

Governance, Risk and Best Value Committee

10.00am, Tuesday, 15 January 2019

Internal Audit: Overdue Findings and Late Management Responses as at 23 November 2018

Item number	7.5
Report number	
Executive/routine	
Wards	
Council Commitments	

Executive Summary

Open and overdue Internal Audit (“IA”) findings

There were 113 open IA findings across the Council as at 23 November 2018, comprising 91 current findings and 22 of the 30 historic findings that were reopened in June 2018.

Of the 113 currently open IA findings and associated management actions:

1. a total of 38 of these findings are open, but not yet overdue;
2. 75 are currently reported as overdue as they have missed the last of the originally agreed implementation dates;
3. evidence in relation to 15 of these 75 overdue findings is currently being reviewed by IA to confirm that it is sufficient to support their closure, leaving the remaining 60 overdue findings still requiring to be addressed.

Internal Audit: Overdue Findings and Late Management Responses as at 23 November 2018

1 Recommendations

- 1.1 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 November 2018; and
 - 1.1.2 the reasons for delay in finalising the Public Sector Cyber Security Action Plan draft report issued in September 2018.

2 Background

- 2.1 Overdue findings arising from IA reports and late management responses to draft IA reports are reported monthly to the Corporate Leadership Team and quarterly to the GRBV Committee.
- 2.2 The greater visibility that monthly CLT reporting provides should result in more Internal Audit findings being closed off in a timely manner.
- 2.3 The IA definition of an overdue finding is any finding where all agreed management actions have not been implemented, evidenced as implemented by management, and validated as closed by IA by the date agreed by management and IA and recorded in IA reports.
- 2.4 Where management believes that actions are complete and sufficient evidence is available to support IA review and confirm closure, the action is recorded as 'implemented' on the IA follow-up system. When IA has reviewed the evidence provided, the management action will either be 'closed' or 'rejected', with supporting rationale provided where required.
- 2.5 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

Open and Overdue Findings

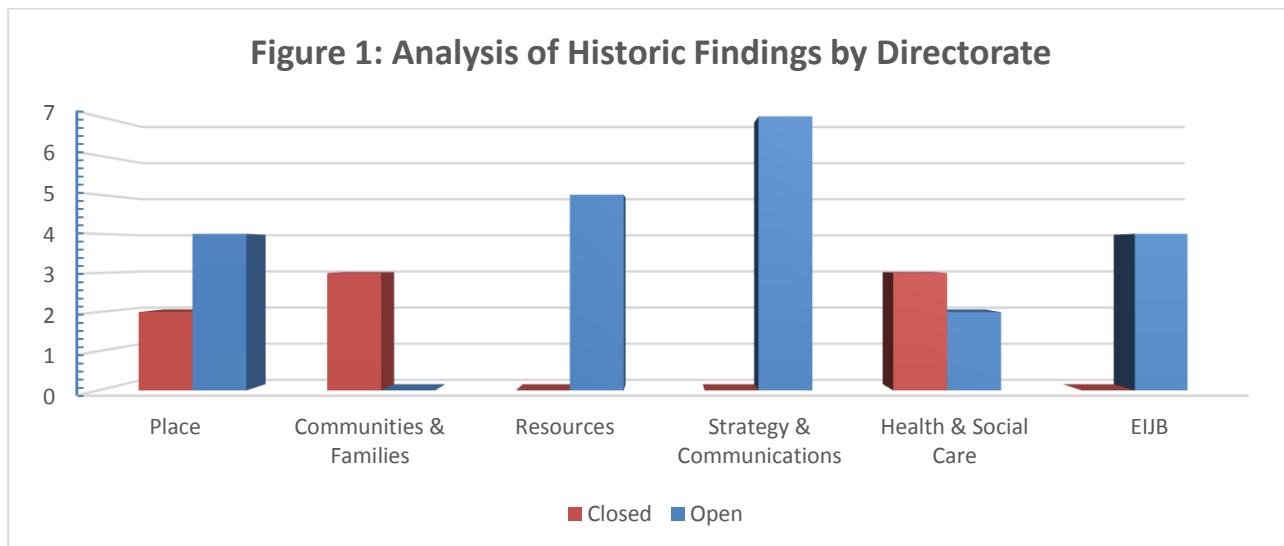
- 3.1 The 113 open IA findings across the Council have been split into the following two categories to enable separate monitoring and reporting of the 30 historic findings that were reopened in June 2018:
- 3.1.1 Current findings (91 in total) shows progress with findings raised, tracked, and reported on as part of the routine IA assurance cycle; and
- 3.1.2 Of the historic findings that were reopened, 22 in total remain overdue.
- 3.2 A total of 75 open IA findings (53 current; and 22 historic) are overdue as against the original implementation dates.
- 3.3 Future reports will include a reconciliation detailing the movement in the number of open and overdue findings since the date of the last report, with this report providing the baseline position.
- 3.4 Appendix 1 provides a graphic of the analysis detailed at 3.1 and 3.2 above.

Current Overdue Findings

- 3.5 Of the 91 current findings, 53 comprising 14 High; 33 Medium; and 6 Low are now technically 'overdue'.
- 3.6 However, IA is currently reviewing evidence to support closure of 11 of these findings (2 High; 7 Medium; and 2 Low), leaving a balance of 42 overdue findings (12 High; 26 Medium; and 4 Low) which remain to be addressed.

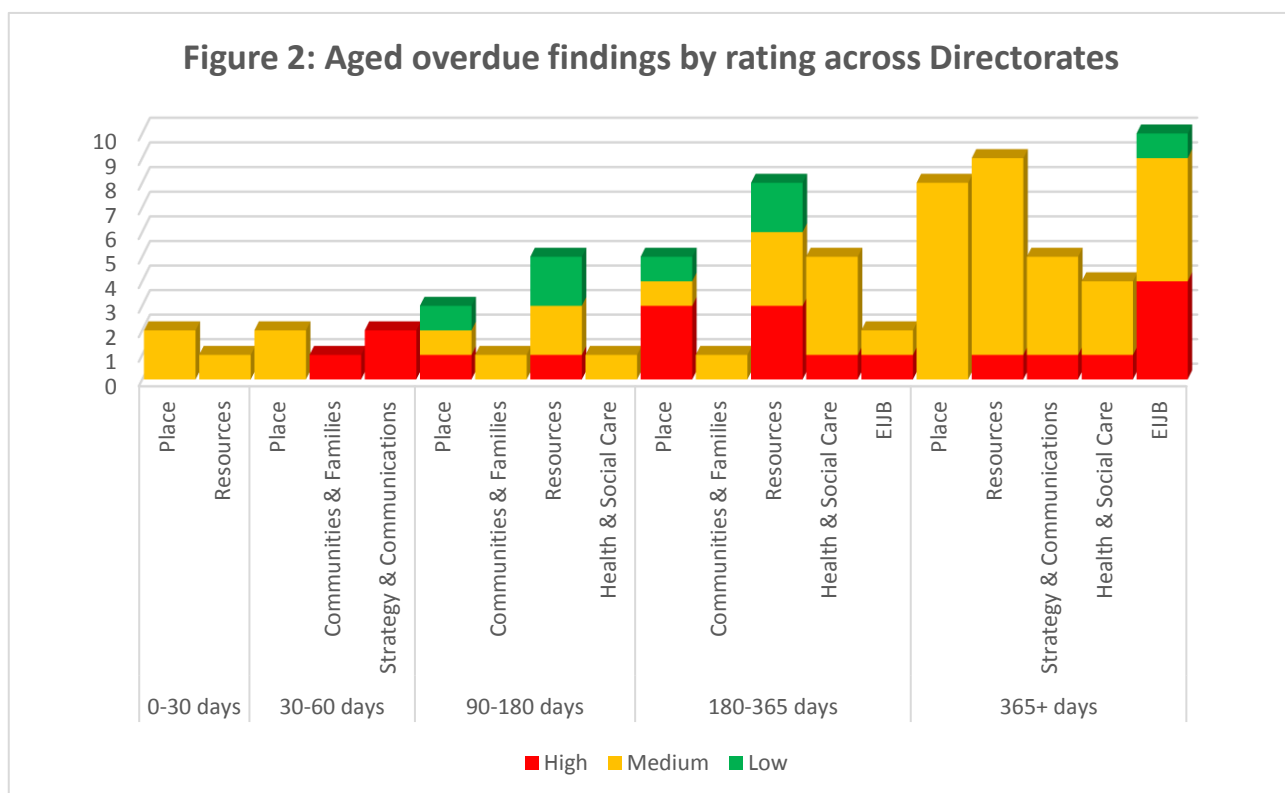
Historic Overdue Findings

- 3.7 Good progress is evident with regard to the closure of the 30 historic findings that were reopened, as 8 (4 High and 4 Medium) have now been closed by Place; Communities and Families; and Health and Social Care.
- 3.8 One Health and Social Care historic finding has also had its rating reduced from 'Medium' to 'Low' reflecting implementation progress.
- 3.9 Taking into account the progress noted above, a balance of 22 (6 High; 15 Medium; and 1 Low) historic overdue findings remain, allocated across directorates as follows:
- Place – 4 Medium;
 - Resources – 2 High; and 3 Medium (IA is currently reviewing evidence provided by Resources to support closure of 4 (1 High and 3 Medium) of these findings);
 - Health and Social Care / EIJB – 2 High; 3 Medium; 1 Low; and
 - Strategy and Communications - 1 High; and 6 Medium
- 3.10 Figure 1 below illustrates progress with closure of historic findings by each directorate.



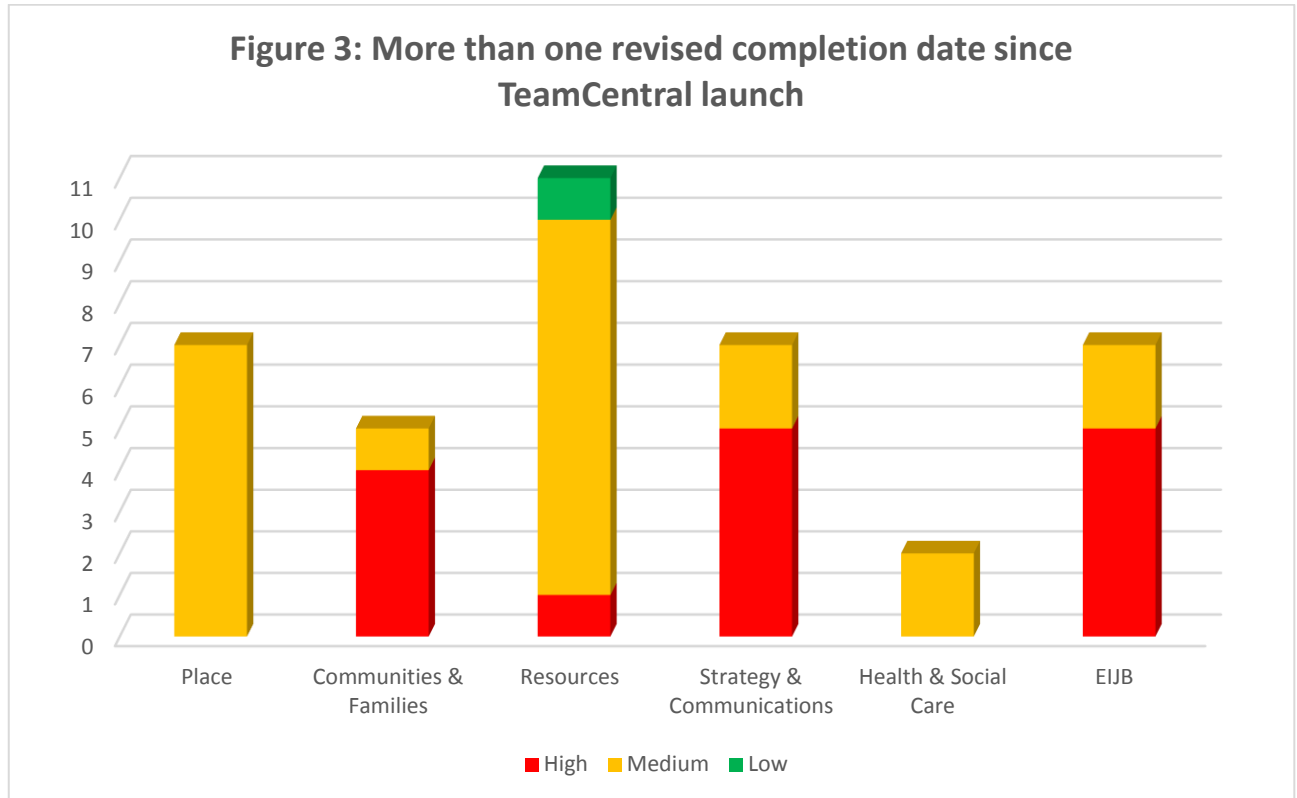
Overdue findings ageing analysis

- 3.11 Figure 2 illustrates the ageing profile of all 75 current and historic overdue findings by rating across directorates.
- 3.12 It should be noted that findings more than 180 days old include the remaining 22 historic findings to be closed (see 3.9 above).
- 3.13 This analysis highlights that a total of 68 current findings are more than 3 months old; and 58 more than six months old.



Revised Implementation Dates

- 3.14 Figure 3 illustrates that there are 28 overdue management actions across directorates where completion dates have been revised more than once since the implementation of TeamCentral in the middle of July 2018.
- 3.15 A total of 39 management actions have had their completion dates revised more than once. Of these, 15 are associated with High rated findings; 23 Medium; and 1 Low.



Agreed Management Actions Analysis

- 3.16 The 113 open IA findings are supported by a total of 299 agreed management actions. Of these, 169 management actions are overdue. Appendix 2 provides an analysis of these overdue management actions highlighting:
- their current status;
 - overdue management actions that are resulting in overdue findings;
 - instances where the latest implementation date has been missed; and
 - instances where the implementation date has been revised more than once.

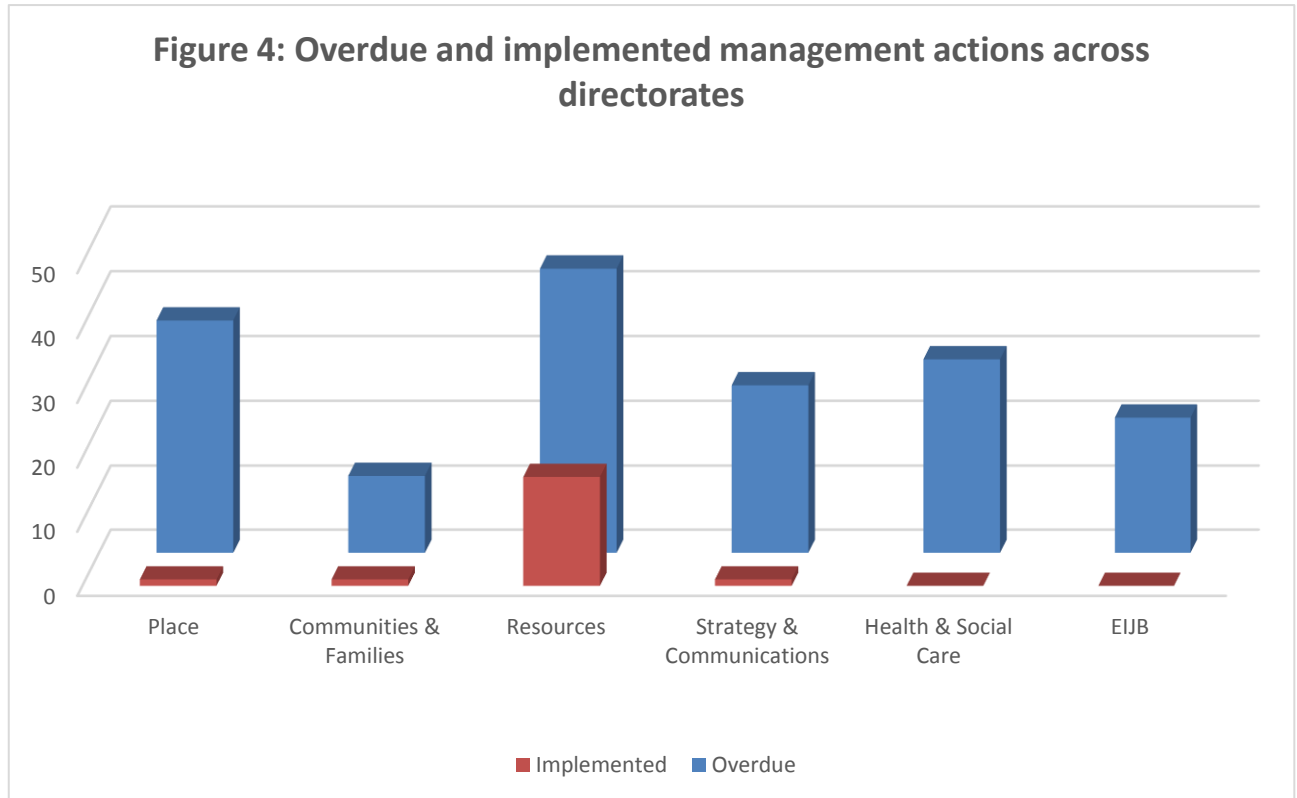
Further details can be provided upon request.

Implemented Management Actions

- 3.17 A total of 20 management actions associated with 11 findings are currently with IA for review to confirm whether they can be closed. With the exception of 3

management actions that relate to the Lothian Pension Fund, none are more than 8 weeks old, and all are being proactively reviewed and managed by the IA team.

- 3.18 Figure 4 illustrates the allocation of the 169 overdue management actions and the 20 that have been passed to IA for review to confirm whether they can be closed across the directorates.



Draft reports with late management responses

- 3.19 The Public Sector Cyber Security Action Plan draft report was issued in September 2018. It was agreed by Internal Audit with management that finalisation this report would be postponed to enable focus on submitting the Cyber Essentials Accreditation self-assessment to the Scottish Government. Accreditation was achieved in early November 2018 and IA is now working with management to finalise the report.

4 Measures of success

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

5 Financial impact

- 5.1 There are no direct financial impacts arising from this report, although failure to timeously close management actions may have some inherent financial impact.

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](#)

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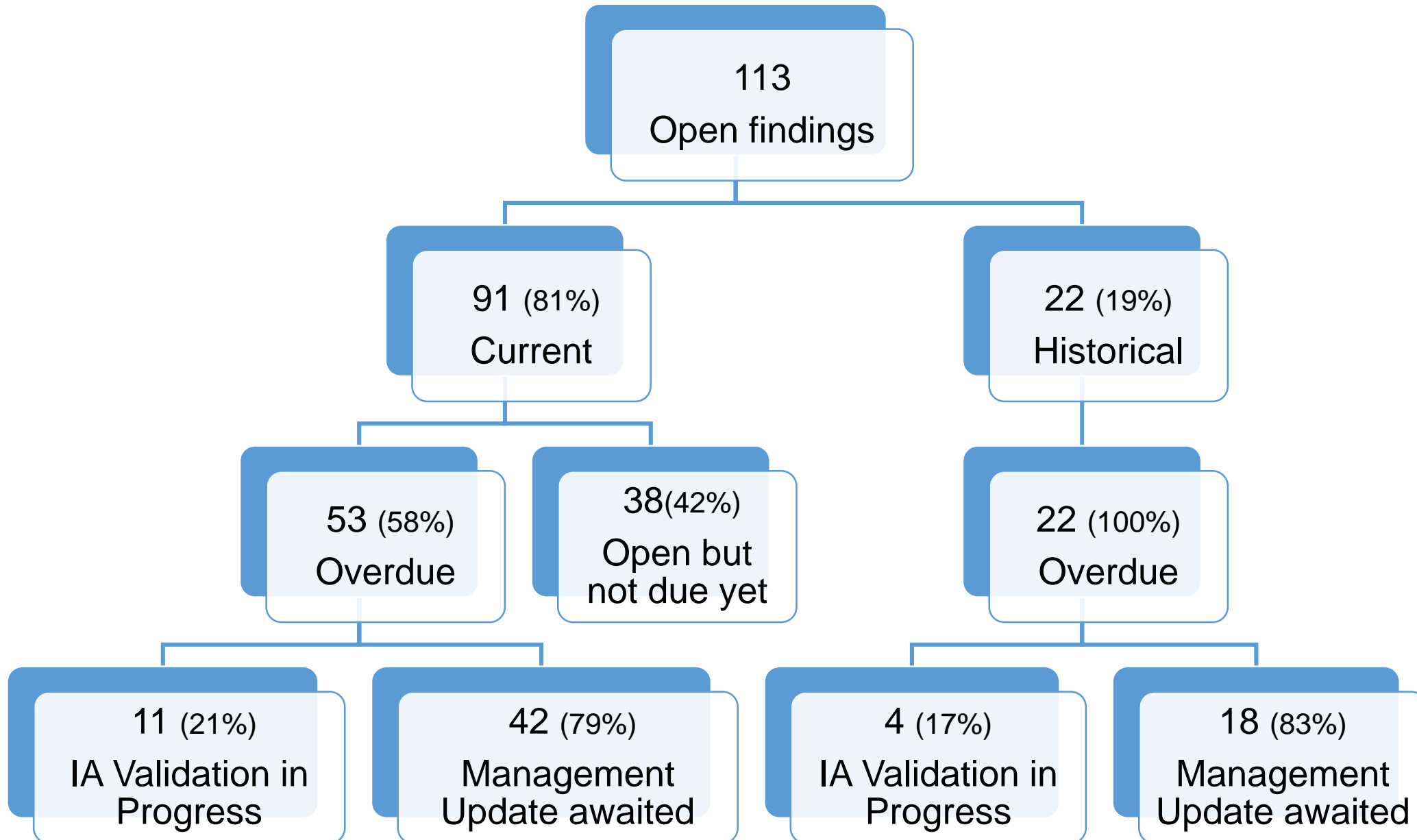
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11 Appendices

Appendix 1 – Graphic of Open and Overdue IA Findings

Appendix 2 - Overdue Management Actions Detailed Analysis

Appendix 1 - Internal Audit Open and Overdue findings position as at 23rd November 2018



Appendix 2 - Internal Audit Overdue Management Actions

Glossary of terms

Project – This is the name of the audit report.

Owner – The Executive Director responsible for implementation of the action.

Issue Type – This is the rating of the audit finding, categorised as Critical, High, Medium, Low and Advisory.

Issue – This is the name of the finding.

Status – This is the current status of the management action. These are categorised as Pending (the action is open and there has been no progress towards implementation), Started (the action is open and work is ongoing to implement the management action), Implemented (the service area believes the action has been implemented and this is with Internal Audit for validation).

Blue highlighting in the issue/status field illustrates overdue management actions that are resulting in overdue findings.

Agreed Management action – This is the action agreed between Internal Audit and Management to address the finding.

Estimated date – the original agreed implementation date.

Revised date – the current revised date. **Red** formatting in the dates field indicates the action has missed the last revised implementation date.

Number of revisions – the number of times the date has been revised post implementation of TeamCentral. **Amber** highlighting in the dates field indicates the date has been revised more than once.

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
1	<p>Asset Management Strategy</p> <p>Visibility and Security of Shared Council Property</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Formalised rental agreements</p> <p>Started</p>	<p>A review of the office estate is underway by the Operational Estates team to identify third party users and approach them to seek appropriate leases or licences to allow them to occupy the premises and ensure the Council is appropriately reimbursed.</p>	<p>Estimated Date: 31/10/2018</p> <p>Revised Date: 07/01/2019</p> <p>No of Revisions 1</p>
2	<p>Asset Management Strategy</p> <p>Visibility and Security of Shared Council Property</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Review of existing shared property</p> <p>Pending</p>	<p>The Operational Estates team are also reviewing third sector tenancies across the Operational Estate. This will require the collation of information directly from establishments (who have traditionally made direct arrangements with third parties), to capture all instances and formalise these arrangements. Given the size and complexity of this task, it is envisaged that this will take around two years to complete.</p>	<p>Estimated Date: 31/10/2018</p> <p>Revised Date: 31/01/2019</p> <p>No of Revisions 1</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
3	CCTV Infrastructure CCTV Operations Stephen Moir, Executive Director of Resources	High	Recommendation 1 Implemented	The server hardware at New Parliament House (NPH) has been updated and is now secured behind constructed partition with air conditioning. Access is restricted by controlled entry, and the installation of air conditioning should now negate the need to leave the door open in summer to support ventilation. NPH is a 24/7 facility and would not normally be unstaffed. Security of downloaded images has been addressed with a lockable filing cabinet. All procedures have been reviewed with policy guidance updated. These will be included in the ongoing work of the Procedures Sub group of the Closed Circuit Television (CCTV) Working Group. From a disaster recovery perspective currently, all NPH alarms can be manually transferred to Waverley Court (WC) in the event of a catastrophic failure / loss of service. An upgrade CCTV viewing capability at Waverley Court is currently being scoped. The existing WC server will also be afforded better protection to future proof and prolong service life. This will include an upgrade to the capacity and capability of the default processes providing limited CCTV monitoring capability at Waverley Court.	Estimated Date: 27/04/2018 Revised Date: No of Revisions 0
4	CCTV Infrastructure CCTV Strategy Alistair Gaw, Executive Director of Communities and Families	High	Recommendation 2 Started	The sub 'Policy and Procedures' group will deliver a standard set of CCTV operational processes and procedures to be implemented across all three CCTV service areas. These will include the areas noted in the audit recommendation.	Estimated Date: 28/09/2018 Revised Date: 26/10/2018 No of Revisions 3

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
5	CCTV Infrastructure CCTV Operations Alistair Gaw, Executive Director of Communities and Families	High	Recommendation 2 Started	Public Space supervisors undertake review of staff work on a monthly basis in line with legislation around CCTV Governance. This is to be rolled out across Security and Concierge services. Additionally, the new policies and procedures being developed will include the requirement to record that the reviews have been performed, and document the actions taken to address any gaps identified, and any Data Protection breaches.	Estimated Date: 28/09/2018 Revised Date: 27/02/2019 No of Revisions 2
6	CCTV Infrastructure CCTV Operations Alistair Gaw, Executive Director of Communities and Families	High	Recommendation 3 Started	The 'Policy and Procedures' sub group is developing a standard set of CCTV policy and procedures to be applied consistently across the entire Council CCTV Estate. These procedures will include records management requirements for CCTV images held on systems and also downloaded CCTV images. The requirement for an annual review to confirm to incorporate any necessary changes will also be included.	Estimated Date: 28/09/2018 Revised Date: 27/02/2019 No of Revisions 3
7	CCTV Infrastructure CCTV Operations Alistair Gaw, Executive Director of Communities and Families	High	Recommendation 4 Implemented	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 refreshed. Risk registers will be standardised where possible. All security related CCTV risks have now been recorded on Property and Facilities Management risk register.	Estimated Date: 28/09/2018 Revised Date: 31/10/2018 No of Revisions 1

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
8	CGI Contract Management - Programme Management Joint governance model Stephen Moir, Executive Director of Resources	Medium	Recommendation 1 Implemented	Recommendation agreed. In partnership with CGI, the existing Governance Operational Framework document will be expanded to include detailed coverage of the areas highlighted above.	Estimated Date: 31/10/2018 Revised Date: No of Revisions 0
9	Drivers Pre-employment and ongoing checks - Council Drivers Stephen Moir, Executive Director of Resources	High	Pre-employment and ongoing checks - Council Drivers rec 3 Pending	The recruitment procedure will be update to state that a pre-recruitment checklist, which will also include driving eligibility checks, must be completed signed by the recruiting manager and provided to Human Resources (HR) before an employment contract is issued.	Estimated Date:28/09/2018 Revised Date: No of Revisions 0
10	EBS: Contract Management - IA Follow Up Repairs Direct Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 3.1 Pending	Review year end results and agree appropriate service level agreement (SLA), bringing in line with other Council services and projected resource levels.	Estimated Date: 31/05/2018 Revised Date: No of Revisions 0
11	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Risk and Supplier Performance Management Judith Proctor, Chief Officer	High	Rec 1 - Risk Management Pending	A contracts management risk register will be developed describing, prioritising, and addressing risks to delivery. The risk register will be shared with and approved by the Core group by January 2018. The risk register will be refreshed quarterly and reviewed by the Core Group.	Estimated Date: 30/03/2018 Revised Date: 30/06/2018 No of Revisions 1

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
12	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Supplier Sustainability Judith Proctor, Chief Officer	Medium	Rec 1- Supplier Sustainability Risk Pending	A supplier sustainability risk will be recorded in the risk register to be developed by March and implemented by March 2018.	Estimated Date: 30/03/2018 Revised Date: 30/06/2018 No of Revisions 1
13	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Supplier Sustainability Judith Proctor, Chief Officer	Medium	Rec 2 - Contingency Plans Pending	Contingency plans will be developed, discussed with existing suppliers, and approved by the Core Group.	Estimated Date: 31/01/2018 Revised Date: No of Revisions 0
14	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Key Person Dependency and Process Documentation Judith Proctor, Chief Officer	Medium	Rec 2 - Contract Management Processes Started	The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the Edinburgh Alcohol and Drug Partnership (EADP) core group by January 2018.	Estimated Date: 31/01/2018 Revised Date: 30/06/2018 No of Revisions 1

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
15	<p>Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management</p> <p>Risk and Supplier Performance Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Rec 2 - Escalation Process</p> <p>Pending</p>	<p>The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the EADP core group by January 2018.</p>	<p>Estimated Date: 31/01/2018</p> <p>Revised Date: 30/06/2018</p> <p>No of Revisions 1</p>
16	<p>Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management</p> <p>Key Person Dependency and Process Documentation</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>Rec 3 - Document of Escalation Process</p> <p>Pending</p>	<p>The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the EADP core group by January 2018.</p>	<p>Estimated Date: 31/01/2018</p> <p>Revised Date: 30/06/2018</p> <p>No of Revisions 1</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
17	<p>Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management</p> <p>Risk and Supplier Performance Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Rec 3 - Performance Expectations</p> <p>Pending</p>	<p>The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the EADP core group by January 2018.</p>	<p>Estimated Date: 31/01/2018</p> <p>Revised Date: 30/06/2018</p> <p>No of Revisions 1</p>
18	<p>Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management</p> <p>Key Person Dependency and Process Documentation</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>Rec 4 - Key Supplier Contracts</p> <p>Pending</p>	<p>The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the EADP core group by January 2018.</p>	<p>Estimated Date: 31/01/2018</p> <p>Revised Date: 30/06/2018</p> <p>No of Revisions 1</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
19	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Risk and Supplier Performance Management Judith Proctor, Chief Officer	High	Rec 4 - Timeframes Pending	The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the EADP core group by January 2018.	Estimated Date: 31/01/2018 Revised Date: 30/06/2018 No of Revisions 1
20	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Risk and Supplier Performance Management Judith Proctor, Chief Officer	High	Rec 5 - Independent Validation Pending	The HSC (HSC) quality assurance (QA) team will be approached to discuss the potential for an annual audit review that may reduce our dependence on provider generated data. They will provide an options paper to the Core group by January 2018 confirming whether this is possible. Implementation Date 31.01.2018. If the QA team can support completion of an annual review, the first annual review will be performed by June 2018. If this is not possible, management will accept this risk on the basis that there is insufficient resource capacity within the contract management team. Implementation Date 29.06.2018.	Estimated Date: 31/01/2018 Revised Date: No of Revisions 0

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
21	<p>Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management</p> <p>Key Person Dependency and Process Documentation</p> <p>Judith Proctor, Chief Officer</p>	Medium	Rec 5 - Records Management Policy Pending	Records retention policy: Direction will be requested from the Information Governance team in relation to Records Management Policy requirements and how they should be applied to retention, archiving and destruction of contract management information. Any lessons learned will be shared with the HSC contracts management team.	<p>Estimated Date:30/03/2018</p> <p>Revised Date:30/06/2018</p> <p>No of Revisions1</p>
22	<p>External Vulnerability Assessment</p> <p>There is not a Design Authority or appropriate governance forum in place for assessing the impact on enterprise security</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	Design Authority Started	The existence of a Design Authority is a contractual requirement in the CGI contract. The creation of this Authority will be progressed with CGI as a matter of priority.	<p>Estimated Date: 31/08/2017</p> <p>Revised Date: 03/03/2018</p> <p>No of Revisions 1</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
23	<p>Foster Care Review</p> <p>Foster & Kinship Care Vetting, Approval, and Agreements</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	High	<p>1. Foster Carer Vetting</p> <p>Pending</p>	<p>Family Based Care process for checking carers has been updated and revisions included in service End to End procedures. Specific actions include all statutory checks (Protecting Vulnerable Groups, Medical and Local Authority) having to be requested immediately at recruitment screening stage and three months prior to Carer Review. This will eliminate checks not being available as evidence for Fostering Panels. FBC Team Leader quality assurance checklists for foster care assessments have been updated to require sight of signed copies of assessment reports prior to Panel submission. Team Leaders will review in supervision that signed copies of all completed assessment reports are held in the Carers paper file.</p>	<p>Estimated Date: 31/05/2018</p> <p>Revised Date: 31/12/2018</p> <p>No of Revisions 1</p>
24	<p>Foster Care Review</p> <p>Foster & Kinship Care Vetting, Approval, and Agreements</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	High	<p>2. Kinship Carer Vetting</p> <p>Pending</p>	<p>Assessment reports are checked by the Team Leader before forwarding to panel and/or Agency Decision Maker. This will ensure that statutory checks are included as well as being referred to in the assessment. Team leaders will also ensure that all submissions are signed by the assessor and countersigned by themselves. Team leaders will be informed from now that they will sign all assessments. Assessors are, in the main, engaged out with of FBC and commissioned via a fixed fee format for their completed assessments. Some are Council employees and others are not. A plan will be developed to enable them to create and use an electronic signature or similar sign off method.</p>	<p>Estimated Date: 30/09/2018</p> <p>Revised Date: 31/12/2018</p> <p>No of Revisions 2</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
25	Foster Care Review Foster & Kinship Care Vetting, Approval, and Agreements Alistair Gaw, Executive Director of Communities and Families	High	3. Foster Carer Assessment and Decisioning Pending	FBC Team Leader quality assurance checklists for foster care assessments have been updated to require sight of signed copies of assessment reports prior to Panel submission. Team Leaders will review in supervision that signed copies of all completed assessment reports are held in the Carers paper file and required in End to End processes. Additional, regular file auditing undertaken internally with this the service will quality assure procedures are being implemented.	Estimated Date: 31/05/2018 Revised Date: 31/12/2018 No of Revisions 1
26	Foster Care Review Foster & Kinship Care Vetting, Approval, and Agreements Alistair Gaw, Executive Director of Communities and Families	High	4. Kinship Carer Assessment and Decisioning Pending	Kinship assessors will be asked to sign and include their name with all of their assessment submissions. Team Leaders will also be asked to sign and include their name when endorsing the assessment. This will be incorporated into Kinship processes.	Estimated Date: 30/09/2018 Revised Date: 31/12/2018 No of Revisions 2
27	Foster Care Review Foster & Kinship Care Vetting, Approval, and Agreements Alistair Gaw, Executive Director of Communities and Families	High	5. Foster Carer Agreements Pending	End to End procedures specify that a Carer Agreement must be signed by the carer and Council, a copy provided to the carer and the original held on file.5.2 Formal checks will be implemented (prior to placements being offered) to ensure that all foster and kinship carer agreements have been signed by both the carer and the Council, and that a copy of the signed agreement has been issued to the carer and securely retained by the Council.	Estimated Date: 30/06/2018 Revised Date: 31/12/2018 No of Revisions 1

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
28	Foster Care Review Foster & Kinship Care Vetting, Approval, and Agreements Alistair Gaw, Executive Director of Communities and Families	High	6. Kinship Carer Agreements Pending	Procedures to be reviewed and updated to specify that a Carer Agreement must be signed by the carer and Council, a copy provided to the carer and the original held on file.6.2 Formal checks will be implemented (prior to placements being offered) to ensure that all foster and kinship carer agreements have been signed by both the carer and the Council, and that a copy of the signed agreement has been issued to the carer and securely retained by the Council.	Estimated Date: 30/09/2018 Revised Date: 30/11/2018 No of Revisions 1
29	Foster Care Review Arrangements for Young People Alistair Gaw, Executive Director of Communities and Families	Medium	Recommendation 2 Pending	All placements of 17-year olds to be reviewed, taken to Children's Practice Team Manager meeting, and discuss requirement and timescales.	Estimated Date: 31/07/2018 Revised Date: No of Revisions 0
30	HSC Care Homes - Corporate Report A1.2: Gylemuir Judith Proctor, Chief Officer	High	A1.2(1) Started	Action plan developed in discussion with Care Inspectorate. Gylemuir action group set up with monthly meetings to monitor outputs and outcomes	Estimated Date: 28/02/2018 Revised Date: No of Revisions 0

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
31	HSC Care Homes - Corporate Report A1.2: Gylemuir Judith Proctor, Chief Officer	High	A1.2(3) Started	A new risk was added to the Edinburgh Integration Joint Board risk register in relation to Gylemuir. The HSC risk register is in the process of being refreshed with specific locality risks being developed that will be recorded in Datex (NHS risk Management system). A specific risk for Gylemuir will be recorded in the relevant locality risk register and in the consolidated HSC risk register.	Estimated Date: 28/02/2018 Revised Date: 31/07/2018 No of Revisions 1
32	HSC Care Homes - Corporate Report A1.2: Gylemuir Judith Proctor, Chief Officer	High	A1.2(5) Started	The staffing model at Gylemuir house has been reviewed, a Senior Charge Nurse has been seconded in to support direct management and professional support of NHS staff while the recruiting process continues to identify a substantive Senior Charge Nurse. NHS staff continue to operate under NHS governance and are professionally accountable through the nursing line. It is expected that this post will be permanently filled by April 2018 Nursing staff remain under NHS terms and conditions. The Senior Charge Nurse is directly managed by the Care Home manager and professionally accountable to the professional lead in North West locality.	Estimated Date: 30/04/2018 Revised Date: No of Revisions 0
33	HSC Care Homes - Corporate Report A2.2: Purchasing Controls Judith Proctor, Chief Officer	Medium	A2.2(1) Started	All requisitioners / authorisers listed and limits will be reviewed, agreed, and formally documented. Discussions will be held with Finance and revised limits have agreed and implemented. Revised limits will be based on the highest invoice value expected in any one unit and applied consistently across all Care Homes Unit Managers.	Estimated Date: 28/03/2018 Revised Date: 30/11/2018 No of Revisions 2

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
34	HSC Care Homes - Corporate Report A2.2: Purchasing Controls Judith Proctor, Chief Officer	Medium	A2.2(2)Started	Current approval guidelines and requisitioners / authorisers established to reflect new locality structure. Cluster Managers will approve any invoices that are out with the authority limits for Unity Managers.	Estimated Date:28/02/2018 Revised Date:30/11/2018 No of Revisions2
35	HSC Care Homes - Corporate Report A2.3: Welfare Fund and Outings Funds Judith Proctor, Chief Officer	Medium	A2.3(2) Started	A working group has been established that will focus on welfare. The remit of the group will focus on welfare committees; constitutions; accounts; criteria and donations. 2 officers from the working group have been assigned responsibility to write and implement welfare guidelines.	Estimated Date: 31/07/2018 Revised Date: 15/12/2018 No of Revisions 1
36	HSC Care Homes - Corporate Report A2.3: Welfare Fund and Outings Funds Stephen Moir, Executive Director of Resources	Medium	A2.3(3) Started	A working group has been established that will focus on welfare. The remit of the group will focus on welfare committees; constitutions; accounts; criteria and donations. 2 officers from the working group have been assigned responsibility to write and implement welfare guidelines Task assigned to Business Officer for annual accounts and daily bookkeeping. Guidelines to be written for consistency.	Estimated Date: 31/07/2018 Revised Date: 31/07/2019 No of Revisions 2
37	HSC Care Homes - Corporate Report A2.4: Bank Account & Cash Holding Stephen Moir, Executive Director of Resources	Low	A2.4(2) Started	The recorded list of signatories will be issued annually by Treasury to the Care Homes with a request that they revert back within one month detailing any leavers who should be removed. Finance will then make the appropriate adjustments to existing bank account signatories.	Estimated Date: 30/06/2018 Revised Date: 31/01/2019 No of Revisions 1

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
38	HSC Care Homes - Corporate Report A2.7: Resident's Assets on Death Judith Proctor, Chief Officer	Low	A2.7(1) Started	Form 309 to be reviewed. Assigned to Business Support Officers to review and update in liaison with Unit Managers.	Estimated Date: 28/02/2018 Revised Date: 15/12/2018 No of Revisions 1
39	HSC Care Homes - Corporate Report A2.7: Resident's Assets on Death Judith Proctor, Chief Officer	Low	A2.7(2) Implemented - Audit Approved	To be reviewed and included in Admissions and discharge procedure paperwork.	Estimated Date: 28/02/2018 Revised Date: 15/12/2018 No of Revisions 2
40	HSC Care Homes - Corporate Report A3.3: Performance & Attendance Management Stephen Moir, Executive Director of Resources	Medium	A3.3(2) Business Support Teams Implemented	Business Support Teams All Business Support Officers have attended the training and will cover performance conversations for handymen and domestic care home staff. MyPeople has been updated to reflect completion of annual performance conversations for these employees.	Estimated Date: 28/02/2018 Revised Date: 15/12/2018 No of Revisions 3
41	HSC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(2) Health & Social Care Teams Started	HSC Teams will ensure that annual performance conversations (once completed) are recorded on the iTrent system.	Estimated Date: 30/06/2018 Revised Date: No of Revisions 0

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
42	HSC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(3) Health & Social Care Teams Started	HSC Teams will ensure that managing attendance workshops have been attended by all HSC line managers in Care Homes.	Estimated Date: 30/06/2018 Revised Date: 30/11/2018 No of Revisions 1
43	HSC Care Homes - Corporate Report A3.3: Performance & Attendance Management Stephen Moir, Executive Director of Resources	Medium	A3.3(4) Business Support Teams Implemented	This is the responsibility of the Unit manager for their direct reports. The Business Support Officer will ensure that the Unit Manager is aware on a monthly basis for Domestic and Handymen reporting to them. The Business Support Officer is required to monitor and report through the Customer process on a monthly basis. The staff nurse / charge nurse to be appointed at Gylemuir will ensure that this is performed for all NHS staff.	Estimated Date: 30/06/2018 Revised Date: 15/12/2018 No of Revisions 1
44	HSC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(4) Gylemuir Pending	This is the responsibility of the Unit manager for their direct reports. The Business Support Officer will ensure that the Unit Manager is aware on a monthly basis for Domestic and Handymen reporting to them. The Business Support Officer is required to monitor and report through the Customer process on a monthly basis. The staff nurse / charge nurse to be appointed at Gylemuir will ensure that this is performed for all NHS staff.	Estimated Date: 30/06/2018 Revised Date: No of Revisions 0

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
45	HSC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(4) Health & Social Care Teams Pending	This is the responsibility of the Unit manager for their direct reports. The Business Support Officer will ensure that the Unit Manager is aware on a monthly basis for Domestic and Handymen reporting to them. The Business Support Officer is required to monitor and report through the Customer process on a monthly basis. The staff nurse / charge nurse to be appointed at Gylemuir will ensure that this is performed for all NHS staff.	Estimated Date: 30/06/2018 Revised Date: No of Revisions 0
46	HSC Care Homes - Corporate Report A3.4: Agency Staffing Judith Proctor, Chief Officer	Medium	A3.4(2) Started	The Business Support Officer (BSO) will assist the Unit Manager (UM) (See A2.1). A paper is being presented to the HSC Senior Management Team week commencing 15th January 2018 that proposes a solution where information will be provided to Locality Managers who will prepare reports for Care Homes. If this solution is agreed, it will be implemented immediately.	Estimated Date: 31/03/2018 Revised Date: 31/10/2018 No of Revisions 1
47	HSC Care Homes - Corporate Report A4.1: Business Continuity Plans Stephen Moir, Executive Director of Resources	Medium	A4.1(1) Started	List pulled together by Business Support Officer and Business Support Managers and has been distributed.	Estimated Date: 28/02/2018 Revised Date: 15/12/2018 No of Revisions 1

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
48	HSC Care Homes - Corporate Report A4.1: Business Continuity Plans Stephen Moir, Executive Director of Resources	Medium	A4.1(2) Started	List pulled together by Business Support Officer and Business Support Managers and has been distributed.	Estimated Date: 28/02/2018 Revised Date: 15/12/2018 No of Revisions 1
49	HSC Care Homes - Corporate Report A4.1: Business Continuity Plans Stephen Moir, Executive Director of Resources	Medium	A4.1(3) Implemented	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. Unit Managers will be responsible for the content of the incident flow charts.	Estimated Date: 30/06/2018 Revised Date: 15/12/2018 No of Revisions 1
50	HSC Care Homes - Corporate Report A5.2: Asset Registers Stephen Moir, Executive Director of Resources	Low	A5.2: Asset Registers Implemented	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.	Estimated Date: 28/02/2018 Revised Date: 15/12/2018 No of Revisions 1

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
51	<p>Historic Unimplemented Findings</p> <p>CG1502 - issue 1 Health & Social Care Demographic Provision</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>Recommendation 1</p> <p>Started</p>	<p>Review future cost estimates for social care services for older people every two years in line with the publication of updated population projections by National Records of Scotland. (The next publication is expected in 2016).</p>	<p>Estimated Date: 31/08/2016</p> <p>Revised Date: 30/11/2018</p> <p>No of Revisions 1</p>
52	<p>Historic Unimplemented Findings</p> <p>MIS1601 - issue 1 Budgetary Impact</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Recommendation 1 - Budgetary Impact</p> <p>Implemented</p>	<p>The repairs and maintenance budget for 2016/17 will be closely monitored as services are now procured direct from suppliers and an imbedded due diligence process has been developed. This will inform the budget setting process but it should, however, be noted that this has historically been based on availability and not need.</p>	<p>Estimated Date: 31/03/2017</p> <p>Revised Date: 29/06/2018</p> <p>No of Revisions 1</p>
53	<p>Historic Unimplemented Findings</p> <p>CG1513 - issue 1. Data architecture is not being managed within Facilities Management and the wider Corporate Property department which is delaying the CAFM implementation</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>Recommendation 1a</p> <p>Implemented</p>	<p>The Computer Aided Facilities Management (CAFM) system delivery is now part of the scope for the Asset Management Strategy (AMS) approved by Finance and Resources in September 2015. It is accepted that closing out Phase 1 of the implementation plan must be a priority for the Division and therefore additional resources within the Council and Technology Forge are required to be put in place as a matter of urgency in order to help progress with implementation. 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.</p>	<p>Estimated Date: 31/03/2016</p> <p>Revised Date: 30/06/2016</p> <p>No of Revisions 2</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
54	<p>Historic Unimplemented Findings</p> <p>CG1515 - issue 1 Records Management Procedures</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	High	<p>Recommendation 1a</p> <p>Pending</p>	<p>Development and roll out of a 5 year implementation plan by the Information Governance Unit for the creation and review of records management manuals across the Council to be included in this year's information governance annual plan.</p>	<p>Estimated Date: 28/02/2016</p> <p>Revised Date: 30/11/2018</p> <p>No of Revisions 2</p>
55	<p>Historic Unimplemented Findings</p> <p>HSC1603 - issue 1 Performance Management Framework in development</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Recommendation 1a</p> <p>Started</p>	<p>We now monitor and have data against the 23 core indicators. However, the 2016/17 data will not be available by July 2017. This is a national issue and Scottish Government is aware of it. A Performance Board is being established as part of the overall governance framework for the HSC Partnership which will work closely with the Integration Joint Board (IJB) Performance and Quality Group. The main role of the Performance Board will be to agree the core set of performance indicators and monitor delivery against these. The Board will have its first meeting in February 2017.</p>	<p>Estimated Date: 28/02/2017</p> <p>Revised Date: 28/02/2019</p> <p>No of Revisions 1</p>
56	<p>Historic Unimplemented Findings</p> <p>SFC1502 - issue 1 Effective Monitoring within Uniform</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recommendation 1a</p> <p>Pending</p>	<p>The monitoring system is robust but it is accepted that further standardisation could be achieved. This will be reviewed and where appropriate changes made. In particular standardisation of 'checking clauses' will be explored and introduced.</p>	<p>Estimated Date: 31/01/2016</p> <p>Revised Date: 01/08/2018</p> <p>No of Revisions 1</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
57	<p>Historic Unimplemented Findings</p> <p>ED1501 Issue 1 Resource risk with delivering the SEAP programme</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recommendation 1a</p> <p>Started</p>	The Communications Plan will be rolled out.	<p>Estimated Date: 31/01/2016</p> <p>Revised Date: 31/03/2019</p> <p>No of Revisions 3</p>
58	<p>Historic Unimplemented Findings</p> <p>CG1515 - issue 1 Records Management Procedures</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	High	<p>Recommendation 1b</p> <p>Pending</p>	The IGU will work with Directorate Record Officers this year to review existing records management (RM) documentation – this will be incorporated into the implementation plan. Subsequent reviews will be split between the annual information governance maturity assessment and the IGU's rolling risk based review of RM manuals.	<p>Estimated Date: 31/12/2016</p> <p>Revised Date: 30/11/2018</p> <p>No of Revisions 2</p>
59	<p>Historic Unimplemented Findings</p> <p>HSC1603 - issue 1 Performance Management Framework in development</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Recommendation 1b</p> <p>Started</p>	An initial meeting has taken place to discuss the content of the Annual Performance Report. A core group has been identified to take this forward and a series of meetings is being arranged for early in the New Year. The intention is for a draft report to go to the IJB Development session in April 2017.	<p>Estimated Date: 31/07/2017</p> <p>Revised Date: 28/02/2019</p> <p>No of Revisions 1</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
60	<p>Historic Unimplemented Findings</p> <p>RES1617 - issue 1 Information Security</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	High	<p>Recommendation 1b</p> <p>Started</p>	<p>Once adopted, the policy (and associated procedures) will be monitored through the Information Council. As part of this process, information security will be audited on annual basis through the information governance maturity model which includes specific questions around information security and the protection of records. This will be a mandatory exercise for all Council services and is currently being piloted through the Schools Assurance Framework.</p>	<p>Estimated Date: 31/12/2016</p> <p>Revised Date: 31/03/2019</p> <p>No of Revisions 2</p>
61	<p>Historic Unimplemented Findings</p> <p>SFC1502 - issue 1 Effective Monitoring within Uniform</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recommendation 1b</p> <p>Pending</p>	<p>Team managers can already review progress. This arrangement will be formalised and recorded so it can be evidenced.</p>	<p>Estimated Date: 31/01/2016</p> <p>Revised Date: 01/08/2018</p> <p>No of Revisions 1</p>
62	<p>Historic Unimplemented Findings</p> <p>ED1501 Issue 1 Resource risk with delivering the SEAP programme</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recommendation 1b</p> <p>Started</p>	<p>A risk register will be developed as part of the reporting to Committee. Resourcing the Sustainable Energy Action Plan (SEAP) is still an ongoing concern. As the Council Transformation Programme progresses, it will be crucial to ensure existing resources are in place (as far as possible) to ensure delivery of the SEAP.</p>	<p>Estimated Date: 30/04/2016</p> <p>Revised Date: 31/03/2019</p> <p>No of Revisions 3</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
63	<p>Historic Unimplemented Findings</p> <p>HSC1603 - issue 1 Performance Management Framework in development</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Recommendation 1c</p> <p>Pending</p>	<p>A governance framework has been developed and documented setting out the roles remits and membership of the various committees and groups and the relationship between them.</p>	<p>Estimated Date: 28/02/2017</p> <p>Revised Date: 28/02/2019</p> <p>No of Revisions 1</p>
64	<p>Historic Unimplemented Findings</p> <p>CG1515 - issue 1 Records Management Procedures</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	High	<p>Recommendation 1c</p> <p>Pending</p>	<p>The IGU will work with the relevant service areas to investigate whether common procedures can be developed – this will be incorporated into the implementation plan.</p>	<p>Estimated Date: 30/09/2016</p> <p>Revised Date: 30/11/2018</p> <p>No of Revisions 2</p>
65	<p>Historic Unimplemented Findings</p> <p>RES1617 - issue 1 Information Security</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	High	<p>Recommendation 1c</p> <p>Started</p>	<p>The information governance maturity model will be used to audit information security arrangements across the Council to ensure that controls are embedded and followed. Incident reporting will also help to inform this process by identifying risk areas. Similarly, the Council's Information Asset Register will also help to identify security risks to Council information, ensuring that Council information is being properly managed.</p>	<p>Estimated Date:31/12/2016</p> <p>Revised Date:31/03/2018</p> <p>No of Revisions2</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
66	<p>Historic Unimplemented Findings</p> <p>HSC1502 - issue 1 lack of routine monitoring of users</p> <p>Judith Proctor, Chief Officer</p>	Low	<p>Recommendation 1c</p> <p>Started</p>	<p>It is proposed that an online training module is developed to provide a mixture of operational guidance and system controls which would be mandatory for all Swift users to complete. Staff would be expected to undertake an annual refresher.</p>	<p>Estimated Date: 30/04/2016</p> <p>Revised Date: 31/01/2019</p> <p>No of Revisions 1</p>
67	<p>Historic Unimplemented Findings</p> <p>SFC1502 - issue 1 Effective Monitoring within Uniform</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recommendation 1c - escalation and review</p> <p>Started</p>	<p>This will be taken forward as part of exercise outlined above.</p>	<p>Estimated Date: 31/01/2016</p> <p>Revised Date: 01/08/2018</p> <p>No of Revisions 1</p>
68	<p>Historic Unimplemented Findings</p> <p>CG1515 - issue 1 Records Management Procedures</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	High	<p>Recommendation 1d</p> <p>Started</p>	<p>The IGU to regularly report to the Information Council on progress with initial pilots, then the wider roll out and eventually a review and audit schedule.</p>	<p>Estimated Date: 31/12/2016</p> <p>Revised Date: 30/11/2018</p> <p>No of Revisions 2</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
69	<p>Historic Unimplemented Findings</p> <p>RES1617 - issue 2 Information Governance Readiness</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	Medium	<p>Recommendation 2a</p> <p>Started</p>	<p>Data Stewards have been identified through the development of the Council's Information Asset Register. A learning needs analysis has been undertaken that will inform specific training needs for this and other information asset management roles within the Council to supplement existing guidance and documentation. Training content is currently under development which will be aligned to the Council's new induction and mandatory learning framework.</p>	<p>Estimated Date: 30/09/2016</p> <p>Revised Date: 01/10/2018</p> <p>No of Revisions 1</p>
70	<p>Historic Unimplemented Findings</p> <p>CG1515 - issue 2 Training</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	Medium	<p>Recommendation 2b</p> <p>Pending</p>	<p>IGU is currently finishing the development of an annual information governance maturity assessment that will assess compliance at local and corporate levels – with an initial pilot planned and a full roll out later in the year.</p>	<p>Estimated Date: 31/12/2016</p> <p>Revised Date: 31/03/2019</p> <p>No of Revisions 3</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
71	<p>Historic Unimplemented Findings</p> <p>RES1617 - issue 2 Information Governance Readiness</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	Medium	<p>Recommendation 2b</p> <p>Started</p>	<p>The Information Governance Unit has completed the development of content for an annual information governance maturity model that will assess IG compliance at local and corporate levels. This will provide a baseline measurement in relation to the information governance strategy. Delivery methods are currently being investigated with business implementation , with initial pilot planned for June with a full roll out later in the year. The maturity model content and assessment criteria have also been aligned to Internal Audit's own audit methodology as part of the Schools Assurance Framework Pilot. This exercise will help to inform the development of the maturity model. Maturity model results will be reported to the Council Leadership Team and information asset owners on an annual basis, including areas of particular risk which will inform future Information Council work plans.</p>	<p>Estimated Date: 31/12/2016</p> <p>Revised Date: 01/10/2018</p> <p>No of Revisions 1</p>
72	<p>Historic Unimplemented Findings</p> <p>HSC1603 - issue 2 Performance information does not meet the needs of users</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>Recommendation 2c</p> <p>Started</p>	<p>The existing Performance Improvement Meeting (PIM) will be replaced by a Performance Board, membership of which will include all members of the IJB Executive Team.</p>	<p>Estimated Date: 28/02/2017</p> <p>Revised Date: 28/02/2019</p> <p>No of Revisions 1</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
73	<p>Historic Unimplemented Findings</p> <p>RES1617 - issue 2 Information Governance Readiness</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	Medium	<p>Recommendation 2c</p> <p>Started</p>	<p>The establishment of data services under the new Strategy and Insight Division will help to identify data quality issues from source systems. Data Services will feed back to services and Data Council.</p>	<p>Estimated Date: 31/07/2016</p> <p>Revised Date: 01/10/2018</p> <p>No of Revisions 1</p>
74	<p>Historic Unimplemented Findings</p> <p>CG1513 - issue 2 Data Quality</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Recommendation 2d</p> <p>Implemented</p>	<p>Action Tracker now in place within the Strategic Asset Management team which is reviewed and monitored on a weekly basis.</p>	<p>Estimated Date: 31/03/2016</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
75	<p>Historic Unimplemented Findings</p> <p>HSC1603 - issue 2 Performance information does not meet the needs of users</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>Recommendation 2d</p> <p>Started</p>	<p>The set of indicators agreed by the PIM, which includes the Locality Managers are under development and monitoring information will be available on both a citywide and locality basis.</p>	<p>Estimated Date: 31/03/2017</p> <p>Revised Date: 28/02/2019</p> <p>No of Revisions 1</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
76	<p>Historic Unimplemented Findings</p> <p>RES1617 - issue 2 Information Governance Readiness</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	Medium	<p>Recommendation 2d</p> <p>Started</p>	<p>Information Governance Strategy already references data quality. Data Quality Policy will be revised to include more detailed data collation elements, and to confirm structural changes and responsibilities. A central reference point for key information will be provided by the Data Services.</p>	<p>Estimated Date: 31/08/2016</p> <p>Revised Date: 01/10/2018</p> <p>No of Revisions 1</p>
77	<p>Historic Unimplemented Findings</p> <p>CG1513 - issue 2 Data Quality</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Recommendation 2e</p> <p>Implemented</p>	<p>Data Quality Manager to be recruited within Corporate Property for CAFM.</p>	<p>Estimated Date: 31/03/2016</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
78	<p>Historic Unimplemented Findings</p> <p>HSC1503 - issue 3 Quality Assurance</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Recommendation 3a</p> <p>Pending</p>	<p>There is an existing file audit process that will pick up on overall issues of both data quality and quality of recording. In order to address the specific issues identified through this audit the Quality Assurance Team will undertake a themed audit in respect of Personal Support Plans. This will involve engaging with key managers to establish the questions that need to be answered and will include consideration of the model used in the North West Team.</p>	<p>Estimated Date: 31/12/2016</p> <p>Revised Date: 29/03/2019</p> <p>No of Revisions 1</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
79	<p>Historic Unimplemented Findings</p> <p>SFC1502 - issue 3. Review of Historic Contributions</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	Recommendation 3a Pending	<p>This process began at the start of this year. Finance asked officers within Transport to review the list of unused developer contributions with a view to stating if infrastructure has been delivered in line with the S.75 conditions. In doing this, we asked officers to consider any historical works that may have been carried out that may meet the S.75 conditions. The aim is to maximise as much of this unspent contribution as possible and get legal opinion on if we should reimburse developers for any unspent 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 made. Finance will set some clear timescales to officers within Transport so that this exercise may be brought to a conclusion. Following on from this, Finance will then liaise with Legal Services to determine what action is required – either to bank the income on the basis of infrastructure delivery or consideration of paying back unused contribution to developers.</p>	<p>Estimated Date:31/01/2016</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
80	<p>Historic Unimplemented Findings</p> <p>RES1617 - issue 3 Training</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	Medium	Recommendation 3a Started	<p>The Information Governance e-learning module is mandatory for all Council staff. There have been numerous general and targeted communications within the organisation to remind staff to complete the module. As of 1 March 2016, 5837 members of staff have started the module – 72% of staff who have access to a PC. Of these, 5141 have passed.</p>	<p>Estimated Date: 31/12/2016</p> <p>Revised Date: 31/08/2018</p> <p>No of Revisions 1</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
81	<p>Historic Unimplemented Findings</p> <p>CG1513 - issue 3 Management Information Production could be more efficient</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Recommendation 3b</p> <p>Implemented</p>	<p>Identify and assess current key performance indicators (KPIs) and implement regular reporting on energy, water and waste KPIs, identifying performance improvements and delivering against key actions.</p>	<p>Estimated Date: 30/06/2016</p> <p>Revised Date: 30/06/2016</p> <p>No of Revisions 2</p>
82	<p>Historic Unimplemented Findings</p> <p>RES1617 - issue 3 Training</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	Medium	<p>Recommendation 3b</p> <p>Started</p>	<p>The IGU has also created a briefing note of key information governance messages which has been disseminated to 'hard to reach' staff who do not have access to PCs. This is also supported, where required, by tailored team briefings and training provided by the Data Protection Team.</p>	<p>Estimated Date: 31/12/2016</p> <p>Revised Date: 31/08/2018</p> <p>No of Revisions 1</p>
83	<p>Historic Unimplemented Findings</p> <p>RES1608 - issue 3.1 Project Governance and Risk Management</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	Medium	<p>Recommendation 3b</p> <p>Started</p>	<p>Major Projects require Project and Programme Managers to manage risk on their projects and programmes and identify key risks in bi-monthly updates to the Portfolio & Governance Manager. However, going forward there will be a recommendation that a standard approach to risk management is mandated for all projects and programmes (see above comment). This will involve submission of a project risk register to the designated Steering Group on a routine basis. Additionally, consolidation of project risks will be presented for consideration within the quarterly corporate risk management process.</p>	<p>Estimated Date: 31/03/2017</p> <p>Revised Date: 30/11/2018</p> <p>No of Revisions 1</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
84	<p>Historic Unimplemented Findings</p> <p>CG1513 - issue 3 Management Information Production could be more efficient</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Recommendation 3c</p> <p>Implemented</p>	<p>Formalise arrangements as to the production of such PI's. The creation of performance specific roles and responsibilities will form part of the AMS Review which is currently in progress.</p>	<p>Estimated Date: 30/06/2016</p> <p>Revised Date: 30/06/2016</p> <p>No of Revisions 2</p>
85	<p>Historic Unimplemented Findings</p> <p>RES1617 - issue 3 Training</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	Medium	<p>Recommendation 3c</p> <p>Started</p>	<p>In addition, all staff have read the Council's information governance and data protection policies which are part of the Council's annual mandatory policy awareness programme.</p>	<p>Estimated Date: 31/12/2016</p> <p>Revised Date: 31/08/2018</p> <p>No of Revisions 1</p>
86	<p>Historic Unimplemented Findings</p> <p>RES1617 - issue 3 Training</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	Medium	<p>Recommendation 3d</p> <p>Started</p>	<p>Upon completion of the Council's Transformation exercise and associated structural changes, all staff will be asked to undertake refresher training, including role specific training currently being developed.</p>	<p>Estimated Date: 31/12/2016</p> <p>Revised Date: 31/08/2018</p> <p>No of Revisions 1</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
87	<p>Historic Unimplemented Findings</p> <p>RES1617 - issue 3 Training</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	Medium	<p>Recommendation 3e</p> <p>Started</p>	<p>The Council is also exploring different ways of delivering an induction and mandatory learning framework. A different approach was recently agreed by CLT based on three levels – (1) mandatory for all staff; (2) mandatory learning for professional areas; (3) mandatory learning which is role specific; and also reported to Governance Risk and Best Value (GRBV) committee. The IGU has been involved in discussions to ensure that information governance and data protection are an essential part of any change process.</p>	<p>Estimated Date: 31/12/2016</p> <p>Revised Date: 31/08/2018</p> <p>No of Revisions 1</p>
88	<p>Historic Unimplemented Findings</p> <p>RES1617 - issue 3 Training</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	Medium	<p>Recommendation 3g</p> <p>Implemented</p>	<p>Information Asset Owners and Data Stewards have been identified for each information asset. However, it is envisaged that roles and personnel may be subject to change as a result of organisational change and re-structure. Nevertheless, tools and specific role training are currently being developed to support Information Asset Owners and Data Stewards in their role. Roll out is planned following completion of the Council's Transformation Exercise.</p>	<p>Estimated Date: 30/09/2016</p> <p>Revised Date: 31/08/2018</p> <p>No of Revisions 1</p>
89	<p>Historic Unimplemented Findings</p> <p>CW1502 - issue 4 Governance Reporting</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	Medium	<p>Recommendation 4</p> <p>Started</p>	<p>Executive Directors have been assigned responsibility for Arm's Length Companies and are responsible for ensuring that the respective Executive Committee can provide appropriate scrutiny. A report addressing proposed scrutiny arrangements will be considered by Council on 2 June 2016.</p>	<p>Estimated Date: 30/09/2016</p> <p>Revised Date:</p> <p>No of Revisions 0</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
90	<p>Historic Unimplemented Findings</p> <p>SFC1502 - issue 4 Reporting</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recommendation 4a</p> <p>Pending</p>	<p>This has been established while the Audit has been underway. See Corporate Leadership Team report on Local Development Plan Action Programme – Governance Arrangements.</p>	<p>Estimated Date: 31/10/2015</p> <p>Revised Date: 29/06/2018</p> <p>No of Revisions 1</p>
91	<p>Historic Unimplemented Findings</p> <p>SFC1502 - issue 4 Reporting</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recommendation 4b</p> <p>Pending</p>	<p>Planning Information Bulletins are now being used to advise managers and Planning Committee members of progress on matters. Developer Contributions will be done annually</p>	<p>Estimated Date: 31/10/2015</p> <p>Revised Date: 29/06/2018</p> <p>No of Revisions 1</p>
92	<p>Historic Unimplemented Findings</p> <p>SFC1502 - issue 4 Reporting</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recommendation 4c</p> <p>Pending</p>	<p>The review of the Internal Working Arrangements process will revisit roles and responsibilities for S75 agreements from 'start to finish' of process.</p>	<p>Estimated Date: 30/06/2016</p> <p>Revised Date: 29/06/2018</p> <p>No of Revisions 1</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
93	<p>Historic Unimplemented Findings</p> <p>HSC1503 - issue 6 Sign off process - Assessments and Budgets</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>Recommendation 6a</p> <p>Started</p>	<p>Workarounds on Swift will be deactivated by 31 December 2016:Extract of Agreed Management Action from Audit Report (Final)'Workarounds' on Swift will be deactivated by 31 December 2016:Work is being taken forward through the HSC Transformation Project (Governance, Devolved Budgets and Budget Management) to implement the budget management functionality within SWIFT which will address issues around separation of duties. A working group has been established and identified all the workstreams required to implement delegated budget management. A workshop will be held in mid-May 2016 to agree new operational processes including the management of budgets through SWIFT with authorisation limits and the facility for budget holders to authorise within the system. Further progress is dependent on the agreement of budget and staffing structures across localities in order to avoid the need to set up these structures twice on SWIFT which would represent a significant duplication of work. This Action also relates to work being undertaken to address Iss2 from Audit RS1245.</p>	<p>Estimated Date: 31/12/2016</p> <p>Revised Date:</p> <p>No of Revisions 0</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
94	<p>Historic Unimplemented Findings</p> <p>HSC1503 - issue 6 Sign off process - Assessments and Budgets</p> <p>Judith Proctor, Chief Officer</p>	Medium	Recommendation 6b Started	<p>Work is being taken forward through the HSC Transformation Project (Governance, Devolved Budgets and Budget Management) to implement the budget management functionality within SWIFT which will address issues around separation of duties. A working group has been established and identified all the workstreams required to implement delegated budget management. A workshop will be held in mid-May 2016 to agree new operational processes including the management of budgets through SWIFT with authorisation limits and the facility for budget holders to authorise within the system. Further progress is dependent on the agreement of budget and staffing structures across localities in order to avoid the need to set up these structures twice on SWIFT which would represent a significant duplication of work. This Action also relates to work being undertaken to address Iss2 from Audit RS1245.</p>	<p>Estimated Date: 31/12/2016</p> <p>Revised Date: 31/07/2018</p> <p>No of Revisions 1</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
95	<p>Historic Unimplemented Findings</p> <p>RES1601 - issue 1 Supplier Management</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>Recommendation 5</p> <p>Started</p>	<p>Chief Procurement Officer to determine generic principles of contract management with specific focus on Contract Owners, Contract Users, Contractors, as well as Managers and any other specific staff as agreed. Specific and relative skills training for contract owners will need to be assessed and implemented by Directors. Directors should ensure that suitably skilled staff are identified as Contract Owners. Head of Human Resources will be responsible for the establishment of a Training Programme for those with responsibilities within the contractor management process.</p>	<p>Estimated Date: 31/12/2017</p> <p>Revised Date: 31/03/2019</p> <p>No of Revisions 1</p>
96	<p>IJB Data Integration & Sharing</p> <p>The existing processes lack robustness (access management, data protection)</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Access management</p> <p>Started</p>	<p>The existing processes within the Council and NHS Lothian for notifying system owners of staff changes will be communicated to all managers of integrated teams. Establishing an integrated system setting out the systems access requirements for all posts and the 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.</p>	<p>Estimated Date: 30/09/2017</p> <p>Revised Date: 30/09/2018</p> <p>No of Revisions 1</p>
97	<p>IJB Data Integration & Sharing</p> <p>The governance processes are not sufficiently mature to support the vision</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Communication</p> <p>Started</p>	<p>Vision and goals in respect of ICT to be conveyed through the development and publication of an ICT Strategy for HSC Partnership.</p>	<p>Estimated Date: 31/10/2017</p> <p>Revised Date: 31/12/2018</p> <p>No of Revisions 2</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
98	IJB Data Integration & Sharing Lack of available training, policies and guidance Judith Proctor, Chief Officer	Medium	Compliance with training plan Started	A training plan will be developed to ensure all existing staff who need to access systems belonging to both the Council and NHS Lothian receive the appropriate training to enable them to use the system appropriately with due regard to data protection. Training on all systems to be used by a post holder will become part of the mandatory training for new appointments. Compliance with this arrangement will be overseen by the nominated officer with responsibility for ICT and Information Governance.	Estimated Date: 31/03/2018 Revised Date: 30/09/2018 No of Revisions 1
99	IJB Data Integration & Sharing Hardware compatibility and connectivity in NHS and COUNCIL locations Judith Proctor, Chief Officer	Medium	Connectivity and Hardware compatibility Started	The ICT and Information Governance Steering Group will request a review of connectivity and hardware compatibility to be conducted across all sites housing integrated teams and consider any recommendations arising from that review.	Estimated Date: 30/06/2017 Revised Date: 31/05/2018 No of Revisions 1
100	IJB Data Integration & Sharing Lack of available training, policies and guidance Judith Proctor, Chief Officer	Medium	Data Protection Training Started	The nominated officer with responsibility for ICT and Information Governance will work with relevant colleagues in the Council and NHS Lothian to develop an integrated approach to data protection training taking account of the role and responsibilities of the IJB.	Estimated Date: 31/12/2017 Revised Date: 30/09/2018 No of Revisions 1

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
101	IJB Data Integration & Sharing The governance processes are not sufficiently mature to support the vision Judith Proctor, Chief Officer	High	Prioritisation Started	Prioritisation of requirements to be agreed through the HSC Partnership ICT and Information Governance Steering Group.	Estimated Date: 30/09/2017 Revised Date: 31/12/2018 No of Revisions 2
102	IJB Data Integration & Sharing The governance processes are not sufficiently mature to support the vision Judith Proctor, Chief Officer	High	Roadmap Started	Roadmap of ICT requirements to be developed based upon priorities for delivery of the IJB Strategic Plan.	Estimated Date: 30/09/2017 Revised Date: 31/12/2018 No of Revisions 2
103	Leavers Process Deactivation of Security Passes Stephen Moir, Executive Director of Resources	Medium	Deactivate temporary passes Started	All temporary passes will be deactivated on 1 April. Cardholders will need to contact Security to reactivate them.	Estimated Date: 30/04/2017 Revised Date: 31/12/2018 No of Revisions 3
104	Local Development Plan Financial Modelling Paul Lawrence, Executive Director of Place and SRO	High	FundingStarted	Challenge of infrastructure proposals will be performed at the LDP Action Programme oversight group. Complete and agree Financial Model of 2018 LDP Action Programme Annual Report to CLT and F&R Committees Prepare update to Financial Model in line with next LDP project plan.	Estimated Date: 31/03/2018 Revised Date: No of Revisions 0

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
105	<p>Local Development Plan</p> <p>Local Development and Action Plan governance arrangements</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>Governance Arrangements</p> <p>Started</p>	<p>Review the LDP risk register at the next relevant governance meeting to confirm that risks have either been addressed or will be transferred across into Action Programme. Agree project plan for LDP 2 project which implements above recommendations. (March 2018) Action Programme – review governance arrangements, agree Management Information, prepare and agree Risk, Issues and Dependency Register, agree Communications Plan. (March 2018)</p>	<p>Estimated Date: 31/03/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
106	<p>Local Development Plan</p> <p>Governance arrangements over infrastructure appraisals</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Infrastructure Governance arrangements</p> <p>Started</p>	<p>Establish and agree appropriate roles, resources and the responsibilities for delivery the above matters as an early action in the project plan for LDP 2. Oversight will be provided by the Project Board to ensure that all individual appraisals performed across Service Areas have applied these recommendations. (sept 18)</p>	<p>Estimated Date: 31/03/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
107	<p>Lothian Pension Fund - Review of IT Business Resilience and Disaster Recovery</p> <p>LPF Business Continuity and Disaster Recovery requirements are not specified in third party contracts</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>Recommendation 3</p> <p>Pending</p>	<p>Disaster Recovery requirements will be added to the list of ongoing ICT issues currently being discussed with ICT. Lothian Pension Fund's (LPF) full list of requirements will then be shared with the Resources ICT representative (to be established with ICT) to ensure that these are communicated to ICT.</p>	<p>Estimated Date: 28/02/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
108	<p>Lothian Pension Fund - Review of IT Business Resilience and Disaster Recovery</p> <p>LPF Business Continuity and Disaster Recovery requirements are not specified in third party contracts</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>Recommendation 4</p> <p>Pending</p>	<p>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.</p>	<p>Estimated Date: 28/02/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
109	<p>Lothian Pension Fund - Review of IT Business Resilience and Disaster Recovery</p> <p>Adequacy of existing Disaster Recovery and Business Continuity arrangements</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>Recommendation 5</p> <p>Pending</p>	<p>Business Impact Analysis of LPF, including supplier recovery requirements, to be updated and communicated fed into Council's Business Continuity arrangements, with subsequent updates provided annually.</p>	<p>Estimated Date: 28/02/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
110	<p>Lothian Pension Fund - Review of IT Business Resilience and Disaster Recovery</p> <p>Adequacy of existing Disaster Recovery and Business Continuity arrangements</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>Recommendations 1,2,3,4,6,7,& 12</p> <p>Started</p>	<p>To address recommendations 1, 2, 3, 4, 6, 7 & 12: The Business Continuity plan will be updated to include: LPF Business critical systems. Procedures that will be applied by third parties in the event of an incident including supplier recovery time and point objectives for the web hosted systems used by LPF. Oversight, monitoring and follow-up of supplier DR tests will be performed as part of the annual review of the LPF plan and any adverse outcomes that cannot be resolved will be included in the LPF risk register. The LPF Management team will maintain oversight of the plan to ensure that key business processes and team roles and responsibilities in the event of a disaster accurately recorded. The revised plan will be reviewed/approved by the LPF management team, the Head of Finance and the Executive Director of Resources and shared with the Council Resilience Committee to ensure that Council are fully aware of LPF requirements.</p>	<p>Estimated Date: 30/06/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
111	<p>Lothian Pension Fund Cyber Security</p> <p>LPF Security Oversight</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Supplier Risk Management Framework</p> <p>Implemented</p>	<p>LPF agrees to implement both recommendations. Existing third party contracts will be reviewed on a risk prioritised basis.</p>	<p>Estimated Date: 30/09/2017</p> <p>Revised Date: 31/03/2018</p> <p>No of Revisions 1</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
112	<p>LPF - Information Governance</p> <p>Retention and Disposal</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Retention and Disposal</p> <p>Implemented</p>	<p>Recommendations accepted – all actions recommended by Internal Audit will be fully implemented.</p>	<p>Estimated Date: 28/02/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
113	<p>Mortuary Services</p> <p>Mortuary Contingency: Action Plans, Roles and Responsibilities</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Mortuary Contingency: Action Plans, Roles and Responsibilities</p> <p>Started</p>	<p>Work with Corporate Resilience Unit to update contingency plans drafted before transformation review. Work with NHS Lothian to support them taking on the role of host mortuary for mass fatalities, thus easing pressure on Council mortuary.</p>	<p>Estimated Date: 31/03/2017</p> <p>Revised Date: 31/01/2019</p> <p>No of Revisions 3</p>
114	<p>Mortuary Services</p> <p>Risk Register Mitigating Controls</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Risk Register Mitigating Controls</p> <p>Implemented</p>	<p>Work with Environment Service and Place Directorate to update the risk register post transformation review. A mortuary plan is under development and should be completed before the end of December 2016. Implementation by 31/01/2017 is anticipated.</p>	<p>Estimated Date: 31/03/2017</p> <p>Revised Date: 30/06/2018</p> <p>No of Revisions 2</p>
115	<p>Non Housing Invoices</p> <p>Availability of documentation</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>CAFM</p> <p>Started</p>	<p>It is anticipated that CAFM will be in operational use (services being implemented on a rolling programme thereafter) in early 2017 with a non-Housing repairs and maintenance implementation process in place for FY 2017/18.</p>	<p>Estimated Date: 01/04/2017</p> <p>Revised Date: 31/08/2018</p> <p>No of Revisions 2</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
116	<p>Non Housing Invoices</p> <p>Schedule of Rates</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>New non-housing contractor framework</p> <p>Started</p>	<p>The non-Housing contractor framework will be re-tendered during 2017. The inclusion of detailed best-value and due-diligence options will be considered as part of the process. This may include schedule of rates, gain share, penalties etc or a combination.</p>	<p>Estimated Date: 31/08/2017</p> <p>Revised Date: 30/06/2018</p> <p>No of Revisions 2</p>
117	<p>Pension Tax</p> <p>Accuracy of System Based Pension Tax Calculation</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>Recommendation 1 Pending</p>	<p>LPF Management Response - General: In this regard, it is considered that the degree of assurance which can be attained from the long-established and extensive validation regime, including automated regression tests, together with the scale of audit scrutiny across the wider Local Government Pension Schemes, should serve to indicate a low likelihood of fundamental systemic weakness. The rationale for such is covered in detail in response to Recommendations 1 and 2 below. 1. To place in context, it is emphasised that for the annual allowance calculation such data changes by LPF are very limited indeed, i.e. annual input of allowance quantum and date. In respect of externally supplied data tables (sources are Government Actuary's Department, the Fund's Actuary and the software system supplier), these are loaded directly to the system, e.g. through Microsoft Excel. Agreed Action - LPF will ensure that its input of factors by a member of staff (system specialist) is checked either by peer or managerial review.</p>	<p>Estimated Date: 23/04/2018</p> <p>Revised Date: 31/05/2018</p> <p>No of Revisions 1</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
118	Pension Tax Pensions Tax Operational Process Controls Stephen Moir, Executive Director of Resources	Medium	Recommendation 1, 2 & 5 Started	1, 2 and 5. LPF will utilise the functionality of the new employer portal to submit all such data queries and, if required, corrections to the respective employer for confirmation. LPF will amend its procedures to record completion of such validations	Estimated Date: 31/10/2018 Revised Date: No of Revisions 0

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
119	Pension Tax Accuracy of System Based Pension Tax Calculation Stephen Moir, Executive Director of Resources	High	Recommendation 2 Pending	<p>2. Aquila Heywood does not presently hold International Assurance Engagement Standards (IAES) 3402 accreditation. Indeed, none of the tenderers for LPF's recent procurement for pension administration software system made any reference to IAES3402 in response to detailed questions as to quality assurance has been a member of the LGPS Testing Working Party but has declined the opportunity in recent years, given staff resource constraints. Scale and history of Heywood LGPS market: Aquila Heywood is the largest supplier of life and pensions administration software solutions in the UK. The company has been providing pension administration systems to Scottish LGPS authorities for over 20 years and is currently the sole provider to the 11 pension funds in Scotland. It is also the largest supplier, by far, to the LGPS funds in England and Wales. Since 1975, Aquila Heywood has been the chosen technology partner for the Computerised Local Authority Superannuation System (CLASS) group. This now consists of 80 authorities and is the largest membership group of local government, police and fire pension schemes in the UK. Audit of pensions administration calculations LPF is subject to regular review by both Internal and External Audit. Notably, pensions administration calculations have been subject to sample checking on a recurring, at least annual, basis over many years. No evidence of systemic weakness has been identified. This experience is mirrored by other LGPS authorities. Acceptance that assurance is not absolute LPF totally accepts that calculation assurance is not absolute. Aquila Heywood provides a "Known Error List (KEL)" alert and "workarounds" to its clients to enable interim corrective action to be taken, prior to software rectification. LPF has contacted Aquila</p>	Estimated Date: 23/04/2018 Revised Date: 29/03/2019 No of Revisions 1

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
				<p>Heywood and has received the following response: "SOC2 (ISAE 3402) is a priority for Aquila Heywood, our efforts are currently focused on reviewing and implementing a program of change across our internal and hosting infrastructures and ensuring that we are fully prepared for General Data Protection Regulations (GDPR), following which we intend to turn our attention to the requirements for Service Organisation Control (SOC) 2 compliance and reporting. We envisage being in a position to provide more precise timeframes for the implementation and scope of our SOC2 program during Q2 of 2018. As things stand today we can confirm that our hosting provider, Blue Chip, are already SOC2 accredited." Please also refer to the additional responses provided by Aquila Heywood on Altair change controls included at Appendix 2.</p> <p>Agreed Action - LPF will implement the recommendation that it should request and review Aquila Heywood's available industry accreditations and attestations annually. Agreed Action - LPF will review and revise existing technology risks included in their risk register to reflect the specific risks associated with use of systems provided and hosted by external third parties (shadow information technology).</p>	

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
120	Pension Tax Pensions Tax Operational Process Controls Stephen Moir, Executive Director of Resources	Medium	Recommendation 3 & 4 Started	3 and 4: IA recommendations will be fully implemented	Estimated Date: 30/09/2018 Revised Date: No of Revisions 0
121	Pensions Payroll Outsourcing Moorepay Data Security Controls Stephen Moir, Executive Director of Resources	Low	Moorepay Data Security Controls Implemented	Reviews of data security for Moorepay is being considered as part of the preparations for GDPR and in proportion to the relative risks of all LPF's systems and controls. Ongoing assurance will be considered as an integral element of LPF's internal audit planning and risk review processes. Risk and compliance controls have already been updated to address this.	Estimated Date: 29/06/2018 Revised Date: No of Revisions 0
122	Personalisation SDS - Option 3 Data Quality Judith Proctor, Chief Officer	Medium	Data Quality Started	A change management process will be established and overseen by the SDS Infrastructure Steering Group. The inconsistencies in data recording are as a result of numerous 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 recording practice and take these into account. A summary of all changes and the impact on data extraction has also been produced.	Estimated Date: 30/06/2016 Revised Date: 31/10/2018 No of Revisions 5

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
123	Personalisation SDS - Option 3 Sign offs - Personal Care Plans Judith Proctor, Chief Officer	Medium	Sign offs - Personal Care Plans Started	Ensure that there is a mechanism in place on SWIFT for the senior to record that they have signed off the support plan. At present any edits made by the senior at the time of the review will show that the senior has both prepared and reviewed the plan. Data quality reports will be set up to identify any support plan signed off by the assessor who produced the plan. Sector Managers and seniors to ensure appropriate oversight and sign off by senior for the personal care plans	Estimated Date: 30/06/2016 Revised Date: 30/09/2018 No of Revisions 3
124	Planning Control - Building Standards Process and Quality Assurance Paul Lawrence, Executive Director of Place and SRO	High	CCNP Procedure Started	The whole process of construction, compliance and notification plans (CCNP) and site inspection is being reviewed. This has developed a more streamlined method of preparing CCNP documentation which will highlight fewer work stages to be inspected but make clear that the site inspections that result are more comprehensive than at present. All staff have taken part in training on this and when the new process is ready to be implemented there will be further procedural training on that.	Estimated Date: 30/04/2018 Revised Date: No of Revisions 0
125	Planning Control - Building Standards Process and Quality Assurance Paul Lawrence, Executive Director of Place and SRO	High	Deemed Determination - Building Warrants Pending	A Microsoft (MS) Access report has been developed to allow deemed determination warning letters to be sent out to agents and applicants in cases where a first report has been issued but there has been limited activity to resolve the issues raised. From 31 January 2018, letters are now being issued. – Action Complete	Estimated Date: 30/03/2018 Revised Date: No of Revisions 0

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
126	<p>Planning Control - Building Standards</p> <p>Implementation of The Building Standards Continuous Improvement Programme</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>Document and resource management system</p> <p>Pending</p>	<p>ICT are working closely with the Council's IT provided, CGI, to deliver an up-to-date version of the document management and case management systems (Idox and Uniform) and their associated software systems and will ensure that these are delivered in Quarter 2 2018/19.</p>	<p>Estimated Date: 28/09/2018</p> <p>Revised Date: 30/11/2018</p> <p>No of Revisions 1</p>
127	<p>Planning Control - Building Standards</p> <p>Workload Allocation and Management</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>Management Reports - Caseload Allocation</p> <p>Pending</p>	<p>Management reports have been developed using MS Access and MS Excel. These enable managers to accurately track their team's work and ensure they can see allocations, workload and progress of particular cases. These reports have been adapted for individual members of staff. Both sets of reports are proving successful and allowing all staff to better monitor workload. As with quarterly reporting of key performance outcome (KPO) stats, because of the success of the MS Access and Excel reports, the delivery of these reports on Enterprise is not considered essential at this time, however it is intended to implement these by End 2018. A skills matrix is to be developed and implemented to allocate cases to appropriately skilled staff.</p>	<p>Estimated Date: 29/06/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
128	<p>Planning Control - Building Standards</p> <p>Customer Information and Engagement</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>Post Warrant Surveys</p> <p>Pending</p>	<p>Post warrant surveys have been implemented. However so far, feedback has been very limited. As part of a review of the format and content of decision notices that is being undertaken as part of the wider CCNP review, the way in which the feedback for post warrant is highlighted will be amended with the aim of improving uptake.</p>	<p>Estimated Date: 30/04/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
129	<p>Planning Control - Building Standards</p> <p>Workload Allocation and Management</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>Workload Allocation Process</p> <p>Pending</p>	<p>As part of the implementation of MS Access and Excel reports in (1) above, the monitoring of workload within teams and across the service has become more consistent. Coupled with the managers' knowledge of individual staff experience and qualifications, work is being allocated more evenly.</p>	<p>Estimated Date: 30/03/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
130	<p>Port Facility Security Plan</p> <p>Third Party Security arrangements</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Appropriate contractual arrangements with Security company</p> <p>Started</p>	<p>Agreed, The Port Facility Security Officer (PFSO) will draft a document titled “Hawes Pier Cruiseliners Security Procedures – Requirements”, to reflect the City of Edinburgh Council’s PFSO expectations as required by Department for Transport (DfT) of the security company on a cruise liners arrival at Hawes Pier (Complete). Shipping agent / Security company will be sent the “Hawes Pier Cruiseliners Security Procedures – Requirements” document for verbal agreement prior to the cruiseliner season. The Hawes Pier Cruiseliners Security Procedures – Requirements”, document will be sent to the Council Legal team for review. On successful review, the legal team shall prepare a letter to be sent to the shipping agent (Denholm Wilhelmsen), making a formal legal agreement between the shipping agent and Council that this document will form part of the contract between the shipping agent and the security company for cruiseliner arrangements at Hawes Pier, South Queensferry.</p>	<p>Estimated Date: 28/09/2018</p> <p>Revised Date: 01/04/2019</p> <p>No of Revisions 2</p>
131	<p>Project Benefits Realisation</p> <p>Benefits Realisation</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	High	<p>Consolidated Benefits Realisation Plan</p> <p>Started</p>	<p>Recommendation agreed. However, responsibility for Benefits Realisation will remain responsibility of the agreed Benefit Owners.</p>	<p>Estimated Date: 28/09/2018</p> <p>Revised Date: 29/03/2019</p> <p>No of Revisions 2</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
132	Project Benefits Realisation Benefits Realisation Laurence Rockey, Head of Strategy & Insight	High	PG Business Case Review Started	A Working Group has been set up that comprises representation at Head of Service level across departments. This group has a role in reviewing business cases prior to submission to the change board. This group and change board would only be involved in review of significant change business cases.	Estimated Date: 28/06/2018 Revised Date: No of Revisions 0
133	Project Benefits Realisation Benefits Realisation Laurence Rockey, Head of Strategy & Insight	High	Post Implementation Reviews Started	Portfolio and Governance (PG) to schedule and undertake post implementation reviews. Annual schedule to be agreed between PG and Senior Responsible Officers for Portfolio Projects and Programmes, either recently closed or scheduled to close within the next six months. Additionally, PG will develop guidance for Benefits Management which will be available on the Orb.	Estimated Date: 30/06/2018 Revised Date: 31/12/2018 No of Revisions 1
134	Project Benefits Realisation Programme Management Laurence Rockey, Head of Strategy & Insight	Medium	Project & Governance Reporting Started	Reporting arrangements to both the Change Board, Corporate Policy and Strategy and GRBV have been reviewed and agreed. A new dashboard was presented at the Change Board in December and will be refined over the next few months. A workshop with GRBV is also planned and feedback from this will be incorporated within our revised reporting proposals. The proposed delivery unit will have responsibility for identifying, documenting and providing visibility of lessons learned and themes that can be applied to any new projects and programmes. Responsibility for undertaking lessons learned exercise remains the responsibility of individual projects and programmes.	Estimated Date: 29/06/2018 Revised Date: 29/03/2019 No of Revisions 1

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
135	Property Maintenance Facilities Management helpdesk guidance Stephen Moir, Executive Director of Resources	Medium	Hard FM Service Level Agreements Implemented	New Hard Facilities Management (FM) Services SLAs are being developed as part of the AMS Transformation workstream which will give clear guidance to helpdesk and customers on services delivered, prioritisation process and associated timescales. These are anticipated to be in place by April 2017 although the full supplier tender will not be complete to support until December 2017.	Estimated Date: 31/12/2017 Revised Date: 31/12/2019 No of Revisions 1
136	Property Maintenance Monitoring of outstanding jobs Stephen Moir, Executive Director of Resources	Medium	Monitoring of outstanding jobs Started	The AS400 system does not allow recoding or reporting on completion until invoice stage. Contractors are already confirming when jobs complete to agreed SLAs (mechanical and electrical in particular). This includes outstanding jobs. New contracts being procured will require all contracts to report on performance but this is not anticipated to be complete until end 2017 by which time CAFM will also be in place. CAFM will support monitoring of outstanding works orders. In the meantime, as noted in Finding 2, an interim monitoring/tracking process has been developed for condition survey high risk/urgent items.	Estimated Date: 31/12/2017 Revised Date: 31/12/2018 No of Revisions 2
137	Purchasing Budget Management Financial Controls Stephen Moir, Executive Director of Resources	High	Financial Controls - Issue 2 - Rec. 12 Started	The backlog has been addressed and the review process changed to review the full population of client returns every 6 months with effect from January 2018.	Estimated Date: 28/09/2018 Revised Date: 03/12/2018 No of Revisions 1

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
138	Purchasing Budget Management Financial Controls 0	High	Financial Controls - Issue 2 - Rec. 2 Started	Recommendations 2, 3, 5 – 7; 9; and 11 will be addressed within scope of the strategic management action detailed in the Executive Summary at Section 2.	Estimated Date: 25/09/2018 Revised Date: No of Revisions 0
139	Recycling Targets Internal Waste Management Strategy Paul Lawrence, Executive Director of Place and SRO	Medium	Approval of Resource Use Policy Started	Our proposed management action is to approach the Sustainable Development Unit and Facilities Management to establish a working group to review any existing internal waste policy, the purpose being to incorporating this within, and consult on, a refreshed Waste Strategy Document (Ref Action 2). The inclusion of the Sustainable Development Unit is critical in moving forward this action as they hold responsibility for development of the Council's internal waste policy and recording data on internal waste arisings. Waste & Fleet Services will commit to taking the lead in establishment of the internal working group. Opportunities to improve the way in which the Council gathers and records data on its own waste arisings will be a key outcome of the working group. The Council's Trade Waste Service (part of the Waste & Fleet structure) has already met with Facilities Management to identify opportunities to increase the range of recycling opportunities across the Council estate. New services such as food waste recycling will be available in major Council offices such as Waverley Court and is already available across a number of schools.	Estimated Date:30/09/2016 Revised Date:31/08/2018 No of Revisions2

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
140	<p>Recycling Targets</p> <p>Communication of Waste Management Strategy</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Communication of Waste Management Strategy</p> <p>Pending</p>	As outlined within the response to Action 2, it is our intention to refresh the existing strategy and to consult with both internal and external stakeholders to help shape the final strategy. A series of commitments/actions will be a key output from the strategy and progress against individual actions/commitments will form a key part of reporting progress to stakeholders.	<p>Estimated Date: 31/03/2017</p> <p>Revised Date: 31/08/2018</p> <p>No of Revisions 2</p>
141	<p>Resilience BC</p> <p>Resilience responsibilities</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	High	<p>Resilience responsibilities Rec 5</p> <p>Started</p>	Governance arrangements for the Council Resilience Group (CRG) and its subgroups will be considered as part of the regular resilience management review.	<p>Estimated Date: 28/09/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
142	<p>Resilience BC</p> <p>Resilience responsibilities</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	High	<p>Resilience responsibilities Rec 6</p> <p>Started</p>	Formal terms of reference for the CRG will be developed by Resilience and submitted for approval at the September CRG meeting.	<p>Estimated Date: 28/09/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
143	<p>Review of the General Data Protection Regulations Readiness Programme</p> <p>Field Level Documentation to support evidencing compliance with data protection principles (including data minimisation)</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	Medium	<p>Field Level Documentation - Issue 2 rec 1</p> <p>Pending</p>	Data Protection Impact Assessment (DPIA) guidance will be revised to encourage the provision of evidence, when appropriate, as part of the DPIA submission, including field level descriptions.	<p>Estimated Date: 31/10/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
144	<p>Review of the General Data Protection Regulations Readiness Programme</p> <p>Programme Progress and Information Governance Capacity</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	High	<p>Programme Progress and Information Governance Capacity - Issue 1 rec 1 a</p> <p>Pending</p>	The project resource available to the IGU has been reviewed and augmented. The secondment has ended, but the fixed-term contract has been extended to December 2019.	<p>Estimated Date: 28/09/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
145	<p>Review of the General Data Protection Regulations Readiness Programme</p> <p>Programme Progress and Information Governance Capacity</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	High	<p>Programme Progress and Information Governance Capacity - Issue 1 rec 1b</p> <p>Pending</p>	Operational activities will be subject to review and a report made to Corporate Leadership Team (CLT) on longer term resource impacts for the IGU and service areas in meeting statutory requirements.	<p>Estimated Date: 28/09/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
146	<p>Review of the General Data Protection Regulations Readiness Programme</p> <p>Programme Progress and Information Governance Capacity</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	High	<p>Programme Progress and Information Governance Capacity - Issue 1 rec 2</p> <p>Pending</p>	The GDPR Action Plan will be revised to reflect outstanding work, taking into account revised project resource (see above). The GDPR Project will continue to be monitored and any associated risks resulting from operational pressures will be reported through the Council's Change Board.	<p>Estimated Date: 31/08/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
147	<p>Service Level Agreements with Outside Entities</p> <p>Service Level Agreements</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Low	<p>Service Level Agreements PI</p> <p>Pending</p>	Directors will ensure that a service level agreement (SLA) has been established with all arms level organisations (ALEOs) that they support. The SLA should set out all services provided and received by the Council, key activities and deliverables, and the respective roles and responsibilities of the Council and the counterparty. The agreements should be for a one year period and refreshed annually to ensure that agreed services and charges remain appropriate.	<p>Estimated Date: 30/11/2017</p> <p>Revised Date: 31/08/2018</p> <p>No of Revisions 1</p>
148	<p>Service Level Agreements with Outside Entities</p> <p>Service Level Agreements</p> <p>Stephen Moir, Executive Director of Resources</p>	Low	<p>Service Level Agreements Res</p> <p>Pending</p>	Directors will ensure that a service level agreement (SLA) has been established with all arms level organisations (ALEOs) that they support. The SLA should set out all services provided and received by the Council, key activities and deliverables, and the respective roles and responsibilities of the Council and the counterparty. The agreements should be for a one year period and refreshed annually to ensure that agreed services and charges remain appropriate.	<p>Estimated Date: 30/11/2017</p> <p>Revised Date: 29/06/2018</p> <p>No of Revisions 1</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
149	<p>Service Level Agreements with Outside Entities</p> <p>Service Level Agreements</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	Low	<p>Service Level Agreements SI</p> <p>Pending</p>	<p>Directors will ensure that a service level agreement (SLA) has been established with all arms level organisations (ALEOs) that they support. The SLA should set out all services provided and received by the Council, key activities and deliverables, and the respective roles and responsibilities of the Council and the counterparty. The agreements should be for a one year period and refreshed annually to ensure that agreed services and charges remain appropriate.</p>	<p>Estimated Date: 30/11/2017</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
150	<p>Short Term Homelessness Provision</p> <p>Inaccurate Data on Homeless Information System (HIS) Database</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	Medium	<p>Data held on HIS should be audited and cleansed</p> <p>Started</p>	<p>Work is ongoing to migrate the Homelessness Information System (HIS) to Northgate by 31 March 2018. Prior to the system migration, a full data cleanse will take place. Data retention guidelines will be applied fully once Northgate is in place. Currently there is no facility to cleanse HIS and the time and costs to deliver this would prohibitive.</p>	<p>Estimated Date: 31/03/2018</p> <p>Revised Date: 28/02/2019</p> <p>No of Revisions 2</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
151	<p>Social Work Centre Bank Account Reconciliations</p> <p>Corporate Appointee Client Fund Management</p> <p>Stephen Moir, Executive Director of Resources</p>	High	Recommendation 1b - Business Support Started	<p>Business Support: Business Support will enable the review of current processes and guidelines in conjunction with Hub and Cluster Managers with sign off at the Locality Managers Forum. Business support will review all Corporate Appointee accounts and contact the relevant social worker, support worker or hub where the funds are over £16K for immediate review. Business support will advise social work when the funds exceed £16K where there is not a valid reason (for example, client deceased and social worker discussing estate with solicitor). Clarity on contact with Department of Work and Pensions (DWP) is being progressed and will be written into the new guidelines. Regular reporting will be introduced from the revised systems being implemented. This will be provided monthly at Senior Social Work level and annually for HSC management.</p>	<p>Estimated Date: 31/05/2018</p> <p>Revised Date: 28/06/2019</p> <p>No of Revisions 1</p>
152	<p>Social Work Centre Bank Account Reconciliations</p> <p>Corporate Appointee Client Fund Management</p> <p>Judith Proctor, Chief Officer</p>	High	Recommendation 2 Started	<p>New guidelines will be written to ensure clarity of responsibilities. Sections will be included detailing Social Work; Business Support; and Transactions team responsibilities. The objective is to create and implement an end to end process that includes eligibility criteria, DWP processes and a full administrative process that will be applied centrally and across Locality offices; clusters; and hubs.</p>	<p>Estimated Date: 30/04/2018</p> <p>Revised Date: 28/06/2019</p> <p>No of Revisions 1</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
153	<p>Social Work Centre Bank Account Reconciliations</p> <p>Corporate Appointee Client Fund Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Recommendation 3</p> <p>Started</p>	<p>Disability residential and day clients cash administration is currently being reviewed and updated. Robust processes have already been implemented and further processes are scheduled for review. Deceased client process will be a section within the main guidelines and the update of these processes is in progress.</p>	<p>Estimated Date: 30/04/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
154	<p>Social Work Centre Bank Account Reconciliations</p> <p>Corporate Appointee Client Fund Management</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>Recommendation 4</p> <p>Implemented</p>	<p>Each individual property will be reviewed to minimise the risk of cash movement across main offices and protocols put in place for each.</p>	<p>Estimated Date: 29/06/2018</p> <p>Revised Date: 30/11/2018</p> <p>No of Revisions 1</p>
155	<p>Social Work Centre Bank Account Reconciliations</p> <p>Corporate Appointee Client Fund Management</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>Recommendation 5</p> <p>Started</p>	<p>Monitoring of all client cash is held on a separate spreadsheet that the Business Support Officer will sign off weekly. The business support team manager will check against the new procedure and countersign monthly.</p>	<p>Estimated Date: 31/05/2018</p> <p>Revised Date: 30/11/2018</p> <p>No of Revisions 1</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
156	<p>Social Work Centre Bank Account Reconciliations</p> <p>Corporate Appointee Client Fund Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Recommendation 6</p> <p>Started</p>	<p>Disability Day & Residential processes will be included in the new procedures under a specific section and will include the requirement to document and retain evidence of transactions, and ensure that cash balances are appropriately secured.</p>	<p>Estimated Date: 31/05/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
157	<p>Social Work Centre Bank Account Reconciliations</p> <p>Corporate Appointee Client Fund Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Recommendation 7</p> <p>Started</p>	<p>Monthly reconciliation by Business Support Officers in Disability Day & Residential has already been implemented</p>	<p>Estimated Date: 30/04/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
158	<p>Social Work Centre Bank Account Reconciliations</p> <p>Corporate Appointee Client Fund Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Recommendation 8</p> <p>Started</p>	<p>Refresher training will be offered as part of the implementation of the new guidelines to all staff involved in the process, and recorded on staff training records. The training will also be incorporated into the new staff induction process.</p>	<p>Estimated Date: 31/05/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
159	<p>Social Work: Pre-Employment Verification</p> <p>Recruitment of Existing Employees</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>Recruitment of Existing Employees</p> <p>Pending</p>	<p>Locality Managers to obtain confirmation from their recruiting managers that nominated candidates are being requested to bring their PVG certificate to the pre-employment checks meeting. This requirement has been effectively communicated to all relevant managers / staff and a mechanism will be introduced to ensure that the requirement is being adhered too. This procedure will be embedded within the HSC and Safer & Stronger Communities protocol.</p>	<p>Estimated Date: 31/03/2017</p> <p>Revised Date: 30/04/2018</p> <p>No of Revisions 1</p>
160	<p>Waste & Cleansing Health & Safety</p> <p>Significant incident / emergency procedure</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recommendation 1 2</p> <p>Started</p>	<p>In conjunction with colleagues in Resilience develop an emergency procedure, to include a specific bomb threat procedure, for Waste and Cleansing Services. Once developed to ensure that procedures are communicated to all staff via toolbox talks.</p>	<p>Estimated Date: 28/09/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
161	<p>Waste & Cleansing Health & Safety</p> <p>Significant incident / emergency procedure</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recommendation 1.1</p> <p>Pending</p>	<p>Arrange workshop with Resilience to understand the requirements of significant incident and escalation procedures. Develop the procedure and arrange tool box talks with staff to cascade the procedure.</p>	<p>Estimated Date: 28/09/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
162	<p>Waste & Cleansing Health & Safety</p> <p>Operational health and safety roles and responsibilities</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recommendation 2.1 and 2.2</p> <p>Started</p>	1. and 2 - In conjunction with Property and Facilities Management produce list of site and equipment checks to be carried out and agree responsibilities.	<p>Estimated Date: 31/07/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
163	<p>Waste & Cleansing Health & Safety</p> <p>Operational health and safety roles and responsibilities</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recommendation 2.3 and 2.4</p> <p>Started</p>	3. and 4 - Co-develop Health and Safety (HS) Roles and Responsibilities for each site and provide to relevant Managers on site.	<p>Estimated Date: 31/10/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
164	<p>Waste & Cleansing Health & Safety</p> <p>Supervisory assurance</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recommendation 3.1</p> <p>Started</p>	To hold briefings with all Drivers / Crew Leaders to reinforce HS roles and responsibilities.	<p>Estimated Date: 31/07/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
165	Waste & Cleansing Health & Safety Health and safety training Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 4.1 Started	Develop Business Case for training officer roles and, if approved, recruit.	Estimated Date: 28/09/2018 Revised Date: No of Revisions 0
166	Waste & Cleansing Health & Safety Health and safety training Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 4.2 Started	Identify within training matrix the training that is core and non-core.	Estimated Date: 28/09/2018 Revised Date: No of Revisions 0
167	Waste & Cleansing Health & Safety Health and safety training Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 4.3 Started	Work with HR to define procedure for training compliance. Ensure Training consultation with staff covers non-attendance.	Estimated Date: 31/10/2018 Revised Date: No of Revisions 0
168	Waste & Cleansing Health & Safety Health and safety training Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 4.4 Pending	Review training delivered to substantive Supervisors against the induction package for Trainee Supervisors. Develop and carry out plan to fill knowledge/training gaps for substantive supervisors	Estimated Date: 31/10/2018 Revised Date: No of Revisions 0

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
169	<p>Waste & Cleansing Health & Safety</p> <p>Health and safety metrics</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Low	<p>Recommendation 5.1</p> <p>Started</p>	<p>Request reporting training for Waste and Cleansing Managers on reporting functions within the SHE Accident and Investigation system and include monthly HS performance and trend reports on Operations and Senior Management Team meeting agendas</p>	<p>Estimated Date: 31/07/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
170	<p>Waste & Cleansing Health & Safety</p> <p>Health and safety metrics</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Low	<p>Recommendation 5.2</p> <p>Started</p>	<p>HS performance to be included within Looking Ahead conversations</p>	<p>Estimated Date: 31/07/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>