Governance, Risk, and Best Value Committee

10.00am, Tuesday, 7 May 2019

Internal Audit: Overdue Findings - Refreshed Directorate Action Plans

Item number	8.3
Executive/routine	
Wards	
Council Commitments	

1. Recommendations

1.1 It is recommended that the Committee notes the refreshed management action plans provided by Directorates to address Internal Audit (IA) findings that are more than three months overdue.

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Report

Internal Audit: Overdue Findings - Refreshed Directorate Action Plans

2. Executive Summary

2.1 Of the 39 IA findings that were more than 3 months overdue as at 25 March 2019, one has been closed and a further 13 have been passed to IA for review to confirm whether they can be closed.

2.2 Management has provided refreshed action plans and revised implementation dates for seven findings.

2.3 Management has confirmed that they will continue to focus on implementing the originally agreed management actions for the remaining 18 findings.

3. Background

3.1 In February 2019, the Corporate Leadership Team highlighted that resolving overdue findings was proving challenging due to their complexity. It was agreed that Directorates would review and refresh their agreed management actions for any findings that are more than three months overdue (including the historic reopened findings) to assess whether alternative actions could be implemented to address the identified risks.

3.2 The IA definition of an overdue finding is any finding where all agreed management actions have not been evidenced as implemented by management, and validated as closed by IA by the date agreed by management and IA, and recorded in relevant IA reports.

3.3 This report specifically excludes open and overdue findings that relate to the Edinburgh Integration Joint Board (EIJB) and the Lothian Pension Fund (LPF). These are reported separately to the EIJB Audit and Risk Committee and the Pensions Audit Sub Committee respectively.

4. Main report

4.1 As at 25 March 2019, there were 39 IA findings (9 High; 26 Medium; and 4 Low) that were more than three months overdue (including the historic reopened findings), allocated across the Directorates as follows:

   4.1.1 Place - 11 (3 High; 7 Medium and 1 Low);

   4.1.2 Communities and Families – 1 (Medium);

   4.1.3 Health and Social Care – 11 (2 High; 7 Medium; and 2 Low);

   4.1.4 Resources – 11 (2 High; 8 Medium; and 1 Low); and

   4.1.5 Strategy and Communications – 5 (2 High; and 3 Medium).

4.2 One finding has since been closed (Strategy and Communications) and a total of 13 findings (10 from Resources and 3 from Place) have now been passed to IA for review to confirm whether they can be closed, leaving a balance of 25 findings to be considered.

4.3 Refreshed management actions have been provided for seven of the remaining 25 findings as follows:

   4.3.1 Place – 3 Medium rated findings

   4.3.2 Health and Social Care – 3 findings (1 High and 2 Medium).

   4.3.3 Strategy and Communications – 1 Medium

4.4 Management has confirmed that they will continue to focus on implementation of the originally agreed management actions for the remaining 18 findings.

4.5 Further detail on the 25 findings and 47 associated management actions that were considered by management, and the outcomes of their review is included at Appendix 1.

5. Next Steps

5.1 IA will now monitor progress with delivery of the refreshed management actions and the revised implementation dates as part of our established ongoing follow-up process.

6. Financial impact

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

Governance, Risk, and Best Value Committee, 7 May 2019

7. Stakeholder/Community Impact

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

8. Background reading/external references

8.1 None

9. Appendices

Appendix 1 – Refreshed Directorate Management Actions to Address Historic Findings

Appendix 1 - Refreshed Directorate Action Plans for Management Actions Overdue by More Than Three Months

Glossary of terms

- Project – This is the project code and title for each audit.

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

- Issue type – This is the risk rating assigned to the finding.

- Issue & status – This is the title of the finding and the current status of the associated management action. These are categorised as either Pending (the action is open and there has been no progress towards implementation), or Started (the action is open and work is ongoing to implement the management action).

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

- Original implementation date – the original agreed date by which the management action would be fully implemented.

- Revised management action – The updated progress towards implementation of the management action, provided by the directorates in February 2019.

- Revised implementation date – the current revised date.

- Number of revisions – the number of times the date has been revised post implementation of TeamCentral in July 2018

Ref	Project & Owner	Issue Type	Issue & Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
					Historic findings			
1	CG1502 Use of Demographics in the Budgeting Process Judith Proctor, Chief Officer	Medium	Issue 1 Health and Social Care Demographic Provision Started	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).	31/08/2016	**Refreshed Action** This finding will now be incorporated in a High rated finding raised in the EIJB Social Care Commissioning report (EIJB 1702). Health and Social Care has now provided an action plan for the EIJB finding to IA for review that includes this finding. If IA is comfortable with the action plan, this finding will be closed and tracked through the EIJB High rated finding.	31/03/19	3
2	CG1515 Laurence Rockey, Head of Strategy & Insight	Medium	Issue 2 Training Started	Information Governance Unit 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	31/12/2016	**No change to action** With IA for validation (28 March). Information Governance self-assessment rolled out but needed to be extended to 31 March 2019 to allow for evidence that it was	31/03/19	3

					Historic findings			
Ref	Project & Owner	Issue Type	Issue & Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
						embedded across services.

Self-assessment model is in progress and has been rolled out to Communities and Families, Health and Social Care, and Strategy and Communications. Participation has been positive, and results are currently being collated and assessed. Further roll out to Corporate Resources has been scheduled for March. While Place have yet to confirm roll out dates, there is confidence that the stated deadline will be met. | | |
| 3 | CW1502

Laurence Rockey, Head of Strategy & Insight | Medium | Issue 4 Governance Reporting

Started | Executive Directors have been assigned responsibility for Arms Length Companies and are responsible for ensuring that the respective Executive Committee can provide appropriate scrutiny. A report addressing proposed scrutiny arrangements will be | 30/09/16 | **No change to action.**

Action plan implemented and with IA for validation.

Arrangements for monitoring of residual risk is set out within the work programmes of | | |

					Historic findings			
Ref	Project & Owner	Issue Type	Issue & Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
				considered by Council on 2 June 2016.		GRBV and the executive committees		
4	ED1501 Paul Lawrence, Executive director of Place and SRO	Medium	Issue 1 Resource risk with delivering the SEAP programme Started	The Communications Plan will be rolled out.	31/01/2016	==No change to action.== The SEAP programme runs up until 2022. An audit of the Council's sustainability activities has recently been concluded and the findings are currently being considered. A review of current resourcing will be undertaken to ensure these are aligned to the audit findings. The approach to Communications and Risk will then be reviewed in line with plans and resources	31/12/19	3
5	ED1501 Paul Lawrence, Executive director of Place and SRO	Medium	Issue 1 Resource risk with delivering the SEAP programme Started	A risk register will be developed as part of the reporting to Committee. Resourcing the Sustainable Energy Action Plan is still an ongoing concern. As the Council Transformation Programme progresses, it will be crucial to ensure existing resources are in place (as far	30/04/2016	==No change to action.== The SEAP programme runs up until 2022. An audit of the Council's sustainability activities has recently been concluded and the findings are currently	31/12/19	3

Historic findings								
Ref	Project & Owner	Issue Type	Issue & Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
				as possible) to ensure delivery of the Sustainable Energy Action Plan		being considered. A review of current resourcing will be undertaken to ensure these are aligned to the audit findings. The approach to Communications and Risk will then be reviewed in line with plans and resources		
6	HSC1502 Swift Access Control Judith Proctor, Chief Officer	Low	Issue 1 Lack of routine monitoring of users Started	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.	30/04/16	**No change to action** Due to resourcing restrictions, Human Resources Organisational Development and Information Communication Technology Development Team were unable to deliver a module back in 2016, however it remained in the pipelines. Organisation Development were only able to 'greenlit' the module in December 2018 with development work beginning in 21	30/09/19	3

						Historic findings			
Ref	Project & Owner	Issue Type	Issue & Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
		■				January 2019. Information Communication Technology Development Team anticipate the work to be completed by June 2019 with services implementing the training by July/August 2019. Ongoing monitoring and assurance oversight to be undertaken through the Assurance Oversight Group.		
7	RES1617 – Information Governance Framework Laurence Rockey, Head of Strategy & Insight	High	Issue 1 Information Security Started	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	31/12/16	**No change to action** With IA for validation (28 March). Now being dealt with by the Cyber Resilience Planning Group. Information Governance self-assessment model is in progress and scheduled to be completed within stated deadlines. Any information security risks identified through this	31/03/19	2

Ref	Project & Owner	Issue Type	Issue & Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
		High		the Schools Assurance Framework.		process will be escalated to the Cyber Resilience Planning Group.		
8	RES1617 – Information Governance Framework Laurence Rockey, Head of Strategy & Insight	High	Issue 1 Information Security Started	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.	31/12/16	**No change to action** With IA for validation (28 March). Information Governance self-assessment rolled out but needed to be extended to 31 March 2019 to allow for evidence that it was embedded across services. Information Governance self-assessment model is in progress and scheduled to be completed within stated deadlines. Any information security risks	31/03/19	3

Ref	Project & Owner	Issue Type	Issue & Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
			Historic findings					
						identified through this process will be escalated to the Cyber Resilience Planning Group.		
9	RES1617 – Information Governance Framework Laurence Rockey, Head of Strategy & Insight	Medium	Issue 2 Information governance readiness Started	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.	31/08/2016	**Refreshed action** At a strategic level, data quality issues will be identified and communicated to services through the Information Board that has now been established (March 2019). At a tactical level, services will be supported through the introduction of a data warehouse (implementation date to be confirmed) that will identify specific data quality risks and issues within core systems that will be shared with the Information Board and services as appropriate for action A Project Initiation Document for the Data	31/03/19	1

The table header "Historic findings" spans the full width of the table.

Ref	Project & Owner	Issue Type	Issue & Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
						Warehouse to be created by March 2019.

Until the data warehouse is implemented, management is prepared to accept this risk. | | |
| 10 | RES1617 – Information Governance Framework

Laurence Rockey, Head of Strategy & Insight | Medium | Issue 2 Information governance readiness

Started | The establishment of data services under the new Strategy & Insight Division will help to identify data quality issues from source systems. Data Services will feed back to services and Data Council. | 31/07/16 | **Refreshed action**

As above | 31/03/19 | 1 |
| 11 | RES1617 – Information Governance Framework

Laurence Rockey, Head of Strategy & Insight | Medium | Issue 2 Information governance readiness

Started | The Information Governance Unit has completed the development of content for an annual information governance maturity model that will assess Information Governance 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 | 31/12/16 | **Refreshed action**

As above | 31/03/19 | 1 |

Historic findings								
Ref	Project & Owner	Issue Type	Issue & Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
				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				
12	SFC1502 Paul Lawrence, Executive director of Place and SRO	Medium	Issue 1 Effective monitoring within uniform Started	Team managers can already review progress. This arrangement will be formalised and recorded so it can be evidenced.	31/01/16	**Refreshed Action** Finding will be replaced by a new High rated raised in the Developer Contribution IA review completed in April The new finding will continue to be reported as overdue based on the agreed implementation date of the original finding (31 January 2016).	N/A	2

Historic findings							
Ref	Project & Owner	Issue Type	Issue & Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
13	SFC1502 Paul Lawrence, Executive director of Place and SRO	Medium	Issue 1 Effective monitoring within uniform Started	This will be taken forward as part of exercise outlined above.	31/01/16	**Refreshed Action** Finding will be replaced by a new High rated raised in the Developer Contribution IA review completed in April The new finding will continue to be reported as overdue based on the agreed implementation date of the original finding (31 January 2016).	N/A	2
14	SFC1502 Paul Lawrence, Executive director of Place and SRO	Medium	Issue 3 Review of historic contributions Started	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	31/01/16	**Refreshed Action** Finding will be replaced by a new High rated raised in the Developer Contribution IA review completed in April The new finding will continue to be reported as overdue based on the agreed implementation date of the original finding (31 January 2016).	N/A	1

				Historic findings				
Ref	Project & Owner	Issue Type	Issue & Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
				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.				

Historic findings								
Ref	Project & Owner	Issue Type	Issue & Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
15	SFC1502 Paul Lawrence, Executive director of Place and SRO	Medium	Issue 4 Reporting Pending	Planning Information Bulletins are now being used to advise managers and Planning Committee members of progress on matters. Developer Contributions will be done annually	31/10/15	**Refreshed Action** Finding will be replaced by a new High rated raised in the Developer Contribution IA review completed in April The new finding will continue to be reported as overdue based on the agreed implementation date of the original finding (31 January 2016).	N/A	2
16	SFC1502 Paul Lawrence, Executive director of Place and SRO	Medium	Issue 4 Reporting Pending	The review of the Internal Working Arrangements process will revisit roles and responsibilities for S75 agreements from 'start to finish' of process.	30/06/16	**Refreshed Action** Finding will be replaced by a new High rated raised in the Developer Contribution IA review completed in April The new finding will continue to be reported as overdue based on the agreed implementation date of the original finding (31 January 2016).	N/A	1

Historic findings								
Ref	Project & Owner	Issue Type	Issue & Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
17	SFC1502 Paul Lawrence, Executive director of Place and SRO	Medium	Issue 4 Reporting Started	This has been established while the Audit has been underway. See Corporate Leadership Group report on Local Development Plan Action Programme – Governance Arrangements.	31/10/15	**Refreshed Action** Finding will be replaced by a new High rated raised in the Developer Contribution IA review completed in April The new finding will continue to be reported as overdue based on the agreed implementation date of the original finding (31 January 2016).	N/A	2

Current findings more than 180 days overdue								
Ref	Project Name and Owner	Issue Type	Issue and Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
18.	HSC1701 H&SC Care Homes – Corporate Report Judith Proctor, Chief Officer	High	A1.2 Gylemuir 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	30/04/18	**Refreshed Action** Proposal to close down Gylemuir was presented to the IJB on 29 March 2019. Progress on this item will be paused pending further information/development of closure plans.	31/05/19	1

Ref	Project Name and Owner	Issue Type	Issue and Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
				Current findings more than 180 days overdue				
				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				
19.	HSC1701 H&SC Care Homes – Corporate Report Judith Proctor, Chief Officer		A1.2 Gylemuir Started	Action plan developed in discussion with Care Inspectorate. Gylemuir action group set up with monthly meetings to monitor outputs and outcomes	28/02/18	**Refreshed Action** Proposal to close down Gylemuir was presented to the IJB on 29 March 2019. Progress on this item will be paused pending further information/development of closure plans.	31/05/19	1
20.	HSC1701	Medium	A2.2: Purchasing Controls Started	All requisitioners / authorisers listed and limits will be reviewed, agreed, and formally documented. Discussions will be held with Finance and revised limits	31/03/18	**No change to action.** Delay caused in gaining Oracle access for NHS Staff.	31/05/19	4

				Current findings more than 180 days overdue				
Ref	Project Name and Owner	Issue Type	Issue and Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
	H&SC Care Homes – Corporate Report Judith Proctor, Chief Officer	Medium		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.				
21.	HSC1701 H&SC Care Homes – Corporate Report Judith Proctor, Chief Officer	Medium	A2.2: Purchasing Controls Started	Current approval guidelines and requisitioners / authorisers established to reflect new locality structure. Cluster Managers will approve any invoices that are outwith the authority limits for Unity Managers.	28/02/18	**No change to action.** Delay caused in gaining Oracle access for NHS Staff.	31/05/19	3

					Current findings more than 180 days overdue			
Ref	Project Name and Owner	Issue Type	Issue and Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
22.	HSC1701 H&SC Care Homes – Corporate Report Judith Proctor, Chief Officer	Medium	A2.3 Welfare Fund and Outings Funds 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.	31/07/18	**No change to action.** Ownership has been recently transferred from Resources to the Partnership. It will be closed when self-assurance framework is launched in February. Revised date of July to enable the framework to embed and support IA validation.	31/07/19	2
23.	HSC1701 H&SC Care Homes – Corporate Report Judith Proctor, Chief Officer	Medium	A2.3 Welfare Fund and Outings Funds 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.	31/07/18	**No change to action.** Ownership has been recently transferred from Resources to the Partnership. It will be closed when self-assurance framework is launched in February. Revised date of July to enable the framework to embed and support IA validation.	31/07/19	2

Ref	Project Name and Owner	Issue Type	Issue and Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
				Current findings more than 180 days overdue				
24.	HSC1701 H&SC Care Homes – Corporate Report Judith Proctor, Chief Officer	Low	A2.7 Resident's Assets on Death Started	Form 309 to be reviewed. Assigned to Business Support Officers to review and update in liaison with Unit Managers.	28/02/18	<mark>No change to action.</mark> Ownership has been recently transferred from Resources to the Partnership. It will be closed when self-assurance framework is launched in February. Revised date of July to enable the framework to embed and support IA validation.	31/07/19	2
25.	HSC1701 H&SC Care Homes – Corporate Report Judith Proctor, Chief Officer	Medium	A3.3 Performance and Attendance Management Started	Health and Social Care Teams will ensure that annual performance conversations (once completed) are recorded on the iTrent system.	30/06/18	<mark>No change to action.</mark> Ownership recently transferred from Resources to the Partnership. The majority of annual performance conversations have been completed and recorded with the exception of Gylemuir. Proposal to close down Gylemuir was presented to the IJB on 29 March 2019. Evidence will now be collated for remainder of	31/07/19	1

Ref	Project Name and Owner	Issue Type	Issue and Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
						care homes and provided to IA		

Current findings more than 180 days overdue

Ref	Project Name and Owner	Issue Type	Issue and Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
					Current findings more than 180 days overdue			
26.	HSC1701 H&SC Care Homes – Corporate Report Judith Proctor, Chief Officer	Medium	A3.3 Performance and Attendance Management Started	Health and Social Care Teams will ensure that managing attendance workshops have been attended by all Health and Social Care line managers in Care Homes.	30/06/18	**Refreshed Action** The Council suspended its 'Managing Attendance Workshop' while it was reviewing its policy which caused delays in implementing this item. The Partnership currently has a project manager who has been actively working with Care home Managers for absence management through the workforce planning strategy stream. Aiming to have new CeCil Online Module completed by February 2019 with evidence provided to IA for validation by end May.	31/05/19	2

**Current findings more than 180 days overdue**
Ref	Project Name and Owner	Issue Type	Issue and Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
27.	HSC1701 H&SC Care Homes – Corporate Report Judith Proctor, Chief Officer	Medium	A3.3 Performance and Attendance Management Started	This is the responsibility of the Unit manager for their direct reports. The Business Support Officer will ensure that the Unit Manager is aware on a monthly basis for Domestics 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.	30/06/18	**No change to action.** Ownership has been recently transferred from Resources to the Partnership. It will be closed when self-assurance framework is launched in February. Revised date of July to enable the framework to embed and support IA validation.	31/07/19	1
28.	HSC1701 H&SC Care Homes – Corporate Report Judith Proctor, Chief Officer	Medium	A3.3 Performance and Attendance Management Started	This is the responsibility of the Unit manager for their direct reports. The Business Support Officer will ensure that the Unit Manager is aware on a monthly basis for Domestics 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.	30/06/2018	**Closed – 27/03/2019** Duplicate management action - 2 separate actions were originally raised Resources and Health and Social Care. These have now been combined and this action has been closed.	N/A	1

	Current findings more than 180 days overdue							
Ref	Project Name and Owner	Issue Type	Issue and Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
29.	HSC1701 H&SC Care Homes – Corporate Report Judith Proctor, Chief Officer	Medium	A3.4 Agency Staffing Started	The Business Support Officer will assist the Unit Manager (See A2.1). A paper is being presented to the Health and Social Care Senior Management Team week commencing 15th January 2018 that proposes a solution where information will be provided to Locality Managers who will prepare reports for Care Homes. If this solution is agreed, it will be implemented immediately.	31/03/18	**No change to action** Internal Audit have requested additional evidence.	30/04/19	2
30.	HSC1715 Edinburgh Alcohol and Drug Partnership(EDAP) – Contract Management Judith Proctor, Chief Officer	Medium	Key Person Dependency and Process Documentation Started	Records retention policy: Direction will be requested from the Information Governance team in relation to Records Management Policy requirements and how they should be applied to retention, archiving and destruction of contract management information. Any lessons learned will be shared with the Health and Social Care contracts management team.	31/03/18	**No change to action** A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by Internal Audit in October 2018. They returned the document with comments which needs to be reviewed by the Edinburgh Alcohol and Drug Partnership Officer and a Contract Officer.	31/05/19	2

					Current findings more than 180 days overdue			
Ref	Project Name and Owner	Issue Type	Issue and Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
						Improvement Plan in place with regular updates to Interim Head of Strategic Planning		
31.	HSC1715 Edinburgh Alcohol and Drug Partnership(EDAP) – Contract Management Judith Proctor, Chief Officer	Medium	Key Person Dependency and Process Documentation 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 core group by January 2018.	31/01/18	**No change to action** A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by Internal Audit in October 2018. They returned the document with comments which needs to be reviewed by the Edinburgh Alcohol and Drug Partnership Officer and a Contract Officer. Improvement Plan in place with regular updates to Interim Head of Strategic Planning	31/05/19	2

						Current findings more than 180 days overdue		
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32.	HSC1715 Edinburgh Alcohol and Drug Partnership(EDAP) – Contract Management Judith Proctor, Chief Officer	Medium	Key Person Dependency and Process Documentation 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 Edinburgh Alcohol and Drug Partnership core group by January 2018.	31/01/18	**No change to action** A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by Internal Audit in October 2018. They returned the document with comments which needs to be reviewed by the Edinburgh Alcohol and Drug Partnership Officer and a Contract Officer. Improvement Plan in place with regular updates to Interim Head of Strategic Planning	31/05/2019	2

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Ref	Project Name and Owner	Issue Type	Issue and Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
33.	HSC1715 Edinburgh Alcohol and Drug Partnership(EDAP) – Contract Management Judith Proctor, Chief Officer	Medium	Key Person Dependency and Process Documentation 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 Edinburgh Alcohol and Drug Partnership core group by January 2018.	31/01/18	**No change to action** A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by Internal Audit in October 2018. They returned the document with comments which needs to be reviewed by the Edinburgh Alcohol and Drug Partnership Officer and a Contract Officer. Improvement Plan in place with regular updates to Interim Head of Strategic Planning	31/05/2019	2

				Current findings more than 180 days overdue				
Ref	Project Name and Owner	Issue Type	Issue and Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
34.	HSC1715 Edinburgh Alcohol and Drug Partnership(EDAP) – Contract Management Judith Proctor, Chief Officer	High	Risk and Supplier Performance 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.	31/03/18	==No change to action== A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by Internal Audit in October 2018. They returned the document with comments which needs to be reviewed by the Edinburgh Alcohol and Drug Partnership Officer and a Contract Officer. Improvement Plan in place with regular updates to Interim Head of Strategic Planning	31/05/19	2
35.	HSC1715 Edinburgh Alcohol and Drug Partnership(EDAP) – Contract Management Judith Proctor, Chief Officer	High	Risk and Supplier Performance Management 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,	31/01/18	==No change to action== A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by Internal Audit in October 2018. They returned the document	31/05/19	2

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				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 core group by January 2018.		with comments which needs to be reviewed by the Edinburgh Alcohol and Drug Partnership Officer and a Contract Officer. Improvement Plan in place with regular updates to Interim Head of Strategic Planning		

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36.	HSC1715 Edinburgh Alcohol and Drug Partnership(EDAP) – Contract Management Judith Proctor, Chief Officer	High	Risk and Supplier Performance Management Pending	The Health and Social Care quality assurance 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 Quality Assurance 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.	31/01/18	==No change to action== A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by Internal Audit in October 2018. They returned the document with comments which needs to be reviewed by the Edinburgh Alcohol and Drug Partnership Officer and a Contract Officer. Improvement Plan in place with regular updates to Interim Head of Strategic Planning	31/05/19	1
37.	HSC1715 Edinburgh Alcohol and Drug Partnership(EDAP) – Contract Management Judith Proctor, Chief Officer	High	Risk and Supplier Performance Management 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	30/03/2018	==No change to action== A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by Internal Audit in October 2018. They	31/05/2019	2

Ref	Project Name and Owner	Issue Type	Issue and Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
				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 core group by January 2018.		returned the document with comments which needs to be reviewed by the Edinburgh Alcohol and Drug Partnership Officer and a Contract Officer. Improvement Plan in place with regular updates to Interim Head of Strategic Planning		
38.	HSC1715 Edinburgh Alcohol and Drug Partnership(EDAP) – Contract Management Judith Proctor, Chief Officer	High	Risk and Supplier Performance Management 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	30/03/18	**No change to action** A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by Internal Audit in October 2018. They returned the document with comments which needs to be reviewed by the Edinburgh Alcohol and Drug Partnership	31/05/2019	2

Ref	Project Name and Owner	Issue Type	Issue and Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
		 		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 core group by January 2018.		Officer and a Contract Officer. Improvement Plan in place with regular updates to Interim Head of Strategic Planning		
39.	HSC1715 Edinburgh Alcohol and Drug Partnership(EDAP) – Contract Management Judith Proctor, Chief Officer	Medium	Supplier Sustainability Started	A supplier sustainability risk will be recorded in the risk register to be developed by March and implemented by March 2018	31/03/18	==No change to action== A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by Internal Audit in October 2018. They returned the document with comments which needs to be reviewed by the Edinburgh Alcohol and Drug Partnership Officer and a Contract Officer. Improvement Plan in place with regular updates to Interim Head of Strategic Planning	31/05/19	2

Current findings more than 180 days overdue

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Ref	Project Name and Owner	Issue Type	Issue and Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
40.	HSC1715 Edinburgh Alcohol and Drug Partnership(EDAP) – Contract Management Judith Proctor, Chief Officer	Medium	Supplier Sustainability Pending	Contingency plans will be developed, discussed with existing suppliers, and approved by the Core Group.	31/01/18	No change to action A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by Internal Audit in October 2018. They returned the document with comments which needs to be reviewed by the Edinburgh Alcohol and Drug Partnership Officer and a Contract Officer. Improvement Plan in place with regular updates to Interim Head of Strategic Planning	31/05/19	1
41.	PL1601 Recycling Targets Paul Lawrence, Executive Director of Place and SRO	Medium	Communication of Waste Management Strategy Pending	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	31/03/17	No change to action As part of the refreshed strategy, an action plan was prepared and published. This is published on the Council website for stakeholder review and feedback. The action plan is reviewed monthly and	Information to be sent to Internal Audit for review.	2

Ref	Project Name and Owner	Issue Type	Issue and Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
				against individual actions/commitments will form a key part of reporting progress to stakeholders.		any feedback is considered.		
42.	PL1705 Local Development Plan Paul Lawrence, Executive Director of Place and SRO	High	Financial Modelling Started	Challenge of infrastructure proposals will be performed at the Local Development Plan Action Programme oversight group. Complete and agree Financial Model of 2018 Local Development Plan Action Programme. Annual Report to Corporate Leadership Team and Finance and Resources Committees. Prepare update to Financial Model in line with next Local Development Plan project plan.	31/03/18	No change to action. Challenge of new infrastructure items for the forthcoming City Plan action programme and preparation for financial model for City Plan action programme will take place at proposed plan stage. The timetable for City Plan project has critical dependency of approval of SDP2 by Scottish Ministers. As of March 2019 SDP2 approval has not yet been received. An anticipated date for proposed City Plan action programme and its financial model is May 2020 but this cannot be confirmed until SDP2 approval is received.	29/05/20	2

Ref	Project Name and Owner	Issue Type	Issue and Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
					Current findings more than 180 days overdue			
43.	PL1705 Local Development Plan Paul Lawrence, Executive Director of Place and SRO	Medium	Governance Arrangements Over Infrastructure Appraisals Started	Establish and agree appropriate roles, resources and the responsibilities for delivery the above matters as an early action in the project plan for Local Development Plan 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)	31/03/18	==No change to action.== Challenge of new infrastructure items for the forthcoming City Plan action programme and preparation for financial model for City Plan action programme will take place at proposed plan stage. The timetable for City Plan project has critical dependency of approval of SDP2 by Scottish Ministers. As of March 2019 SDP2 approval has not yet been received. An anticipated date for proposed City Plan action programme and its financial model is May 2020 but this cannot be confirmed until SDP2 approval is received.	29/05/20	2
44.	PL1706 Waste & Cleansing Health & Safety	Low	Health and Safety Metrics Started	Health and Safety performance to be included within Looking Ahead conversations	31/07/18	==No change to action.== This is included in the Looking Ahead Conversations for managers (to area	30/04/2019	0

Note: The header row "Current findings more than 180 days overdue" spans the full width above the column headers.

					Current findings more than 180 days overdue			
Ref	Project Name and Owner	Issue Type	Issue and Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
	Paul Lawrence, Executive Director of Place and SRO					managers) in Waste and Cleansing for 2019/20.		
45.	PL1706 Waste & Cleansing Health & Safety Paul Lawrence, Executive Director of Place and SRO	Low	Health and Safety Metrics Started	Request reporting training for Waste & Cleansing Managers on reporting functions within the Safety, Health and Environment (SHE) system and include monthly Health and Safety performance and trend reports on Operations and Senior Management Team meeting agendas	01/07/18	**No change to action.** This training has taken place and this is now a standing item on Operations and Senior Management Team agendas. Internal Audit has requested additional evidence and this is being prepared.	30/04/2019	0

Current findings more than 180 days overdue
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46.	RES1615 Property Maintenance 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 Service Level Agreements (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 the Computer Aided Facilities Management system (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	31/12/17	**No change to action** Currently with IA for validation. IA to arrange time to review a sample and complete testing.	31/05/19	4

Current findings more than 180 days overdue
Ref	Project Name and Owner	Issue Type	Issue and Status	Original Agreed Management Action	Original Implementation Date	Revised management action	Revised Implementation Date	No of revisions
47.	SSC1701 Short Term Homelessness Provision Alistair Gaw, Executive Director of Communities and Families	Medium	Inaccurate Data on Homeless Information System (HIS) Database Started	Work is ongoing to migrate 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.	31/03/18	**No change to action.** There is no confirmation the projected go live date will be achievable or a definitive indication of an implementation date for Northgate at this time. Work is ongoing by Information Communication Technology/Northgate and CGI to complete the work required for migration of data from the Homelessness Information System (HIS) to Northgate and fully complete the Northgate build. All staff training has been completed, however depending on the length of the delay it may be necessary to carry out further refresher training once a confirmed go live date is confirmed.	03/06/19	3