

Governance, Risk, and Best Value Committee

10.00am, Tuesday, 7 May 2019

Internal Audit: Overdue Findings and Late Management Responses as at 25 March 2019

Item number	8.2
Executive/routine	
Wards	
Council Commitments	

1. Recommendations

1.1 That Committee notes:

1.1.1 the status of the overdue Internal Audit (IA) findings as at 25 March 2019;
and

1.1.2 that a number of draft IA terms of reference and audit reports have not been finalised in line with the timeframes specified in the Internal Audit Journey Map and Key Performance Indicators (KPIs).

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Internal Audit: Overdue Findings and Late Management Responses as at 25 March 2019

2. Executive Summary

Open and overdue Internal Audit findings

- 2.1 An adjustment has been made to remove 17 open Edinburgh Integration Joint Boards (EIJB) findings that will now be reported separately to the EIJB Audit and Risk Committee. Of these, 4 were included in the original total of 30 historic Council findings that were reopened in June 2018.
- 2.2 A further adjustment has been made to remove 7 open Lothian Pension Fund (LPF) findings that will now be reported separately to the Pensions Audit Sub-Committee as the correct governance and oversight mechanism for LPF matters.
- 2.3 After the adjustments noted above, a balance of 83 open IA findings remain to be addressed across the Council as at 25 March 2019, including 16 of the 26 historic Council findings that were reopened in June 2018.
- 2.4 Of the 83 currently open IA findings:
 - 2.4.1 a total of 32 (39%) are open, but not yet overdue, in comparison to 36% as at 20 February 2019;
 - 2.4.2 51 (61%) are currently reported as overdue as they have missed the final agreed implementation dates. The proportion of overdue findings has improved from the February position (64%).
 - 2.4.3 evidence in relation to 14 (28%) of the 51 overdue findings is currently being reviewed by IA to confirm that it is sufficient to support their closure; and
 - 2.4.4 37 (73%) residual overdue findings still require to be addressed, reflecting an improvement on the February position (80%).
- 2.5 IA continues to observe good progress by Directorates in addressing recently raised findings, although implementation of findings that are overdue by more than three months (including reopened historic findings) remains an ongoing challenge.
- 2.6 In February, the Corporate Leadership Team highlighted that resolving overdue findings was challenging due to their complexity and, in some cases, owing to changes which have superseded the original finding or agreed action. It was agreed that Directorates would review and rebase their agreed management actions for

any findings that are more than three months overdue (including historic reopened findings) to assess whether alternative actions can be implemented to address the associated risks. This is addressed in a separate report to this Committee.

- 2.7 Whilst the overdue findings position has improved, there is a significant volume and complexity of IA findings likely to be raised from 2018/19 reviews that are approaching completion, which could potentially impact upon further progress.
- 2.8 The number of overdue management actions where completion dates have been revised more than once has also increased from 44 (as at 20 February 2019) to 54.
- 2.9 Draft terms of reference and audit reports are not always being finalised in line with the timeframes specified in the Internal Audit Journey Map and KPI's agreed by both the Corporate Leadership Team (CLT) and GRBV in January 2019. This has caused challenges with delivery of the remainder of the 2018/19 IA plan. Further detail is included at paragraphs 4.21 and 4.22 below.

3. Background

- 3.1 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.
- 3.2 This report specifically excludes open and overdue findings that relate to the Edinburgh Integration Joint Board (EIJB) and the Lothian Pension Fund (LPF). These are reported separately to the EIJB Audit and Risk Committee and the Pensions Audit Sub Committee respectively.
- 3.3 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.
- 3.4 Where management considers 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 to explain what further evidence is required to enable closure.
- 3.5 The IA Charter includes the agreed requirement for receipt of management responses to draft IA findings within 10 working days. Where management responses are not received within this timeframe, details are included in this report.

4. Main report

- 4.1 The 83 open IA findings across the Council have been split into the following two categories to enable separate monitoring and reporting of the historic findings that were reopened in June 2018:

- 4.1.1 Current findings (67 in total) shows progress with findings raised, tracked, and reported on as part of the routine IA assurance cycle; and
- 4.1.2 Historic overdue findings (16 in total) highlight progress on closure of the 26 historic findings that were reopened.

4.2 A total of 51 open IA findings (35 current; and 16 historic) are overdue.

4.3 The movement in open and overdue IA findings during the period 23 February to 25 March 2019 is as follows:

Analysis of changes between 20/02/19 and 25/03/19					Analysis at 25/03/19	
	Position 23/02/19	Added	Closed	Position 25/03/19	Current	Historic reopened
Open	85	3	(5)	83	67	16
Overdue	54	1	(4)	51	35	16

Appendix 1 provides a graphic of the analysis detailed at 4.1 and 4.2 above.

Current Overdue Findings

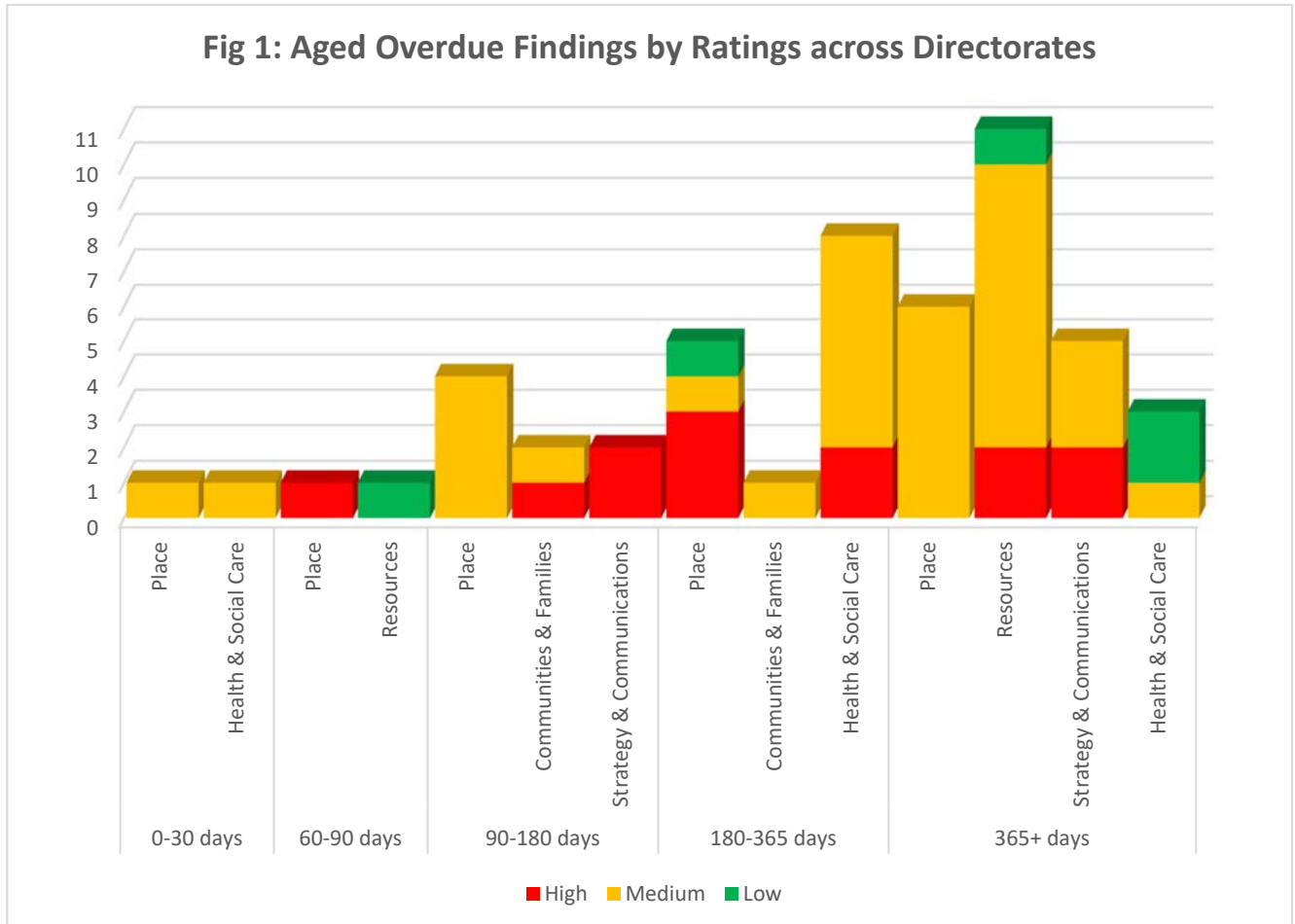
- 4.4 Of the 67 currently open findings, 35 (52%) (comprising 9 High; 22 Medium; and 4 Low findings) are now 'overdue'.
- 4.5 However, IA is currently reviewing evidence to support closure of 9 of these findings (3 High; 5 Medium; and 1 Low), leaving a balance of 26 overdue findings (6 High; 17 Medium; and 3 Low) to be addressed.

Historic Overdue Findings

- 4.6 Good progress is evident with regard to the closure of the 26 historic findings that were reopened, as 10 (4 High and 6 Medium) have now been closed by Place; Communities and Families; Health and Social Care; and Strategy and Communications.
- 4.7 One Health and Social Care historic finding has also had its rating reduced from 'Medium' to 'Low' reflecting implementation progress.
- 4.8 Taking into account the progress noted above, a balance of 16 (4 High; 11 Medium; and 1 Low) historic overdue findings remain, allocated across directorates as follows:
- Health and Social Care – 1 Medium; 1 Low
 - Place – 4 Medium
 - Resources – 2 High; 3 Medium; and
 - Strategy and Communications - 2 High; and 3 Medium
- 4.9 IA is also currently reviewing evidence provided to support closure of the 5 historic Resources findings noted above.

Overdue findings ageing analysis

4.10 Figure 1 illustrates the ageing profile of all 51 current and historic overdue findings by rating across directorates.



4.11 This analysis highlights that a total of 39 findings are more than 3 months (90 days) old, reflecting an improved position from February with a decrease of 3; and that 25 of these are more than six months (180 days) old. Again, this reflects an improved position from February with a decrease of 11.

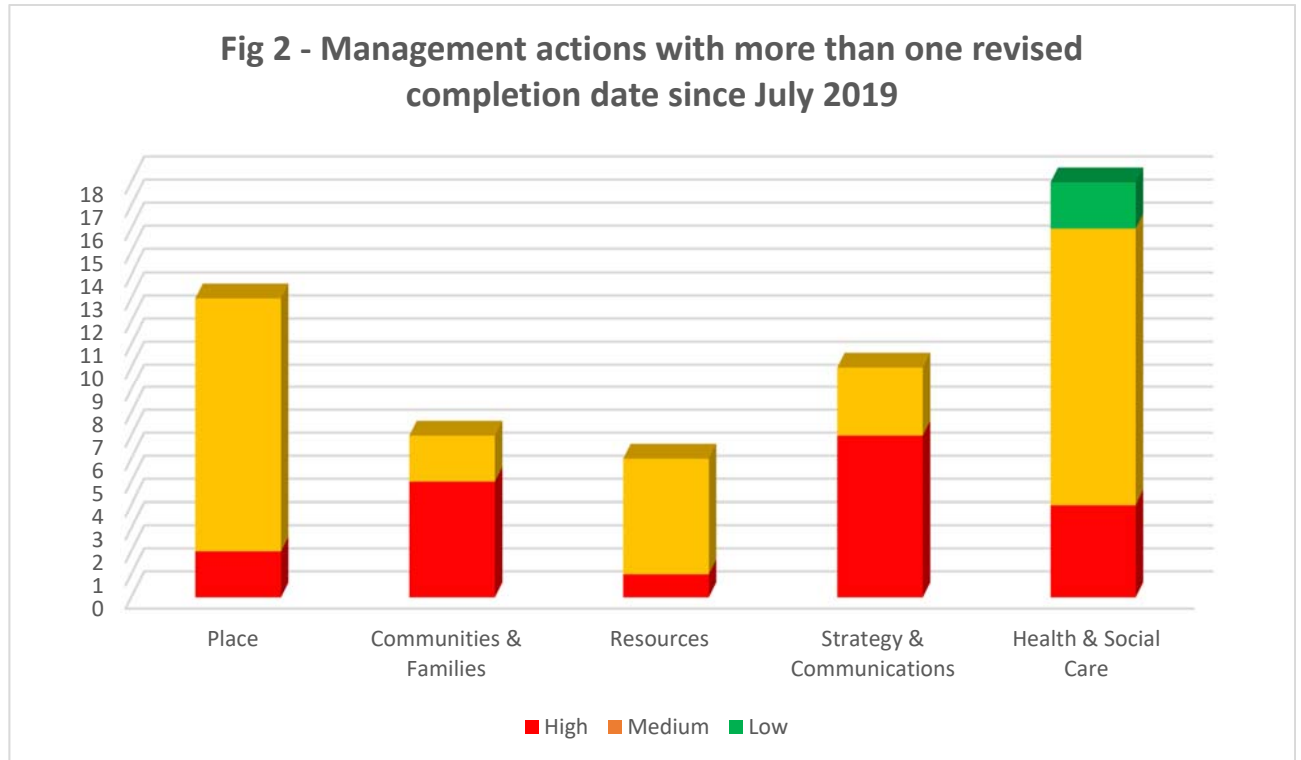
4.12 It should be noted that findings more than 180 days old include the remaining 16 historic findings to be closed (see 4.8 above).

Revised Implementation Dates

4.13 Figure 3 illustrates that there are 54 overdue management actions across directorates where completion dates have been revised more than once since July 2018.

4.14 This highlights an increase of 10 in the number of revised implementation dates in comparison to the position as at 20 February (44).

4.15 Of these 54 overdue management actions, 19 are associated with High rated findings (an increase of 3 from February); 33 Medium (an increase of 7); and 2 Low (consistent with February).



Agreed Management Actions Analysis

4.16 The 83 open IA findings are supported by a total of 209 agreed management actions. Of these, 111 (53%) are overdue, reflecting an improvement in comparison to the February position (57%). 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.

Implemented findings and management actions with IA for action

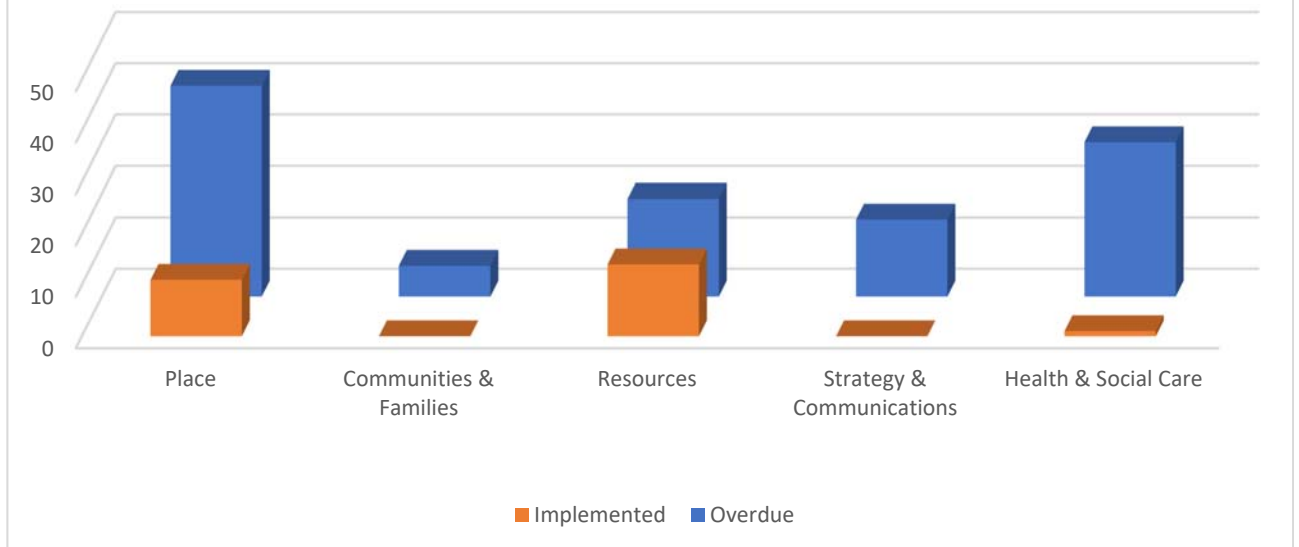
4.17 A total 14 findings (9 current and 5 historic) and 26 associated management actions are currently with IA for review to confirm whether they can be closed.

Overdue management actions

4.18 Figure 4 illustrates the allocation of the 111 overdue management actions and the 26 that have been passed to IA for review to confirm whether they can be closed across the directorates.

Further detail on these management actions is included at Appendix 2

Figure 4: Overdue and Implemented Management Actions by Directorate



Draft terms of reference and audit reports with late management responses

4.19 Largely due to operational pressures related to the Council’s planning and budget processes, the following Internal Audit reports were not able to be finalised in line with the timeframes specified in the Internal Audit Journey Map and KPIs approved by the Committee in January 2019, but have now all been issued in final:

- The Public Sector Cyber Security Action Plan;
- IR35 and Right to Work Compliance;
- Validation of Internal Audit Implemented and Sustained Management Actions;
- Communities and Families Self-Assurance Review and;
- Planning and Section 75 Development Funding – a significant aspect of the delay was attributable to IA resourcing challenges and Planning team annual leave.

4.20 Significant time and effort has also been required to agree terms of reference, with the majority agreed outwith the approved IA journey map and KPIs, resulting in delays in starting audit work. This has been especially challenging in the quarter when we have been using PwC and contractors to support delivery of the 18/19 IA plan, as their availability is limited.

Consequently, IA has commenced fieldwork on a number of audits prior to receiving finally approved terms of reference from Heads of Service and Executive Directors, as further delays would have impacted our ability to complete the 18/19 IA plan and provide the annual opinion.

5. Next Steps

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

6. Financial impact

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

7. Stakeholder/Community Impact

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

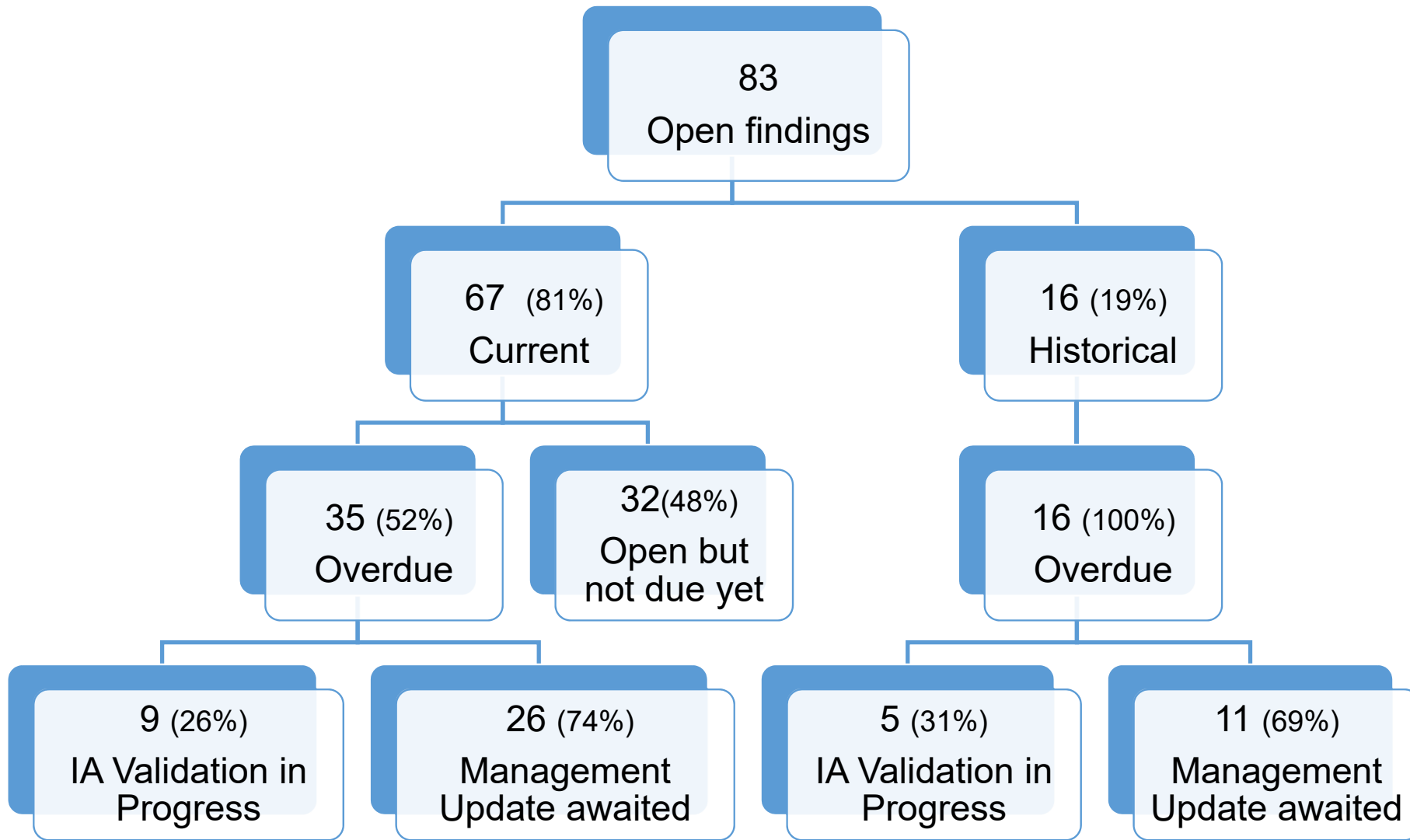
8. Background reading/external references

- 8.1 [Internal Audit report - Historic Internal Audit Findings - Item 7.3](#)
- 8.2 [Internal Audit Journey Map and Key Performance Indicators](#)

9. Appendices

- 9.1 Appendix 1 – Graphic of Open and Overdue IA Findings
- 9.2 Appendix 2 – Overdue Management Actions Detailed Analysis

Appendix 1 - Internal Audit Open and Overdue findings position as at 25th March 2019



Appendix 2 - Internal Audit Overdue Management Actions Detailed Analysis

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 priority 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).
- 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 is overdue.
- Number of revisions – the number of times the date has been revised post implementation of TeamCentral. **Amber** formatting in the dates field indicates the date has been revised more than once.
- Contributor – Officers involved in implementation of an agreed management action.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
1	<p>Asset Management Strategy</p> <p>Accuracy of Data in Core Systems</p> <p>Stephen Moir, Executive Director of Resources</p>	Low	<p>Reconciliation of AIS and CAFM</p> <p>Started</p>	<p>The implementation plan for CAFM (Computer Aided Facilities Management) will include a quality assurance process to ensure that all data is correctly aligned between systems, in order to feed the Logotech system with complete details of the entire Council property base. The timing of this relates to the go-live date of this module of CAFM. In the meantime, the full Council database continues to be held on the AIS (Asset Information System).</p>	<p>Estimated Date: 28/12/2018</p> <p>Revised Date: 30/04/2019</p> <p>No of Revisions 1</p>
2	<p>Asset Management Strategy</p> <p>Issue 1: Visibility and Security of Shared Council Property</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Review of existing shared property</p> <p>Started</p>	<p>A review of the office estate is underway by the Operational Estates team to identify third party users and approach them to seek appropriate leases or licences to allow them to occupy the premises and ensure the Council is appropriately reimbursed.</p>	<p>Estimated Date: 31/10/2018</p> <p>Revised Date: 31/08/2019</p> <p>No of Revisions 2</p>
3	<p>Asset Management Strategy</p> <p>Issue 1: Visibility and Security of Shared Council Property</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Physical security arrangements</p> <p>Implemented</p>	<p>In addition, as part of our preparations for the forthcoming General Data Protection Regulation, the Information Governance Unit will be undertaking a series of physical reviews to identify any risks to Council information. The reviews will assess a number of controls and practices, including control of access to Council buildings, visitor supervision, confidential waste disposal, and how information is stored and displayed. Buildings from across the Council's estate have been identified with Facilities Management, with planned visits due to commence later this month. The review programme will run for an initial 12-month period. The Strategic Asset team will then implement any necessary adaptations to the buildings to introduce secure access.</p>	<p>Estimated Date: 31/10/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
4	CCTV Infrastructure CCTV Operations Alistair Gaw, Executive Director of Communities and Families	High	Recommendation 5 Pending	5. The roll out of the new policies and procedures to be applied across all CCTV operations will be supported by employee briefings and training. The new policies and procedures will also include the requirement for induction training for all new employees and ongoing refresher training (to be delivered by each respective Service Area lead). Properties and Facilities Management has prepared a training matrix. A training provider has been also identified and training course dates established throughout 2018 for service users. A security information page is also being prepared for publishing on the Orb.	Estimated Date: 30/11/2018 Revised Date: 31/07/2019 No of Revisions 2
5	CCTV Infrastructure CCTV Strategy Alistair Gaw, Executive Director of Communities and Families	High	Recommendation 2 Started	2. 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: 31/05/2019 No of Revisions 5
6	CCTV Infrastructure CCTV Operations Alistair Gaw, Executive Director of Communities and Families	High	Recommendation 2 Started	2. 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: 31/05/2019 No of Revisions 3

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
7	CCTV Infrastructure CCTV Operations Alistair Gaw, Executive Director of Communities and Families	High	Recommendation 3 Started	3. 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: 31/05/2019 No of Revisions 4
8	CCTV Infrastructure CCTV Operations Stephen Moir, Executive Director of Resources	High	Recommendation 1 Started	1. The server hardware at New Parliament House 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. New Parliament House 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 CCTV Working Group from a disaster recovery perspective currently, all New Parliament House alarms can be manually transferred to Waverley Court in the event of a catastrophic failure / loss of service. An upgrade CCTV viewing capability at Waverley Court (WC) 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

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
9	<p>Drivers</p> <p>Ongoing compliance with driving hours regulations</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Ongoing compliance with driving hours regulations Rec 5</p> <p>Pending</p>	<p>In the email where infringements report is shared with line managers, Fleet Services will include the requirement for Line Managers to confirm that they have discussed the infringements report with the relevant drivers along with details of the actions to be taken. Responses will be monitored and failure to respond will be escalated to the Head of Service for action.</p>	<p>Estimated Date: 01/03/2019</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
10	<p>Drivers</p> <p>Ongoing compliance with driving hours regulations</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Ongoing compliance with driving hours regulations Rec 6</p> <p>Pending</p>	<p>In the email where infringements report is shared with line managers, Fleet Services will include the requirement for Line Managers to confirm that they have discussed the infringements report with the relevant drivers along with details of the actions to be taken. Responses will be monitored and failure to respond will be escalated to the Head of Service for action</p>	<p>Estimated Date: 01/03/2019</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
11	<p>Drivers</p> <p>Recording and addressing driving incidents</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recording and addressing driving incidents Rec 3</p> <p>Pending</p>	<p>Quarterly analysis of driving incidents will be performed and provided to Service Areas with a request that any recurring themes or root causes are incorporated into ongoing driver training;</p>	<p>Estimated Date: 01/02/2019</p> <p>Revised Date:</p> <p>No of Revisions 0</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
12	<p>Drivers</p> <p>Management and use of Driver Permits and fuel FOB cards</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Management and use of Driver Permits and Fuel FOB cards Rec 4</p> <p>Started</p>	<p>Fleet Services will perform an exercise to remove all historic leavers from their database and advise the external third party who performs the annual licence checks to ensure that no subsequent checks are performed on former employees;</p>	<p>Estimated Date: 01/02/2019</p> <p>Revised Date: 28/06/2019</p> <p>No of Revisions 1</p>
13	<p>Drivers</p> <p>Ongoing compliance with driving hours regulations</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Ongoing compliance with driving hours regulations Rec 4</p> <p>Started</p>	<p>Fleet Services will reconcile its records of Council/agency drivers and their line managers with Human Resources records on a quarterly basis to ensure that it is complete and accurate;</p>	<p>Estimated Date: 01/02/2019</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
14	<p>Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management</p> <p>Risk and Supplier Performance Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Rec 1 - Risk Management</p> <p>Pending</p>	<p>A contracts management risk register will be developed describing, prioritising, and addressing risks to delivery. The risk register will be shared with and approved by the Core group by January 2018. The risk register will be refreshed quarterly and reviewed by the Core Group.</p>	<p>Estimated Date: 30/03/2018</p> <p>Revised Date: 31/05/2019</p> <p>No of Revisions 2</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
15	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Risk and Supplier Performance Management Judith Proctor, Chief Officer	High	Rec 2 - Escalation Process 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.	Estimated Date: 31/01/2018 Revised Date: 31/05/2019 No of Revisions 2
16	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Risk and Supplier Performance Management Judith Proctor, Chief Officer	High	Rec 3 - Performance Expectations 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.	Estimated Date: 31/01/2018 Revised Date: 31/05/2019 No of Revisions 2

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
17	<p>Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Risk and Supplier Performance Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Rec 4 - Timeframes 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 Edinburgh Alcohol and Drug Partnership core group by January 2018.</p>	<p>Estimated Date: 31/01/2018 Revised Date: 31/05/2019 No of Revisions 2</p>
18	<p>Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Risk and Supplier Performance Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Rec 5 - Independent Validation Pending</p>	<p>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.</p>	<p>Estimated Date: 31/01/2018 Revised Date: 31/05/2019 No of Revisions 1</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
19	<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 Edinburgh Alcohol and Drug Partnership core group by January 2018.</p>	<p>Estimated Date: 31/01/2018</p> <p>Revised Date: 31/05/2019</p> <p>No of Revisions 2</p>
20	<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 Edinburgh Alcohol and Drug Partnership core group by January 2018.</p>	<p>Estimated Date: 31/01/2018</p> <p>Revised Date: 31/05/2019</p> <p>No of Revisions 2</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
21	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: 31/05/2019 No of Revisions 1
22	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 core group by January 2018.	Estimated Date: 31/01/2018 Revised Date: 31/05/2019 No of Revisions 2
23	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Key Person Dependency and Process Documentation Judith Proctor, Chief Officer	Medium	Rec 5 - Records Management Policy 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.	Estimated Date: 30/03/2018 Revised Date: 31/05/2019 No of Revisions 2

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
24	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Supplier Sustainability Judith Proctor, Chief Officer	Medium	Rec 1- Supplier Sustainability Risk Started	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: 31/05/2019 No of Revisions 2
25	External Vulnerability Assessment CW1603- Issue 5 Design Authority Stephen Moir, Executive Director of Resources	Medium	Design Authority Implemented	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.	Estimated Date: 31/08/2017 Revised Date: 03/03/2018 No of Revisions 1
26	Foster Care Review Foster & Kinship Care Vetting, Approval, and Agreements Alistair Gaw, Executive Director of Communities and Families	Medium	6. Kinship Carer Agreements Started	6.1 Procedures to be reviewed and updated to specify that a Carer Agreement must be signed by the carer and the 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: 30/06/2019 No of Revisions 2

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
27	Garden Waste Bin Collection MIS1801: Issue 1 Project Governance Paul Lawrence, Executive Director of Place and SRO	Medium	MIS1801: Issue 1.3 Effective use of RAID log Started	The project RAIDS (Risk, Assumptions, Issues and dependencies) log will be reviewed weekly at the 'Waste changes' meeting in conjunction with the project plan, to ensure that all risks, issues and dependencies are identified and recorded; with owners and timeframes allocated, and progress updates provided. The rationale for all risk based decisions made at the 'Waste Changes' meeting will also be recorded.	Estimated Date: 14/12/2018 Revised Date: No of Revisions 0
28	H&SC Care Homes - Corporate Report A1.2: Gylemuir Judith Proctor, Chief Officer	High	A1.2(3) Implemented	A new risk was added to the Edinburgh Integration Joint Board risk register in relation to Gylemuir. The Health and Social Care 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 Health and Social Care risk register.	Estimated Date: 28/02/2018 Revised Date: 31/07/2018 No of Revisions 1
29	H&SC 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: 31/05/2019 No of Revisions 1

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
30	H&SC 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: 31/05/2019 No of Revisions 1
31	H&SC 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: 30/04/2019 No of Revisions 2
32	H&SC 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: 31/07/2019 No of Revisions 1
33	H&SC Care Homes - Corporate Report A3.5: Adequacy of Resources	Medium	A3.5(1) Pending	Unit managers submit monthly reports to Cluster manager and Locality management team. Locality management team responsible for ensuring resource meets the demand based on dependency scoring.	Estimated Date: 31/01/2019 Revised Date: 30/06/2019 No of Revisions 1

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
	Judith Proctor, Chief Officer				
34	H&SC 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: 31/03/2019 No of Revisions 4
35	H&SC 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 outwith the authority limits for Unity Managers.	Estimated Date: 28/02/2018 Revised Date: 31/03/2019 No of Revisions 3

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
36	H&SC 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: 31/03/2019 No of Revisions 2
37	H&SC Care Homes - Corporate Report A2.3: Welfare Fund and Outings Funds Judith Proctor, Chief Officer	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
38	H&SC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(2) Health & Social Care Teams Started	Health and Social Care Teams will ensure that annual performance conversations (once completed) are recorded on the iTrent system.	Estimated Date: 30/06/2018 Revised Date: 31/07/2019 No of Revisions 1
39	H&SC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(3) Health & Social Care Teams Started	Health and Social Care Teams will ensure that managing attendance workshops have been attended by all H&SC line managers in Care Homes.	Estimated Date: 30/06/2018 Revised Date: 31/03/2019 No of Revisions 2

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
40	H&SC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(4) Gylemuir Started	This is the responsibility of the Unit manager for their direct reports. The Business Support Officer will ensure that the Unit Manager is aware on a monthly basis for Domestic and Handymen reporting to them. The Business Support Officer is required to monitor and report through the Customer process on a monthly basis. The staff nurse / charge nurse to be appointed at Gylemuir will ensure that this is performed for all NHS staff.	Estimated Date: 30/06/2018 Revised Date: 31/07/2019 No of Revisions 1
41	H&SC Care Homes - Corporate Report A3.4: Agency Staffing Judith Proctor, Chief Officer	Medium	A3.4(2) 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.	Estimated Date: 31/03/2018 Revised Date: 30/04/2019 No of Revisions 2
42	Historic Unimplemented Findings RES1601 - issue 1 Supplier Management Stephen Moir, Executive Director of Resources	High	RES1601 Issue 1 Rec 5 Implemented	5. 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.	Estimated Date: 31/12/2017 Revised Date: 31/03/2019 No of Revisions 1

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
43	<p>Historic Unimplemented Findings</p> <p>CG1513 - Issue 1. Data architecture management</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>Recommendation 1a</p> <p>Implemented</p>	<p>The CAFM (Computer Aided Facilities Management) 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>
44	<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>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
45	<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: 31/03/2019</p> <p>No of Revisions 3</p>
46	<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>Started</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: 31/03/2019</p> <p>No of Revisions 4</p>
47	<p>Historic Unimplemented Findings CG1515 - issue 1 Records Management Procedures</p> <p>Laurence Rockey, Head of Strategy & Insight</p>	High	<p>Recommendation 1b</p> <p>Started</p>	<p>The Information Governance Unit will work with Directorate Records Officers this year to review existing Records Management documentation – this will be incorporated into the implementation plan. Subsequent reviews will be split between the annual information governance maturity assessment and the Information Governance Unit's rolling risk based review of Record Management manuals</p>	<p>Estimated Date: 31/12/2016</p> <p>Revised Date: 31/03/2019</p> <p>No of Revisions 3</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
48	<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>Started</p>	<p>The Information Governance Unit 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: 31/03/2019</p> <p>No of Revisions 3</p>
49	<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 Information Governance Unit 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: 31/03/2019</p> <p>No of Revisions 4</p>
50	<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: 30/09/2019</p> <p>No of Revisions 3</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
51	<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>Implemented</p>	<p>(i) 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>
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 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>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
54	<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>	Data Quality Manager to be recruited within Corporate Property for the CAFM (Computer Aided Facilities Management) system.	<p>Estimated Date: 31/03/2016</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
55	<p>Historic Unimplemented Findings</p> <p>CG1513 - Issue 3 Management Information Production</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Recommendation 3b</p> <p>Implemented</p>	Identify and assess current key performance indicators and implement regular reporting on energy, water, and waste Performance indicators, identifying performance improvements and delivering against key actions.	<p>Estimated Date: 30/06/2016</p> <p>Revised Date: 30/06/2016</p> <p>No of Revisions 2</p>
56	<p>Historic Unimplemented Findings</p> <p>CG1513 - Issue 3 Management Information Production</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Recommendation 3c</p> <p>Implemented</p>	Formalise arrangements as to the production of such performance indicators. The creation of performance specific roles and responsibilities will form part of the Asset Management Strategy (AMS) Review which is currently in progress.	<p>Estimated Date: 30/06/2016</p> <p>Revised Date: 30/06/2016</p> <p>No of Revisions 2</p>
57	<p>Historic Unimplemented Findings</p> <p>SFC1502 - issue 4 Reporting</p> <p>Paul Lawrence,</p>	Medium	<p>Recommendation 4a</p> <p>Pending</p>	This has been established while the Audit has been underway. See Corporate Leadership Group report on the Local Development Plan Action Programme – Governance Arrangements.	<p>Estimated Date: 31/10/2015</p> <p>Revised Date: 31/01/2020</p> <p>No of Revisions 2</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
	Executive Director of Place and SRO				
58	<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>	The review of the Internal Working Arrangements process will revisit roles and responsibilities for Section 75 agreements from 'start to finish' of process.	<p>Estimated Date: 30/06/2016</p> <p>Revised Date: 29/06/2018</p> <p>No of Revisions 1</p>
59	<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>	1. 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>Estimated Date: 31/08/2016</p> <p>Revised Date: 30/03/2019</p> <p>No of Revisions 3</p>
60	<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>	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 year. The maturity model content and assessment criteria have also been aligned to Internal Audit's own audit methodology as part of the	<p>Estimated Date: 31/12/2016</p> <p>Revised Date: 01/10/2018</p> <p>No of Revisions 1</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
				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	
61	<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>	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.	<p>Estimated Date: 31/07/2016</p> <p>Revised Date: 01/10/2018</p> <p>No of Revisions 1</p>
62	<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>	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>Estimated Date: 31/08/2016</p> <p>Revised Date: 01/10/2018</p> <p>No of Revisions 1</p>
63	<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>Started</p>	The 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	<p>Estimated Date: 31/12/2016</p> <p>Revised Date: 31/03/2019</p> <p>No of Revisions 3</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
64	<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>
65	<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>	<p>(i) The Communications Plan will be rolled out.</p>	<p>Estimated Date: 31/01/2016</p> <p>Revised Date: 31/03/2019</p> <p>No of Revisions 3</p>
66	<p>Historic Unimplemented Findings</p> <p>ED1501 Issue 1 Resource risk with delivering the SEAP programme</p> <p>Paul Lawrence,</p>	Medium	<p>Recommendation 1b</p> <p>Started</p>	<p>(ii) A risk register will be developed as part of the reporting to Committee. Resourcing the SEAP (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 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>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
	Executive Director of Place and SRO				
67	<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	<p>Recommendation 3a</p> <p>Started</p>	<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 Section 75 conditions. In doing this, we asked officers to consider any historical works that may have been carried out that may meet the Section75 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: 31/12/2019</p> <p>No of Revisions 1</p>
68	<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>Started</p>	<p>(ii) 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: 31/12/2019</p> <p>No of Revisions 2</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
69	<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>	(iii) This will be taken forward as part of exercise outlined above.	<p>Estimated Date: 31/01/2016</p> <p>Revised Date: 31/12/2019</p> <p>No of Revisions 2</p>
70	<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>Started</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>Estimated Date: 31/10/2015</p> <p>Revised Date: 31/01/2020</p> <p>No of Revisions 2</p>
71	<p>Local Development Plan</p> <p>Financial Modelling</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>Funding</p> <p>Started</p>	<p>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 the Corporate Leadership Team and Finance and Resources Committees. Prepare update to Financial Model in line with next Local Development Plan project plan.</p>	<p>Estimated Date: 31/03/2018</p> <p>Revised Date: 29/05/2020</p> <p>No of Revisions 2</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
72	Local Development Plan Governance arrangements over infrastructure appraisals Paul Lawrence, Executive Director of Place and SRO	Medium	Infrastructure Governance arrangements 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.	Estimated Date: 31/03/2018 Revised Date: 29/05/2020 No of Revisions 2
73	Mortuary Services Risk Register Mitigating Controls Paul Lawrence, Executive Director of Place and SRO	Medium	Risk Register Mitigating Controls Implemented	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.	Estimated Date: 31/03/2017 Revised Date: 30/06/2018 No of Revisions 2
74	Non Housing InvoicesSchedule of Rates Stephen Moir, Executive Director of Resources	Medium	New non-housing contractor framework Implemented	The non-Housing contractor framework will be re-tendered during 2017. The inclusion of detailed best-value and due-diligence options will be considered as part of the process. This may include schedule of rates, gain share, penalties etc or a combination.	Estimated Date: 31/08/2017 Revised Date: 31/03/2019 No of Revisions 3
75	Non Housing Invoices Availability of documentation Stephen Moir, Executive Director of Resources	Medium	CAFM Implemented	It is anticipated that CAFM (Computer Aided Facilities Management) 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 2017/18	Estimated Date: 01/04/2017 Revised Date: 31/08/2018 No of Revisions 2

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
76	Planning Control - Building Standards Process and Quality Assurance Paul Lawrence, Executive Director of Place and SRO	High	Deemed Determination - Building Warrants Implemented	A Microsoft 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.	Estimated Date: 30/03/2018 Revised Date: No of Revisions 0
77	Planning Control - Building Standards Process and Quality Assurance Paul Lawrence, Executive Director of Place and SRO	High	CCNP Procedure Implemented	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
78	Planning Control - Building Standards Process and Quality Assurance Paul Lawrence, Executive Director of Place and SRO	High	Quality Assurance Implemented	A project to deliver robust quality assurance for the service is being developed. This will broaden out checks that are already being carried out at the plan reporting stage to ensure that these cover all staff and are randomised. In addition, quality assurance processes will be developed to review cases at post decision stage. This process will go hand in hand with the development of the procedures manual with feedback from the quality assurance checks being fed into regular reviews of procedural documentation. Where thematic issues emerge, staff training will be provided. If the quality assurance processes establish issues with individual ways of working, this will enable corrective action to be undertaken.	Estimated Date: 28/12/2018 Revised Date: No of Revisions 0

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
79	<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>Implemented</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 Construction Compliance and Notification Plans (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>
80	<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>Implemented</p>	<p>Management reports have been developed using Microsoft Access and 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 Objective stats, because of the success of the 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: 30/04/2019</p> <p>No of Revisions 1</p>
81	<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>Implemented</p>	<p>As part of the implementation of Microsoft 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>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
82	<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>Started</p>	<p>Information Communications Technology are working closely with the Council's IT provider, 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: 30/09/2019</p> <p>No of Revisions 2</p>
83	<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>
84	<p>Property Maintenance</p> <p>Facilities Management helpdesk guidance</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Hard FM Service Level Agreements</p> <p>Implemented</p>	<p>New Hard FM Services service level agreements are being developed as part of the Asset Management Strategy (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 retender will not be complete to support until December 2017.</p>	<p>Estimated Date: 31/12/2017</p> <p>Revised Date: 31/12/2019</p> <p>No of Revisions 1</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
85	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 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 CAFM (Computer Aided Facilities Management) system 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: 31/03/2019 No of Revisions 3
86	Recycling Targets Communication of Waste Management Strategy 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 against individual actions/commitments will form a key part of reporting progress to stakeholders.	Estimated Date: 31/03/2017 Revised Date: 31/08/2018 No of Revisions 2
87	Resilience BC Resilience responsibilities Judith Proctor, Chief Officer	High	Rec 3.3 H&SC - Resilience responsibilities Pending	Operational resilience responsibilities for completion and ongoing maintenance of Directorate and Service Area Business Impact Assessments; Resilience plans; and coordination of resilience tests in conjunction with the Resilience team will be clearly defined and allocated. The total number of employees with operational resilience responsibilities will be determined with reference to the volume of business impact assessments and resilience plans that require to be completed and maintained to support recovery of critical services.	Estimated Date: 20/12/2018 Revised Date: 30/04/2019 No of Revisions 1

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
88	Resilience BC Resilience responsibilities Laurence Rockey, Head of Strategy & Insight	High	Rec 2.5 S&I - Resilience responsibilities Pending	A review of voluntary resilience coordinators will be performed in each Directorate to ensure that numbers are sufficient to provide support in the event of a resilience incident. Where numbers fall short, Directorates will endeavour to recruit additional volunteers.	Estimated Date: 20/12/2018 Revised Date: No of Revisions 0
89	Resilience BC Resilience responsibilities Laurence Rockey, Head of Strategy & Insight	High	Rec 3.5 S&I - Resilience responsibilities Pending	Operational resilience responsibilities for completion and ongoing maintenance of Directorate and Service Area Business Impact Assessments; Resilience plans; and coordination of resilience tests in conjunction with the Resilience team will be clearly defined and allocated. The total number of employees with operational resilience responsibilities will be determined with reference to the volume of business impact assessments and resilience plans that require to be completed and maintained to support recovery of critical services.	Estimated Date: 20/12/2018 Revised Date: No of Revisions 0
90	Resilience BC Resilience responsibilities Paul Lawrence, Executive Director of Place and SRO	High	Rec 2.1 Place - Resilience responsibilities Started	A review of voluntary resilience coordinators will be performed in each Directorate to ensure that numbers are sufficient to provide support in the event of a resilience incident. Where numbers fall short, Directorates will endeavour to recruit additional volunteers.	Estimated Date: 20/12/2018 Revised Date: No of Revisions 0
91	Resilience BC Resilience responsibilities Paul Lawrence, Executive Director of Place and SRO	High	Rec 3.1 Place - Resilience responsibilities Started	Operational resilience responsibilities for completion and ongoing maintenance of Directorate and Service Area Business Impact Assessments; Resilience plans; and coordination of resilience tests in conjunction with the Resilience team will be clearly defined and allocated. The total number of employees with operational resilience responsibilities will be determined with reference to the volume of business impact assessments and resilience plans that require to be completed and maintained to support recovery of critical services.	Estimated Date: 20/12/2018 Revised Date: No of Revisions 0

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
92	<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>Started</p>	Operational activities will be subject to review and a report made to Corporate Leadership Team on longer term resource impacts for the Information Governance Units and service areas in meeting statutory requirements;	<p>Estimated Date: 28/09/2018</p> <p>Revised Date: 31/01/2019</p> <p>No of Revisions 1</p>
93	<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 Resources</p> <p>Implemented</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>
94	<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>	Work is ongoing to migrate Homeless 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>Estimated Date: 31/03/2018</p> <p>Revised Date: 03/06/2019</p> <p>No of Revisions 3</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
95	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Stephen Moir, Executive Director of Resources	High	Recommendation 5 Implemented	5. 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.	Estimated Date: 31/05/2018 Revised Date: 30/11/2018 No of Revisions 1
96	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer	High	Recommendation 2 Started	2. New guidelines will be written to ensure clarity of responsibilities. Sections will be included detailing Social Work; Business Support; and Transactions team responsibilities. The objective is to create and implement an end to end process that includes eligibility criteria, Department of Work and Pensions processes and a full administrative process that will be applied centrally and across Locality offices; clusters; and hubs.	Estimated Date: 30/04/2018 Revised Date: 28/06/2019 No of Revisions 1
97	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer	High	Recommendation 8 Started	8. Refresher training will be offered as part of the implementation of the new guidelines to all staff involved in the process, and recorded on staff training records. The training will also be incorporated into the new staff induction process.	Estimated Date: 31/05/2018 Revised Date: No of Revisions 0
98	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Stephen Moir, Executive Director of Resources	High	Recommendation 1b - Business Support Started	1. Business Support: Business Support will enable the review of current processes and guidelines in conjunction with Hub and Cluster Managers with sign off at the Locality Managers Forum. Business support will review all Corporate Appointee accounts and contact the relevant social worker, support worker or hub where the funds are over £16K for immediate review. Business support will advise social work when the funds exceed £16K where there is not a valid reason (for example, client deceased and social worker discussing estate with solicitor). Clarity on contact with Department of Work and	Estimated Date: 31/05/2018 Revised Date: 28/06/2019 No of Revisions 1

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
				Pensions 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 Health and Social Care management	
99	Waste & Cleansing Health & Safety Health and safety metrics Paul Lawrence, Executive Director of Place and SRO	Low	Recommendation 5.1 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	Estimated Date: 31/07/2018 Revised Date: No of Revisions 0
100	Waste & Cleansing Health & Safety Health and safety metrics Paul Lawrence, Executive Director of Place and SRO	Low	Recommendation 5.2 Started	Health Safety performance to be included within Looking Ahead conversations	Estimated Date: 31/07/2018 Revised Date: No of Revisions 0
101	Waste & Cleansing Health & Safety Significant incident / emergency procedure Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 1 2 Implemented	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;	Estimated Date: 28/09/2018 Revised Date: No of Revisions 0

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
102	Waste & Cleansing Health & Safety Supervisory assurance Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 3.3 Implemented	To ensure that a suitable checklist is developed to coincide with mobile supervisor roll out. Implementation Date: 21 December 2018	Estimated Date: 21/12/2018 Revised Date: No of Revisions 0
103	Waste & Cleansing Health & Safety Health and safety training Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 4.4 Implemented	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
104	Waste & Cleansing Health & Safety Significant incident / emergency procedure Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 1.1 Pending	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;	Estimated Date: 28/09/2018 Revised Date: No of Revisions 0
105	Waste & Cleansing Health & Safety Operational health and safety roles and responsibilities Paul Lawrence,	Medium	Recommendation 2 1 and 2.2 Started	1. and 2 - In conjunction with Property and Facilities Management produce list of site and equipment checks to be carried out and agree responsibilities;	Estimated Date: 31/07/2018 Revised Date: 26/04/2019 No of Revisions 2

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
	Executive Director of Place and SRO				
106	<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 Roles and Responsibilities for each site and provide to relevant Managers on site.	<p>Estimated Date: 31/10/2018</p> <p>Revised Date: 26/04/2019</p> <p>No of Revisions 1</p>
107	<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 Health and Safety roles and responsibilities;	<p>Estimated Date: 31/07/2018</p> <p>Revised Date:</p> <p>No of Revisions 0</p>
108	<p>Waste & Cleansing Health & Safety</p> <p>Supervisory assurance</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recommendation 3.2</p> <p>Started</p>	To ensure the first phase of the mobile supervisor model is linked to implementation of the 4-day week;	<p>Estimated Date: 21/12/2018</p> <p>Revised Date: 26/04/2019</p> <p>No of Revisions 1</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
109	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: 28/06/2019 No of Revisions 2
110	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
111	Waste & Cleansing Health & Safety Health and safety training Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 4.3 Started	Work with Human Resources 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