance of using the appopriate cast code and have on occasion provide datif revenues too against a building code or reconded building costs against a building code or reconded building costs being recorded as two species buildings.	assuance in maning to income a allocation of costs through misuse of cost code data; Staff time is being incurred to correct errors to ensure accurate data, resulting in these staff being unable undertake other more valuable activities; and	Data Council to promote the need for accurate data entry/processing across all Directorates.	The very appoint sats that consider and prioritised, as part of the delivery of the while programme. Bridd to call resources to be proceeded to provide additional project management, training and consultance, support in the arms of data cleaning, williation, ingration, system interface builds and performance reporting requirements etc. Teams across the Cognotine Program Vakion have	Historic	31/03/2016	N/A	Risk accepted / action complete. Risk Acceptance Template completed on 22.5.38	Property and FM		Risk Accepted	N/A	N/A
			There is no evidence that these issues are being raised to the central information Governance Unit and managed across the organisation.	undertake other more valuable activities; and As dats is not completely accurate the Council are at risk of making inaccurate management decisions based on inaccurate, inconsistent and/or incorgister reports.		performance reporting requirements etc. Teams across the Cosponze Property Unkiden have been tasked with cleaning existing data, e.g.all estates data that is recorded in ALS. Braction Taskies no exis in place within the SAV team which is reviewed and monitored on a weekly basis. BData Quidy Manager to be recruited within Cosponsite Property for CAVA.									
			There was no evidence of procedure manuals or other documentation found which instructs Corporate Property staff on how to produce the current suite of Management Information reports. Consistent reporting procedures are not in place and reporting extland acute by staff that	The lack of documented procedures	Corporate Property should document the procedures used to create all current reporting used within Facilities Management; A training program should be introduced within the Corporate Property to develop skills with the Cognos databased too; and	CP specific list of performance indicators to be reported out of TF Cloud post Phase 1. El clenthy and assets current key PT's and implement regular reporting on energy, water and waste PTs,				 					
063513	Review of Management Information Quality within Facilities Management 3. Management Information Production	Medium	Consistent reporting procedares are not in place and reporting activity is carried out by staff that have not revealed axising is the postduction of Management information. Specifically them is no dedence of training on Cagnon, the Council' main Dashbeard tool. There was no evidence to suggest that the extension of MI production has been	increases the risk of "key man" dependency on Mi production and the risk of generating multiple Mi reports which are contradictory; The devolved nature of Mi production and tack of training on Cognos increases the risk of the Corporate	A benefits analysis should be undertaken, to consider implementing centralised mporting in conjunction with the Business intelligence team, with a view to rescaling that Management information is consistent, robust and easily accessible.	aterotry pandmatca improvements and sourceng against key activations and the production of such PHC. The creation of performance expectite sales and responsibilities will from part of the AMS Review which is carrendly in progress. Elimentitype the portrial for developing a dynamic interface with Cracke / Aggress in order to capture all finance data in E Could.	Historic	30/06/2016	N/A	Risk accepted / action complete. Risk Acceptance Template completed on 22.5.18	Property and FM		Risk Accepted	N/A	N/A
	could be more efficient		considend, which would allow controls and efficiencies to be implemented, reducing the risk of doplication of effort and coefficting reporting, as well as also improving the efficiency of production.	Property generating multiple Mi reports which are contradictory; and increasing the efficiency in the current MI production process could increase the capacity for Officers to perform other mine		Internet data in TE Cloud. B TI conversity-toxy be interfacet with Aggresse with other clients and CEC are in discussions with TF to understand what they are and what they do so that this opportunity can be brought to the table with Flawsore / ERP project. B A dange reparts to CGI will need to be initiated with a varies as to when this functionality can be delivered.									
			Contributions received must be repaid if unspent within timescales designated in the legal agreement. Transcales vary between individual agreements, but contributions are generally refundable with inserved if not utilized within either five or ten years from the date of payment (or date of commencement or compristion of the development). The legal	Contributions may not be spent within the timescales cotlined is the legal agreement due to a lack of effective planning, monitoring and review. Best value may not be achieved, as contributions may have to be	Review of Hotoric Contributions The curvent position in relation to a number of historic contributions invested requires to be established, and appropriate follow on actions taken.	This process began at the start of this way. Finance				 					
	Planning Controls & the Local Development Plan		agreement generally stipulates that it is the engonability of the contribution to request enirbarsement. As an March 2026, contributions held is investment accounts totalled 47,877,870. Of this balance, funds aged in excess of 5 years total (5,509,208. At of these histocic contributions relates of Transport.	refunded to the developer instead of being opent on necessary infrastructure. Works may be undertaken and funded from core budgets rather thas via the necejors obtained to fully or partially cover costs.		asked officers within Transport to review the list of unused developer contributions with a view to staring il infrastructure has been delivered in line with the 5.76 conditions. In doing this, we asked officers to consider any historical works that may have been carried out that may never the 5.35 conditions.					Place - should no longer				
SPC1502	3. Review of Historic Contributions	Medum	E3,499,850 has been identified as 'other infrastructure', ring fenced for specific projects orgoing. France is currently engaging with Transport Binarios to astability the position in relation to the	cover costs.		The aim is to maximize as much of this unspect contributions appossible and get ingol opinion on it we should reinshare developers for any unspect contribution received. A partial return has been provided but more information is required before a final decision on how to treat this historical developer contribution can be	Hatoric	31/01/2016	N/A	Action has been completed from a Resources perspective.	being showing as Open on Resources.		With IA for validation	N/A	N.JA
			Planning to establish the position in relation to the remaining historic contributions totalling £1,590,258. Where this review establishes that funds have not yet been speet, and the timescale for speed exceeded, Finance will laise with Legal Services to determine the Council's position in terms of refunding contributions on establish if any other			No lister an instructure developer contractant source made. Founce will set some clear timescales to officers within Transport to that this sencice may be bought to a conclusion. Following on from this, Founce with then laike with legif services to determine what action is required – either to bank the income on the basis of infrastructure delivery or consideration of									
L	I		www.hong controlutions or establish if any other	1	1	paying back unused contribution to developers.	I					I		1	

-									 						,
855618552	Lethian Pension Fund Cyber Security	Medue	Which can be an experimental processing of the second seco	It life da on machely consider the wavely of the surgiset, the heap con- traction of the surgiset, the surgiset of the surgiset of the surgiset of the surgiset of a classical surgiset of the surgiset of a surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the surgiset of the s	Un dual contering interface a legiter tax because of the UP Terror interface of the UP Terror transmission of the UP Terror interface of the UP Terror and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface and the UP Terror interface of the UP Terror interface of the UP Terror interface and the UP Terror interface of the	vir agen to ingénis é tals resourceadors. Societador de la contra de la contra de la contra de l	30/09/2017	20/03/2018		Doknovlingung produkt to IA.	Bruan Faiduan, Olaf Ruk Officer, LFF	Lesley Newdall	With 1A for Weldedon	14/8	NA
RESI70855.1	LPF - Information Governance	Mediam	The factor's security management factors and a security of the security of the security security of security of the security security of the security factor factor of the security security of the factor factor of the security of the security of the security of the security of the security of the factor factor of the security of the security of the factor factor of the security of the security of the factor factor of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the securi	Lack of formal guarantees suggesting maximum of the Caucci N singuk management policy lactions of the management policy lactions of the M sector of the Sector of the Sector of the Particle of the Sector of the Sector of the Particle of the Sector of the Sector of the National Sector of the Sector of the Sector of the National Sector of the Sector of the Sector of the National Sector of the Sector of the Sector of the National Sector of the Sector of the Sector of the National Sector of the Sector of the Sector of the National Sector of the Sector of the Sector of the Sector of the National Sector of the Sector of the Sector of the Sector of the National Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of the Sector of th		Seconsections supplies - d'action manenaeus species and a statute of a statute species and a statute of a sta	28/02/2018	N/A.		Doktoophragenese provided to U.A. Antiens (A fra wildelar	Sman Failsen, Dief Rok Officer, LF	Contine Staw	With 14 for Wildefion	NİA	nja.
RESIDENCE 1	Lathlan Pensian Fund - Review of 17 Business Recovery	Kgh	Services analysis of the services and servic	ALLUF cannot assess shorter control encourses with their control encourses with their control of their conjunctions of the control of their conjunctions of the control of their conjunctions of the control of the conjunctions of the particular accessible and/or particular accessible accessi	1. Since and section of the secti	To address essentiamentations (1,1,1,1,4,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	20,06,2018				Care Scott,Chief Executive Officer, Lif	Leviny Newdall	WII be treated - in progress by Service Area	N/A	88
			established to support completion of ongoing Business Impact Analysis (BLR) for inclusion in the plan. BCC Office Incomess – Whilst process owners anyolded their input to the design of the Plan in	of an incluent resump in tasket to fully execute the plan.84C failure to fully execute effective testing and staff training may lead to a decreased quality of a response in the event of an incident84C The context of the plan may not include all necessary	anch neural notices An annual Basiness Impact Analysis (BIA) should be performed to establish whether recent internal and satemal changes affect current DA/KC anagements. Where changes to the Plan are nequired, these should be implemented in conjunction with third party	Business Impact Analysis of LPF, including supplier recovery requirements, to be updated and communicated fed into CEC's Business Continuity arrangements, with subsequent updates provided annually.	28/02/2018	N/A		Evidence/response for all these overdue actions has been provided to IA.	Clare Scott,Chief Executive Officer, LPF	Lesley Newdall	With IA for Validation	N/A	N/A
			pan. Let Carpin Physican – While process a severa production for processing, here a sin enderstarts or processing, here a sin enderstarts or processing. Here a sin enderstarts or processing and the single of the letter the same of carbolicat energy control for a series, proceedings of the single of the single control processing of the single of the single control enderstart of the single of the single control enderstarts of the single of the single control enderstarts of the single of the single control enderstart enderstarts of the single of the single control enderstart enderstarts of the single of the single control enderstart enderstarts of the single control enderstart of the single control enderstarts of the single control enderstart of the single control and second control enderstarts. However, UFI has not enderstarts and a surfact of different taxes single for the single control enderstarts of the single control enderstarts of the single control end of the single control enderstarts of the single control enderstarts of the single control enderstarts of the single control enderstarts of the single control enderstarts of the single control end of the single control enderstarts of the single control enderstarts of the single control enderstarts of the single control end of the single control enderstarts of	scaling of a reagonate in the event of a market start of the event of the plan may not include all for excession of the plan may not include all necessary the event of the plan may are also all the plan may are also all the plan may are also all the event of a solution of the event of the event of the solution of the event of a solution EAC kits having controls and the event of	Department of the American standards in regular completion of the American standards (in the standard of the standard of the American standard of the American Standards (in the American Standards (in the American Standards (in the American Standards (in the American Standards (internal and external balances american Standards (internal and external balances american Standards (internal standards)) in the American Standards (internal standards)	arragement, with salargaret sphere provided annually, To address reconnersectation 8, 120 and 11. Annual revees of the Bastonss Corticulary plan, including Bastonss Topological and annually and annual stransphere and the Baston State of the LFF regulary. The damage connectication and annually necessary cortextual changes communicated and agend.	30/03/2018			Extension for all time combe action has been provided to 10.	Clare Scott,Chief Executive Officer, LPF	Leeley Newdall	With IA for Validation	NįA	N/A
RESITORISS 2	Lothian Peesion Fund - Brulewo of 17 Business Brulence and Disaster Recovery	High	These is an estimation precision service in the Body control of the estimation of the Body with DFT requirements. Canara generative, UFL wandle to an entropy optimum without the BD provides in the short integration of the BD provides in the short medical the motion A movies of the Body and is controls and the the motion A movies of the Body and is control to a short the BD provides in the short of the short and the the motion A movies of the Body and is control to a short the BD provides in the short of the short and the short of the short of the short of the short control the short of the short of the short of the short control the short of the short of the short of the short control the short of the short of the short of the short of the short of the short of the short of the short of the specific D provides the short of the short of the short of the specific D provides the short of the short of the short of the specific D provides the short of the short of the short of the specific D provides the short of the short of the short of the specific D provides the short of the specific D provides the short of	ACC Third party suppliers of LPP system may not have sufficient capability to ensure notwary of contrast systems within a corporable statistic systems within a corporable statistic systems and systems to add contra- ting laser cancel lasers supporting add open to implicit agreement. This lack of clarity over the DR responsibilities may be add to unseparcial delay neetsing critical processes in the sever of an	1. UP space contrainty requirements and protection recover splectrum (bency) recovery trans of pairs upper transplants and transport result of pairs upper transport of the splectrum (bency) recovery and transport of the splectrum (bency) recovery and transport of the splectrum (bency) recovery and recovery black of characteristic and frances or calculated requirements (bency) recovery and the straff of the requirements (bency) recovery in the contract control is explained to straffic the first respective recovery and the straffic the first respective recovery and the straffic the first respective recovery and the straffic the straffic the respective recovery and the straffic the straffic the straffic the respective recovery recovery recovery recovery recovery recovery recovery respective recovery recovery recovery recovery recovery recovery recovery recovery recovery recovery recover	To address recommendations 1 and 2: The points model by internet Audit Discuble synthese criticality and environmental synthesis and the second and the prime material synthesis and the second and the synthesis administration synthese and catatolised and environmental synthesis and catatolised and explanation, address and catatolised and explanation, advision regions in the tasker which address and second and advised and and advised and advised and advised and advised and advised advised and advised advised and advised and advised advised, then also advised and advised and the INPY nil register,	30/03/2018			Action: 14 to validate	Clare Scott, Chief Executive Officer, LPF	Lesley Newdall	With IA for Validation	NJA	N/A
			to LF, an connectivity failure significantly impacts LFF solity to operate, exposing the fault to presential regulatory and reputational risks following an incident in 2006 where there was no connectivity for 2 days, LFF as commenced adaptive with the CGA via the Council's LCT team and has expressed an interest in increasing the CR oricality rating for the fibre optic cable that supports network connectivity. White there is no evidence analitable	processes in the event or an incidential Potential regulatory lines and reputational damage if critical systems and operations cannot be restored.	LPF should request that the Council ICT Service establishes a dedicated LPF relationship manager to support them in defining and agreeing their BC/DR requirements with the Council and CGL	Disaster Recovery requirements will be added to the lat of orgoing ICT issues currently being discussed with ICT. IPP's full and orequirements will then be shared with the Resources ICT representative (to be established with ICT) to resource that these are communicated to ICT.	28/02/2018	N/A		Evidence/response for all these overdue actions has been provided to IA.	Clare Scott,Chief Executive Officer, LPF	Lesley Newdall	With IA for Validation	N/A	N/A
			fibre optic cable that supports network connectivity. Whilit there is no evidence available to demonstrate that network connectivity has improved, LPF management has advised that CGI		LPF should also request representation at CEC Resilience Committee meetings to ensure that all relevant LPF recovery and resilience issues are discussed and addressed.	LPF recovery and resilience requirements will be communicated to the Resources Resilience Business Partner for inclusion on the agenda at the next Resources Resilience Meeting.	29/02/2018	N/A		Evidence/response for all these overdue actions has been provided to 1A.	Clare Scott,Chief Executive Officer, LPF	Lesley Newdall	With IA for Validation	N/A	N/A
#ES1708551	Pendices Payroll Outsourcing	High	matching of the second	AC Bis has UK and UR employee papelling of the could be compared, but, complexes on the second and employments of the biss Protocher Ac.	Another the strength of the st	All reconnected on the family instantial. It has a provide the second of the second of the second provide the second of the second of the second of the provide the second of the second of the second of the provide the second of the second of the second of the provide the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of	09/04/2018				Care Sont Chief Earcafae Officer, UF	Letiny Newdall	With IA for Wildelion	nja.	K/A
RESITORS.2	Pendicos Payroll Outsourcing	Low	and interface several term of the several seve	If statutes scanned include confidences are and regardly updated, then is a site fast way we applied that is a site fast way we contain small and an additional opposite of a stransmiss and and and and and applied to Data Projection Registerional.	<ol> <li>M adult must be top own the stop own the own the store of the stop own the stop own the own the store own the stop own the stop own the production of the stop own the stop own the production own the stop own the stop own the store own the stop own the stop own the store own the stop own the stop own the stop own the stop own the</li></ol>	Notions of data service) for Monineys is long properties the service for an effect of the service properties the service for an effect of the service for an energy provide the service of the service in energy provides the service of the service in energy provides the service of the service in the service provides the service of the service the service provides the service of the service the service provides the service of the service the service provides the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service	29/06/2018			Antan ik tu voldar	Care SontChirf Eastafue Officer, IPF	Letley Newdall	With IA for Wildefion	NÅ	N/A

		d Stronger Cor at 13th Ap		Service Area Code													
Unique No	Project Name	Group	Rating	Finding	Business Implication	Recommendation	Agreed Management Action	Status	Due Date	Revised Date	Revisions	Status Update	Owner	Audit Contact	Treated	Additional Resource Requirements	Impact on Service Workload
				The HomelessInformation System (HIS)database has been in places ince 2000 to manage homelessness cases and collect data on statutory activity. Data held on HIS includes client history, information about family groups, records of placements The system has three key uses relating to this audit-DIF-contract and 'sood' aucrises are of then arrend by		Implement an auditable process for recording previously established and ad hoc prices. This may involve restricting edit access to fields of the HIS database.	Access to diff B&B prices on HIS will be restricted by the addition of password protection for this element of the database, and only accessible to key personnel.Staff who authories use of non-contracted properties ensure that details of the prices agreed and a booling confirmation are forwarded to the business support service to ensure accurate	Closed - Verified	31/07/2017	23/08/2017			Brian Stewart, Hostels & Temporary Accommodation Manager	Christine Shaw	Closed	N/A	N/A
SSC17010 SS.5	Short Term Homelessne ss Provision	Safer & Stronger Communities & CSWO	Medium	phone. The agreed rate is recorded on the HIS database. This should them be used to check the accuracy of Invoices (see Finding 2).The accuracy of Invoices is checked against room occupancy logged in HIS each morning; andManagement information (for example average length of stay) is generated from HIS. We identified multiple entries with Inaccurate atta including incorrect numbers of	Management information may be inaccurate,Risk of inaccurate payments where involces are checked against database rates (once price check control is implemented); andRisk that statutory reporting on families statying in 88 accommodation is inaccurate.	The his batabase is due to be replaced in the near future (though we recognise this is likely to be delayed due to delays in the wider ICT Transformation Programme). In procuring a new system, the team should consider-Ability to recorded required information, including details of dependent children Ability to restrict delt access and implement authorisation protocols (where a new	The service is involved in the project implementing Northgate and will provide input in creating system specifications that include the type of data required, access restrictions, authorisation protocols, and an audit trail.	Closed - Verified	31/07/2017	23/08/2017			Brian Stewart, Hostels & Temporary Accommodation Manager	Christine Shaw	Closed	N/A	N/A
				dependent children and errors in room tate. For example, one Premier Inn room was recorded at ES47.78 per night. There is no audit trail in the database so changes: cannot be tracked. This also means that there is no record of who agreed rates with off-contract B&s and when. Most team members with access to HS have edit access and can amend		Data held on HIS should be audited and cleansed.	Work is angoing to migrate HIS to Northgate by 31 March 2018. Private to the system ingration, a full data cleanes will take place. Data retentions guidelineavel the applied fully one Northgate is HIS and the time and costs to deliver this would prohibitive. 1. A CCTV working group has been established	Not yet due	31/03/2018	Dec-18		The current project has been further delayed due to legislative upgrades required for annual billing for year 2018/19, having a negative impact on Northgate Iworld delaying the	Sean Davidson, Business Support Team Manager	Christine Shaw	Will be treated - in progress by Service Area	N/A	N/A
						<ol> <li>A corporate CCV Strategy and standard operational procedures about to discipate and implementary inductions of the strategy strategy and a recharge process to multier recovery maximisation (where possible).</li> </ol>	that is character by an Elected Member. The Lado Officer is the Manager, Community Safer, Three sub-working groups have also been established. The use obstrateg groups have been established. The use obstrateg stratego stratego the CTV arrice. The strategy will include recommendations for establishment of a recommendation of the establishment of a strategy arrows the sub-recovery of communi- nation of the establishment of a recommendation of the establishment of a strategy establishment of the establishment and support of the strategy, while here the review sub-based and schedurgs with strate full embedded and the strategy. The there is strategy embedded and the strategy, while here is the strategy embedded and the strategy, while here is the strategy embedded of the strategy. While the the strategy embedded and schedurgs with the strategy. The there is a strateging of the strategy, while here is the strategy embedded and the strategy. While the the strategy. While the the strategy embedded and the strategy, while here is the strategy embedded and the strategy. While the the strategy. While the the strategy. While the the strategy. While the strategy. While the the the	Not yet due	27/09/2019				Rona Fraser, Community Justice Senior Manager	Lesley Newdall	Will be treated - In progress by Service Area	N/A	N/A
SSC17031 SS.1	CCTV Infrastructu re	Safer & Stronger Communities & CSWO	High	There is summerly as consolidated corporate strategy and standard operational procedures supporting consistent and digitative) compliant differing of CCV Services across Service across be mailer exceeding of CCV con- tractional by the Council. There has also here no progress in defensing the fallings highlighted in the about heready fallings highlighted in the doctor heready	Failure to operate coststemtly and effectively, and risk of potential legislative brackes.3CC Amputational risks.2CC marking in sability to provide the marking in sability to provide the intervided Potential Insucciol Ioss	2. Standard process should be developed for implementation across survices. These should be aligned with specifical legal and acrossing SEC anyone and the standard should be equipmentation and should include (as a specifical legal and requires) and equipmentation across and their allocation across (additional acrossing acrossing) and additional acrossing and additional factorion, and human additional factorion acrossing and additional factorion acrossing addition factorion acrossing addition factorion	<ol> <li>The tab Troley and Procedurer' group will define a standard set of CCV operational processis and processions to be implemented across all free CCV service areas. These will include the areas acrossed in the audit recommendation.</li> </ol>	Not yet due	28/09/2018				Rona Fraser, Community Justice Senior Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A
				Infrastructure was required to support fature delivery the service. Finally, there is no clearly documented corporati- plan to encure that III CCTO operations will be compliant with General Data Protection Regulations effective from 25th May 2018.	associated with failure to recharg costs.âCC Potential non-complian	<ol> <li>An action plan should be designed and implemented to address the CCTV infrastructure failings highlighted in the Borton Network report, and a request submitted to Finance and the relevant Council Committees for funding to support investment.</li> </ol>	3. The objective of the sub "Tactical Working Group" is to oversee and implement the upgrade of public space CCTV in the with Council wide technology and ensure it is compatible for future integration of council service. This will include the identification of funding sources to support the necessary CCTV investment.	Not yet due	27/09/2019				Rona Fraser, Community Justice Senior Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A
						4. A corporate CCV nin k register recording the consolitater inits associated with delivery of CCV excitors should be program. These should include details of action plane instructure in the source initiation of the instructure initiation of the source that reliable coupling research in the source that reliable coupling research of the Caucol I, a support to E. A consolitated asset register should be prepared and appropriate 5. A consolitated asset institutioned to record a CLV is assigned and imply plan should be beinged and imply plan should be and the should be plane in the shoul	4.5.8 & It is expected that the strategy document will recommend the stabilithment of one certainated CCP operations centre and supported by appropriate in significant, super registers and realisticated plans. The majoritude strategy operation of the strategy document produced, the sharing. Security and succurst produced, the sharing, Security and security systems (including CCTV) in detailed Asset Registers	Not yet due	27/09/2019				Rona Fraser, Community Justice Senior Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A
					и на	7. A gap analysis should be performed and a corporate plan developed to ensure the service will be compilant with GDPR by 25th May 2018.	<ol> <li>Information Governance has performed their GOPR readiness review of three CCTV areas, and the questionnaire has been completed. Action plans are currently being developed.</li> </ol>	Not yet due	29/06/2018				Rona Fraser, Community Justice Senior Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A
				Lack of corporate strategy and standard operational procedures has resulted in three Service Areas Security, and Conciengel manageng their CTV services independently with differing standards of operational processing standards of operational report operation and the spin-babie legislation ordered in all three areas.The following control gaps were identified		<ol> <li>Immodula action should be taken to score access to the Security Services file scorer and develoaded the Information Governance team to the Information Governance team to any out a review of any new procedure, ensuring compliance with relevant policies and legislation.</li> </ol>	1. The core burdware at 199% has been opticated and is non-exceptible build constructed partition with air conditioning. Access is noticed build constructed partition with air conditioning. Access is noticed build build build build build build build magnate the need to leave the door open in summer to support vession of the structure of the structure of the structure of the structure and the structure of the structure of the structure distribution of the structure of the structure parateries and the structure of the structure parateries and the structure of the structure and the cost of the structure of the structure of the parateries and the structure of the structure of the parateries and the structure of the structure of the structure of the structure of the structure of the structure of a structure (structure) from of the structure of the CCP working Consigning as the structure of a structure (structure) from of the structure of a structure (structure) from of the structure of the CCP working Consigning as the structure of a structure (structure) from of the structure of the	Not yet due	27/04/2018	30/06/3018		The CCTV Working Crowp work are aspiring to meet to god stauburd ford Cabling Sarvellance Cabling Sarvellance Camera Commissioner (SCC) certification from a relevant UKAS accredited body. Updated policy/guidance issued to all Head Teachers, Community Centres and Buidness Managers who have CCTV monitoring equipment on their premises directs any	Will Boag, P&FM Security Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A
				consistently across all three Service Areas, and have been discussed separately with each 1. Data protection guidation; (the servit) Principle), and the CEC Information Security Policy (GS)/ICE 2700 years one compatiant in Security Services area as the CCP file (SG)/ICE 2700 years one compatiant services area at an open, regularity unstaffed room that was occusionally pent to public access. 2. There is no evidence of regular internal or peer reviews of CCTV operations as required	Financial penalty and reputational dramage associated with breach of	<ol> <li>Internal and peer reviews should be incorporated in operating procedures and performed as per the requirements of the National Strategy for Public Space CCVV to ensure Data Protection Act compliance</li> </ol>	2. Public Space supervisors undertake review of staff work on a monthly basis In line with legislation around CCV Governance. This is to be rolled out across Security and Concieges envices. Additionally, the new policies and procedures being developed will include the generations and accument the actions basen performed, and document the actions than to address are gops identified, and any Data Protection breaches.	Not yet due	28/09/2018				Rona Fraser, Community Justice Senior Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A
SSC17031 SS.2	CCTV Infrastructu re	Safer & Stronger Communities & CSWO	High	by the National Strategy for Public Space CCTV to ensure compliance with Data Protection Act requirements. 3. Service Area procedures supporting CCTV operations were not up to date and had to been subject to periodic review. and Current records management processes applied within the three service areas are not fully compliant with current Data Protection Act requirements and the Council's Records Management policy. Am	Data Protection Ingilation and Council Records Management policies: Palue to operate consistently and effectively, and risk of potential legislative and National Strategy kreaches. Employees may unknowingly breach applicable legislation or Council policies.	<ol> <li>Service Area procedures should be reviewed and aligned with Corporate CCV1 and Record Management procedures (with specific focus on retention periods for CCV1 images on systems, and retention of downloaded CCV1 foctage), and reviewed at least annually.</li> </ol>	3. The "Policy and Procedures' sub group is developing a standard set of CCV policy and procedures to be applied consistently across the entire council CCV Estate. These procedures will include records management requirements for CCVV images. The requirements for a solution of the state of the state of the state systems and all do downloaded CCVV images. The requirement for an annual review to confirm to incorporate any necessary changes will also be included.	Not yet due	28/09/2018				Rona Fraser, Community Justice Senior Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A
				Cancel's Records Management policy, An example of the wark half three service areas bad a different discussent relation of a discussion of the service of the service of extension (states) and the service of the service historical service relation of the service of the service of the service of the service of the service of the service of the service provided of service Areas rule provided of Service Areas rule and recorded on Service Areas rule and the service of algorithm of the provided for CCV various have not a displacibile input the service of algorithm of the service Areas.	n 	<ol> <li>Risks associated with delivery of CCTV services should be identified and recorded on the relevant Service Area risk registers.</li> </ol>	4. The Council's Risk Management team will be engaged to support a review of CCTV risk registers across all three areas, and ensure that the risk registers are referanced. Risk registers will be standardised where possible. All security relates CTV risk have now been recorded on Property and Facilities Management risk register.	Not yet due	28/09/2018				Rona Fraser, Community Justice Senior Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A
						5. Induction and ongoing training should be delivered to all CCV staff and appropriate records maintained of completion.	5. The rull out of the new policies and procedimes to be applied across all CCVV operations will be applied across all CCVV operations will be applied across all complex barrings are will align the new polynoment of inductors training for aline overprojects and oraging refresher training for be deally. Progressis and Facilities Management hang praved a training consert alise analytication densities and train	Not yet due	30/11/2018				Rona Fraser, Community Justice Senior Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A

	- Strategy and		ril 2010	Service Area Codo												
Open Fine Unique No	dings as at Project Name	13th Ap Group	ril 2018 Rating	Service Area Code Finding	Business Implication	Recommendation	Agreed Management Action	Status	Due Date	Revised Date	Status Update	Owner	Audit Contact	Treated	Additional Resource	Impact on Service
				The Council has a complaints handling system, Capture, which allows a complaint to be tracked from the point where it is received, and which can be used to generate management information on response times, trends, and unresolved complaints. However, Capture cannot be accessed by school	Inefficient collation of complaints performance	The Council should proceed with procuring a new complaints handling system which can be used across all Services.	The procurement of a new CRM to record customer contacts is part of the new cure module and the property of and implementation intertable have not yet been developed.	Not yet due	31/03/2019		The actions set out in the Corporate Compliants improvement Plan are helping to make improvement in this stras. In particular, more service areas are using CAPTURE to record and action compliants. Reducing the number of systems used for this purpose is providing greater consistency and visibility around compliants. However, the action cannot be met in full until a corporate CDM solution is rolled out across all envice areas. Timescales	Lawrence Rockey, Head of Strategy & Insight	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A
CF1619(SS.1	Complaints Process	Strategy & Insight	Medium	on the LTAD network. An alternative system, Jadu is used for complaints relating to schools but has its limitations. Complaints can only be recorded when resolved, so progress cannot be tracked on the system, and it cannot be used to produce meaningful management information. This issue is not limited to schools. Core frontline services such as Social Work and Waste do not	statistics as data must be extracted from multiple systems; Increase d risk that complaint performance statistics are inaccurate; andincreased risk that complaints received by the Council are not	As part of [complaints] system implementation, the complaints handling process should be reviewed to ensure the Council benefits fully from the efficiencies offered by any new system.	In the meantime (unril compliants software is upgrade), we recognise the Council needs a formal compliants policy, and a functioning compliants handling process. Compliants handling and management (arocss the Council) is currently being established as gard of the Council's Transformation Pergamme. Strategy and insight have committed to drafting a compliant policy, and reviewing associated procedures. These will be launched across schools for the new academic year. We anticipate that but have been and the council process that the have been and the council process that the schools are processed as the school process that the have been and the council process that the school process that the school process that the school process that the school process the school process that the school pr	IA Validation in progress	31/08/2017	31/07/2018	IA has reviewed the draft complaints policy, procedures and complaints improvement plan which confirms that the revised policy and procedures. We have reverted to IGU with some follow- up questions, and demandare reviewed to the advacementation will be able to close other management action when we have seen evidence of implementation and roll out across the Council, with focus on implementation acts schools. Further information has been provided to IA.	Kevin Wilbraham, Information Governance Manager, Corporate Governance.	Lesley Newdall	With IA for validation	N/A	N/A
				use Capture either. A new complaints handling system is being procured under the CGI contract, but to date, there is no decision on the system to be used or timetable for implementation.	resolved.	Implementation (of the new complaints software) must also include a communication programme to ensure that officers are familiar with the new complaints handling process and understand how to use the incluent	A Communications programme to promote and train staff on revised complaints handling procedures and policy will be incorporated into the project.	IA Validation in progress	31/12/2017		This action has been met. With IA for validation.	Kevin Wilbraham,Inform ation Governance Manager, Corporate Governance.	Lesley Newdall	With IA for validation	N/A	N/A
						Existing oriteria to determine whether a project should be included in the Charge Pertollo should be reviewed and in the Charge Pertollo should be based on a thorough assessment of the risks associated with projects and will be reviewed and approved by the Charge Board and Grafu.	New Criteria is in place and implemented to evaluate change initiatives and whether projects and grogenmes. Change Pertolia. This evaluates initiatives against the following criteria: artaegic contribution; financial impact; lived of risk; arevis (improvement; pablical impact; otten/community) monitorial impact; otten/community initiatives should be included in the Pertoficio. The Change Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is tracked via the porticiol. The marks Beard will utimately agree what is the porticiol. The marks Beard will utimately agree what is the porticiol. The marks Beard will utin the por	Nat yet due	30/06/2018		in progress.	Scott Robertson, Portfolio & Governance Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	Ν/Α
						All projects currently outwith the change maleved and assessed of realeved and assessed on the school of the included based on the revised assessment criteria;	The partfolio of projects was agreed with the Change Board in December and is reviewed monthly has into account project which have close and any new proposals.	Not yet due	30/06/2018		In progress.	Scott Robertson, Portfollo & Governance Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A
				The Portfolio and Governance (P&G) team within Strategy and overraight of the Council's Change Portfolio, providing portfolio progress updates to the Council's Change Board (essential) the Gorporate Lassenbig Team) and Governance, Risk, and Best Value Committee (GBRV). The P&G main also includes several skilled and qualified programme and project managers who are drouge portion to the several skilled main also includes and the Change Portfolio or delivered by a service areas is based on both the cost of the project and/or reputational mumber of also skilled skilled skilled maintee of an also skilled skilled skilled skilled skilled maintee of an also skilled skilled skilled skilled maintee of an also skilled skilled skilled maintee of an also skilled skilled skilled skilled skilled maintee of an also skilled skilled skilled skilled maintee of an also skilled skilled skilled skilled skilled maintee of an also skilled skilled skilled maintee of an also	The potential risks and business implications associated with our findings	SRO's who are accountable for delivery of significant change projects should assess within the business during envices the source of the and capacity within ther during the project and during the project and pagamente in the south of the project and business of the source of the business of the source of the tool in the report. Sall hould work with SRO's to support with any specific together with any specific consideration and approval.	The Delivery Unit in S&I now provides support and guidance where required to SWO to manual required to SWO to manual required to initiatives business case. Guidance will be provided in business case templates provided.	Past due date	30/03/2018		Evidence provided to UA and availing confirmation from UA that this evidence has satisfied the agreed management action.	Stott Robertson, Porticilo & Governance Manager	Lesley Newdall	With IA for validation	N/A	N/A
CW1701155.	Project Reports	Strategy		quantified in progress across service areas that are being delivered by employees with potentially initiated arouter management specification of contractual basis that are not abject to overside by the P&GG team and the Courch's Change subject to averside by the P&GG team and the Courch's Change sets they are not applied established that while standard within the Change Beards on any other that are any other project management provided by programmes within the Change parted by Agene provided to the Change Beard and GBB to the man of constant and level of detail provided Additionally.	are-BitC Failure of high risk projects being dolivered by service areas as they are not subject to oversight by P&G Board and team; the Canonici C Shange Board and resultiphy consolid resultiphy and consistently and consisten	A standard project management approach applied by all projects and applied by all projects and applied by all projects accurate. This should include (but not be rearricted to ) guidance on how to: manage asternal project of allowyn, manage priate, two project plans and governance discuments.	Standards and processes are being developed. Implementing and embedding these will take time at this project management, and buy in its meeded across the council. It is proposed that key standards are made mandatory for portfolio project, and programmes. University of the standard programmes course initially, aregot toolkit will be published on the CPs. It is proposed that mandated for use by those initialises within the Portfolio as detailed above. Projects and programmes out with the particular beat to be when the particular of the portfolio will be advised to use but not mandated.	Not yet due	29/03/2019		in progress.	Scott Robertson, Portfolo & Governance Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A

1	Realisation	& insiste	Profinition that the Berling devices protectile by tectory locations Significant' based on a broader set of certral for inclusion in the Dange Portfolio Review of Profiles generations across flow Profiles and Sectory and Charge Portfolio Established That Charge Portfolio established That and Sector approver the Sector approver the Sector profile Charge That consistently produced. Project approved Lowell Sector (First Jackson and Sector project Janes It sector report project That Schure tab	adventure of the second	Standard project management standards management standards and processes should be owned and maintained by owned and maintained by owned and providing oversight to confirm that it is consistently applied;	A new Delivery Unit has been established with responsibility for the governance and overspit of all ageinflicant change projects. They will be responsible for responsing on a monthly basis to CLT.	Not yet due	30/04/2019	in progress.	Scott Robertson, Portfolio & Governance Manager	Lesley Newdall	Will be treated - in progress by Service Area	NA	N/A
			steering group meeting minutes) do not consistently record attendees or meeting	best practice are not identified, and shared when projects close.	PAG reporting to the Change based and the enhanced to demonstrate menual bar reviewed and enhanced to demonstrate regress with all projects course based on an appropriate set of standard monitoring metrics.	Reporting amagements to both the Charge bases, CR52 and GR50 have been reviewed and gareed. A new dashboard was presented at the Charge Board in Decomber and will be reflexion with GR50 was held bi annual reports to GR10 was agreed.	Not yet due	29/06/2018	in progress.	Scott Robertson, Portfolio & Governance Manager	Lesley Newdall	Will be treated - in progress by Service Area	NA	N/A
					Where projects will involve transfer of commercisly ensitive or private sensitive add between the count and their parties, count and their parties, Governance Unit (Edu) Moude be counted and details included in project Mousements (Vina), Where required, secure data scatter data data transfer and storage arrangements, should be may fact, This requirement should be included in the parties pror to commencement of projects. This requirement should be included in the process for all significant process for all provides process for all provides process for all provides process for all provides proce	Project guidance will be updated to reflect the requirements of the recommendation incolunction with the 50 Guidance will be developed with the involvement of the IGU.	Not yet due	29/03/2019	In progress.	Scott Robertson, Portfelio & Governance Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A
					Provision of an appropriate range of project management tools to apport efficiency project consolidated change Particlio reporting by P&G changed be made available change of the projects and alignetic reports across the Council.	A project toolkit will be available on the Orb that includes key templates. These will be part of a wider best presents: appears to how the council delivers change.	Not yet due	29/06/2018	in progress.	Scott Robertson, Portfolio & Governance Manager	Lesley Newdall	Will be treated - in progress by Service Area	NA	N/A
					A consolidated benefits realization plan covering all Change Portfolio projects about the programment of the programment change how's and GRW to upport effective monitoring of benefits across the portfolio.	The change beard now receives monthly status updates detailing benefit realization for all projects in the portfolio.	Not yet due	28/09/2018	In progress.	Scott Robertson, Portfolio & Governance Manager	Lesley Newdall	Will be treated - in progress by Service Area	ŅA	N/A
					Benefits should be included as a criterion for inclusion of a project within the Change Perifolio.	Agreed. Benefits realisation is part of the business case and no projects will combain that the particiliu unites the business interpretermination of the project business approved. This will include approval of the project businetis, and a benefit owner. This will require time to embed and mature.	Past due date	30/03/2018	Evidence provided to IA and analling conformation from the that this evidence has satisfied the agreed management action.	Scott Robertson, Portfolio & Governance Manager	Lesley Newdall	With IA for validation	N/A	N/A

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				Whilst a consolidated portfolio governance report including	The potential risks and business implications	P&G should prepare guidance in relation to the definition of benefits and the requirement to identify, record and monitor benefits throughout the life of the project and post implementation.	Agreed. This will be part of the tookit that will be published on the Orb.	Past due date	30/03/2018		Evidence provided to IA and availing confirmation from it that the evidence has satisfied the agreed management action.	Scott Robertson, Portfolio & Governance Manager	Lesley Newdall	With IA for validation	N/A	N/A
CW1701155.	Project	Strategy		benefits monitoring is produced for the CourtS Change Board, our review of the controls implementation review of project benefits across a sample of current and completed information and the sample of consolidated benefits realitation plan covering all projects within plan covering and the sample of projects within a land the bland benefits to costs assing targets) and the sample of the sample of the project should be included in the Clack of curry across projects	associated with our Findings Consolidated benefits across the Change Portfolio cannot be monitored or their total contribution to financial avings assessed 3/C assessed 3/C be ausported by PAGo or reported be ausported by PAGo arreported the Change Portfolio,3/C Project benefits are not completely and accurately assessed and accurately	Standard business cases that detail supported ingriget banefits, should form the basis for approval of all projects by the Change basis due of relevant Councel committees.	Recomendation agreed.	Not yet due	30/08/2018		in progress.	Scott Robertson, Portfolio & Governance Manager	Lesley Newdall	Will be treated - In progress by Service Area	NA	N/A
2	Benefits Realisation	& Insight	High	classification of benefits. Training materials accoregits benefits have been produced by PAC, but have projects.24C When produced, project business cases do not accountenty invalued details of aspected project benefits.24C accountents invalued details of appeted project benefits.24C accountents invalued details of appeted project benefits.24C accountents invalued details of appeted project benefits.24C accountent invalued area of the changel are near always and the counter of the counter of the changel are needed, or are not sufficiently and/are to apport a post undividual projects and ubunited to NEG to support consolidated Change Portfolio apporting do not include an erelation to benefits; andACC There a hinded monitoring of	recorded,3tC Projects are approved that will not deliver benefits and are not aligned with the Council's strategic objectives,3tC Benefits delivered cannot be measured as the baseline measured as the baseline measured as the baseline bave not been accurate) benefits reported,3tC incomplete and inaccurate benefits reported,3tC benefits reported,3tC to the Change Board or GRBV;	Project management methodology should for builness care to be unantited to R& for review prof to submittion downites to the Change Board and Council committees to been identified, quantified and recorded with ownership allocated.	Strategy and Image provide project projects to Sinekowski et al. projects are set up to succeed, and in some cases this do included direct project management. This support includes an advice rol to ensure bonefits are included within all busienss cases.	Not yet due	28/06/2018		in progress.	Scott Robertson, Portfolio & Governance Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A
				benefits following project completion and transition into business as usual service delivery to confirm that is expected benefits have been achieved.	to accurately assess whether benefits have been realise post post implementation.	Baseline measurements should be recorded in all Assumptions and calculations supporting the baseline measurements for classification of the state of the Change Portfolio should be PRG.	Guidance will be included as part of the Beardits Management approach re baseline measurements.	Not yet due	29/06/2018		In progress.	Scott Robertson, Portfolio & Governance Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A
						P&G should specify their expectations regarding benefits for inclusion in all program spatiar control in the specific from Project Managers.	Expectations are set out in the highlight report that particles and programmes complete monthly.	Past due date	30/03/2018		Evidence provided to IA and awaiting confirmation from IA that this evidence has satisfied the agreed management action.	Scott Robertson, Portfolio & Governance Manager	Lesley Newdall	With IA for validation	N/A	N/A
						The requirement for completion of Post implementation or relevant implementation of processes enabling measurement and reporting of post implementation bandling implementation bandling projects within the Change Portfolio should be included in the R&G project Systemia the Change Portfolio should be included in the R&G project Systemia the Change Portfolio should be included in the R&G project Systemia and project and the R&G project Systemia and project and the R&G project Systemia and project System	S& to schedule and undertake post implementation reviews. Annual schedule to be agreed between PKG and SRO's for Partfolio Projects and SRO's for Partfolio Projects and Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Partfolio Pa	Not yet due	30/06/2018		In progress.	Scott Robertson, Portfolio & Governance Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A
RES1605155.	Service Level Agreements with Outside Entities	Strategy & insight	Low	We reviewed the arrangements in place with Significations to which the Council provides organization of the council provides Comparison of the council provides of the council provides of the council provides of the council terms all audit L2D (1005/strank.counting) services Accountancy services Auditohyroll services 23,3506 ethan & Boderic Community Autors Dedrect Community Autors Dedrect Community Autors Dedrects Community Autors Dedrects Community Autors Desrives 22,000CEC HoldingsAccountancy services23,000 Regal Einhough Million Tratison-Synoli Million Tratison-Synol Million There was a current Explored the community Autors L500 There was a current place with only one of thous 5 by place with only one of thous 5 by place with only one of thous 5 by	I service levels, are not formally agreed with the other organisation, there is a risk that: There is reputational damage and increased resource pressure is the Council does not deliver services as expected by the counter partyThe Council may not receive appropriate remuneration for services appropriate organisation are counced and Arrangements in paperolite or may conflict with other Council may conflict with the other Council duties.	Service Lovel Agreements which the organisations to which the Council provides should be reviewed and/or- ticle and the service of the service should be reviewed and/orticle the service of the service of the service leadershould be for a deliverables, and the respective roles and responsibilities of the counterparty. Service Lovel Agreements should be for a defined period and refershed regularity to services and charges remain appropriate.	Derection will ensure that a service level agreement ((LA) has been established with all arms level organisations (LLOs) that they support. The LA should set out all ensures provided and reserved by deliverables, and the respective roles and responsibilities of the Carelon and the counterparty. The agreements should be for a one year period and refreshed amounty to ensure that agreed services and charges remain appropriate.	Overdue	30/11/2017	Suggest action is closed.	Strategy and Insight do not provide any services to the Council's ALEOs. Suggest action is closed.	Gavin King, Democrazy, Governance and Resilience Senior Manager	Lesley Newdall	With IA for validation	N/A	No Impact

RES1606/SS. 2	ICO Follow Up	Strategy & Insight	Medium	CEC agreed to the ICD that all employees would complete the eleraning module on Information Governance that elevaning module on Information Governance that the second second second second information governance. Despite information governance. Despite information governance. Despite information governance. Despite information governance. Despite module. In addition, CEC agreed training for a number of higher- module. In addition, CEC agreed to undertake notes, in some cases (A&C, CD, CD) these cases (A&C, CD, CD) these cases (A&C, CD, CD) these sections have not yet taken place, as many of the staff are due to tag and your of the staff are and change across the Council. All role-specific training seasions agreed with the ICD are currently schedules to be held by the end of Q2 2057.	Risk that staff do not properly understand the implications of data security within their role and the steps they can take to minimise risk to the Council.	All staff should complete the e-karning modules one-specific training courses should be conducted, as planned, by Q2 2017.	Existing Council employees who have not ver completed the 16 etaarning module will be instructed/strongly encouraged to do so. Once the elearning module is complete, striff will be separated to information Governance related publics on an annual basis april of the annual palky refresher process. However, completion of the elearning module may manual workers who have eniminand or no information governance Responses to the second second second second second biomation complexations (Manger Manger and a storation of the second second biomation complexation (Manger and Second Second Second Second Second Boot and Second Second Second Second Boot and Second Second Second Second Boot and Second Second Second Second Boot Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Boot Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Sec	Overdue	30/05/2017	Suggest action is closed.	Significant levels of training and averages continue to manage and mitigate risks in this area, there include: dissemilation of a bineting need for hard to reach on information governance, negatiar communications, GDPP and PA workholps, role and service specific training subsorts, transformation governance, and PA workholps, role and service specific training subsorts training and a service specific module for managers has been hunched and a GDPP elearning insurch early Mey 2018. The Si Communications Flafe for 2018 continues to promete continued levels of averages and the service function tools, training packages and formation governance policies (supported by communications) will again highlight manager responsibilities in ensuring thermediate levels was lanched as part of a subs of Coancel-wide managers interviewing module for managers.	Margaret Aon Love.Lorming & Development Manager	Lesley Newdall	With IA for validation	N/A	No impact
						sundent reves of	and will be differed alongside faces to face training sessions which are currently taking places as part of the Information Governance Unit? Communication and Engagement Plan for 2017.	Overdue	31/07/2017	Suggest action is closed.	Information Governance Day on 15 February 2018. Construies to be promoted as part of the Counci's preparations for 2019 Rh through compliance workshops and training. Further Council wide communications around the e-learning module are further Council wide communications around the e-learning module are module has been reported to CLT and the Council's Change Board as part of the GDPR strutiny process.	Kevin Wilbraham, Information Governance Manager, Corporate Governance.	Lesley Newdali	With IA for validation	N/A	No Impact
				Uata Sharing Agreementsk oeep dive into a sample of data sharing agreements was carried out, and existing agreements have been improved significantly since the ICO visit in 2015. There was also evidence of good practice where some areas were practice where some areas were		A wider review into information training needs across the Courcell should be conducted to ensure sufficient levels of awareness.	Further role specific guidance will be identified and developed as part of the will be reserved reserved to be a beneficial with the reserved reserved to base hyteraction Regulations which comes into force on 25 May 2018. The will concentrate on existing and new responsibilities under	Past due date	31/03/2018	Suggest action is closed	There has been a significant number of training and awareness raining events hypothyphotype:fic-tices and changed megorusibilities under new data protection laws an information governance more widely. This effort has	Kevin Wilbraham, Information Governance Manager, Corporate Governance.	Lesley Newdall	With IA for validation	NJA	N/A
RES1606ISS. 4	ICO Follow Up	Strategy & Insight	Low	creating new agreements to cover high rick areas that were previously assumed to be covered by the more general Pan Lohina agreement. This continued review of existing agreements and the avoraged Ad- sharing agreement with the the time of the auxiest, the data sharing agreement with the infollowing the review of all agreements requested by the following the review of all agreements requested by the been vershally agreed and to due to be agreed off in tune 2017. Information Asset RegisterThe Ah has been extinghted times the the state of the agreement of the state of the the absent of the state of the temperature of the temperature of the temperature of the the agreement balance 2017.	These actions, which were agreed with the ICO have not all been completed to the agreed standard, with implications on information security and data privacy.	The Council should implement these actions at the earliest possible opportunity.	These actions will be taken forward as part of the Council's preparations for GOPR implementation and will be clearly set out within the GDPR Project Plan.	Past due date	31/03/2018	Suggest action is closed	These actions have been net and evidence provided to IA for final validation.	Kevin Wilbraham, Information Governance Manager, Corporate Governance.	Lesley Newdall	With IA for validation	NJA	N/A
CW1502	Governance Arrangements Arms Length Companies 4.Governance Reporting	Strategy & insight	Medium	We would expect that the performance and operations of Arms tength Companies are subject to require xortuiny by the relevant scrutinising committee. For our sample of Arms Length Companies we learning that the performance and operations Committee as follows over the period from Ananyz 2013 to August 2015 (C. 2.% years):	The lack of regular scrutiny could lead to significant reputational risk to the Council due to: - lack of transparency in the relationship with Arms Length Companies: and inherent risks not	Executive Committees should review their arrangements for the scrutiny of performance and operations for each of the relevant companies. We would suggest that at a minimum this should be carried out annually and recommend that Committee Services should make annual scrutiny of each Arms Length Company a standing item	Executive Directors have been assigned reportubility for Amu Ength Companies and are responsible for examing that the responsible for executing that the response to the second Committee can provide appropriate Committee can provide appropriate Committee and provide appropriate Committee approximation and provide appropriate Committee appropriate Committee and provide appropriate Committee appr	Historic	30/09/2016	Suggest action is closed.	A report was considered by Council on 2 June 2016 and 30 June 2016 setting our new reporting arrangements for ALEO. This divided the scrutily between the esscular committees and the committee. The reporting reported the scruting of the scruting reported the scruting of the scruting term of the scruting of the scruting been added to the Governance, Risk and Bart Value Committee work programme.	Gavin King, Democracy, Governance and Resiltence Senior Manager	Lesley Newdall	With IA for validation	N/A	No Impact
RE51608	Risk Function: Governance, Strategy & Process 3.1 Project Governance & Risk Management	Strategy & insight	Medium	Each year CIC undertakes a muther of projects and share material in value or nature. Currently there are over 20 projects and programmes which dis which the term of the mapper project / programme over a value of Esmillion or which is particularly sensitive to the particularly sensitive to the monthly quarter (16 and 16 and 16 and 16 and monthly quarter (16 and 16 and 16 and 16 and 16 and the wide CIC enterprise wide consistently arous al projects. In framework and and would have management of rinks is accurace.	Due to the bi- monthly nature of reporting and as project risk an project risk and project risk secondaries of the secondaries of a secondaries of a secondaries of a secondaries of a secondaries of a secondaries of secondaries	With support from the Risk function, CECs function, CECs enterprise wide approach to dra management and assessment, reporting and assessment, reporting and assessment, reporting and assessment, reporting and assessment, reporting and and overappli signoridad and overappli signoridad material project risk. Risk and assessment and independently challenges and overappli signoridad material project risks independently challenges and overappli signoridad resulted and exaliated and conside carry of exaliated and conside carry of exaliated and conside carry of exaliated and there and rot potential risk failures pior to exact potential risk failures pior to exact pior to the consignit of the material risk failures pior to exception to the size of the risk failures pior to exception to the size of the risk failures pior to exception to the size of the risk failures pior to exception to the size of the risk failures pior to exception to the size of the risk failures pior to exception to the size of the risk failures pior to exception to the size of the risk failures pior to exception to the size of the risk failures pior to exception to the risk fai	Next Management - Portfolio & measuremains Management - Portfolio & management of assessment, reporting and oversight of porget risk is addressed and agree an approach to be reflected and agree an approach to be reflected management of the Nortfolio measuremains of the second second tighter alignment between here enterprise wide risk management framework the management and agree of the Internet the portfolio governance and EMA needs. Any subsequent changes wide be incorporated the and the to the TBM manager risk on their porjects and programmes Managers to management in another by replex the Governance Manager. However, geng Governance Manager, However, geng Gover, However, However, However, However,	Historic	30/11/2016	01/12/2018	From 1 ⁵ April 2018 Projects within the Council's Particle langer brojects require in project and Programmes. Yes their projects and programmes. Key herefulo lisks are also reported to the Change Board (CL) in addition, thread Usang Mark (CL) in addition, thread Web Prefetcief In addition, thread Web Prefetcief In addition, thread Web Prefetcief In addition, thread with Breffetcief In addition, thread management documentation.	Simone Hialop, Change Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	No Impact
CG1515	Retention of Corporate Knowledge 1. Records Management Procedures	Strategy & insight	High	The Council's Records Management (Mb) optiv Jas been in force since September 2014 but the mandread local procedures to support and the september of the september organization. The Council Records were applied and the set administrative procedures which administrative proceedures which administrative procedures which administrative procedures which administrative procession of transformation program underway in the council will atrass formation program underway in the council will atrass the processe in	Is RM practices are not documented, consistent, or ensistent, or ensistent, or ensistent, or ensistent, or ensistent, or ensistent the council may not able to confirm they meet statutory regulatory regulatory regulatory englements, due to the lack of monitoring of RM procedures, which could lead to fines or regulatory regulatory regulatory regulatory regulatory englements, due to the lack of monitoring of RM procedures, which could lead to fines or regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory regulatory	Develop a plan for roll out and review which must be tracked by the Information Council and appropriate senior management; A review of the 'state of play' of any RM documentation needs to be undertaken by each Directorates / teams without a completed and approved RM manual must set a dealline and track through to completion;	benefipment and role of a 4 sear implementation just by the IGU for the creation and review of records management manuals across the Council to be included in this year's information governmore annual across the Council will be known with DROs this year to review setting BM councentation – this will be known with DROs the year to review setting BM councentation – this will be known with DROs the year to review setting BM councentation – this will be known with the CRU rolling risk based review of BM manuals thermation governance maturity assessment and the CRU rolling risk based review of BM manuals the IGU will work with the relevant arriva areas to investigate whether common procedures can be developed- this will be incorporated into the information Council on progress with minital plots, then the wider roll out and eventually a review and audit schedule	Historic	01/12/2016	31/07/2018	A new project bief and plan will be developed and Justice to the Council's Change Board by the end of summer to ensure that we meet our statutory commitments within the summer to a sure that the summary pind (using or reasonment by the regulator in June 2021). Timescales, resource requirements and priorities will be reasonsed as part of this secretion to share that the summary summary constrained by the summary of the Council's Change Board by Jul-18.	Kevin Wilbraham, Information Governance Manager, Corporate Governance.	Lesley Newdall	Will be treated - in progress by Service Area	The groatest barrier to this resourcing within the (GU to provide support and consuggement barrier) in to not only create / bring together records maintailes but to ensure they are used and maintailes but provide the support of the support and the support maintailes but to ensure they are used and maintailes but Directorate Records Offices and Stable participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation	None - work has been perioritied & apart of the & apart of the & 2018.

C61515	Retention of Corporate Knowledge 2. Training	Strategy & Insight	Medium	The course is han not yet the course is a large set on information Governance and Records Management resulting in not all staff having had the opportunity to understand what is expected of them regarding absolution of training is deviced to line managers and subject matter and training is deviced to line managers and subject matter is understate the information Governance training e isans displicit, bits is and the work of has been written or delivered to yet a staff (wat not) been completed by all staff (wat not) beging in a st	Good RM relies on understanding both good practice as well as responsibilities, with training and policy reading both graph of this if diversity is not diversity in the diversity of this if diversity is not policy is less likely the risk of CEC not retaining information or records appropriately and perentially breaching their regulatory or statutory requirements.	Training reserves to be reported to the appropriate sensitive management and the information Council on a periodic basis, indicating information Council on a periodic basis, indicating have completed or are still to complete or are still to complete the required have completed or are still to complete the required facerosh Officers. A specific training path media to be diveloped & delivered to Directorate Records Officers. Itidi area to Directorate Records Officers. Used of compliance and plane an approach to bertaing the RM policies and procedures across the Destailed communications to be issued by appropriate senior management on the	DRO training to be finalised and noted out by JGU GLI currently finalising the development of an annual information govername matury assessment that will assess compliance at local and planned and a full of local utility of the second state of the second state of faulties and full comparison of the second state of the second state of faulties and follow as information second assessments and more detailed about the importance of training and about the importance of training and merced management content that ges beyond the forundation e-learning module.	Historic	01/03/2016	01/12/2018	subjects to the provide of appropriate devices, the most will recording conflating the action with RESIGN (insertation, see below). Maturity model assessment has been tested through internal Audit with Schools and Community Centres to ensure the accessing the second second second second control and the second second second control being undertaken to turn the process into a self-assessment secricic atternthe has good list of the second assessments to ensure scalability aross assessments to ensure scalability aross assessments to ensure scalability and assessments to ensure scalability aross assessments to ensure scalability and assessments to ensure scalability and asse	Revin Willbraham, Information Governance Manager, Corporate Gevernance.	Lesley Newdall	Will be treated - in progress by Service Area	Communications support will be required to growte the eventual real out and buy-in from suppression management to suppression and suppression exercise.	No Impact
RES1617	Review of City of Edinburgh Coundi Information Governance Framework 1. Information Security	Strategy & Insight	High	While the Council have an Electronic information Security Polly, there is no evidence that is been relevance since 2004. In this been relevance since 2004, and the security Policy such as an introduction stating what CECC An alternation design of the association of the information Security Policy such as a harment of usuant for the advance of a section that indicates how this and and cECC. A section that indicates how this maintum control policy that the such the walk of the advance of the policy will be achieved. The Council have policies that the fourth or policies that aff annually attent to reading, including: Employee Code Conduct;	Without ongoing assurance against the policy the Council have an incomplete, inconsistent control microsoftent control microsoftent control microsoftent and council microsoftent and council microsoftent and council council and an policy and an policy and and policy and and policy and and policy and and policy and and policy and and policy and and policy and and policy and and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy and policy	Review and refresh the information Security Pelicipi to apply recognised stundards, leveraging management good metal stundards, and stundards information stundards information stundards information stundards information security Pulicipi Schedule and maintain anomal reviews of the information Security Pulicipi Schedule and maintain and security studies information Security Pulicipi Review the approach the that the Informations that the Informations that the Informations are equipments are the metal defended and the requirements are embedded across the	The information governance maturity model will be used a usual information security arrangements across the Coursel to manuer that controls are embedded to import the second second second second helps to inform this process by identifying information Asset Register will also help to identify security that to Coursel information. Asset Register will also help to identify security that to Coursel information, nesuring that Coursel information in being properly managed.	Historic	01/12/2016	01/12/2018	Maturity model assessment has been tread through internal Audit with Schools and Community Centres to ensure the approach is valid and robust. Work is currently being under laten to execute the approach is valid and robust. Work is currently being under laten to execute rather than specialish (ad interviews and assessments to ensure scalability across the council. Am is to test this new approach by the Auturn, with a full roll out and expansion in a full roll out and the end of the year to inform the 2019 for semantial parts. Responsibility to update and expand individual information Asset Owners. Guidance and training to rendirect this dimeminated as part of our GOPR preparations and will be challenging the information asset register i hight of frequent update will be challenging senior management to support the information Asset Register is also a requirement.	Kevin Wilbraham, Information Governance Manager, Corporate Governance.	Lesley Hewdall	Will be treated - in progress by Service Area	Communications support will be required to promote the out and boy in from serior management to support the annual exercise. Maintaining the information scatter frequent updates with the existing resource. But the management to support the information Asset requirement.	No impact
RES1617	Review of City of Edinburgh Council Information Governance Framework 2. Information Governance Readiness	Strategy & Insight	Medium	The Information Governance with how a clave definition for the role of Data Steward and are weaking with the Information than network of Officens as per- tition of the second of the information Council. Howevers a 18 Agapta 2023 these roles were not filed, missing the were not filed, missing the Methodical are recognised for implementing information Governance and relevant projects to met governance requirements, and identify risks. The Data Scouth has been established as a sub group of the information council which regulated the second of the second scale base of the second of the scale base of the second of the second scale base of the second of the scale base of the second of the second scale base of the second of the second scale base of the second of the second of the regulated of the second of the second of the scale base of the second of the second of the scale base of the second of the second of the regulated of the second of the second of the scale base of the second of the second of the scale base of the second of the second of the scale base of the second of the second of the second of the second of the second of the second of the scale base of the second of the second of the second of the second of the second of the second of the scale base of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the	Descarates may not fully implementing the information Governance framework and therefore not metality in a with law with	Dues Stewards should be distrified with supported to distribut with supported to triande and supported to responsibilities; A baseline measurement against the information Governance strategy against the information Governance strategy against the conducted and response to the conducted and response to the conducted and response to the conducted and response to the conducted and the logical and tracked by a basis; Data Council committee meetings as a studing agenda item; and	Data Stewark have been identified through the devolution at other Caucar's information Asset Register. A learning needs audy loss been through the devolution is and other information asset management roles within the Council to supplement existing guidance and documentation. Training content is currently under to the Council neo subcritication and modatory learning framework. The information Governance Unit has completed the development of content for an annual difformation governance complance as local and corporate levels. This will provide assublem neurosurben in relations to the information generance strategy. Delevery method are currently being investigated with Bi, and cold to the information generance strategy. Delevery method are currently being investigated with Bi, and cold to the information and land cold content and assessment cirteria have ablo are aligned to informa Audit's own audit methodology as part of the School Assume Frameworks.	Historic	01/12/2016	01/10/2018	Develop an Interactive - learning package for nominated individuals when responsibilities for information magement mutates with codent magement mutates with codent coder and a second second second second cover anacce policy framework. This will be developed over the sutturn.	Kevin Wilbraham, Information Governance Manager, Corporate Governance.	Lesley Hewdall	Will be treated - in progress by Service Area	The training will be dependent on support from Learning & Development and huy-in from senior management to support the undertaining and training	No impact
RES1617	Review of City of Edinburgh Council Information Governance Framework 3. Training	Strategy & Insight	Medium	The Information Governance Dip(I) states that all staff must undertake mandatory isformation Government ertaining and are required to attest to the statest of the statest of the statest of staff had completed the training that waits under the have 2015. The expected have 2015. The expected have 2015. The spectra of staff had completed have a state the statest of the polliest there was no evidence of polliest th	Information Governance framework is at risk of failing to purpose, as staff across burnose, as staff across burnose roles and responsibilities.	Training needs to be monitored by QD and reported to the appropriate senior management and Di management and Di management and Di periodic basis, including the percent of staff that have completed for are still to complete the required have completed for are still to complete the required have completed for are still to complete the required forwards of the the start for the the start of the the forwards of the start of the focus on basis Owners, Senior Information Rad Senior Information Rad worther specific staff a super other spec	The Information Governance elsening module is maddrox for all Cucuit Statt Three Nave Been numerous general and tagreted communications within the upper obtained and the state of the state of the state of the state of the state of the module – 72% of staff who have stared the module – 72% of staff who have stared the module – 72% of staff who have stared the foll has also created a boffing state state. This site should be the state of the next has been determined in the state of the state of the state state of the required, by railored team bindings and family the state of the state state of the following state of the state state of the family state of the state state of the required, by railored team bindings and family of the state state of the state state family state of the state state of the family state of the state state of the family state of the state state of the family state of the state state of the state state state state state of the state state state state state state state state states and states and states state states and developed the states states and states states and states and states and states states and states states and states and states and states states and states and states and states and states states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and	Historic	01/12/2016	01/09/2018	Subject to the provision of appropulse edderse, Internal Audit will consider the majority of these actions to be doesn. This will be easier and the action attracts the actions to be doesn. This will be actions the the mitigated through a number of actions, including as completion of a manager module and roll out, together with foundational will be earling module, alongation experision of an anger module and roll out, together with foundational will be earling module, alongation experision of an anger during the approximation of a manager during the approximation of a manager during the will target different attra have not be promoted via Communications and Learning & Development.	Kevin Wilbraham, Information Governance Manager, Corporate Governance,	Lesley Newdall	Will be treated - in progress by Service Area	N/A	No Impact

#### Appendix 3 - List of ongoing Internal Audit work within service areas

Audit Title	Status	Comments
Health and Social Care		
1. Care Inspectorate Report	Fieldwork	Currently in fieldwork and not yet possible to determine outcomes.
2. Purchasing Budget Management	Draft Report preparation	Initial findings discussed with H&SC – draft report being prepared for issue by IA
3. Community Care Capacity and Access	Draft Report preparation	Initial findings discussed with H&SC – draft report being prepared for issue by IA
<ol> <li>Resources</li> <li>Customer Transformation</li> </ol>	Draft Report with IA	Draft report with IA for finalisation.
6. HR and Payroll - Drivers	Draft Report preparation	Outcomes discussed with HR and Place – draft report being prepared by IA.
7. CGI Contract Management and Cyber Maturity (PwC)	Draft Report preparation	Outcomes discussed with ICT – draft report being prepared by IA.
Communities and Families		
8. Foster Care	Final report issued	Final report was issued 11 May 2018.
Lothian Pension Fund		
9. Pension Tax	Final report issued	Final report was issued 30 April 2018.
Place		
10. Port Authority Security	Final report issued	Final report was issued 18 May 2018

11. St James project	Draft report with IA	Draft report with IA to finalise. Has been delayed as reports with High rated findings have been prioritised for completion.
12. Zero Waste project	Draft report with IA	Draft report with IA to finalise. Has been delayed as reports with High rated findings have been prioritised for completion.
13. Edinburgh Building Services	Final Report Issued	This review assessed whether the findings raised in the August 2016 review of contract management arrangements and processes had been implemented. 2 Historic findings have been reopened (one High and one Medium) and are included in the historic population of 30 findings to be reopened across the Council. Two new findings were also raised and these are reflected here.
14. Structures and Flood Prevention	Draft report preparation	IA preparing draft report.
15. Fleet Project	Fieldwork	Currently in fieldwork and not yet possible to determine outcomes.
16. Health and Safety – Waste and Recycling (PwC)	Draft report with Place	Draft report with management to finalise agreed management actions
Strategy and Insight		
17. Resilience	Draft report with IA	Management responses received and draft with IA to respond.
18. Councl Wide 19. Phishing	Draft report with Resources - ICT	Awaiting revised management responses from ICT
<ul> <li>20. Records Management – St Katherine's</li> <li>Main impacts will be on Communities and Families and health and Social Care</li> </ul>	Will complete in 2018/19 - Currently in fieldwork	Completion date to be determined. A project has now been established within Strategy and Insight to support completion. Likely that this review will continue into the 2018/19 plan year.
21. GDPR Readiness (PwC)	Draft report preparation	PwC specialist review. Initial outcomes have been discussed with management and the draft report is being prepared.

### **Committee name**

### **Appendix 4**

Time, day, date

# Internal Audit: Overdue internal audit findings referred from the Governance, Risk, and Best Value Committee

Item number		
Report number		
Executive/routine		
Wards		
Council Commitments		

#### **Executive Summary**

This report sets out details of all High and Medium rated overdue Internal Audit (IA) findings, that fall within the remit of the XXXX Committee.

As at date, there were a total of XX High and XX Medium rated overdue IA findings

It is the responsibility of senior management to implement agreed management actions to address internal audit findings within agreed timescales, to ensure that service delivery risks are effectively mitigated and managed, and frontline services protected.

It is the responsibility of the XXXX Committee to scrutinise and challenge officers, to confirm that they are taking appropriate steps to address overdue findings, ensuring that risks are appropriately treated or mitigated in a timely manner.



### Report

### Internal Audit: Overdue internal audit findings referred from the Governance, Risk, and Best Value Committee

#### 1. **Recommendations**

- 1.1 Members of the XXXX committee are requested to:
- 1.2 Scrutinise the overdue Internal Audit findings;
- 1.3 Consider whether progress and the revised implementation date are appropriate given the ongoing risk that has not yet been addressed.

#### 2. Background

- 2.1 In May 2018, the Governance Risk and Best Value Committee decided that all High and Medium rated Internal Audit overdue findings should be forwarded to the relevant Executive Committees for additional scrutiny and challenge.
- 2.2 The IA definition of an overdue Internal Audit finding is any finding where all associated agreed management actions have not been implemented by the final date agreed by management and recorded in Internal Audit reports.
- 2.3 IA overdue findings are reported monthly to the CLT and quarterly to the GRBV.
- 2.4 It is anticipated that the greater visibility that reporting to CLT; GRBV; and Executive Committees provides will result in more Internal Audit findings being closed on time, ensuring that the associated service delivery risk is effectively addressed.

#### 3. Main report

- 3.1 There are a total of XX (XX High and XX Medium) overdue Internal Audit findings that fall within the XXXX committee's remit as at xxxx
- 3.2 Of these XX% are more than 3 months; XX% more than 6 months; XX% more than one year, and XX% more than 18 months old.

#### 4. Background reading/external references

#### 4.1 Insert link to latest GRBV report

Appendix 1: High and Medium rated Overdue Internal Audit Findings

Audit Report	Finding	Risk	Agreed Management Action	Original Date	Revised Date	Number of Date Revisions	Latest Update



### **Governance, Risk and Best Value Committee**

#### 10.00am, Tuesday, 5 June 2018

7.6

#### National and Local Scrutiny Plans 2018/19

Item number Report number Executive/routine Wards

#### **Executive Summary**

Audit Scotland published the National and Local Scrutiny Plans in April 2018. This report details the planned scrutiny activity for the City of Edinburgh Council from April 2018 to March 2019.



### National and Local Scrutiny Plans 2018/19

#### 1. **Recommendations**

1.1 The Committee is asked to note the report and the appendices.

#### 2. Background

- 2.1 National Scrutiny Plan and the City of Edinburgh Council Scrutiny Plan 2018-19 were published in April 2018.
- 2.2 The plans provide a summary of the scrutiny activity and are based on risk assessment. They are designed to provide assurance to the public and to identify where scrutiny will make the most difference in service improvement.
- 2.3 National Scrutiny Plan summarises all planned strategic scrutiny activity from April 2018 to March 2019 in each of Scotland's 32 councils. It also covers work between scrutiny bodies and councils to validate self-evaluation that is designed to support improvement.

#### 3. Main report

- 3.1 The National Scrutiny Plan (Appendix 1) identifies scrutiny activity for 2018/19 that will be undertaken by the Accounts Commission/Audit Scotland, Education Scotland and the Scottish Housing Regulator.
- 3.2 The new approach for auditing Best Value was agreed by the Accounts Commission in June 2016. Best Value will be assessed over the five year audit appointment with a Best Value Assurance Report (BVAR) for each of the councils, considered by the Accounts Commission at least once during this five year period.
- 3.3 The City of Edinburgh Council will not be subject to the BVAR this year. For 2018/19 the audit work will only focus on Best Value demonstration in improvement, partnership working and resource management. The Local Area Network (LAN) will continue to monitor the Council's financial position and plans as part of the annual audit process.

- 3.4 The City of Edinburgh Council will be subject to a range of risk-based and nationally driven scrutiny activity between April 2018 and March 2019.
  - 3.4.1 A follow up of the CGI security management audit will be carried out by the external audit and the findings presented to the Governance, Risk and Best Value Committee in May 2018.
  - 3.4.2 External audit will seek evidence that outcomes are improving and that the pace of improvement is managed in line with resources. The work will include consideration of the impact of transformation work, how effectively the council has identified improvement priorities, and how self-aware the council is in understanding its relative performance and improvement needs.
  - 3.4.3 Over the course of 2018/19 the external audit will carry out audit work in respect of the Edinburgh Trams project (York Place to Newhaven).
  - 3.4.4 The Care Inspectorate will monitor and report on progress against the recommendations arising from the joint inspection carried out in 2016.
  - 3.4.5 Scottish ministers have asked the Care Inspectorate and scrutiny partners to lead a programme of joint inspections of service for children and young people. The ministers asked to provide assurance about how community planning partners are protecting and meeting the needs of children and young people who have experienced, or at risk of, abuse and neglect, and how they are working together to improve outcomes for children and young people who are subject to corporate parenting requirements. Up to five joint inspections a year are intended to be carried out, in 2018/19 one of these is likely to be in the Edinburgh area.
  - 3.4.6 Education Scotland will engage in ongoing oversight and monitoring of education provision, as part of the support provided by Area Lead Officers, but will not engage in a formal scrutiny response other than planned inspections and reviews.
  - 3.4.7 The Scottish Housing Regulator will monitor the council's progress across housing and homelessness. It will also review the Scottish Social Housing Charter data and carry out data accuracy visits. The Regulator may carry out thematic inquiries during 2018/19 or it may carry out survey or on-site work to follow up on published thematic reports.
- 3.5 The Local Scrutiny Plan (Appendix 2) shows the expected scrutiny activity in more detail. For some other scrutiny, the scrutiny bodies are still to determine their work programme and which specific council areas they will cover. Where the City of Edinburgh Council is to be involved, the relevant scrutiny body will confirm this with the Council and the LAN lead.
- 3.6 The Council will continue to support auditors in their planned audit work covering the main risk-based and nationally driven scrutiny activity.

#### 4. Measures of success

- 4.1 Measures of success for the City of Edinburgh Council are noted as part of the annual audit process.
- 4.2 Progress in the scrutiny areas will be monitored and reported regularly to senior managers and partners.

#### 5. Financial impact

- 5.1 There is no financial impact resulting from the report.
- 5.2 The Council budget framework updates are presented to Council Leadership Team and Committee on a regular basis and the next update will be considered by the Finance and Resources Committee on 12 June 2018.

#### 6. Risk, policy, compliance and governance impact

6.1 The National and Local Scrutiny Plans complement the council's own internal risk management plans.

#### 7. Equalities impact

7.1 Consideration of the equalities and rights impact forms part of the annual audit process.

#### 8. Sustainability impact

8.1 Consideration of the sustainability impact forms part of the annual audit process.

#### 9. Consultation and engagement

9.1 The Council has an ongoing dialogue with the auditors and will support them in their planned audit work covering the main risk-based and nationally driven scrutiny activity.

#### 10. Background reading/external references

- 10.1 <u>City of Edinburgh Council 2016-17 Annual Audit report to the Council and the</u> <u>Controller of Audit</u>, Governance, Risk and Best Value Committee, 26 September 2017
- 10.2 <u>2016-17 Annual Audit Report and Review of Internal Controls Progress Update</u>, Governance, Risk and Best Value Committee, 16 January 2018
- 10.3 <u>City of Edinburgh Council External Audit Plan 2017-18</u>, Governance, Risk and Best Value Committee, 20 March 2018

10.4 <u>2016-17 Annual Audit Report and Review of Internal Controls – Progress Update</u>, Governance, Risk and Best Value Committee, 8 May 2018

#### Andrew Kerr

#### Chief Executive

Contact: Laurence Rockey, Head of Strategy and Insight E-mail: <u>laurence.rockey@edinburgh.gov.uk</u> Tel: 0131 469 3493

#### 11. Appendices

Coalition Pledges	All
<b>Council Priorities</b>	All
Single Outcome Agreement	All
Appendices	Appendix 1 – National Scrutiny Plan 2018/19 Appendix 2 – The City of Edinburgh Council Local Scrutiny Plan 2018/19

# National scrutiny plan 2018/19

A summary of local government strategic scrutiny activity

Prepared on behalf of the Strategic Scrutiny Group April 2018

### ACCOUNTS COMMISSION S







Healthcare

Improvement Scotland

> Inspectorate of Prosecution in Scotland



**VAUDIT** SCOTLAND





Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. We help the Auditor General for Scotland and the Accounts Commission check that organisations spending public money use it properly, efficiently and effectively.

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# Background



**1.** The National Scrutiny Plan for local government has been jointly prepared by members of the Strategic Scrutiny Group (SSG). This group comprises Scotland's main public sector scrutiny bodies - the Accounts Comission for Scotland, Audit Scotland, Education Scotland, the Care Inspectorate, Healthcare Improvement Scotland, the Scottish Housing Regulator, Her Majesty's Inspectorate of Constabulary in Scotland, Her Majesty's Fire Service Inspectorate, Her Majesty's Inspectorate of Prisons and Her Majesty's Inspectorate of Prosecution. The SSG is convened and chaired by the Accounts Commission. Details of each organisation can be found in the <u>Appendix</u>. In this report, they are collectively referred to as scrutiny bodies.

2. The SSG supports the delivery of better coordinated, more proportionate and risk-based local government scrutiny. Those scrutiny bodies directly relating to local government services - Audit Scotland (on behalf of the Accounts Commission), the Care Inspectorate, Education Scotland, the Scottish Housing Regulator and council external auditors appointed by the Accounts Commission (including private sector Audit Firms), work together through Local Area Networks (LANs) to share intelligence and agree the key scrutiny risks in each of Scotland's 32 councils.

**3.** Annually, each LAN prepares a Local Scrutiny Plan (LSP) setting out the planned scrutiny activity for the council concerned. LSPs also include nationally programmed scrutiny, such as the Care Inspectorate's joint inspections of services for children, young people and families and joint inspections of adult health and social care services. This approach, called Shared Risk Assessment (SRA), is designed to ensure well coordinated proportionate and risk-based scrutiny.

**4.** This 2018/19 National Scrutiny Plan (NSP) for local government is one of the key outputs from the SRA process. It is the ninth such plan and summarises all planned strategic scrutiny activity.¹ From April 2018 to March 2019 in each of Scotland's 32 councils. This strategic scrutiny activity can of course change during the year, particularly in response to any significant risks or events that may require immediate investigation.

**5.** A separate table showing planned scrutiny activity is available on the **Audit Scotland website S**.

# Part 1 Direct scrutiny activity



#### National scrutiny programmes

**6.** There is a range of national scrutiny activity planned across councils over the next year and beyond. Where activity has been identified for 2018/19 that impacts on individual councils it is included in the National Scrutiny Plan. Significant pieces of national scrutiny activity, as well as developments in scrutiny approaches, are outlined below.

## The Accounts Commission/Audit Scotland Best Value

7. The Accounts Commission began to roll out its revised approach to Best Value auditing from October 2016. This includes an assessment each year of aspects of Best Value as part of an integrated annual audit. In addition, a public Best Value Assurance Report (BVAR) for each council will be published at least once in a five year period that will bring together an overall picture of the council drawn from a range of audit activity and the work of other scrutiny bodies.

**8.** The five year rolling programme of Best Value Assurance Reports is reviewed and refreshed annually by the Accounts Commission. The results of the SRA process will make a significant contribution to the audit intelligence that informs decisions about the programme, both in terms of the sequencing and timing of audits and the focus of audit work at individual councils.

**9.** Audit Scotland is currently carrying out work to produce a BVAR in Fife, Glasgow, East Ayrshire, West Dunbartonshire, Dumfries and Galloway and East Lothian councils. The current BVAR programme includes publication of a report in 2019 for North Lanarkshire, South Lanarkshire, Stirling, Highland, Scottish Borders, Perth & Kinross and Midlothian councils. The scope and timing of the work to be carried out, as part of the 2018/19 audit, will be discussed with each council.

#### National performance audits

**10.** Audit Scotland has several performance audits covering local government planned during 2018/19. These are part of a programme agreed by the Accounts Commission and Auditor General for Scotland (AGS) which is informed by the Accounts Commission's strategic audit priorities, public sector audit risks and policy developments, as well a wide range of policy monitoring and external engagement.

**11.** The programme includes audits covering children and young people's mental health, health and social care integration, city deals and the value for money of non-profit distributing (NPD) projects. Any engagement with individual councils is still to be determined. Further details on each of the audits in the performance audit programme for 2018/19 and beyond are available **here**.

#### Housing benefit risk assessments

**12.** Audit Scotland will also continue to carry out a national programme of housing benefit risk assessments across councils during 2018/19. The Accounts Commission will continue to review its future approach to the scrutiny of benefits in light of the changing powers around social security in Scotland.

#### Care Inspectorate

#### Health and social care integration authorities

**13.** Since April 2017, the Care Inspectorate and Healthcare Improvement Scotland (HIS) have a joint duty under the Public Bodies (Joint Working)(Scotland) Act 2014 to assess and report on the effectiveness of integration authorities' strategic plans. In these early stages of the integration of health and social care, the Care Inspectorate and HIS will report on the progress that integration authorities are making towards a more collaborative culture and integrated approaches to planning and delivering services, both of which should deliver improved outcomes for people in communities.

**14.** During 2018/19 the Care Inspectorate and HIS intend to visit three integration authorities to report on their progress. A key area of focus will be the measures they are taking to ensure they fully understand the current needs, and anticipate the future needs, of their communities and how they are jointly planning, commissioning and delivering services to meet these needs. The Care Inspectorate and HIS will be particularly looking to identify examples of good practice in engaging with communities to assess and plan to meet needs.

**15.** Audit Scotland's <u>Self-directed support: 2017 progress report</u> to noted that authorities' commissioning plans do not yet clearly set out how they will make decisions about changing services and re-allocating budgets in response to people's choices. In response, all joint inspections of strategic planning will examine how commissioning decisions are being influenced by self-directed support legislation.

**16.** Inspection activity to date has reinforced the critical importance of strong and effective care at home services to meet the aspiration of maintaining people in their own homes and communities for as long as possible and in line with their wishes. There are many services and supports that contribute to achieving this, including community health services, with directly provided and commissioned care at home services playing a very significant role. Over the next year, therefore, planning and commissioning of sufficient, stable and quality care at home provision will be a focus of joint inspections.

#### Thematic review of self-directed support

**17.** The Care Inspectorate will carry out a thematic review of self-directed support during 2018/19. Its aim is to build on the key findings of <u>Self-directed</u> support: 2017 progress report (), exploring the ability and confidence of front line staff to implement self-direction support legislation by offering choice and control and making decisions with people about their support. Throughout the year, it will conduct an inspection in up to six areas across Scotland with the aim of identifying factors which support effective implementation of the legislation and barriers which require to be overcome. The Care Inspectorate will provide feedback on each area and publish an overview report, with the expectation that all areas will then use these findings to evaluate their own practice and make improvements where necessary.

#### Joint inspections of services for children and young people

**18.** From April 2018, Scottish ministers have asked the Care Inspectorate to lead another programme of joint inspections of services for children and young people, in conjunction with Education Scotland, HIS and HMICS. Ministers have asked the Care Inspectorate to provide assurance about how community planning partners are protecting and meet the needs of children and young people who have experienced, or are at risk of, abuse and neglect, and how they are working together to improve outcomes for children and young people who are subject to corporate parenting requirements. The intention is to carry out five joint inspections in 2018/19. The Care Inspectorate has agreed with ministers that, for the duration of this programme of inspections, it will incorporate an area of specific enquiry each year, with the aim of identifying key lessons and best practice which all partnerships could use to support their own continuous improvement. It will publish an overview report at the end of each year.

#### Community justice

**19.** The Care Inspectorate will work with Community Justice Scotland and other partners to support improvement in the implementation of the community justice strategy, to identify any particular risks and to carry out targeted scrutiny where this is required.

#### Adult support and protection

**20.** The Care Inspectorate will report in May on a thematic review of Adult Support and Protection, carried out across six partnership areas in collaboration with colleagues from HIS and HMICS. During 2018/19, it will work with Scottish Government and colleagues to encourage partnerships to use this learning to review their own practice and to take any action necessary to strengthen their response to concerns.

#### **Education Scotland**

**21.** Education Scotland, working in partnership with Audit Scotland, will carry out a programme of inspections to evaluate the progress made by local authorities in improving learning, raising attainment and closing the poverty related attainment gap. These inspections are initially focused on the nine local authorities who are designated as challenge authorities within the Scottish Attainment Challenge.² All nine challenge authorities will be inspected by the end of 2018, with Education Scotland providing four weeks' notice prior to carrying out individual inspections (and as a result these are not shown on the associated activity map). Other authorities may be included in due course; particularly those authorities currently subject to enhanced monitoring as a result of shared risk assessment.

**22.** Following publication of Education Governance: Next Steps in June 2017, six Regional Improvement Collaboratives (RICs) were established. Each RIC will formulate its own regional improvement plan and each plan will be agreed with the Chief Inspector of Education. Support and challenge from within the collaborative teams and from Education Scotland Regional Advisers will ensure that each of the regional improvement plans takes account of all available evidence on performance and that the selection of educational strategies and interventions is appropriate to the particular regional context.

**23.** Over the coming year Education Scotland will continue to inspect community learning and development (CLD) services and the quality of careers information and guidance services delivered by Skills Development Scotland across council areas. It also plans to carry out a validated self-evaluation of educational

psychology services in one local authority area towards the end of 2018. Education Scotland will also work with stakeholders and other public bodies to create new approaches to scrutiny that take account of education reform, provide assurance and support system-led improvement.

#### Scottish Housing Regulator (SHR)

**24.** The SHR may carry out thematic inquiries during 2018/19 or it may carry out survey or on-site work to follow up on published thematic reports. The SHR will also review the Scottish Social Housing Charter data submitted by landlords and may carry out data accuracy visits during the second half of 2018/19. Where councils are to be involved in a thematic inquiry, any follow-up work to a published thematic inquiry, or a data accuracy visit, the SHR will confirm this directly with the council and the LAN lead.

# Part 2 Additional scrutiny of interest



**25.** In addition to the direct scrutiny planned for local government, there is a range of other scrutiny activity that touches on local government, as outlined below.

#### Her Majesty's Fire Services Inspectorate (HMFSI)

**26.** HMFSI will continue to inspect Scottish Fire and Rescue Service (SFRS) local service delivery across Scotland. These inspections will examine, among other things, local scrutiny and engagement between the SFRS and councils. As part of its programme, HMFSI intends to inspect service delivery in Edinburgh, Dumfries and Galloway and North Lanarkshire during 2018/19. HMFSI also has a programme of thematic inspection planned, but this work is unlikely to result in contact with local authorities. However, HMFSI may also carry out ad hoc inspections in response to specific events, which could involve contact with local authorities.

#### Her Majesty's Inspectorate of Constabulary in Scotland (HMICS)

**27.** HMICS remains committed to assessing the quality of local policing as experienced by communities across Scotland, with an emphasis on the impact of the Community Empowerment (Scotland) Act 2015. During 2018/19, it will inspect G Division, which covers East Dunbartonshire, East Renfrewshire and Glasgow. Divisional inspections will cover partnership working and in particular, local scrutiny and engagement between Police Scotland and councils and the local Community Planning Partnership and Community Safety Partnership. Local police inspections also include a 'plus' element, which aims to investigate national issues through a local lens. These elements are subject to separate reports published on its website www.hmics.org.uk **S**.

#### Her Majesty's Inspectorate of Prisons for Scotland (HMIPS)

**28.** HMIPS will inspect prisons in Scotland, jointly with Healthcare Improvement Scotland, Education Scotland, the Care Inspectorate and the Scottish Human Rights Commission. Each prison will be monitored on a weekly basis by volunteer Independent Prison Monitors who are allocated to each prison. Reports of findings from both inspection and monitoring are published regularly throughout the year.

#### Inspectorate of Prosecution in Scotland (IPS)

**29.** In the Scottish Year of Young People, the IPS will conduct a thematic review of the prosecution of young people in the Sheriff Court. The review will assess the availability and use of diversion schemes provided by local authorities. It will also seek to identify areas of good practice, which may be of benefit to those involved in implementing the Community Justice (Scotland) Act 2016 both at local and strategic levels. As part of its programme, IPS will continue to inspect service delivery by the Crown Office and Procurator Fiscal Service at both a national and local level.

# Endnotes



- Strategic scrutiny work does not include scrutiny activity carried out at service unit or institution level, such as inspections of individual schools or care homes, or the annual financial audit of public bodies.
- The nine challenge authorities are: Clackmannanshire, Dundee, East Ayrshire, Glasgow, Inverclyde, North Ayrshire, North Lanarkshire, Renfrewshire and West Dunbartonshire councils.

# **Appendix** The Local Government Scrutiny Strategic Group members



Accounts Commission	The Accounts Commission is a non-departmental public body (NDPB). The Accounts Commission is the public's independent watchdog for local government in Scotland. Its role is to examine how Scotland's 32 councils manage their finances, help these bodies manage their resources efficiently and effectively, promote Best Value and publish information every year about how they perform.
Audit Scotland	Audit Scotland is a statutory body providing services to the Accounts Commission and the Auditor General for Scotland (AGS). Working together, the Accounts Commission, the AGS and Audit Scotland ensure that public sector bodies in Scotland are held to account for the proper, efficient and effective use of public funds.
Care Inspectorate	The Care Inspectorate is a non-departmental public body (NDPB). The Care Inspectorate's purpose is to provide assurance and protection for people who use care, social work and children's services.
Education Scotland	Education Scotland is an executive agency. It is the Scottish Government's national development and improvement agency for education. It is charged with providing support and challenge to the education system, from early years to adult learning, in line with the government's policy objectives.
Healthcare Improvement Scotland	Healthcare Improvement Scotland (HIS) is a health body. The function of HIS is to improve the quality of the care and experience of every person in Scotland every time they access healthcare by supporting healthcare providers.
Her Majesty's Fire Service Inspectorate	The Fire Service Inspectorate in Scotland exists to provide independent, risk based and proportionate professional inspection of the Scottish Fire and Rescue Service. Its purpose is to give assurance to the Scottish public and Scottish ministers that the service is working in an efficient and effective way, and to promote improvement in the service. Through this, the Inspectorate provides external quality assurance to the service, and provides support to the service in delivering its functions.
Her Majesty's Inspectorate of Constabulary in Scotland	Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) provides independent scrutiny of both Police Scotland and the Scottish Police Authority. Its approach is to support Police Scotland and the Authority to deliver services that are high quality, continually improving, effective and responsive to local needs. It can inspect other UK police services that operate in Scotland and are members of the National Preventive Mechanism, inspecting police custody centres to monitor the treatment and conditions for detainees.
Her Majesty's Inspectorate of Prisons for Scotland	Her Majesty's Chief Inspector of Prisons for Scotland provides oversight and scrutiny of the 15 prisons in Scotland, by way of inspection and monitoring, in order to report on the conditions in prison and the treatment of prisoners. Monitoring is conducted by volunteer Independent Prison Monitors, who are required to visit every prison every week, to respond to prisoners' requests and to monitor conditions. HMIPS also has responsibility for inspecting court custody cells and the conditions in which prisoners are transported.

Inspectorate of Prosecution in Scotland	The Inspectorate of Prosecution in Scotland is headed by HM Chief Inspector who reports directly to the Lord Advocate.
	The aim of the inspectorate is to enhance the quality of service and public confidence in the Crown Office and Procurator Fiscal Service through independent inspection and evaluation.
Scottish Housing Regulator	The Scottish Housing Regulator (SHR) is a non-ministerial department. The statutory objective of the SHR is to safeguard and promote the interests of people who are or may become homeless, tenants of social landlords, or recipients of housing services provided by social landlords.

# National scrutiny plan 2018/19

# A summary of local government strategic scrutiny activity

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# City of Edinburgh Council Local Scrutiny Plan 2018/19

April 2018

# **City of Edinburgh Council**

#### Local Scrutiny Plan – April 2018 to March 2019

#### Introduction

- This local scrutiny plan sets out any scrutiny risks identified by the local area network (LAN), proposed scrutiny responses and expected scrutiny activity for the City of Edinburgh Council during the financial year 2018/19.
- 2. The scrutiny risks and responses are based on a shared risk assessment undertaken by a local area network (LAN), comprising representatives of all the scrutiny bodies who engage with the council. The shared risk assessment process draws on a range of evidence with the aim of determining any scrutiny risks in the council and the IJB.
- 3. Expected scrutiny activity across all councils in Scotland informs the National Scrutiny Plan for 2018/19, which is available on the Audit Scotland website.

#### **Scrutiny risks**

- 4. The Accounts Commission agreed the overall framework for a new approach to auditing Best Value in June 2016. Best Value will be assessed over the five year audit appointment, as part of the annual audit work. In addition a Best Value Assurance Report (BVAR) for each council will be considered by the Accounts Commission at least once in this five year period. The BVAR report for the City of Edinburgh Council is not planned in the period covered by this scrutiny plan. The Best Value audit work planned this year will focus on the council's arrangements for demonstrating Best Value in the following areas:
  - Improvement
  - Partnership working
  - Resource management.

Findings will be reported in the Annual Audit Report.

5. Audit Scotland has several planned performance audits covering local government planned during 2018/19 informed by the Accounts Commission's strategic audit priorities, public sector audit risks and policy developments, as well a wide range of policy monitoring and external engagement. It will be carrying out audits covering children and young people's mental health, health and social care integration and the value for money of non-profit distributing (NPD) projects. Any engagement with individual councils is still to be determined. Further details on each of the audits in the performance audit programme for 2018/19 and beyond are available at <a href="http://www.audit-scotland.gov.uk/our-work/future-work/our-work-programme">http://www.audit-scotland.gov.uk/our-work/future-work/our-work-programme</a>.

- 6. The council has a well-developed Financial Strategy and clear understanding of future pressures and the impact on the medium term financial position. However a Revenue Budget Framework update in February 2018 highlighted that the council is projecting a cumulative savings gap to 2022-23 of £151.2million with no clear plan at this stage to deliver the required savings. In addition, financial risks such as demand pressures on health and social care, and the impact of EU withdrawal place additional uncertainty on the council's future budgets.
- 7. The council continues to implement a third phase of the transformation programme, along with the programme management necessary to deliver on this challenging target.
- 8. The LAN will continue monitoring the council's financial position and plans as part of the annual audit process.
- 9. In August 2015 the council awarded CGI the contract for the provision of ICT services. Since the contract commenced, however, the council has reported that CGI has underperformed on the contractual commitments. Transformation programmes have missed the original delivery dates, and in some cases the revised delivery date and this has meant that the council has been unable to realise the benefits and/or savings envisaged. At the outset, the contract was expected to save the council at least £45million over the first seven years. Improvements have been made; however this has not been at the pace required by the council or in line with the contract specifications. A paper was presented to the Governance, Risk and Best Value Committee in August 2017, giving members an overview of the services delivered by CGI including options available to the council regarding contractual remedies.
- 10. In 2017, the Governance, Risk and Best Value Committee considered an external audit report on the effectiveness of security management controls within CGI over the council's ICT network. Following consideration of external audit's findings, the Governance, Risk and Best Value Committee requested external audit carry out a follow up review on the audit recommendations and report back to it at the January 2018 meeting. The Governance, Risk and Best Value Committee has requested a further report to be presented at its May 2018 committee.
- A follow up of the CGI security management audit will be carried out by external audit and the findings presented to the Governance, Risk and Best Value Committee in May 2018.
- 12. While the council acts to tackle areas of poor performance, including developing improvement plans, in some service areas, including waste, roads and delayed discharges performance remains poor. During 2016/17 Edinburgh regularly had the highest number of delayed discharges of any integration authority in Scotland.
- 13. The LAN will consider the council's approach to improvement through the best value work carried out by external audit. External audit will seek evidence that outcomes are improving and that the pace of improvement is managed in line with resources. The work will include consideration of the impact of transformation work, how effectively the

council has identified improvement priorities, and how self-aware the council is in understanding its relative performance and improvement needs.

- 14. In September 2017, the council approved the commencement of Stage 2 activities in respect of the tram extension (York Place to Newhaven). Stage 2 of the project is the procurement phase, and is scheduled to take approximately 12 months. Public consultation will also commence during Stage 2. Stage 2 milestones include the completion of tender evaluations by September 2018. Subject to approval by council, the main construction contract is expected to be awarded, and stage 3 of the project approved by November 2018.
- 15. Following the original trams project, which was completed after significant delays and over-spends, an independent inquiry chaired by Lord Hardie was convened and is currently underway. Lord Hardie is expected to publish his findings by Summer 2018, to allow recommendations and lessons learned to be built into the final contract for award for the York Place to Newhaven project.
- Audit work will be carried out, by external audit, over the course of 2018/19 in respect of the Edinburgh Trams project (York Place to Newhaven).
- 17. A joint inspection of health and social work services for older people was carried out by the Care Inspectorate and Healthcare Improvement Scotland in the autumn of 2016. The inspection highlighted several areas which were evaluated as weak and one as unsatisfactory. The Care Inspectorate has since been engaging with officers in Edinburgh and collaborating with colleagues in the ihub and the Scottish Government to support the partnership with the improvement agenda. This work will continue and the Care Inspectorate will monitor and report on progress against the recommendations arising from the joint inspection carried out in 2016.
- 18. From April 2018, Scottish ministers have asked the Care Inspectorate to lead a programme of joint inspections of service for children and young people, with scrutiny partners Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland. Scottish ministers have asked the Care Inspectorate to provide assurance about how community planning partners are protecting and meet the needs of children and young people who have experienced, or at risk of, abuse and neglect, and how they are working together to improve outcomes for children and young people who are subject to corporate parenting requirements. The intention is to carry out up to five joint inspections a year; in 2018/19 one of these will be in the Edinburgh area.
- 19. There is strong strategic leadership in Schools and Lifelong Learning Services. The council has appropriate governance arrangements in place to ensure that educational provision is well organised and well led. Scrutiny outcomes, including inspections, have been positive, overall, in recent years. However, a number of recent inspections, across sectors, have evaluated some important aspects of provision as satisfactory or weak. Outcomes for young people are generally improving but are, overall, less positive than

outcomes for young people with similar needs and backgrounds from across the country. Approaches being taken to ensure quality improvement within education are appropriate and have the capacity to lead to improvements in provision.

- 20. Overall there are a few concerns with the council's educational provision. In 2018/19, Education Scotland will engage in ongoing oversight and monitoring as part of the support provided by Area Lead Officers but will not engage in a formal scrutiny response other than planned inspections and reviews.
- 21. The council has 12 schools participating in the Schools Programme of the Scottish Attainment Challenge. Schools have Pupil Equity Funding plans in place and are being progressed. Education Scotland will continue to liaise with establishments as appropriate.
- 22. To assess the risk to social landlord services, SHR has reviewed and compared the performance of all Scottish social landlords to identify the weakest performing landlords.
- 23. It found that the council has weaknesses in relation to: complaints handling and complaints responded to within the SPSO timescales; rent collected and arrears; SHQS exemptions and abeyances and 'repairs completed 'right first time'. In relation to the council's homelessness service, it identified risks in relation to provision of temporary accommodation; use of B&Bs; length of time in temporary accommodation; lost contacts before discharge of duty; repeat assessments; case duration and percentage of RSL lets to homeless households.
- 24. The Scottish Housing Regulator (SHR) will monitor the council's progress in addressing the housing and homelessness service weaknesses identified in this plan. It will review the council's quarterly performance management reports and meet council officials as necessary.
- 25. The Scottish Housing Regulator (SHR) may carry out thematic inquiries during 2018/19 or it may carry out survey or on-site work to follow up on published thematic reports. The SHR will also review the Scottish Social Housing Charter data submitted by landlords and carry out data accuracy visits during the second quarter of 2018/19. Where councils are to be involved in a thematic inquiry, any follow-up work to a published thematic inquiry, or a data accuracy visit, the SHR will confirm this directly with the council and the LAN lead.

#### **Scrutiny activity**

26. Any expected scrutiny activity between April 2018 and March 2019 is shown in Appendix 1. For some of their scrutiny activity in 2018/19, scrutiny bodies are still to determine their work programmes and which specific council areas they will cover. Where a council is to be involved, the relevant scrutiny body will confirm this with the council and the appropriate LAN lead. 27. In addition to specific work shown in Appendix 1, routine, scheduled audit and inspection work will take place through the annual audit process and the ongoing inspection of school and care establishments by Education Scotland and the Care Inspectorate respectively. The outcomes of this work will help to inform future assessment of scrutiny risk.

March 2018

#### Appendix: Scrutiny activity

Scrutiny body	Scrutiny activity	Date
Audit Scotland	Audits covering children and young people's mental health, health and social care integration and the value for money of non-profit distributing (NPD) projects	2018/19
External Audit	<ul> <li>Audit work will be carried out over the course of 2018/19 in respect of the Edinburgh Trams project (York Place to Newhaven).</li> </ul>	2018/19
	<ul> <li>A follow up of the CGI security management audit will be carried out and the findings presented to the Governance, Risk and Best Value Committee in May 2018.</li> </ul>	May 2018
Care Inspectorate	The Care Inspectorate will continue to work with the Edinburgh partnership to support improvement and will monitor and report on progress against the recommendations arising from the joint inspection carried out in 2016.	Ongoing
	Care Inspectorate led multi-agency inspection of children's services	Q4 2018/19
Education Scotland	No additional scrutiny is required beyond on-going and statutory work.	
Scottish Housing Regulator	The Scottish Housing Regulator (SHR) will monitor the council's progress in addressing the housing and homelessness service weaknesses identified in this plan. It will review the council's quarterly performance management reports and meet council officials as necessary.	Quarterly
	The Scottish Housing Regulator (SHR) may carry out thematic inquiries during 2018/19 or it may carry out survey or on-site work to follow up on published thematic reports. The SHR will also review the Scottish Social Housing Charter data submitted by landlords and carry out data accuracy visits during the second quarter of 2018/19.	2018/19

# **City of Edinburgh Council**

# Local Scrutiny Plan 2018/19

A summary of local government strategic scrutiny activity

This report is available in PDF and RTF formats, along with a podcast summary at: www.audit-scotland.gov.uk

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### Governance, Risk and Best Value Committee

#### 10.00am, Tuesday, 5 June 2018

# Edinburgh Partnership – Review and Consultation of Governance and Partnership Working Arrangements

Item number	7.7	
Report number		
Executive/routine		
Wards	All	
<b>Council Commitments</b>		

#### **Executive Summary**

The Culture and Communities Committee at its meeting on 26 October 2017 considered a report on the establishment of Locality Committees which included proposals for a review and consultation of community planning structures and working arrangements. The Edinburgh Partnership agreed the requirement for a review and consultation at its meeting on 7 December 2017 subject to consideration of the scope and timescale.

The Edinburgh Partnership agreed the final proposals for the work programme at its meeting on 8 March 2018. The Locality Committees in the last meeting cycle noted the update on the Edinburgh Partnership approach as set out in Appendix 1.



### Report

# Edinburgh Partnership – Review and Consultation of Governance and Partnership Working Arrangements

#### 1. Recommendations

1.1 To note the contents of this report.

#### 2. Background

- 2.1 The Council in establishing locality committees as part of the new governance framework acknowledged the potential for enhancing community planning arrangements at neighbourhood and locality levels. On this basis, a proposal for a review and consultation of these arrangements was agreed at the City of Edinburgh Council meeting on 26 October 2017 and was referred to the Edinburgh Partnership for formal agreement.
- 2.2 The Edinburgh Partnership at its meeting on 7 December 2017 agreed the requirement for this work. Detailed consideration of the scope and timescale was remitted to a Project Board comprising Edinburgh Partnership members, with recommendations to be submitted to the Edinburgh Partnership Board for approval.

#### 3. Main report

- 3.1 The Edinburgh Partnership at its meeting on 8 March 2018 agreed the recommendations of the Project Board on the scope and timescale for the review and consultation of governance and partnership working arrangements as set out in the report attached as Appendix 1.
- 3.2 The approach will encompass all community planning arrangements in the city and be carried out in two phases, an initial review followed by a formal period of consultation. This is in line with the process originally proposed by the Council, and reflects the complexity of the work and need to maximise stakeholder involvement.
- 3.3 The review phase will be designed to assess the effectiveness, strengths and challenges of the current arrangements, opportunities for improvement and identify future governance models. Through engaging with stakeholders involved in the current community planning arrangements, it provides an opportunity to develop a shared understanding and expectations for community planning in the city moving forwards.
- 3.4 The review findings will be used to inform the consultation phase which will involve a wider range of stakeholders. The stakeholder mapping and the methodology for

Governance, Risk and Best Value Committee - 5 June 2018

this phase of the process will be set out in a consultation plan to be agreed by the Edinburgh Partnership Project Board.

3.5 The timescale for the work has been extended, with the planned completion now October 2018. This accommodates Easter and Summer holiday periods to maximise stakeholder involvement. The Edinburgh Partnership acknowledged that this extension may lead to increased uncertainty and concern, particularly for the community and voluntary sectors, regarding participation in community planning arrangements, and specifically at a neighbourhood/locality level. In response the Edinburgh Partnership confirmed that the existing arrangements in the city would continue pending the outcome of the work programme.

#### 4. Measures of success

4.1 Measures of success will be identified as part of the work programme development process.

#### 5. **Financial impact**

5.1 Delivery costs will be met from within existing resources with partners being encouraged to provide support. The resource implications of implementing a new model of governance and partnership working will require to be identified and considered as part of the development process.

#### 6. Risk, policy, compliance and governance impact

6.1 The key risks associated with the programme of work relate to stakeholder involvement and expectations. These will be managed through taking a collaborative approach.

#### 7. Equalities impact

- 7.1 Community planning activity contributes to the delivery of the Equality Act 2010 general duties of advancing equality of opportunity and fostering good relations.
- 7.2 An Integrated Impact Assessment will be carried out as part of the development process.

#### 8. Sustainability impact

8.1 There are no adverse impacts arising from this report.

#### 9. Consultation and engagement

9.1 The work will be a collaborative process involving community planning stakeholders in the city. The governance and partnership working consultation will be carried out in accordance with the Council's agreed consultation framework. The framework is based on established best practice from across the UK and was developed with specialist advice and support from the Consultation Institute. Activity will also be informed by the National Standards for Community Engagement.

#### 10. Background reading/external references

#### 10.1 None

#### **Andrew Kerr**

Chief Executive

Contact: Michele Mulvaney, Strategy Manager (Communities)

E-mail: michele.mulvaney@edinburgh.gov.uk | Tel: 0131 469 3541

#### 11. Appendices

Appendix 1 – Edinburgh Partnership Future Programmes of Work Report



EP Board Meeting Date Item No

Consent or Decision

## THE EDINBURGH PARTNERSHIP

#### Edinburgh Partnership - Future Programmes of Work

#### **Executive Summary**

- The Edinburgh Partnership Board, at its meeting on 7 December 2017, agreed to carry out a review and consultation of community planning governance arrangements. This decision was informed by a proposal from the City of Edinburgh Council which identified an opportunity to enhance arrangements in the city and to develop a new approach. This was to be framed within the context of the existing governance review as set out in the draft Edinburgh Partnership Protocols considered by the Board at its meeting on 28 September 2017. A Project Board was established to lead on this programme of work.
- 2. Work is also being progressed to develop a new community plan, in accordance with the Community Empowerment (Scotland) Act 2015, as agreed by the Board in December 2016. The original timeline for producing the plan was April 2018. The Board agreed at its meeting on 7 December 2017 for the plan to be streamlined and focused on a limited number of priorities. This requires a further period of detailed work and engagement with the plan now proposed to be produced for October 2018.
- 3. To maximise stakeholder involvement and enable the governance arrangements and new community plan to be aligned, it is proposed to carry out these programmes of work concurrently. This paper sets out proposals for this, providing summary details of the approach and timescales, for the agreement of the Board.
- Contact: Michele Mulvaney, Strategy Manager (Communities), Gavin King, Democracy, Governance and Resilience Senior Manager (email: <u>michele.mulvaney@edinburgh.gov.uk/gavin.king@edinburgh.gov.uk</u>)

#### Recommendation

- 1. The Board is recommended to:
  - i. agree the proposed approach and timescale for the review and consultation of community planning governance arrangements;
  - ii. confirm the continuation of existing community planning arrangements and, specifically Neighbourhood Partnerships, pending the outcome of the governance review and consultation process;

- iii. note the outstanding actions in relation to the Strategic Planning Framework agreed by the Board in March 2017 will be progressed as part of the proposed programmes of work;
- iv. agree the revised timescale and approach to the development of the new community plan;
- v. note that support for the Board and Project Board in developing and delivering these programmes of work will be provided by the Edinburgh Partnership Lead Officers' Group; and
- vi. agree that these processes should, where possible and appropriate, be cognisant of and, maximise the opportunity for, Edinburgh to inform the Scottish Government Local Governance Review.

#### Main Report

#### The Review

- 1.1 The Board at its meeting on <u>7 December 2017</u> agreed that a review and consultation of community planning governance arrangements was required. This was to be taken forward by a Project Board, with nominations sought from members. This has been established and comprises:
  - Third Sector Interface Ella Simpson (Project Board Chair)
  - City of Edinburgh Council Councillor Melanie Main
  - Scottish Fire and Rescue Service Kenneth Rogers
  - Police Scotland Mark Rennie
  - NHS Lothian Brian Houston
  - Edinburgh Equality and Rights Network Paul Wilson
  - Edinburgh Association of Community Councils David Bewsey

The Project Board met on 17 January and 26 February 2018 to consider the scope and timescales for the programme of work.

1.2 Community planning structures in the city have evolved over time in response to legislative changes, the public sector reform agenda and the need for greater efficiencies. This has resulted in a governance model comprising three levels: city, locality and neighbourhood. The Project Board agreed to look at community planning at all levels in the city, and, as a first step, requested a mapping exercise of the existing arrangements. This involved a survey of all lead partners for existing community planning partnerships/groups in the city, as shown in the structure chart in Appendix 1, and as identified in the draft Edinburgh Partnership Protocols.



- 1.3 The survey focused on several areas including the remit, membership, decision making role, statutory responsibilities, linkages and community involvement/influence of the partnership/group. Whilst an initial snap shot, the findings highlighted some areas of weakness in the current arrangements. These included a lack of clarity about decision making roles and statutory requirements, together with varying levels of community involvement/ influence and linkages across the community planning arrangements.
- 1.4 In considering these initial responses, the Project Board recognised that there was an opportunity through the review and consultation process to streamline and simplify arrangements to:
  - provide a shared understanding and clarity of purpose;
  - maximise stakeholder influence/participation; and
  - provide greater accountability and transparency.
- 1.5 The original paper considered by the Board in December 2017 proposed a two stage process, an initial review followed by a formal period of consultation. This remains the recommended approach, recognising the complexity of the task and the need to maximise stakeholder participation including public and voluntary sector partners, community councils and other community groups.
- 1.6 The review phase will assess the effectiveness, strengths and challenges of the current arrangements, opportunities for change/improvement and identify potential future governance models. It also provides an opportunity to develop a shared understanding of existing arrangements and the expectations for community planning in the city moving forwards. Practice from out with Edinburgh will also be used to inform the potential future approach.
- 1.7 The findings from the review will aim to provide a coherent basis for the formal consultation. The proposed timescale for each of the key phases is set out in Appendix 2, with completion of the work planned for October 2018. The timescale has been extended from the original proposal to accommodate key holiday periods to optimise stakeholder involvement and allow for a meaningful process.
- 1.8 The Project Board in proposing this extension, acknowledged that it may increase uncertainty and concern for the community and voluntary sectors regarding their participation in community planning, particularly at a neighbourhood level. Given this, the Board is asked to confirm that existing arrangements in the city, and specifically the Neighbourhood Partnerships, will continue pending the outcome of the review and consultation process.
- 1.9 With the Community Empowerment (Scotland) Act 2015 replacing the previous legislation governing community planning, there is an opportunity to take a critical view of arrangements within this context to ensure they meet the duties and requirements placed on public bodies. An important consideration within this is



the legislative requirements placed on community planning partnerships in respect of strategic planning. The Edinburgh Partnership Strategic Planning Framework 2016-2028 sets out the range of strategic plans the Partnership has responsibility for 'approving' (the Board supports the strategic plan and has a legal role in approving as a result of primary legislation), or 'endorsing' (the Board supports the strategic plan and has a duty to endorse as a result of statutory or national guidance). The Board at its meeting on 30 March 2017 agreed a range of actions to simplify and align this Framework including the need for a review in 2018 as part of the development of the new community plan. It is proposed to address this as part of the programmes of work set out in this report.

#### The Community Plan

- 1.10 The Board considered progress on the development of the new community plan at its meeting on 7 December 2017 and noted that this should be streamlined and focused on a limited number of priorities. This feedback was considered by the Edinburgh Partnership Lead Officers' Group, which is responsible for supporting the development and delivery of the new plan, together with the opportunity to link the development process with the review and consultation of governance arrangements.
- 1.11 Consequently, a revised programme of work is now proposed with this to be carried out concurrently to the governance review and consultation process. Key considerations will include an appraisal of the appropriateness of the priorities previously proposed based on the current evidence base and Board requirement to achieve a tighter focus, together with the linkage to the outcomes in the recently agreed Locality Improvement Plans and the City Vision 2050.
- 1.12 As a first step a workshop is proposed to be held in March 2018 involving lead officers from the community planning partnerships/groups in the city. This will aim to identify potential priorities for the new plan, with options being subject to a critical assessment based on whether they
  - i. address poverty and inequality;
  - ii. require genuine partnership working
  - iii. are 'thorny' issues that need to be tackled collectively by partners.

The findings from the workshop will then be subject to a further period of engagement with the final plan being produced by October 2018.

1.13 Support for the Board and Project Board in the development and delivery of the programmes of work set out in this report will be provided by the Edinburgh Partnership Lead Officers' Group. Progress reports will be provided to the Board at its meetings in June and September 2018.



#### Local Governance Review

1.14 The Scottish Government has launched its Local Governance Review which aims to consider the future of local democracy in Scotland. A period of engagement will run through 2018. It is proposed that the Board programmes of work should, where possible and appropriate, be cognisant of and, maximise the opportunity for, Edinburgh to inform this National activity.

Contribution to: (eg)	Low		Medium		High
<ul> <li>Sustainability</li> </ul>	1	2	3	4	5
<ul> <li>Equality</li> </ul>	1	2	3	4	5
Community Engagement	1	2	3	4	5
<ul> <li>Prevention</li> </ul>	1	2	3	4	5
<ul> <li>Joint Resourcing</li> </ul>	1	2	3	4	5

Michele Mulvaney – Strategy Manager (Communities) Gavin King - Democracy, Governance and Resilience Senior Manager

Contact details: <u>michele.mulvaney@edinburgh.gov.uk</u> <u>gavin.king@edinburgh.gov.uk</u>



# Edinburgh Partnership Board

## **Strategic Advisory Groups**

Edinburgh Alcohol and Drug Partnership

Edinburgh Community Learning and **Development Partnership** 

Edinburgh Partnership Lead Officer Group

Locality Management Board

Chief Officers Group

Compact Partnership

## **Localities**

Locality Management Board Locality Leadership Teams Locality Workstream Groups Team Around Place Health & Wellbeing Children's Services Management Group Economy & Employability Community Improvement Partnership

## **Strategic Partnerships**

Economic Development Strategic Partnership Health and Social Care Partnership Edinburgh Children's Partnership Edinburgh Community Safety Partnership Edinburgh Sustainability Development Partnership

### **Neighbourhood Partnerships**

City Centre

nverleith

Pentlands

Almond	
Forth	
Liberton & Gilmerton	
South Central	S

South West

Craigentinny & Duddingston

Letih

Portobello & Craigmillar

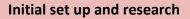
Western Edinburgh

## Integration Joint **Board**

## **Locality Planning Partnerships**

North West Locality Reference Group North East Locality Reference Group South East Locality Reference Group South West Locality Reference Group

#### **Project plan – Edinburgh Partnership Review and Consultation of Governance and Partnership Working Arrangements**



- Establishment of project board
- Mapping of governance and partnership working arrangements
- Define scope and agreement by EP

#### Review

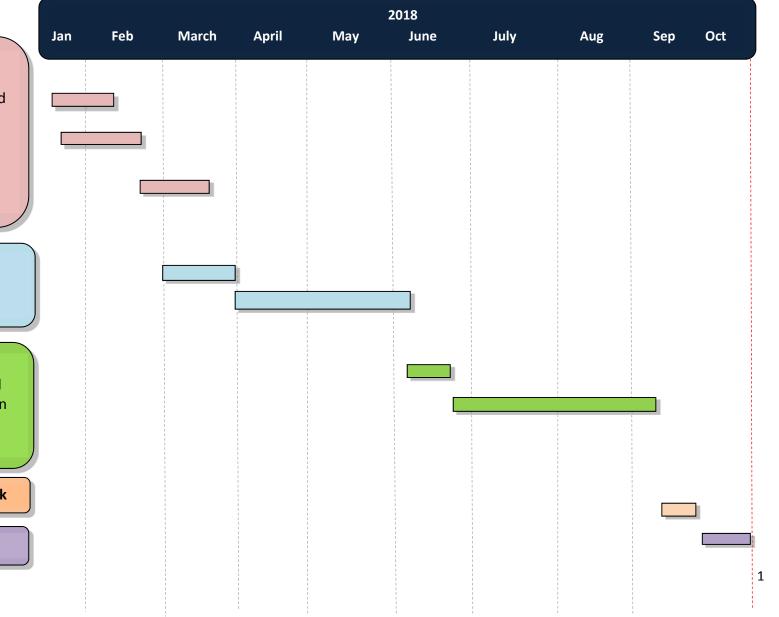
- Agreement of project plan
- Delivery

#### Consultation

- Development of proposals and production of consultation plan
- Consultation



#### **Approval Process**



## Governance, Risk and Best Value Committee

#### 10.00am, Tuesday, 5 June 2018

#### **Complaints Management - Update**

Item number	7.8
Report number	
Executive/routine	
Wards	
Council commitmen	t: Delivering a Council that works for all

#### **Executive Summary**

The Information Governance Unit and the Corporate Complaints Management Group (CCMG) led a Council-wide review of complaints management across Council services, and developed a Corporate Complaint Improvement Plan (Improvement Plan) to strengthen arrangements in this area. This report sets out progress against the Improvement Plan, and highlights improved performance figures for 2017-18.



## Report

### **Complaints Management - Update**

#### 1. Recommendations

- 1.1 Committee is asked to note:
  - 1.1.1 the implementation of the Improvement Plan; and
  - 1.1.2 improved complaints performance across the organisation.

#### 2. Background

- 2.1 The Scottish Public Services Ombudsman (SPSO) is the external regulator for complaints management across the public sector. In 2012, it published a local authority model complaints handling procedure to establish a standard approach to complaints management and handling. The model was adopted by the Council in 2013 as part of its own complaints procedures.
- 2.2 The Council's approach to complaints management is service-led. Council services are responsible for responding to all Stage 1 and Stage 2 complaints. However, to provide a more coherent and strategic approach to complaints management, a strategic complaints function was created under the Information Governance Unit in 2016. The Unit provides a single point of reference for advice and support, and leads the work of the Corporate Complaints Management Group (CCMG) which promotes and facilitates better complaints management throughout the organisation.
- 2.3 As part of the work of the CCMG, an Improvement Plan was developed following a Council-wide review and consultation process. The Improvement Plan was based on SPSO's Complaints Improvement Framework which helps organisations assess and demonstrate the effectiveness of their overall complaints handling arrangements through self-assessment criteria.
- 2.4 The development of the Improvement Plan was reported to GRBV in October 2017. The remainder of this report sets out progress and improvements against the plan, and highlights improved performance figures for 2017-18.

#### 3. Main report

3.1 The Council-wide review into complaints handling identified several areas for improvement. These included: inconsistencies in recording practices and classification of complaints; not meeting the timescales set by the SPSO; uncertainty around roles and responsibilities; a lack of assurance around complaint responses; and a need to review and revise Council processes and training.

- 3.2 These and other issues were captured in the Improvement Plan with associated actions. The Improvement Plan is managed and monitored through the Council's Change Management Board and is now nearing completion. Key improvements to date are set out below.
  - 3.2.1 A Corporate Complaints Policy has been drafted following extensive consultation with Elected Members, Corporate Leadership Team, Council services, the SPSO and members of the public. It sets out agreed standards for recording, managing and reporting complaints, and clearly defines roles and responsibilities in relation to complaints management. It also confirms the Council's commitment to using complaints in a positive way as a learning tool to improve service delivery and the customer experience. The policy will be presented to the Council's Corporate Policy and Strategy Committee for approval in August 2018.
  - 3.2.2 The Council's Complaints Handling Procedure has also been subject to extensive consultation and revised as appropriate to support the new Corporate Complaints Policy. It also incorporates the latest best practice guidance from the SPSO, and the standards developed by the Scottish Local Authority Complaint Handlers Network. This includes defining agreed complaint categories which will enable consistent recording across the organisation, and increase the Council's ability to analyse complaints data and learn from it.
  - 3.2.3 The streamlining of Council systems which are used to record complaints will also help to promote consistent recording and analysis, and reduce duplication. The majority of Council services are now using Capture for complaints management, significantly reducing the number of systems used to four (Capture, Confirm, Datix and Jadu). This is a major step forward in advance of the proposed corporate CRM solution. A Capture Working Group has also been established to ensure that the system is used in a consistent way when recording and tracking complaints.
  - 3.2.4 An outreach and engagement programme has also been established to highlight changes and to promote the importance of good complaint handling. This included: regular communications to employees, engagement with Council services, a revised customer satisfaction survey, and a new complaints leaflet. As part of this programme, an Internal Complaint Handlers Network has been set up to share best practice and learning around complaints management, and to advocate for a culture that values and learns from complaints.
  - 3.2.5 Central to the complaints management process is the need for appropriate levels of training and awareness to support policy and procedure. The Council's e-learning module on handling complaints for Council employees is

being revised and is due to be launched in conjunction with the approved Corporate Complaints Policy in August.

- 3.2.6 Face to face training is also being developed around undertaking investigations and responding to Stage 2 complaints which can be complex and difficult. This is due to be launched in August and will be underpinned by a quality assurance programme specifically directed at Stage 2 complaints. The methodology and approach for the assurance work has been established, and will help to identify opportunities to improve practices, prior to any regulatory action being taken.
- 3.3 The appendix to this report contains the Council's Complaints Analysis for 2017-2018 which sets out comparative figures for the last three years. Based on the figures provided by service areas, the number of complaints received has decreased from 19,719 in 2016-17 to 10,541 in 2017-18. This welcome trend is also reflected in the number of complaints closed which has shown a decrease from 16,917 in 2016-17 to 9,863 in 2016-17. Nevertheless, of the total complaints received over the last financial year, only 61% were answered within the timescales set out by the SPSO.
- 3.4 There is clearly a need for further and sustained improvement and the CCMG and Internal Complaint Handlers Network will continue to monitor and promote compliance with the revised complaints management framework. However, to ensure appropriate levels of visibility and support around complaints management, performance information will form part of the Council's Performance Framework with bi-annual reporting to CLT and Elected Members.
- 3.5 It is envisaged as the improvements set out in this report are embedded across Council services, that the management of complaints will improve and that a positive complaints culture will continue to evolve.

#### 4. Measures of success

- 4.1 A complaints management framework that supports the efficient handling of complaints throughout the organisation through effective policy, procedure, and training, and aligns with SPSO best practice and standards.
- 4.2 A culture within the organisation that values complaints to improve services.
- 4.3 Meeting statutory indicators set by the SPSO, including timeous responses to any complaints raised.

#### 5. **Financial impact**

5.1 There are no financial aspects arising from this report. The focus of the Improvement Plan was to use existing resources in a more efficient and targeted way to drive Council-wide improvement and change.

#### 6. Risk, policy, compliance and governance impact

6.1 The Council must meet various indicators set by the SPSO and consider any recommendations made by them in relation to complaints escalated by members of the public. Failure to do so can lead to poor customer service for citizens, reputational damage for the Council, and potential service inefficiencies.

#### 7. Equalities impact

7.1 There are no direct equalities issues arising from this report.

#### 8. Sustainability impact

8.1 There are no sustainability issues arising from this report.

#### 9. Consultation and engagement

9.1 There has been extensive consultation and engagement with Elected Members, Council services and external stakeholders in implementing the Improvement Plan, including an emphasis on customer experience and expectations.

#### 10. Background reading/external references

- 10.1 City of Edinburgh Council Complaints Procedure
- 10.2 City of Edinburgh Council Corporate Complaints Improvement Plan
- 10.3 <u>Complaints Management, Item 7.1, Governance, Risk and Best Value Committee,</u> <u>31 October 2017</u>

#### Andrew Kerr

#### Chief Executive

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#### 11. Appendix

Appendix 1 – Complaints Analysis 1 April 2017 to 31 March 2018

## Edinburgh Council Complaints Analysis

1 April 2017 – 31 March 2018

A Forward Looking Council

An Empowering Council

## Introduction

This year the Council has completed a corporate review of its strategic management of complaints, and has been implementing the Corporate Complaints Improvement Plan.

Key areas of developments include:

- Development of a Complaints Policy including stakeholder and public consultation.
- Review and revision of the Complaints Procedure.
- Review of Corporate Complaints Management Group (CCMG) to facilitate strategic oversight of complaints management.
- Development of training options and establishment of a Complaint Handlers Network to enable services who are invited to share best practice.
- Review of complaint recording to enable improved reporting and analysis (this includes the introduction of standard complaint categories and the establishment of a Capture User Group).
- Development of a Customer Satisfaction Survey to align with the SPSO's requirements.
- Development of a Quality Assurance process to monitor Stage 2 complaint investigations.
- Revised reporting to Corporate Leadership Team.

## Complaints closed

9,863

<b>Place</b> Q1 – 1887 Q2 – 1806 Q3 – 1684 Q4 - 1886	<b>Resources</b> Q1 – 459 Q2 – 324 Q3 – 371 Q4 - 303	<b>C&amp;F</b> Q1 – 118 Q2 – 91 Q3 – 140 Q4 - 140	<b>S&amp;SC</b> Q1 – 87 Q2 – 75 Q3 – 87 Q4 - 90	<b>Social Work</b> Q1 – 29 <b>EHSCP</b> Q2 – 23 Q3 – 44 Q4 - 36	<b>Chief Exec</b> Q1 – 6 Q2 – 14 Q3 – 8 Q4 - 26	<b>Multi</b> Q1 – 24 Q2 – 55 Q3 – 23 Q4 - 25
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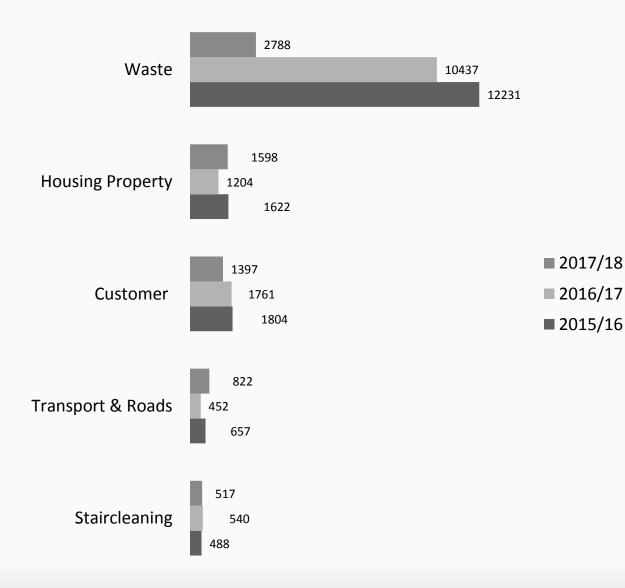
- 8,942 (91%) of the total number of complaints closed were frontline resolutions (stage 1) and 921 (9%) were investigations (stage 2).
- 2,788 complaints related to Waste (28%), followed by 1,598 complaints for Housing Property (16%).
- This is a significant improvement in comparison to previous years where the total number of complaints closed were 16,917 (2016/17) and 20,065 (2015/16).
- This improvement can primarily be attributed to the significant decrease in Waste complaints: 10,437 (2016/17) and 12,231 (2015/16).

## Performance against timescales

	Apr-Jun 17	Jul-Sept 17	Oct-Dec 17	Jan-Mar 18	2017/18
Chief Executive	33%	29%	63%	27%	33% (18/54)
Communities & Families	73%	62%	61%	72%	67% (328/489)
Resources	86%	90%	61%	77%	79% (1151/1459)
Place	58%	60%	64%	51%	58% (4214/7263)
Safer & Stronger	52%	53%	59%	43%	52% (175/339)
Social Work	14%	17%	N/A	N/A	14% (4/29)
EHSCP	N/A	N/A	16%	14%	16% (16/103)
Multi Directorate	70%	56%	65%	32%	56% (71/127)

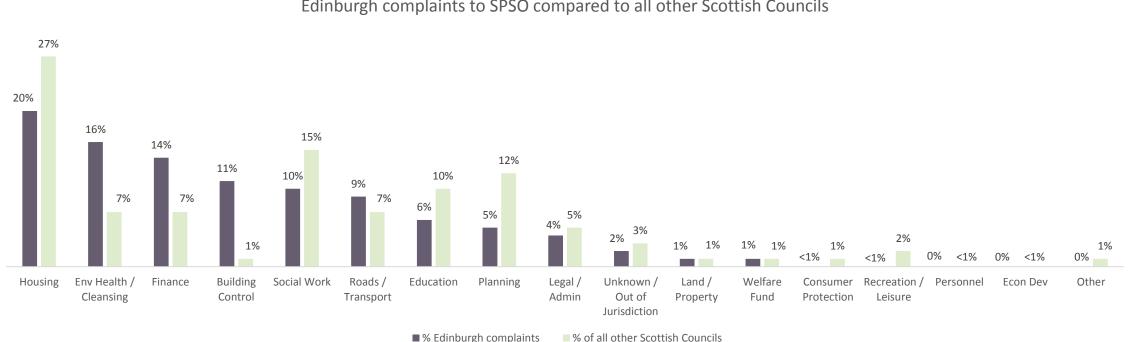
Overall, for 2017/18 for the total number of complaints, 61% of our customers received a response to their complaint within the timescales as set out by the SPSO. This is an improvement compared to 2016/17 where 54% were responded to within timescales. However it is a decrease in performance compared to 2015/16 with 69% of customers responded to.

## Top 5 sources of complaints



- Waste complaints have significantly decreased over the last 3 years. The implementation of key actions from the Waste & Cleansing Improvement Plan (approved in Nov 16) have all had a positive impact on the overall performance of the service. Further service improvements are planned over the 2018/19 period.
- Customer (Council Tax, Benefits, Non-Domestic Rates, Customer Hub) has seen a steady decrease in the number of complaints over the last 3 years. This improvement can be attributed to improved customer care training; an improved automated service; channel shift; reduced backlogs and investment in internal resources.

## SPSO complaints comparison with whole sector



Edinburgh complaints to SPSO compared to all other Scottish Councils

- The total number of complaints received by the SPSO for all Scottish Local Authorities in 2016-17 was 1,499 (compared to 1,859 for 2015-16).
- 192 of these were about Edinburgh, followed by 138 for Glasgow.
- The majority of complaints from Edinburgh to the SPSO related to Housing (38), Environmental Health & Cleansing (31), Finance (26) and Building Control (21).
- Out of the 192 complaints made about Edinburgh, 21 (11%) were upheld / part upheld (compared to 15 out of 259 (8%) for 2015-16).

- Launch of the Complaints Policy following Committee approval in summer.
- Finalise and roll out training programme for investigating officers (stage 2) to ensure a consistent approach. This will include a review of the complaints e-learning module for all staff.
- Quality Assurance programme to monitor stage 2 investigations will commence in summer.
- Agree reporting format to Senior Management Teams, to include more detailed analysis for each service.

For more information regarding Complaints please contact: Janette Young – <u>janette.young@edinburgh.gov.uk</u>; 0131 529 7544

For more information regarding the SPSO please contact Chris Peggie – <u>chris.peggie@edinburgh.gov.uk</u>; 0131 529 4494

A Forward Looking Council

An Empowering Council

## **Governance Risk Best Value Committe**

#### 10.00am, Tuesday 5 June 2018

### **Change Portfolio**

Item number 7	'.S
Report number	
Executive/routine	
Wards	
<b>Council Commitments</b>	

#### **Executive Summary**

To report on the Council's new approach to delivery of major capital projects, and update on the status of the portfolio in May.



### **Change Portfolio**

#### 1. **Recommendations**

That the Committee note:

- 1.1 the new format for the Council's change portfolio;
- 1.2 the dashboard containing the status of projects within the portfolio as at the end of April in Appendix 1; and,
- 1.3 those projects which have been assessed as RED for two months of more.

#### 2. Background

- 2.1 On 20 February the Governance Risk and Best Value Committee approved the Change Management Reform report which set in motion a new way to deliver change. We agreed to return to GRBV every six months to report on progress, and give members an oversight of delivery and risk.
- 2.2 Since February, we have developed a reporting tool and change portfolio pack which has been rolled out across all our major projects. CLT use the pack to monitor the overall shape and size of the portfolio; ensure that resource is managed well; that all projects are delivering to schedule, and that benefits are being realised.

#### 3. Main report

- 3.1 Following the Strategy and Insight review, the Delivery Unit is now being formed and the senior manager for change and delivery has joined the council. The role of the Delivery Unit includes providing dashboard reporting to the monthly Change Board chaired by the Chief Executive, and to the Governance Risk and Best Value Committee every six months.
- 3.2 The monthly dashboard in Appendix 1 sets out the status of the portfolio as at the end of April.
- 3.3 In January Internal Audit issued a report on how the Council manages Projects, Programmes and Benefits Realisation. Work is well underway to develop and enhance good project and programme delivery practices across the organisation with supporting evidence submitted to address all actions due at the time of this report.

#### 4. Measures of success

4.1 Success will be based on how well the Delivery Unit and Portfolio dashboard support the council to manage and monitor change, and ensure delivery of strategic objectives and coalition commitments. In doing so, we aim to ensure that the right projects are taken forward at the right time.

#### 5. Financial impact

5.1 The financial impacts of significant change will also be reported through the revenue and capital monitoring process. The purpose of the pack is to give a holistic overview of all the change activity in the council so we can direct finances accordingly.

#### 6. Risk, policy, compliance and governance impact

6.1 Implementation of the proposals will ensure greater transparency in decision making, management of risk, prompt remedial action, and provide assurance around the delivery of change.

#### 7. Equalities impact

7.1 Equalities impact assessments are carried out within individual projects led by the SRO. They are addressed in separate reports to Council or Committee.

#### 8. Sustainability impact

8.1 Sustainability impact assessments are carried out within individual projects led by the SRO. They are addressed in separate reports to Council or Committee.

#### 9. Consultation and engagement

9.1 Consultation and engagement is carried out within individual initiatives and is addressed in separate reports to Council or committee.

#### 10. Background reading/external references

10. None.

Andrew Kerr

Chief Executive

Gillie Severin, Strategic Change & Delivery Manager E-mail: gillie.severin@edinburgh.gov.uk | Tel: 0131 469 3042

Simone Hislop, Change Manager E-mail: simone.hislop@edinburgh.gov.uk | Tel: 0131 529 2145

#### 11. Appendices

Appendix 1 Portfolio Dashboard as at the end of April

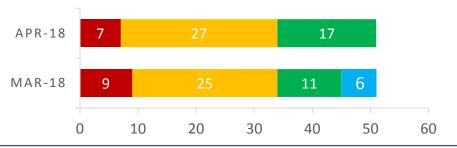
# **Change Portfolio**

## **GRBV 5 June 2018**

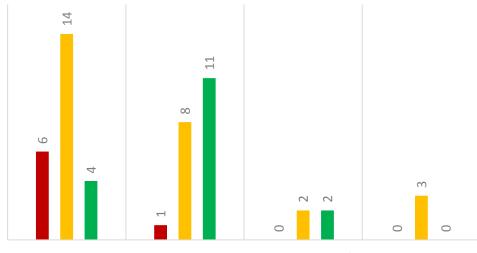
#### **Portfolio Update**: Dashboard – April 2018

Total number of projects in the Portfolio: 51							
Initiation:	Planning:	Pipeline:	Delivery:	Close:			
4	11	0	36	0			

## **PORTFOLIO RAG STATUS**



## **RAG BY DEPARTMENT**



#### **Current RED projects PROJECTS BY DIRECTORATE Buildings Standards Improvement** Months at RED 2 SRO: Michael Thain **AMS - Facilities Management Transformation** - 2 Months at RED: 2 Place, 15 SRO: Peter Watton +2 **AMS – Estate Rationalisation** Months at RED: 2 SRO: Peter Watton +6C&F, 12 **ICT – Enterprise Resource Planning (ERP)** Months at RED: 2 SRO: Hugh Dunn **EH&SC - Service Transformation** Months at RED: 2 SRO: Judith Proctor Non-**Financial EH&SC - Support Planning Brokerage** £9m, Months at RED: 2 18% SRO: Angela Lindsay Investment, North Bridge £21m, 41% Months at RED: 1

SRO: Gareth Barwell

Resources, 11 H&SC, 7 **PROJECT BENEFIT** BREAKDOWN Savings, £21m, 41%

FUTURE VISION SERVICE MAJOR CAPITAL MANDATORY & IMPROVEMENT PROJECTS LEGISLATIVE

#### The following projects have reported **RED** for 2 months or longer

Project	SRO	Description	Mitigating Actions
AMS – Estate Rationalisation	Peter Watton	This workstream of the AMS programme governs the planned disposal of property assets. To date, the ability to make sufficient progress with disposing of surplus assets has hindered the delivery of this workstream.	A formal update on the Asset Management Strategy and a proposed refresh of the underlying assumptions which were developed by external consultants is being explored with the Finance and Resources Committee on 12 June 2018.
AMS – Facilities Management (FM) Transformation	Peter Watton	As part of the originally approved Asset Management Strategy programme plan, there was an intention to reduce the costs of FM Services, aligned to have a smaller, fit for purpose operational estate. However, with the estate footprint having grown, primarily due to new builds since 2015, FM costs continue to rise. This has also directly impacted the ability to remodel FM service delivery arrangements and has contributed to delays with phase 1 changes to the Janitorial service.	This workstream is interdependent upon the ability to rationalise the estate of the Council and thereby reduce the costs of providing FM Services. As part of the AMS report to the Finance and Resources Committee on 12 June 2018, revisiting these assumptions will be proposed.
EH&SC – Support Planning & Brokerage	Angela Lindsay	There is a risk that insufficient assessing/reviewing resource within the locality teams will continue to have a negative impact on the timely completion of the Support Planning/ Telecare workstream and the realisation of financial benefits.	More robust, central programme management established, with a single implementation plan. Associated resource plan being developed.
EH&SC – Service Transformation (self- directed support)	Judith Proctor	Senior management resource required to scope and develop proposals to transform service delivery with a greater focus on self-directed support.	This will be a priority task for the new head of operation who starts in early June.
Building Standards Improvement	Michael Thain	Scottish Government have reappointed the service for a one year period on the condition that tailored support is provided by the Scottish Government in the form of an improvement team to help deliver a more sustainable improvement plan.	Project team started working with the Scottish Government Improvement Team (SGIT) - 01/05/2018. Working with Scottish Government Improvement Team to re-baseline and prioritise improvement programme.
ICT – Enterprise Resource Planning (ERP)	Hugh Dunn	The current ERP project, as part of the overall ICT Transformation Programme, has been formally paused as part of the re-set arrangements with our partners, CGI. This project has therefore been moved into a close down phase, to ensure that lessons learned, intellectual property and future business requirements are fully captured.	This project will close and, as part of the re-set of the ICT Transformation Programme, a new ERP solution and project is being scoped, which will be initiated in due course. The new project will form part of the Change Portfolio reporting in the future, but the current project will be discontinued.

## Major Capital Projects

Project / Programme Name	SRO	Mar	Apr
West Princes St. Gardens (inc. Ross Fountain)	Paul Lawrence	R	Α
North Bridge	Gareth Barwell	А	R
Fleet Review	Gareth Barwell	А	А
EDI Transition	Michael Thain	А	А
Street Lighting – LED Replacement	Gareth Barwell	А	А
Edinburgh St. James	Paul Lawrence	А	Α
21 st Century Homes	Michael Thain	А	А
National Houses Trust	Michael Thain	G	G
Meadowbank Redevelopement	Crawford McGhie	G	G
Zero Waste	Gareth Barwell	G	G
Tram Extension - Proposed	Paul Lawrence	А	А

School Name	SRO	Mar	Apr
New St Johns PS	Crawford McGhie	A	А
New Boroughmuir HS	Crawford McGhie	G	G
Early Year – Stage 3	Robbie Crockatt	G	G
New Queensferry HS	Crawford McGhie	G	G
New South Edinburgh PS	Crawford McGhie	NEW	G
New Broomhills PS	Crawford McGhie	NEW	G
New Victoria PS	Crawford McGhie	NEW	G
Rising School Rolls	Crawford McGhie	G	G
New St. Crispins	Crawford McGhie	G	G

4

### Service Improvement

Edinburgh Health & Social Care	SRO	Mar	Apr
Support Planning, Brokerage	Angela Lindsay	R	R
Service Transformation (self- directed support)	Judith Proctor	R	R
Workforce Management & Agency Control	Mark Grierson	А	А
Assessment Backlog & Transport Review	Judith Proctor	А	А
Reablement & Homecare Efficiency	Judith Proctor	А	А
Responder Service Contract	Mark Criereen	•	
Review	Mark Grierson	Α	A
Review Programme / Project Name	SRO	Mar	Apr
Programme / Project Name Building Standards	SRO	Mar	Apr
Programme / Project Name Building Standards Improvements Customer Transformation	<b>SRO</b> Michael Thain	Mar	Apr R
Programme / Project Name Building Standards Improvements Customer Transformation Programme Edinburgh Leisure – Sports	SRO Michael Thain Nicola Harvey	Mar R A	Apr R A

Asset Management Strategy	SRO	Mar	Apr	Programme / Project Name	SRO	Mar	Apr
Facilities Management Transformation	Peter Watton	R	R	Waste & Cleansing Improvement Plan	Gareth Barwell	А	А
Estate Rationalisation	Peter Watton	R	R	Communal Bin Review	• •		
Asset Condition	Peter Watton	G	А		Gareth Barwell	NEW	А
Investments	Peter Watton	G	G	Roads Improvement Plan	Gareth Barwell	А	Α
ICT Transformation		SRO	Mar	A	pr		
Enterprise Resource Planning (ERP)		Hugh Dunn	R		8		
Barclaycard Online Payments		Innes Edwards	R	Ļ	A Contraction		
Intranet		Simon Higgins	А	Ļ	A.		
Enterprise Content Management (ECM)		Carolann Miller	А	Ļ	A		
End User Compute (EUC) / hardware refresh		Carolann Miller	R	c	6		
Voice / Contact Centre				Carolann Miller	А	c	5

## Mandatory & Legislative

Mandatory	SRO	Mar	Apr
Looked After Children & Merged File Review	Laurence Rockey	A	А
GDPR Implementation	Laurence Rockey	А	А
Edinburgh Partnership Review and Consultation of Governance and Partnership Working Arrangements	Laurence Rockey	А	G
Edinburgh Partnership Community Plan 2018/ 22 (LOIP)	Laurence Rockey	А	G

## **Future Vision**

Future Vision	SRO	Mar	Apr
2050 Edinburgh City Vision	Laurence Rockey	А	А
Edinburgh and South-East Scotland City Deal	Laurence Rockey	А	А
Local Development Plan 2	Paul Lawrence	NEW	А

## **RAG STATUS GUIDELINES**

RE	D	Ar	nber	Gr	reen
-	The project requires immediate	-	The project has a problem but action is	-	The project is on target to succeed.
	remedial action to achieve objectives		being taken to resolve this , or	-	Face only minor obstacles, if any
-	The timeline/cost/objectives are at risk	-	The project has a potential problem has	-	High confidence in ability to implement
-	Significant obstacles or issues prevent		been identified and no action may be taken at this time but it is being		plans
	the work team and consequently the programme from meeting plans		carefully monitored	-	No issues are threatening the outcomes or benefits
-	Even with corrective action, expected action may be insufficient to ensure	-	Some obstacles or issues put the work team at risk of meeting plans	-	0 to 1 projects / workstreams are
	outcomes/ benefits are met	-	Outcomes/ benefits likely to be		AMBER
-	2 or more projects / workstreams are		achieved but action must be taken	-	No projects / workstreams are RED
	RED		quickly	-	No risks or issues are RED
-	2 or more risks or issues are red	-	1 - 3 projects / workstreams are AMBER		
		-	0 to 2 projects / workstreams are AMBER		
		-	2 or more risks or issues are RED		
-	ACTION: Deep dive discussion at	-	ACTION: Raise awareness to the Project	-	No action required.
	Change Board.		Board. The SRO will determine if an		
			Exception Report is necessary.		

## Governance, Risk and Best Value Committee

10am, Tuesday 5 June 2018,

### Immediate Pressures and Longer Term Sustainability – Health and Social Care

Item number	7.10		
Report number			
Executive/routine			
Wards			
<b>Council Commitmen</b>	nts		

#### **Executive Summary**

This report sets out short-term actions that are underway, together with longer-term intentions, for the alleviation of pressures on services and budgets, and the service design changes necessary to support sustainability of health and social care in Edinburgh. The plan, attached as Appendix 1, was approved by the Edinburgh Integration Joint Board on 18 May.



## Report

### Immediate Pressures and Longer Term Sustainability – Health and Social Care

#### 1. Recommendations

It is recommended that that Governance, Risk and Best Value Committee:

1.1 note the short-term actions underway, and the medium and longer-term actions set out in the plan at Appendix 1.

#### 2. Background

- 2.1 Over the past two years, the Health and Social Care Partnership in Edinburgh has struggled with a range of pressures that have impeded the progress aspired to by the Integration Joint Board (IJB), the City of Edinburgh Council and NHS Lothian. These challenges relate to resources, performance and the requirement for organisational integration of staff groups from two separate organisations. Many of the challenges are articulated in the Care Inspectorate/Healthcare Improvement Scotland report of the inspection of older people's services, published in May 2017.
- 2.2 Much work is being done to address the specific recommendations in the inspection report, which is subject to a comprehensive programme management approach, and reported regularly to the IJB and the inspectors.
- 2.3 In addition, the Partnership, in collaboration with Council and NHS Lothian colleagues, has developed a plan to both alleviate short-term pressures and create the environment that will allow longer term, sustainable change.

#### 3. Main report

3.1 The plan at Appendix 1 sets out first the key areas of development and change required. These cover: prevention; culture; demand management; service redesign; workforce development; business and IT support; and professional/clinical governance issues. The next section of the plan sets out short-term actions underway, which should be achieved in 2018/19, followed by the medium-term actions underway or planned for 2019/20; and finally, the longer-term changes necessary, which the Partnership aims to achieve by 2012.

3.2 There are 3 annexes. The first sets out the current position regarding people delayed in hospital; the second shows the governance arrangements established to monitor progress against the improvements agreed; and the third provides the financial context for the work.

#### 4. Measures of success

- 4.1 The plan sets out a strategic direction and activities that will ensure a sustained focus on improvement in a number of areas such as; the number of people delayed in an acute setting, length of stay in an acute setting, and admission and readmission to an acute setting. Given many of the pressures on the Health and Social Care Partnership's current performance relates to capacity in the care market other key measures of success will include the development of capacity and models to meet demand.
- 4.2 Following approval at the IJB meeting on the 18 May 2018 it was agreed that the Chief Officer will now lead work to develop further the plan, key milestones and trajectories. These will be reported to the IJB at a future meeting.
- 4.3 The IJB is also responsible for reporting progress against a number of key measures and these will relate to measures of success in relation to this plan. They include; the 9 National Health and Wellbeing Indicators, the draft Ministerial Strategic Group measures and the developing IJB performance framework.

#### 5. Financial impact

5.1 The precise financial requirements to deliver sufficient services to meet the longterm needs of the people of Edinburgh to an acceptable standard are difficult to determine when performance and capacity are not in balance. In the short-term, additional resources have been specified to assist in getting the Partnership into a steadier state (see Annex 3 of the plan). Thereafter, the long-term financial commitment required will be determined and reported to the IJB.

#### 6. Risk, policy, compliance and governance impact

- 6.1 There is a danger that a singular and exclusive focus on addressing immediate, short-term pressures will not create the conditions necessary for long-term, sustainable change. Achieving this change successfully is the only way to avoid repeated financial crises, year on year.
- 6.2 Conversely, energy and attention focused solely on the longer-term changes require will leave people at risk now. The Partnership, IJB, Council and NHS Lothian must manage improvements across both these dimensions.

#### 7. Equalities impact

7.1 An Integrated Impact Assessment would be undertaken in respect any proposed changes that require it.

#### 8. Sustainability impact

8.1 A sustainability impact assessment would be undertaken in respect of any proposed changes that require it.

#### 9. Consultation and engagement

9.1 A draft of the plan was commented on by several Partnership and IJB stakeholders, including the Council and NHS Lothian. Engagement and consultation will be a key characteristic of any service or policy changes that might be proposed as part of the implementation of the plan.

#### 10. Background reading/external references

10.1 None.

#### Judith Proctor

Chief Officer – Health and Social Care Partnership

Contact: Judith Proctor, Chief Officer – Health and Social Care Partnership

E-mail: judith.proctor@edinburgh.gov.uk | Tel: 0131 553 8201

#### 11. Appendices

Appendix 1 – Edinburgh Health and Social Care Partnership – Plan to alleviate immediate pressures and establish the environment for longer term sustainability

# Edinburgh Health and Social Care Partnership – Plan to alleviate immediate pressures and establish the environment for longer term sustainability

#### Introduction

The Edinburgh Health and Social Care Partnership (the Partnership) is subject to significant pressures across many dimensions, including: operational delivery; performance against targets, standards and quality; strategic planning; financial constraints; market shaping and capacity. In addition, the Partnership needs organisational development support to assist in the cultural changes required in bringing two historic agencies together, and business support to assist in the establishment of robust operational processes to ensure effective service delivery.

The Statement of Intent and Improvement Plan produced by the Partnership in the autumn of 2017 categorise the individual actions required to address a range of improvements across these dimensions. This document sets these actions in a wider context of the transformation necessary to get the Partnership from its current crisis position to a steady state, with resources and performance in balance, and with the capacity to meet the needs of adults for health and social care in ways that reflect their wishes; that are sustainable in the face of long-term demographics and budget constraints; and to a standard that meets the expectations of the city and the regulatory bodies.

The Edinburgh Integration Joint Board (IJB) was legally established in June 2015. It agreed its first Strategic Plan in March 2016 and took on full responsibilities and powers in April 2016.

Following the formal establishment of the IJB, attention focused on the integration of staff groups from the two partner organisations (the City of Edinburgh Council and NHS Lothian), and the associated restructuring, organisational review and meeting of agreed savings targets. Although this activity was necessary and legitimate, it detracted from the operational delivery improvements that were required.

Although the range of IJB and Partnership responsibilities is extensive, much of the attention to date has focused on the critical, but relatively narrow area of people in acute hospitals whose discharge home or to more appropriate settings is delayed. The disproportionate negative impact on people's health and well-being of remaining in hospital when there is no clinical need to be there, coupled with the high cost of this inappropriate care and the damaging impact on other parts of the health and care system, is the reason for this understandable attention. Addressing it effectively will have much wider positive outcomes for the whole system, creating as it should the capacity and resources to support a higher volume of people in need.

Despite the inevitable emphasis on people delayed in hospital, the Partnership and IJB are aware of the needs of a much higher number of people living at home who also depend heavily on support. The improvements set out in this paper are intended to benefit *all* the citizens of Edinburgh who need health and social care services, support and protection.

The extreme pressures on the whole system and the urgency with which these need to be tackled led to two positive decisions. First, the acknowledgement from the IJB, the Council and NHS Lothian that additional financial resources are required; and second, that concerted, shared effort and non-financial resources are also needed over the short- to medium-term. These resources and commitment must be coordinated and targeted effectively if they are to have a lasting, positive impact. Whilst an immediate relief of the pressure on the system is required, more sustainable, long-term relief depends on a different use of resources, and the former should not jeopardise the latter if we are to avoid a vicious cycle of recurring crises.

The IJB has agreed outline strategic commissioning plans for: older people; mental health; primary care; and disabilities. During 2018, these will be developed into full strategic commissioning plans, which will provide the detail and the financial implications of many of the issues set out in this paper.

Set out below are **eight** key categories across each of which sustained change is required to achieve the ambitions of the IJB and the Partnership. Each section includes a brief explanation of the key issues. This is followed by proposals for the use of additional resources in support of the short-term (2018) relief of immediate pressures, and the medium-term (2019) actions required to ensure the right context for the change the partners are seeking. It then sets out the Partnership's long-term vision (2021), and the activity that depends on a sustained commitment to ensure these changes make a permanent difference, given the known demographics of need and likely future resource constraints.

- Prevention we need a sustained and meaningful shift of attention and resources towards preventative and early intervention activity that will reduce dependency on acute services and crisis support. This activity must range from universal/life-style support in early years, to secondary and tertiary prevention at each life-stage and dependency state. At the secondary/tertiary end of this spectrum, there needs to be an expansion of our support to carers, respite, etc., which will lead to a reduction in presentations and admissions to hospital, as well as improvements in general well-being and independence. Without such a shift, the care and support system as we know it will be unsustainable in the near future, overwhelmed by higher and higher levels of acute need.
- 2. Wider cultural change – our traditional model of health and social care support is based on expectations that formal care will be provided largely by public services, as part of a long-standing social contract, based on taxation contributions in exchange for universal benefits. Whereas the public funding envelope has reduced significantly in recent years, public expectations regarding the level and standard of provision have not reduced to the same extent. We need to begin a 'big conversation' with stakeholders about what it is realistic to expect in terms of public service support, and what might be a reasonable contribution to people's care from individuals, their relatives, their neighbours and their communities. Self-directed support is intended to assist in this cultural shift. It seeks to replace our current model of deficit-based assessment ('what is wrong and what can public services offer to fix the problem'), with a strength-based approach ('what are all the things you can do, either independently or with informal family/community supports, and what is the residual gap, if any, for which public services are required'). There is evidence that formal care is over-prescribed in Edinburgh, and that the tolerance to risk is lower than in other areas. For example, at 16.58 hours per person, Edinburgh has the third highest average hours per person in Scotland. In comparison, Aberdeen provides an average of 12.70 hours per person and Glasgow 9.30 hours per person.¹ These characteristics are impacting on the Partnership's capacity to meet expectations. There is a difficult balance to achieve here. It will require open and honest debate regarding the relative risks to people waiting without support for services they may never receive. against changing expectations to assume more personal/family/community contribution to self-care and support.

Full and effective integration also requires significant cultural change for staff. The organisational development work on which this depends needs to be formalised and resourced.

¹ <u>http://www.gov.scot/Publications/2017/12/3849</u>

- 3. A **Reduction** is required in the volume of demand and expectation that is generated from initial requests for assistance. At present, all requests for health and social care are screened, however, most still progress to a waiting list for an assessment. Following assessment, most then result in a wait for allocation of a formal service. This results in long waits at each stage; unmanageable pressure on capacity; high levels of dissatisfaction; and often unnecessary expenditure. We need to redesign the system to create opportunities at each stage in the process for people to receive the right information or support at the right time. A new system would need to include:
  - i. accurate web- and telephone-based information about: eligibility levels for formal services and realistic waiting times, alternative community supports, information about self-care/self-help and private providers of domestic services and care and support, benefits advice, charging, etc.
  - ii. opportunities for self-assessment and direct access to equipment
- 4. This will reduce the volume of people waiting for an assessment; it will increase satisfaction rates because people will be able to access relevant and appropriate help either directly or much faster. It will speed up our response times, reduce 'false positives' and align the need for formal care more closely with its availability. This will leave a smaller volume of higher level need for formal care at home, residential and nursing provision, or other specialist care. This smaller volume will allow the Partnership to commission higher quality care at a market rate that ensures both capacity and sustainability.
- 5. This change of landscape must be complemented by a redesign of some of the Partnership's internal, high cost, direct care services. These include Hospital at Home, Reablement, Intermediate Care, and other similar intensive support, including emergency responses. At the time of the Partnership's organisational review, these relatively small individual services were disaggregated to the localities. It is not clear whether this was the best option, and the Partnership, together with NHS Lothian and the Scottish Government, is exploring options for redesigning a more substantive, specialist service, focused on alternatives to admission to hospital and facilitating early discharge. This will need to complement an increase in effective, bed-based intermediate care. Effective intermediate care can reduce dependency by up to 35%², and the Partnership must develop this form of care as a major contributor to prevention and demand management. This redesign must include faster and more effective matching of provision to individual need.
- 6. Workforce development: effective integration requires a focus on organisational development, leadership and support for staff groups who are being asked to work in a new environment. The factors driving the choices we need to make to deliver sustainable services cannot be limited to counterbalancing the impact of demand growth and budget reductions through prevention and a shift in the balance of care and/or a reduction in overall entitlement. In addition, the Partnership needs to consider the shape, size and skill mix of the workforce it will require to operate effectively in the landscape we are trying to mould. The Partnership must also shape a 'market' that will provide a skilled and sustainable workforce, from which we can commission the services described in our strategic plans. We need to consider how we support the costs of the Fair Work Convention and the Living Wage; and how the policy intentions of self-directed support,

² National Audit of Intermediate Care – Summary Report England, November 2017, NHS Benchmarking Network Document Reference NAIC2017

integration, prevention and self-care are accommodated. Health and social care job demand is projected to rise; however, similar growth is forecast in the retail and hospitality sectors, and competition for the low paid workforce between sectors is likely to become fiercer. Edinburgh is already carrying significant recruitment and retention challenges in respect of adult social care. Alongside this, the necessity to invest in and grow the low paid/low skilled early years workforce to deliver on the Scottish Government's commitment over the next 18 months will undoubtedly be to the detriment of the local adult social care workforce, and will add to the pressures to meet demand through the current models of care.

This added depth to the picture gives us an imperative for change. Without radical renegotiation and redesign, we will not have the people to deliver the type and level of care that citizens expect. The fact that the status quo is unsustainable on this very tangible level is an opportunity to unite and increase our risk appetite for: investing in prevention; a radically different model of care at home; increased volunteering; and support for carers. It also points to a need for a more proactive approach to empowering and supporting self-management, realistic care and a continued move towards self-directed support and active demand management.

- 7. The Partnership's ability to focus on these critical and transformational priorities is dependent not only on financial resources and a timetabled, monitored action plan, but also requires adequate business support, processes and IT infrastructure. The organisational review, which began integration and structural change in 2016, was not completed, and was not supported by sufficient consideration of the need for organisational development, information technology, business processes and communication. The move to localities requires further work and support if the anticipated benefits are to be realised in full. The effective implementation of improvement plans needs to be adequately resourced with project management, organisational development and business support. In addition, further, smaller scale service reviews remain outstanding, leaving staff uncertain, improvements at risk, and savings/efficiency targets unmet. Examples of required reviews include strategic planning, commissioning and contracting; primary care support; service access (Social Care Direct); telecare/ community equipment services; and intermediate care/reablement/Hospital at Home.
- 8. **Professional/clinical governance and quality** the integration of staff groups with different employers, terms and conditions and professional backgrounds, requires careful consideration of a range of HR issues and governance arrangements. Each professional group is subject to the registration requirements of a different governing body and to that body's code of conduct. Notwithstanding these different expectations, the principles of integration require the seamless delivery of coherent, coordinated services. The Partnership is seeking to integrate the management of services and governance and quality assurance systems, whilst maintaining clarity regarding different lines of professional and clinical accountability. Further work is required in this area to provide all stakeholders with the necessary assurances.

#### ACTION

#### Short Term – 2018

Addressing the critical pressures on the system caused by people delayed in hospital and people awaiting assessment in the community is the immediate priority for the Partnership. Improvements achieved in learning disabilities and mental health services provide an example of how a strategic approach to transformation and capacity-building should support the changes needed in older people's services. **Annex 1** sets out the current position regarding

delays in hospital, together with the key contributory factors. Short-term improvement actions centre on addressing these factors and are summarised below.

- A project has been established to clear the waiting list for assessments. Funded on a temporary basis, a team of assessors has been appointed and trained. The project aims to clear all assessment waits by the end of July 2018. The project manager is seconded from one of the localities, and will now also manage the agreed review of high cost transport for people with learning disabilities, which aims to align the meeting of assessed need with the promotion of independence and a reduction in costs. **Underway**
- The implementation of self-directed support is being refreshed to ensure a meaningful shift to this new way of assessing need and brokering appropriate levels and type of support. The intention is to meet people's expectations quicker and more effectively, and make better use of individual strengths and family/community resources and assets, both maximising and prolonging independence. A Support Planning and Brokerage pilot in North East is progressing this work. The project is seeking to effect major culture change, providing flexible and safe support, focused on "good conversations" about what is important to people. The project will involve widescale reviews of existing packages of care, identifying creative and more cost-effective alternatives to traditional services wherever possible. Rather than await its conclusion, this will now be accelerated to allow the anticipated benefits to apply across the city at a faster pace. The staff training schedule has been extended between April and December 2018, so that a cohort of staff from all localities and some hospital staff will be able to adopt the new approach. The training programme includes provision for 'training the trainers', which will allow Partnership staff to deliver the training on an ongoing, sustainable basis. Underway
- This training will support the related action to redesign the assessment process, which will apply a strength-based approach and emphasise self-directed support. The underlying principles are that informal supports should be explored to support individual strengths, and formal care will only be required where residual needs cannot be met in this way. This will begin to change the culture of assumed dependency, and free up capacity. The new assessment will be closely aligned to the redesigned carers' assessment, which has been co-produced with carers, in readiness for the introduction on 1 April 2018 of the new carers' legislation. **Underway**
- A programme to design the optimal model for the provision of community-based services to support people to live at home in Edinburgh is underway. This will consider the sustainability and affordability of meeting the current and future demand. The programme is aligned to the Edinburgh Health and Social Care Partnership's early intervention and prevention activity to manage demand and build individual and community capacity and resilience. The programme will take account of the changing nature of care and support needs, including increasing people's choice and control through self-directed support. The work will consider options to develop a market fit to meet future needs in collaboration with providers, service users, carers, care workers, representative bodies and trade unions to coproduce the new specification. This will include plans for the commissioning and re-procurement of the Care at Home contract to replace the current contract due to expire in 2019. The programme will also address the longer-term focus for internally delivered services within the overall strategy to meet the demand for both mainstream and specialist support. This dedicated programme of work is being established to respond to current capacity challenges and to design the future model. The key elements are set out below.

- Opportunities to manage demand more effectively and reduce costs based on analysis of the capacity required. This will take account of the shift to a more asset-based approach, drawing upon individuals' and community resources and strengths. The Support Planning and Brokerage approach encourages innovation in service development by empowering people to transition from being passive recipients of limited services to active, self-directing consumers of a full spectrum of local support and care solutions.
- Opportunities to improve or change the current Care at Home contract to increase capacity and make more effective use of external provision for delivery of mainstream care.
- Redesign of internally delivered Reablement, Intermediate Care and Homecare to optimise value for money and effectiveness will be within the scope of this work.
- Identifying preferred option/s for an alternative delivery model to blend external and internal delivery of mainstream and specialist services. Underway
- Purchase of additional care home beds has been under negotiation between the Partnership and the independent sector since the proposal was approved by the IJB in December 2017. This capacity will begin to come on stream at the beginning of April 2018. In addition to relieving some delayed discharge pressure, it will also allow for consideration of the shape and type of residential, respite, nursing and intermediate care beds required in the longer-term. This intention is reflection in the outline strategic commissioning plan for older people, and will developed in detail in the full strategic commissioning plan for older people, which will be produced by December 2018. Underway
- The process of matching assessed need to supply of formal care must be accelerated. A pilot has been agreed with a private company specialising in matching. The pilot is at no cost to the Partnership. The model mirrors that used by online companies for hotel or travel bookings. The pilot will run for 6 months and then be reviewed by the Partnership. If successful, it will contribute to reduced delays and improved satisfaction rates. It will also free up current Partnership matching resources to be applied in support of other improvement projects. **Underway**
- Hospital at Home is operating in the South-West and South-East localities, and was _ funded through additional Scottish Government resources for winter planning to operate in the North-East until the end of March 2018. There is no provision in the North-West. This service has the potential to make a far more significant contribution to reducing admissions to hospital, shortening length of stay and accelerating discharges. Formal evaluation of the cost benefits is required, together with consideration of how other specialist in-house domiciliary services could be reorganised to complement Hospital at Home. This would include reablement, intermediate care and rapid response services. The 2016 organisational review disaggregated these services across the four localities. A review is required to confirm whether this is the correct deployment of these resources or whether an alternative might improve responsiveness, coordination and access. A workshop for Partnership, NHS Lothian, Council and Scottish Government colleagues took place on 1 May and began to scope the options to deploy these resources more effectively. This is a significant opportunity to help reduce admissions to hospital, shorten stays, and accelerate discharge, whilst also making much better use of the Partnership's highest cost domiciliary services. Planned (requires project management capacity)
- A data cleansing and business process improvement project was agreed to assist with finalisation of the move to localities, which had not been achieved within the original planned timescale. This is timetabled to conclude by the end of March 2019.

#### Underway

#### Medium Term – 2019

Increased support to carers will contribute significantly to reducing the need for formal care, and to the avoidance of admissions to hospital. Preparation for the new carers' legislation is on track, and the intention to increase the availability of respite beds, as part of the older people's strategic commissioning plan, will supplement this.

In addition, the Partnership supports voluntary organisations in Edinburgh through grant funding of approximately c£4.5m. A review of how these resources are targeted to drive forward our agreed priorities of tackling inequalities, and enhancing prevention and early intervention has begun. As with support for carers, the intention is to help reduce the demand for formal care. **Underway** 

Benchmarking data (see footnote 3 above) suggests that there is an over prescription of formal care in Edinburgh, and figures indicate that the average support allocation for higher dependency is some 5 hours per week above the national average. The Partnership's performance for reviews is poor, with over 5000 reviews outstanding. A programme of prioritisation has been developed, focusing on the highest cost packages and those where it is considered that appropriate reductions could be made, freeing up capacity to meet the needs of people waiting for a service. **Planned** 

Making significant inroads in this area will require changes on different levels, from the new assessment/review procedure to a change in culture of expectation, and tackling a long-standing, if anecdotal, history in the city of risk aversion. Developing a culture of realistic care, akin to the Scottish Government's realistic medicine initiative, will require engagement of all Partnership staff, acute clinical/nursing colleagues, local and national politicians, regulatory bodies, partner organisations and most importantly, service users and their families/carers. The principle that should underpin our approach to assessment is that an acute setting is the wrong place to consider a person's short- or long-term support needs. The assumption should be that a person who does not need to acute medical care should return home or be discharged to an intermediate care service for their needs to be assessed. **To be planned (requires project management capacity)** 

The move to localities reflects the intention to bring service planning, performance and quality closer to local communities. In the implementation of this new model, consideration needs to be given to whether the current single point of access to services for the whole city remains the most effective process, or whether it creates duplication, delays and the danger of risks and vulnerabilities being missed. An options appraisal for access is under development and will be considered by the Partnership in May, followed by a report to the IJB, for an anticipated implementation during 2018/19. Irrespective of the outcome of this options appraisal, there is a need to consider the business support requirements for the localities to function as envisaged. These requirements will be reviewed as part of this work stream. **Planned** 

At present, a significant proportion of requests for support are routed to the Partnership and join a queue for an assessment. This creates pressure on the system, delays in response times, and potentially increases risk and vulnerability. We need to develop a service offer that includes the opportunity for self-assessment and signposting for direct access to equipment and informal supports; and clearer communication regarding eligibility. Directing people to more appropriate assistance or resources at their first point of contact controls expectations and reduces demand on formal services. This would bring into better balance the demand for professional assessment and the staffing resources to complete these within our agreed standards. A more varied and responsive community-based landscape of informal supports is

consistent with our ambitions to prolong independence. To be planned (requires project management capacity)

#### Longer Term (2021)

Without undermining or underestimating the critical priority to address the immediate pressures facing the Partnership, the deployment of resources and energy needs to support the achievement of the IJB's longer-term vision, the main characteristics of which are summarised below.

- A profound shift in whole system culture will have been achieved in three years, with a clearly understood emphasis on supporting higher numbers of older people, people with disabilities and people with mental health problems to live in the community for as long as possible. The profile, particularly of older people living the community, will have changed markedly. They will be frailer and with higher levels of need than at present.
- Significantly more efficient use will be being made of the acute system. The Partnership's anticipatory care activity will reduce the need for attendance at hospital, and only those people with genuinely acute medical needs will be occupying hospital beds.
- Where people are being supported in the community by formal services, they will experience a more joined up and coordinated input from Partnership staff, irrespective of professional role. These formal services will complement a wide and varied range of community supports, which will form the mainstay of a preventative and person-centred approach to health and social care in the city.
- There will be more effective co-ordination between Partnership and acute staff and systems. The Partnership will be operating in a steady state regarding delays. The focus will have turned to the front door of hospitals and the joint activity needed in relation to unscheduled care. This will bring significant changes in pathways, processes, staff and clinical roles and responsibilities, and how resources are deployed across the whole system.
- Fewer older people with non-medical needs, such as loneliness, will present to their GP, but will instead be more connected to the community supports we will have helped to build across the city. This will assist us to make the best possible use of GP time and resource, particularly as clinical activity is shifted away from the acute system.
- There will be an even greater emphasis on family and carer support, building on the significant progress made in preparing for the requirements of the new carers' legislation. Families generally want to maintain their caring role in the community for as long as possible. The Partnership will help many more families achieve this, reducing demand for paid support.
- There will be a greater and more effective application of technology to help sustain both the carers' role and community living. This will combine the use of technologyenabled care for people with higher level needs who require support from the Partnership, with generally available technology that individuals and their families may choose to purchase from the open market to provide reassurance at the early stages of frailty.
- There will be closer and more effective partnership working with the housing sector in the city to help maintain tenants in their home for longer.

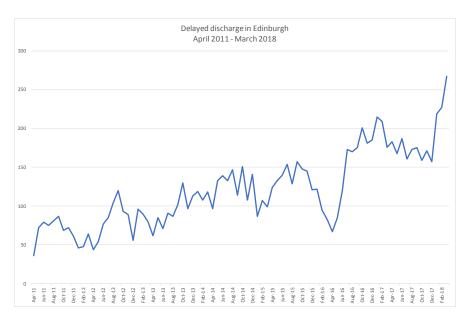
- The care home sector will look different. The resident population will have much higher levels of dependency and the average length of stay will be shorter, as people are supported for longer in their own home. This will present challenges to both the independent sector and the Partnership's own provision, in terms of staff skills mix and specialist clinical support for GPs, if we are to avoid revolving door admissions to hospital.
- The Partnership's collaboration with the third sector in the city will have matured further, building on the activity of recent years. The third sector has a key role in supporting and enabling the city's residents and mitigating against their premature presentation to the health and social care system.

**Annex 2** sets out the current arrangements for the governance of the plans set out here. **Annex 3** sets out the financial planning for achieving the actions articulated above (investment and disinvestment); and shows the planned trajectory for the impact of increased capacity.

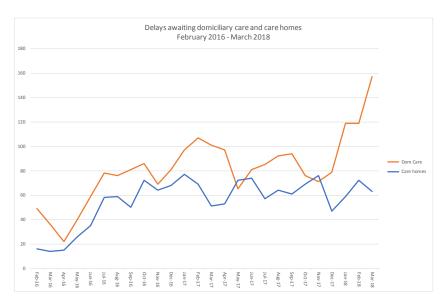
Michelle Miller May 2018

#### **Delayed Discharges from Acute Hospital**

1. Delays have been rising since April 2016. Any slight downward trend during 2017 was not sustained, and in March 2018 these remain critically high.



2. The main reason for delay generally continues to be people waiting to go home. This has increased noticeably in recent months. The graph below shows the number of people waiting for a care home place and those waiting for a package of care for the last two years. Prior to April 2015, the reason for delay was generally waiting for a care home place.



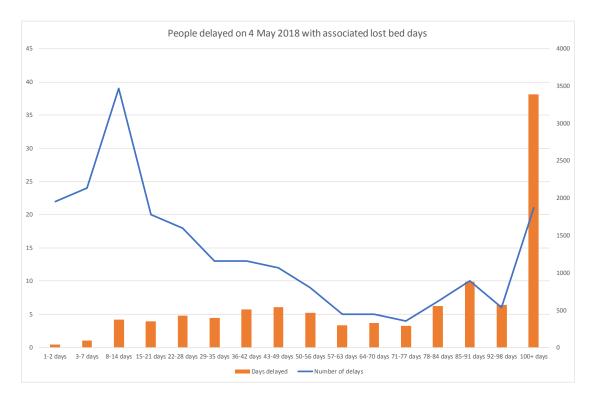
3. At the February 2018 census, there were 7,025 bed days lost associated with delays for Edinburgh residents (compared with 8,525 in May 2015). Although this is an improvement, Edinburgh compares poorly to other partnerships across Scotland. In addition, in January 2018, Edinburgh had

the third highest number of delays due to people with incapacity for whom court processes are required to allow decisions to be made on their behalf.

4. Overall, delays are spread almost equally throughout the city, slightly fewer in North East, explained by the lower older population in that locality and South East, however complex delays are concentrated in South East. The number of complex delays in South East, has been reducing in recent weeks. The two western localities are both similar in terms of reportable, complex and overall delays. The early-May figures indicate the following number of delays by locality:

	Reportable	Complex	Total
North East	49	1	50
North West	72	2	74
South East	41	8	49
South West	60	0	60

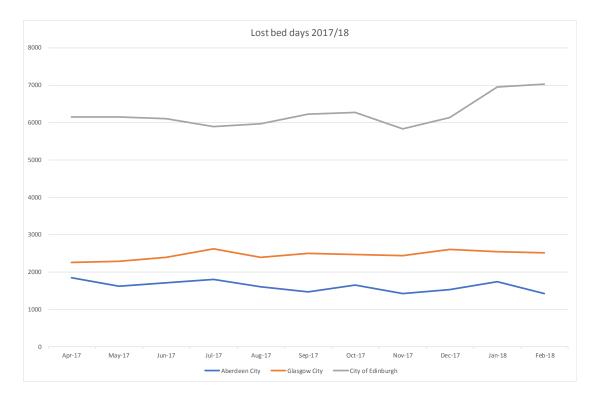
5. The number of people delayed for reportable reasons by delay length, and the associated lost bed days, are shown in the graph below. Over half the people delayed are delayed for less than one month with a fifth delayed for less than a week. There is a spike in people delayed for 13 weeks and for 15 weeks or more.



6. Although the number of lost bed days was relatively stable in Edinburgh during 2017, the number of lost bed days has increased since November. The number of lost bed days in Glasgow were substantially lower and more comparable with Aberdeen, despite the difference in population size. One reason for lost bed days being lower in Glasgow is the 90

Intermediate Care beds available as step-down and step-up. Glasgow commissioned these beds to reduce delayed discharges by providing a more appropriate setting for assessment, matching and rehabilitation.

7. Note that the lost bed day figures for Edinburgh, and other authorities where the delayed patient was in an NHS Lothian hospital, have recently been revised for the five months from September 2017 to January 2018. This is due to a coding error that has been identified for patients whose delay ended between census date and the day that the file was submitted to ISD.



- 8. Set out below are some of the key factors contributing to this performance.
  - a. Too many older people are admitted to hospital when there could/should be safe and effective alternatives; and too many people remain in hospital because there is a perceived risk in discharging them. This risk averse culture does not take account of the risk to people of remaining in hospital when they no longer need to be there.
  - b. There is a lack of intermediate care provision, either home- or bedbased. Intermediate care provides a far more appropriate setting in which people's needs can be assessed accurately. In addition, research shows that effective intermediate care can reduce dependency by up to 35%, impacting positively not only on outcomes for people, but on cost and system capacity. Sufficient volume of intermediate care will be a core contributor to significant

reductions in people delayed in acute settings.

- c. The Partnership's specialist 'in-house' provision is piecemeal, highcost and not coordinated effectively. This constrains capacity and efficiency, producing both gaps and duplication.
- d. Assessment and authorisation processes are cumbersome and bureaucratic, as is service matching, and there is a culture of assumption that all need must be met by formal services.
- e. There is a shortage of care home capacity at the National Care Home Contract rate; and a shortage of care at home capacity at the current contract price or at the standard required by the contract.
- f. This lack of capacity is compounded by a tendency to overprescribe care (as compared with other partnership areas), and by poor performance in reviewing provision.
- 9. The actions set out in the main document, in the Statement of Intent and in the Improvement plan are all intended to address these issues.

DRAFT

Annex 2



# Edinburgh Health and Social Care Improvement Programme 2018/19

# **Delivery Approach and Resourcing**

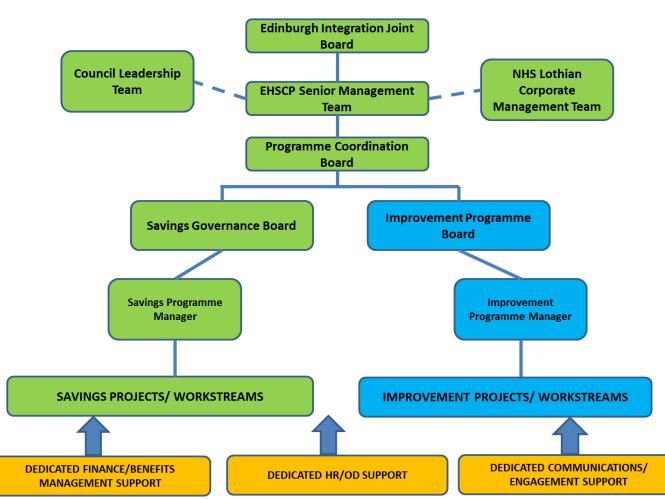
March 2018

# Summary

- Key workstreams failed to deliver all the anticipated benefits in 2017/18 due to a lack of dedicated resource to drive progress.
- The scope of the 2018/19 programme needs to be more manageable, with appropriate resources allocated to support delivery. There are still some gaps in terms of both Senior Responsible Officer and project management resource, and these need to be resolved as a matter of urgency.
- There will be 2 distinct programmes, with clear lines of governance one to oversee the Savings Programme and one to oversee the Improvement Programme. Regular reporting to the Council's Corporate Leadership Team and Change Board and to the Integration Joint Board will form part of the governance arrangements.
- Smaller or less complex "business as usual" savings do not need to be subject to the same programme rigour and governance. These should be removed from the formal savings programme and delivered as business as usual, with delivery monitored by Finance and through normal line management arrangements.
- There is confusion and duplication between work streams involved in reviewing packages of care. The telecare expansion programme will be subsumed into the Support Planning and Brokerage programme, with one single implementation plan developed to drive delivery.

# **Revised Programme Governance Structure**

The scale of the overall Improvement Programme for the Partnership is significant. There is a gap in programme and project management resource to drive day-to-day delivery on the ground. Two separate, but linked programmes have been created – one to manage those work streams delivering financial savings and one to manage improvement work streams. This governance structure will establish separate programme managers and programme boards to drive delivery. Additional delivery resource will also be provided by Ernst & Young to supplement the in-house resources in the savings programme.



The Savings Governance Board as currently constituted will continue. Non-savings related improvement programme work will be overseen by a dedicated Improvement Board. The remit of the current Assessment and Review Board will be expanded to take on this role.

## Council Delegated Services – Financial Plan 2018-19

The table below sets out the proposed details of the savings plan for Council delegated services for 2018/19. This plan will form the basis of the agreed savings governance programme for the coming financial year. The smaller savings are not included in the formal programme, but dealt with as part of business as usual. Details of the proposed formal savings governance programme are outlined in the next slide.

Savings Initiative / Additional Funding	£m	Accountable Officer
Disability Services (Interim Review)	£0.7m	Mark Grierson
Legal Services	£0.2m	Colin Beck
Discretionary Spend	£0.2m	Pat Wynne
Disability Services Review	£0.5m	Mark Grierson
Review of Sleepover / Night-time Services	£0.4m	Mark Grierson
Review of Transport	£0.2m	Sylvia Latona
Review of Charges	£0.4m	Wendy Dale
Review of Grants	£0.4m	Wendy Dale
Transformation - Telecare and Support Planning / Brokerage	£3.0m *	Katie McWilliam / Angela Lindsay
Workforce Management (including Agency Expenditure)	£1.1m	Pat Wynne
Service Transformation (Self Directed Support)	£1.0m	Michelle Miller
Homecare and Reablement – Efficiency and Productivity Improvement	£1.0m *	Mike Massaro-Malinson
	£9.1m	

* Assumes £4m estimated savings are "non-cash" and are achieved through release of capacity through Telecare, Support Planning and Brokerage and Homecare / Reablement productivity initiatives.

## NHS Lothian Delegated Services – Pressures and Savings/ Additional Funding 2018/19

Pressures 2018/2019	£m	Accountable Officer
Baseline Overspend - Prescribing	£3.5m	Locality Managers
Baseline Overspend - Services	£2.3m	CMT
Pay Awards	£1.9m	N/A
Non Pay	£1.1m	Locality Managers
Service Pressures – Community Equipment Store	£0.2m	Locality Managers
Hospital Drugs	£0.2m	Sheena Muir
Prescribing Growth	£3.8m	Locality Managers
Strategic Investment – agreed Business Cases	£0.2m	
	£13.2m	

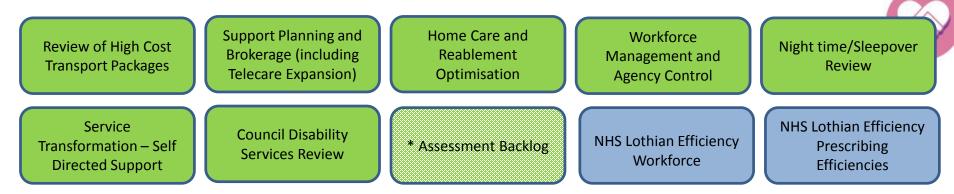
Savings Initiative / Additional Funding	£m	Accountable Officer
Baseline Uplift - Pay	£1.9m	
Non Recurring Resources - Prescribing	£4.4m	
Efficiencies – Clinical Productivity	£0.1m	Sheena Muir
Efficiencies – Prescribing Quality Initiatives	£0.2m	Locality Managers
Efficiencies - Workforce	£0.6m	Pat Wynne
Total Savings / Funding	£7.2m	
Residual Financial Gap	£6.0m	

## NHS Delegated Services – SMT Financial Plan 2018-19 – Potential Savings

Savings Initiative / Additional Funding	£m	Accountable Officer
Efficiencies – Clinical Productivity	£0.5m	Moira Pringle
Efficiencies – Prescribing Quality Initiatives FYE / Roll Out	£0.4m	Locality Managers
Efficiencies - Workforce	£0.2m	Pat Wynne
Locality Prescribing Efficiencies	£2.3m	Locality Managers
Locality Service Efficiencies	£1.4m	Locality Managers
Hospital and Hosted Efficiencies	£0.4m	Sheena Muir
Strategic / Corporate Efficiencies	£0.2m	tbc
GMS Efficiencies	£0.6m	David White
	£6.0m	

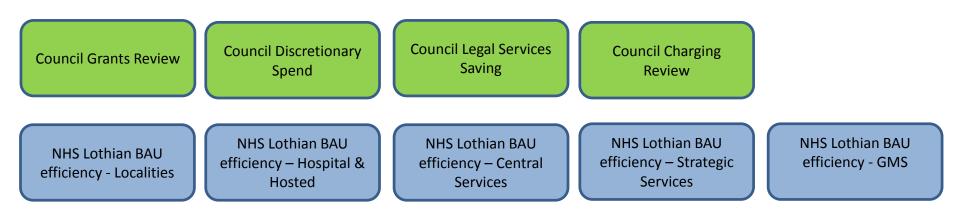
# **Scope of Savings Programme**

### PROPOSED PROGRAMME WORK STREAMS



Assessment Backlog project does not deliver savings, but will be managed as part of this programme due to the synergies with the Support Planning work stream.

## PROPOSED BUSINESS AS USUAL WORK STREAMS



# Approach to Delivery

#### **CO-ORDINATION OF REVIEWING ACTIVITY**

Telecare Expansion, Support Planning and Brokerage and the Transport Review savings all require a coordinated approach to the review of packages of care. There is a risk of duplication of effort. Progress has been hampered by resourcing issues (both project management resource and practitioner resource in locality teams) and problems with data quality.

Reviewing/reducing traditional packages of care through the use of asset-based approaches is key to releasing additional capacity to deal with unmet demand. Greater focus and discipline are needed to drive delivery. There is a need for better coordination of reviewing activity and this needs to be closely aligned with the data cleansing work to ensure practitioners have access to up-to-date records on existing service users.

#### The following action has been agreed:

- Establish one single work stream for reviewing activity, with one overall implementation plan driving the completion of reviews by locality teams.
- Central programme management to oversee the scheduling and tracking of activity and work closely with locality teams to drive the pace of delivery. Current programme manager to take a more hands on role in this.
- Telecare expansion reviewing becomes subsumed in the Support Planning and Brokerage implementation plan. Holistic reviews will be completed, with the potential for telecare solutions being considered as part of a broader, asset-based approach.
- This requires a resetting of the implementation plan, but NOT a departure from the agreed, approved business case assumptions.

# Approach to Delivery

#### CO-ORDINATION OF ASSESSMENT ACTIVITY, DATA CLEANSING AND COMPLIANCE

In addition to the reviewing based work streams, a temporary project has been established to address the backlog of assessments. This project will not release savings, however, due to the synergies with the reviewing work streams, this work is also aligned as part of this programme and subject to the same programme management arrangements.

The temporary data compliance team is a key enabler of the assessment and reviewing work streams. Better forward planning of review activity will allow data cleansing work to be completed in advance, significantly improving the both the quality of data available and the timescales within which reviews/assessments can be completed.

The data compliance team reports through the Assessment and Review Board, but links with the savings work streams will be strengthened, and a representative from the team will attend Savings Governance meetings going forward.

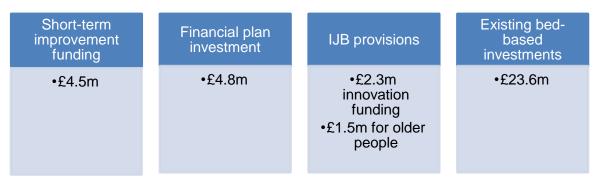
#### **BUSINESS AS USUAL SAVINGS**

Some savings are required as part of the financial plan, which can be dealt with as business as usual, and which do not require a project/programme approach, due to their size and relative lack of complexity. These will be removed from the formal programme to ensure resources are targeted on the most significant work streams. Delivery of non-programme savings will be monitored by Finance and through normal line management arrangements.

## PROGRAMME RESOURCING GAPS

PROJECT/ WORK STREAM	SRO	RESOURCE CURRENTLY IN PLACE	RESOURCE GAP	COMMENTS
CEC Savings programme manager	MOIA PRINGLE	Jessica Brown	N/A	The Partnership may wish to consider recruitment of second PM to manage NHS Lothian side of savings programme.
CEC Improvement programme manager	MICHELLE MILLER	PROG MANAGER VACANT	1 FTE programme manager	Additional resource required to manage non-savings related elements of improvement programme. Full programme for 2018/19 needs to be scoped.
Support Planning and Brokerage	ANGELA LINDSAY	PROJECT MANAGER VACANT	1 FTE project manager	Additional dedicated delivery resource to be provided by EY.
Telecare Expansion	KATIE MCWILLIAM	PROJECT MANAGER VACANT	N/A	Assuming telecare and Support Planning and Brokerage work streams are combined, PM role could be merged.
Assessment backlog	MICHELLE MILLER	PROJECT MANAGER - Sylvia Latona	N/A	Temporary team now largely in place.
Home Care and Reablement Efficiency	MIKE MASSARO- MALLINSON	PROJECT MANAGER - Julie McNairn	N/A	Locality engagement needed to support implementation of efficiencies.
Workforce Management	PAT WYNNE	PROJECT MANAGER – VACANT	1 FTE project manager	SMT approved recruitment of temporary PM for 12 months. Recruitment underway.
Night time/sleepover review	MARK GRIERSON	PROJECT MANAGER – VACANT	1.0 FTE project manager	PM required to work with SRO over 12 month period to ensure delivery of savings. Could also support disability service review if board decides that additional PM rigour required.
Disability Services Review	MARK GRIERSON	N/A	N/A	SRO advises no need for additional PM resource – managers in the service will lead the review.
Service Transformation – self directed support	VACANT	PROJECT MANAGER -	твс	Work stream urgently needs to be scoped and appropriate resource identified.

#### **Investment and Disinvestment**



There are 4 separate, but linked, elements to the investment plan:

These are discussed in turn in the sections below.

#### a. Short-term improvement funding

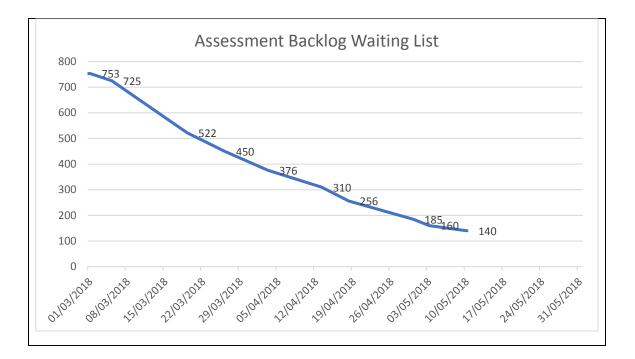
In December 2017, the IJB agreed a range of short-term measures to facilitate a minimum level of recovery from the current position. This required an injection of one-off additional resource to relieve the most urgent pressures focused on the following 3 priorities:

#### Priority 1 – reducing the backlog of assessment and reviews

Assessments to ensure adequate consideration of risk to vulnerable people who are not known to services, but who have expressed a need for support; and reviews to ensure appropriate levels of service continue to be provided, with potential identification of opportunities for increasing capacity or reducing costs. In November 2017, 1,913 people were waiting for an assessment. On 3 May 2018, this number had reduced to 1486; over the same period, the number of people waiting for an assessment reduced from 5,534 to 4809. To complete the backlog assessments over a 7-month period, whilst continuing to address new workload as this arises, was anticipated to cost in the region of £498k. This investment will support the assessments/reviews to take place; but did not cover the provision of a service, if required.

#### Progress

The team became operational on 7 March, although it is not yet up to full establishment. The immediate focus is on those assessments with the longest waits, and reviewing service users with packages of care with a high transport component. 725 outstanding assessments have been transferred to the team in the first instance, and this has reduced steadily, as shown in the table below. The team has a target date of 30 June to complete the full complement of assessments. Data is being collated on the outcome of the assessments.



# Priority 2 – reducing the number of people whose discharge from hospital is delayed

To take immediate, one-off action to alleviate urgent pressures on acute health services and allow longer term work in support of a sustainable strategic shift, £3m was earmarked to purchase capacity in care homes above National Care Home Contract rates on a strictly one-off basis. This would also respond to the highest levels of need waiting in the community

#### Progress

Following an invitation to all providers to submit proposals, agreements are being concluded that will deliver an additional 67 beds across the city. 26 of these are already in place, with the others coming on-stream in the coming months. The use of these beds is discussed in more detail in **section d** of this annex.

Priority 3 – establishing efficient and consistent business processes

To be realised effectively, the vision to operate a model that brings service delivery and accountability closer to local communities needs to be supported by efficient and robust operating procedures. This requirement was not fully implemented as part of Health and Social Care's transformation programme during 2016/2017, and this is hampering progress in terms of both performance and budgetary control. A short-life team will facilitate effective and accountable budget monitoring; streamlined work flow; speedier response times; and meaningful data management. A temporary project team to address this weakness will cost £313k over a period of 16 months.

#### Progress

The team has been established and work is progressing.

- The business support administrators are focusing on the out-of-date reviews. 1,200 records cleansed to date. Problems identified are primarily inaccurate details recorded on SWIFT. This data cleanse is almost complete. The next stage is to work with locality teams to reschedule out of date reviews. Liaison with EY to coordinate. 4,700 out of date review on SWIFT.
- The system and process management meetings are underway. These are chaired independently by the Council's Strategy and Insight service.
- Working closely with assessment and review project to assist with updating records accurately. Agreed process in place.
- Detailed progress reports prepared fortnightly for Senior Management Team.

#### Contingency

Although not explicit in the IJB paper, this left a contingency of  $\pounds$ 689k out of the total funding set aside of  $\pounds$ 4,500k.

#### Progress

A dedicated programme of work is being established to design the optimal model for the provision of community-based services to support people to live at home in Edinburgh. This will consider the sustainability and affordability of meeting the current and future demand.

EY will be commissioned to deliver this programme, which will align to the Partnership's earlier intervention and prevention strategy to manage demand and build individual and community capacity and resilience. Specifically, it will take account of the changing nature of care and support needs, including increasing service user choice and control through self-directed support. The work will consider options to develop a 'market' (both internal and external) fit to meet future needs in collaboration with providers, service users, carers, care workers, representative bodies and trade unions to coproduce the new specification. This will include plans for the commissioning and re-procurement of the care at home contract to replace the current contract due to expire in 2019. The programme will also address the longer-term focus for internally delivered services within the overall strategy to meet the demand for both mainstream and specialist support.

The cost of this work will be funded from the contingency with the balance used to resource the Partnership's challenging improvement programme.

#### b. Financial plan investment

The 3 partner bodies (the Council, IJB and NHS Lothian) share the common goal of reducing the number of people waiting either at home or in hospital for assessment and services. They are working closely to identify and implement a range of solutions to address both the short- and longer-term impacts, as set out elsewhere in this paper. To this end, the partners have recognised the associated financial impact through their respective financial planning processes.

The Council's element of the Partnership's financial plan is summarised in the table below and incorporates the following investments:

- the full-year impact of current expenditure trends, including deferred staff savings
- anticipated inflationary pressures (pay awards and contract inflation)
- implementation of government policy and legislation (Carers Act)
- projected demographic pressures (in Learning Disability services and the continuing growth in care at home for older people); and
- provision to increase care at home capacity to address the long-standing delays for service (see further details below).

These investments are offset by funding sources, including additional Council funding, the full share of the £66m included in the local government settlement and delivery of savings.

Despite this, the plan remains out of balance by £10,300k. To address this:

- the Council has provided £4,000k in its budget agreed in February 2018
- NHS Lothian has indicated its intention to make provision in its financial plan to set aside an additional equivalent sum for the IJB during 2018/19; release of the funding will follow agreement of the associated trajectories for improvement; and
- the IJB is considering a proposal to allocate £1,800k on a non-recurring basis against the £2,300k and is committed to identifying the balance of £500k.

The recurrence of the NHS Lothian and IJB contributions will be reviewed during 2018/19.

	Cash £k	Non- cash £k
Investments		
Baseline overspend	7,100	
FYE of 17/18 growth	2,000	
Deferral of staff savings	1,100	
Pay awards and inflation	6,007	
Carers (Scotland) Act 2016	1,200	
Demography – disabilities	2,000	
Increase in care at home capacity	4,800	4,000
Other	230	
Increase in costs	24,437	4,000

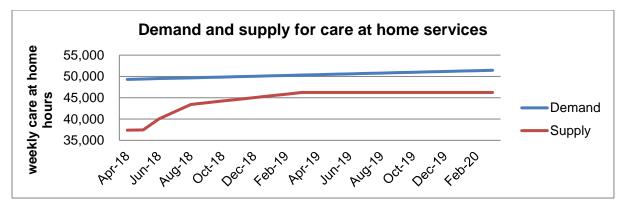
Funded by		
Savings	5,100	4,000
Baseline uplift in Council offer	3,000	
Local government finance settlement (share of £66m)	5,537	
Social care fund (disabilities)	500	
	14,137	4,000

As can be seen in the table, incorporated in the plan is provision to increase care at home capacity to the value of £8,800k. This increase in capacity will be partly generated internally by reducing average package sizes through: the use of support planning techniques; by substituting technological solutions for traditional care provision; and by increasing the productivity of the in-house home care and reablement teams. These initiatives are targeting a reduction in cost of £4,000k, releasing nearly 3,700 hours and supporting service delivery to an estimated 300 people annually. This in turn leaves an additional £4,800k of "cash" investment.

At the average package size of 12.2 hours and average hourly rate of £17.92 for purchased services, this would provide services for an additional 422 people a year, giving a total reduction of 724 people who are currently waiting for a service.

In addition, we know that demand for services is growing at around 3% each year, in line with demographic changes in the population.

Modelling has been undertaken based on these 2 factors (the existing waiting list and the impact of demographic growth). This demonstrates that whilst the investment initially addresses the gap between "demand for" and "supply of" of services, the impact of growth means that this position is not sustainable. Even with this level of investment, the number of people waiting never reduces to zero over the next 2 years. The lowest point is at March 2019, where 553 people would be waiting and the impact of growth increases this to 705 by the end of March 2020. This is demonstrated in the graph below:



These numbers are estimates, and being based on a range of assumptions, will not mirror the actual position precisely. However, they do illustrate that without further action, even with additional investment, the system will remain "out of balance".

The "Sustainable Community Support" work stream will address this, both in the short- and longer-term. Part of the work will explore sustainable models for the service, as well as a range of short-term initiatives to increase available capacity across both the internally provided and externally purchased services. This work will be co-produced with a range of stakeholders.

#### c. IJB provisions

#### Innovation funding

Edinburgh's share of the Integrated Care Fund was £8,900k, around 50% of which was used to underpin core services. Following a review in January 2017, the IJB agreed to ring-fence £2,300k as a fund to support innovation. Detailed plans have not yet been developed and in 2017/18, this money was used as a contribution to the £4,500k discussed above.

Colleagues from Healthcare Improvement Scotland (HIS) have introduced us to the concept of "community-led support", based on work undertaken elsewhere to expand community capacity and reduce demand for formal services. This approach, aligned with the ongoing grants review focused on primary prevention, will form a key plank of our strategy to improve health and wellbeing and manage future demand.

The grants review is due to report to the IJB in May 2018 and the next step in terms of community-led support is to bring together colleagues from HIS, the national development team for inclusion (who are sponsoring community-led support) and key Partnership officers to develop an outline proposal by the end of June 2018.

#### Investment in older people's services

The Scottish Government established the Social Care Fund in 2016/17 to support the sustainability of social care services and to provide funding to implement a range of government policies. The IJB, cognisant of the pressures facing services for older people, agreed to invest £1,500k in this area, pending the development of detailed plans.

In early 2018, the IJB published 5 outline strategic commissioning plans, one of which was for older people. This plan sits alongside the initiatives set out in this paper.

#### d. Existing bed based investments

The outline strategic commissioning plan for older people sets out the vision for the development of services in Edinburgh. It highlights that significant resources are tied up in

#### DRAFT

inappropriate bed-based facilities in the city and states the IJB's medium-term intention to invest this money differently. A high-level estimate assesses these costs at £24,607k, broken down as follows:

	£k
Oaklands Care Home	1,499
Interim facilities (Gylemuir House/Liberton Hospital)	6,397
Hospital-based complex clinical care (HBCCC)	9,900
Acute beds	6,811
Total	24,607

Whilst work to develop the proposals set out in the outline plan and to produce the associated business cases is ongoing, the current assumption is that these monies would be supplemented by the £1,500k IJB provision discussed above. This investment would be applied over a 5-year period to deliver a net, additional 100 beds across the city, in a combination of care homes and alternative care settings. The £3,000k short-term improvement money will be used to buy places on an interim basis until the longer-term plans are in place.

Over the 5-year period, the outline plan is not balanced, with a current shortfall of £3,087k. This will be refined as the programme is developed further, and will ultimately have to be reduced to zero by the end of the 5-year period. A summary is included in the table below:

	# beds	£k
Care homes	61	2,795
Care villages	480	26,400
Total cost	541	29,195
Funding released	442	24,607
IJB investment		1,500
Difference	99	3,087

Bed provision would change over the 5-year period as follows:

	18/19	19/20	20/21	21/22	22/23
Care homes	72	102	76	61	61
Jardine	57	57	57	57	0
Care village	0	0	0	240	480
Oaklands	(29)	(29)	(29)	(29)	(29)
Liberton	(62)	(62)	(62)	(62)	(62)
Gylemuir	0	0	0	(36)	(36)
HBCCC	0	0	0	(60)	(180)
Acute	0	(15)	(15)	(105)	(135)
Net bed changes	38	53	27	66	99

With the associated financial implications:

#### DRAFT

	18/19	19/20	20/21	21/22	22/23
	£k	£k	£k	£k	£k
Care homes	2,860	4,733	2,990	2,795	2,795
Jardine	1,665	3,329	3,329	3,329	0
Care village	0	0	0	13,200	26,400
Oaklands	(749)	(1,499)	(1,499)	(1,499)	(1,499)
Liberton	(1,415)	(2,829)	(2,829)	(2,829)	(2,829)
Gylemuir	(1,000)	(1,000)	(1,000)	(3,569)	(3,569)
НВССС	0	0	0	(3,300)	(9,900)
Acute	0	(757)	(757)	(5,297)	(6,811)
Net cost	1,361	1,977	234	2,830	4,587
Funded by					
Improvement funding	1,200	1,800			
IJB provision				1,500	1,500
Net cost	161	177	234	1,330	3,087

## Governance, Risk and Best Value Committee

### 10am, Tuesday 5 June 2018

## Whistleblowing update

Item number Report number Executive/routine Wards Council Commitments

#### **Executive summary**

This report provides a high level overview of the operation of the Council's whistleblowing service for the period 1 January to 31 March 2018.



## Whistleblowing update

#### Recommendations

1.1 To note the report.

#### Background

- 2.1 The Council launched its confidential whistleblowing hotline service, provided by independent company Safecall, on 12 May 2014.
- 2.2 This report covers the period from 1 January to 31 March 2018.

#### Main report

#### Reports to Safecall

3.1 During the reporting period Safecall received four new disclosures as follows:

Category	Number of disclosures
Major/significant qualifying disclosures	0
Minor/operational qualifying disclosures	4
Category to be determined	0
Non-qualifying disclosures	0

#### **Whistleblowing Review - Action Plan Progress**

3.2 Officers continue to explore options for the monitoring and reporting of management actions that result from whistleblowing investigations. Systems already in use by other services, for the monitoring and reporting of other types of management actions, will be evaluated for their adaptability and any associated costs.

The Monitoring Officer will bring forward a report and his recommendations in this regard in the Autumn.

#### Whistleblowing Policy

3.3 Proposed revisions to the policy were approved by the Finance and Resources Committee on 27 March 2018.

#### Measures of success

- 4.1 Employees feel able to report suspected wrongdoing as early as possible in the knowledge that:
  - 4.1.1 their concerns will be taken seriously and investigated appropriately;
  - 4.1.2 they will be protected from victimisation; and
  - 4.1.3 the provisions of the whistleblowing policy ensure all matters at the Council are fully transparent and officers are accountable.

#### **Financial impact**

- 5.1 The cost of the whistleblowing service for the three month period 1 January to 31 March 2018 was £4,725 (exclusive of VAT).
- 5.2 Investigation costs for the period were £3,260.50 (exclusive of VAT).

#### Risk, policy, compliance and governance impact

6.1 The whistleblowing policy was developed and agreed to complement existing management reporting arrangements and to ensure employees have the right to raise concerns in the knowledge that they will be taken seriously, that matters will be investigated appropriately and confidentiality will be maintained.

#### **Equalities impact**

7.1 There are no direct equalities implications arising from this report.

#### Sustainability impact

8.1 There are no sustainability implications arising from this report.

#### **Consultation and engagement**

9.1 There was consultation with the trades unions to secure a local agreement in relation to the revised whistleblowing policy.

#### Background reading/external references

Finance and Resources Committee 27 August 2015: item 7.13 - Review of Whistleblowing Arrangements

Finance and Resources Committee 27 March 2018: item_7.4 - Whistleblowing_Policy

#### **Andrew Kerr**

**Chief Executive** 

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