Governance, Risk, and Best Value Committee

10.00am, Tuesday, 3 December 2019

Internal Audit: Overdue Findings and Late Management Responses as at 22 October 2019

Item number	
Executive/routine	
Wards	
Council Commitments	

1. Recommendations

1.1 It is recommended that the Committee notes:

1.1.1 the status of the overdue Internal Audit (IA) findings as at 22 October 2019;

1.1.2 progress with delivery of the 2019/20 IA plan; and

1.1.3 The delays with finalising the final Transfer of the Management Development Funds Grant audit report for submission to the Scottish Government and agreeing the scope of the terms of reference the planned review of Unsupported Technology (Shadow IT).

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Report

Internal Audit: Overdue Findings and Late Management Responses as at 22 October 2019

2. Executive Summary

Open and overdue Internal Audit findings

2.1 Continued good progress is evident with the 26 historic overdue findings reopened in June 2018, with all High rated findings now having been closed. As at 22 October 2019, a total of 23 of the 26 findings have been closed. This includes three historic findings that have been closed (following completion of an audit in July 2019) and replaced by a single new finding that continues to be reported as overdue based on originally agreed implementation dates for the historic findings. IA is currently reviewing evidence to support closure of 1 finding, with the 2 remaining findings still to be addressed by management.

2.2 A total of 101 open IA findings remain to be addressed across the Council as at 22 October 2019. This includes the remaining 3 of the 26 historic Council findings and excludes open and overdue Internal Audit findings for the Edinburgh Integration Joint Board and the Lothian Pension Fund.

2.3 Of the 101 currently open IA findings:

2.3.1 a total of 59 (58%) are open, but not yet overdue;

2.3.2 42 (42%) are currently reported as overdue as they have missed the final agreed implementation dates. This is an increase of 2 from the position as at 23 September 2019.

2.3.3 66% of the overdue findings are more than six months overdue, with 16% aged between six months and one year and 50% more than one year overdue.

2.3.4 evidence in relation to 10 of the 42 overdue findings is currently being reviewed by IA to confirm that it is sufficient to support their closure; and

2.3.5 32 overdue findings still require to be addressed.

2.4 Whilst good progress is evident with resolution of reopened historic overdue findings, it is important to ensure that management continues to focus on timely implementation of agreed management actions supporting the remaining population

of open and overdue findings. This should result in an improvement in the ageing profile of overdue findings and will help to ensure that the Council is not exposed to the risks associated with these findings for a significant period of time.

2.5   The number of overdue findings where completion dates for supporting management actions have been revised more than once between July 2018 and September 2019 is 33, reflecting a decrease of four when compared to the 37 revised completion dates reported as at 23 September 2019.

Late management responses to IA terms of reference and reports

2.6   The IA report detailing the outcomes of our review of the Transfer of the Management Development Funds Grant was issued to Place Development on 30 July 2019 with the final report due to be shared with the Scottish Government by the end of July. Following discussions with Place Development, an extension was provided until the end of September. The final report was finally signed off and sent to the Scottish Government on 18 October 2019.

2.7   Terms of reference for the planned review of unsupported technology (shadow IT) was issued to both Executive Directors and CGI in May 2019, and was finalised in October 2019, which reflected the time taken to reach agreement with CGI on the work to be performed.

3.   Background

3.1   Overdue findings arising from IA reports and late management responses to draft IA reports are reported monthly to the CLT and quarterly to the GRBV Committee.

3.2   This report specifically excludes open and overdue findings that relate to the Edinburgh Integration Joint Board (EIJB) and the Lothian Pension Fund (LPF). These are reported separately to the EIJB Audit and 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 marked as 'implemented' by the relevant division on the IA follow-up system. When IA has reviewed the evidence provided, the management action will either be 'closed' or will remain open and returned to the relevant owner with supporting rationale provided to explain what further evidence is required to enable closure.

3.5   The IA Journey Map and Key Performance Indicators detail the agreed requirement for receipt of management responses to draft IA findings as being within 10 working days from receipt of the draft report. Where management responses are not received within this timeframe, details are included within this report.

4. Main report

4.1 The 101 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 (98 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 (3 in total) highlight progress with closure of the 26 historic findings that were reopened in June 2018.

4.2 A total of 42 open IA findings (39 current and 3 historic) are overdue.

4.3 The movement in open and overdue IA findings during the period 23 September to 22 October 2019 is as follows:

Analysis of changes between 23/09/19 and 22/10/19				Analysis at 22/10/19	
	Position 23/09/19	Added	Closed	Position 22/10/19	Current	Historic reopened
Open	105	6	(10)	101	98	3
Overdue	40	7	(5)	42	39	3

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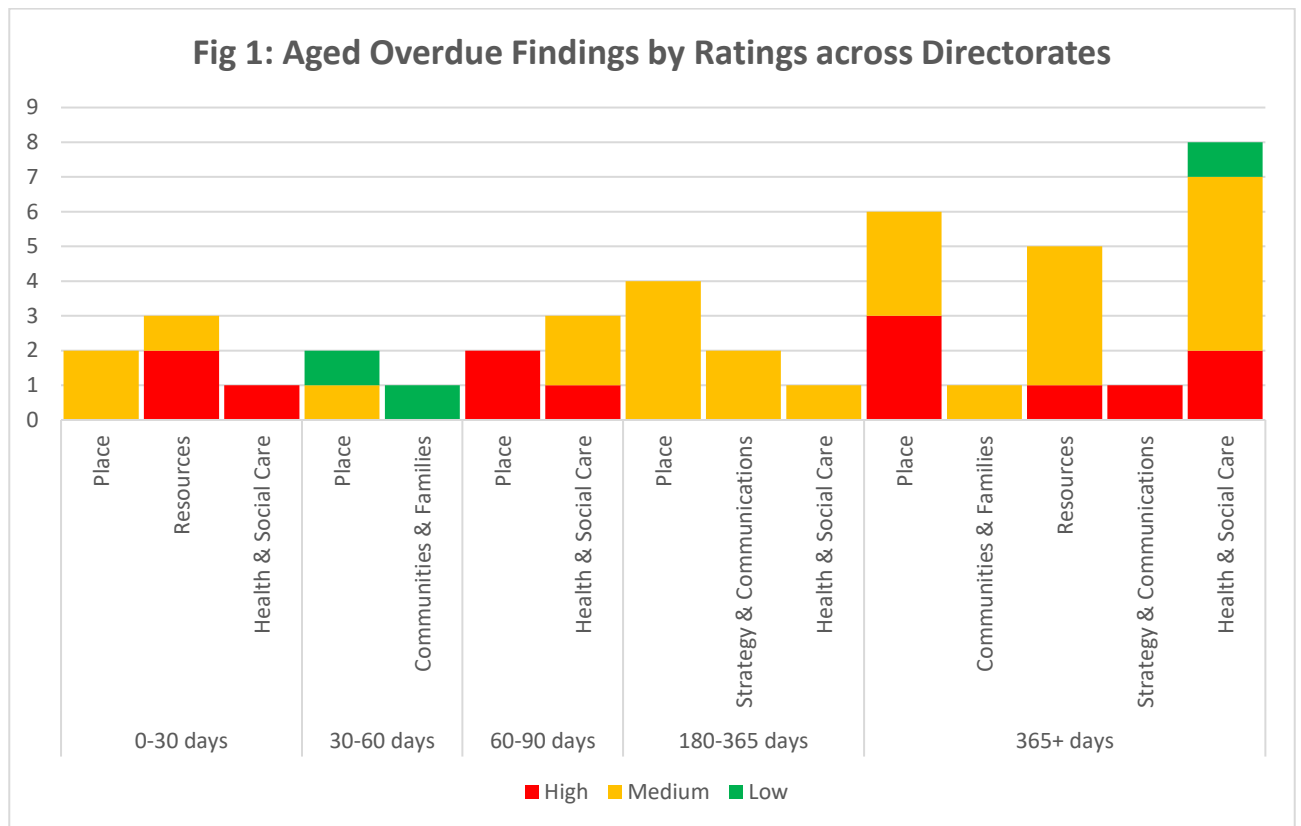
Current Overdue Findings

4.4 Of the 101 currently open findings, 42 (42%) comprising 13 High; 26 Medium; and 3 Low rated findings are now 'overdue'.

4.5 However, IA is currently reviewing evidence to support closure of 10 of these findings (2 High; 7 Medium; and 1 Low), leaving a balance of 32 overdue findings (11 High; 19 Medium; and 2 Low) still to be addressed.

Historic Overdue Findings

4.6 Progress is evident with regard to the closure of the 26 historic findings that were reopened in June 2018, as 23 (8 High and 15 Medium) have now been closed across all Directorates. IA is currently reviewing evidence provided to support closure of 1 (Medium rated) of the remaining 3 historic findings, leaving a balance of 2 historic findings (1 Medium and 1 Low) still to be addressed

4.7 It should be noted that 3 of 26 historic findings closed (1 High and two Medium) related to the completeness; accuracy; and quality of property and facilities management data. The asset management strategy and CAFM system IA review completed in July 2019 confirmed that these findings would be closed and replaced by a single new High rated finding that continues to be reported as overdue based on the originally agreed implementation dates for these findings, as the identified risks have not yet been fully addressed.

Overdue findings ageing analysis

4.8   Figure1 illustrates the ageing profile of all 42 current and historic overdue findings by rating across directorates as at 22 October 2019.

Fig 1: Aged Overdue Findings by Ratings across Directorates

4.9   This analysis highlights that of the 42 overdue findings:

- 11 (26%) are less than 3 months (90 days) overdue in comparison to September (18%);

- 3 (7%) are between 3 and 6 months (90 and 180 days) overdue in comparison to September (10%);

- 7 (16%) are between 6 months and one year (180 and 365 days) overdue in comparison to September (22%); and

- 21 (50%) are more than one year overdue, which is aligned with the position reported in September (50%).

It should be noted that findings more than 180 days old include the remaining 3 historic findings to be closed (see 4.6 above).

**Agreed Management Actions Analysis**

4.10   The 101 open IA findings are supported by a total of 293 agreed management actions. Of these, 95 (32%) are overdue per the agreed timescale for the specific action.

4.11 Of the 95 overdue management actions, 14 are currently with IA for review to confirm whether they can be closed, leaving a balance of 81 to be addressed

4.12 Appendix 2 provides an analysis of the 95 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.

4.13 Figure 2 illustrates the allocation of the 95 overdue management actions between those where action is required (81) and the 14 that have been passed to IA for review across the directorates.


Figure 2: Overdue and Implemented Management Actions by Directorate
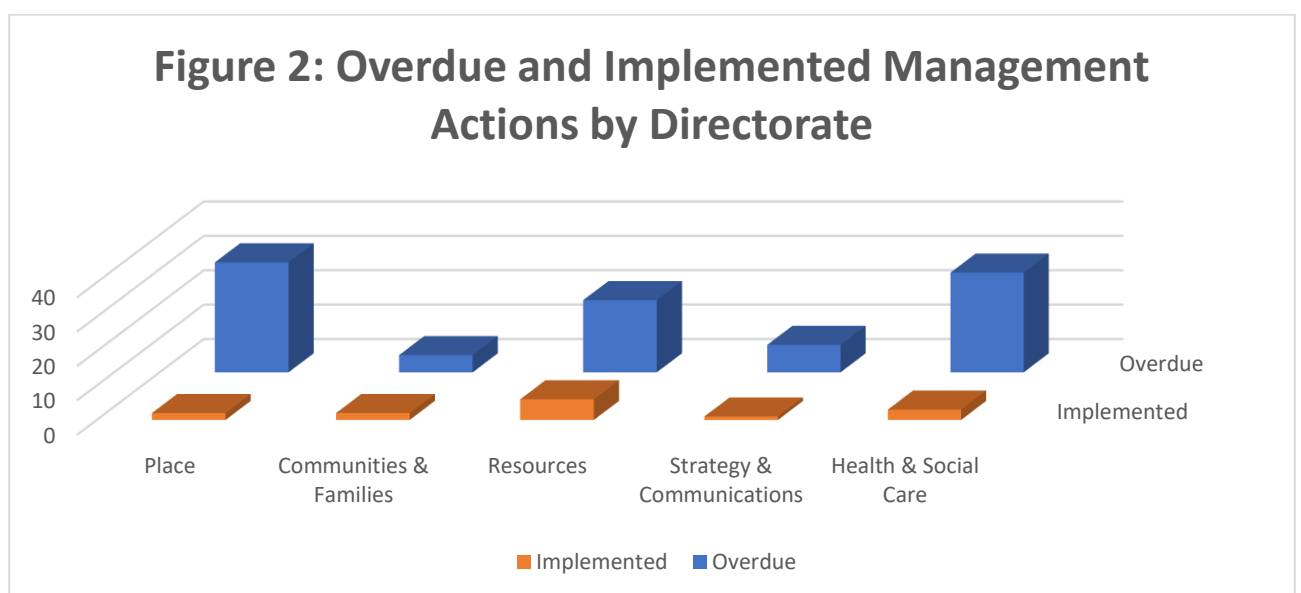
Revised Implementation Dates

4.14 Figure 3 illustrates that there are currently 33 open management actions (including those that are overdue) across directorates where completion dates have been revised more than once since July 2018.

4.15 This reflects a decrease in comparison to the position reported in September (37).

4.16 Of these 33 management actions, 8 are associated with High rated findings; 24 Medium; and 1 Low.

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Figure 3 - management actions with more than one revised completion date since July 2018
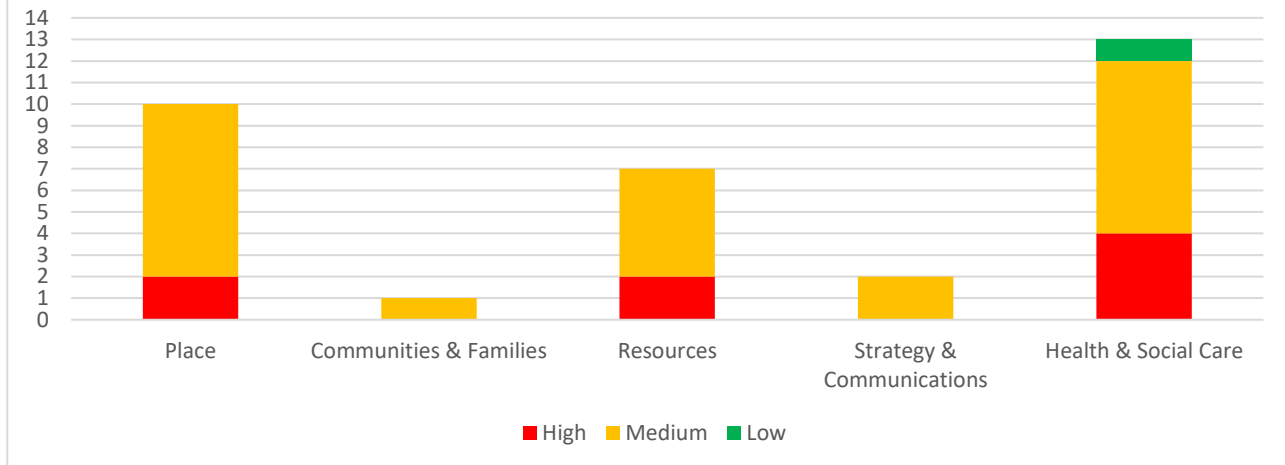
IA terms of reference and reports not finalised in line with agreed key performance indicators

4.17 The terms of reference for the planned review of unsupported technology (shadow IT) was issued to both Executive Directors and CGI in May 2019, and was finalised in October 2019, reflecting the time taken to reach agreement with CGI on the work to be performed. Time for meetings with relevant CGI team is currently being arranged and it is expected that this work will now commence in November.

4.18 The final draft IA report detailing the outcomes of our review of the Transfer of the Management Development Funds Grant was issued to the Head of Place Development on 30 July 2019 and following discussions was not finalised and issued until 18 October 2019 following approval from the Head of Place Development and the Executive Director of Place.

4.19 The final report was due to be shared with the Scottish Government by the end of July, and an extension was provided following discussion between the Scottish Government and the Housing and Regulatory Services Division until the end of August, with a further extension then agreed by the Division until the end of September. The final report was signed off and issued to the Scottish Government on 18 October.

5. Next Steps

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

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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.

6.2   Inability to commence planned 2019/20 IA reviews could result in delayed completion of the 2019/20 IA plan and the requirement for additional co-source support to support delivery at additional unbudgeted cost to the Council.

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.

7.2   If Internal Audit cannot deliver the agreed annual plan, it will be unable to provide assurance regarding how effectively the Council is managing its most significant risks.

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
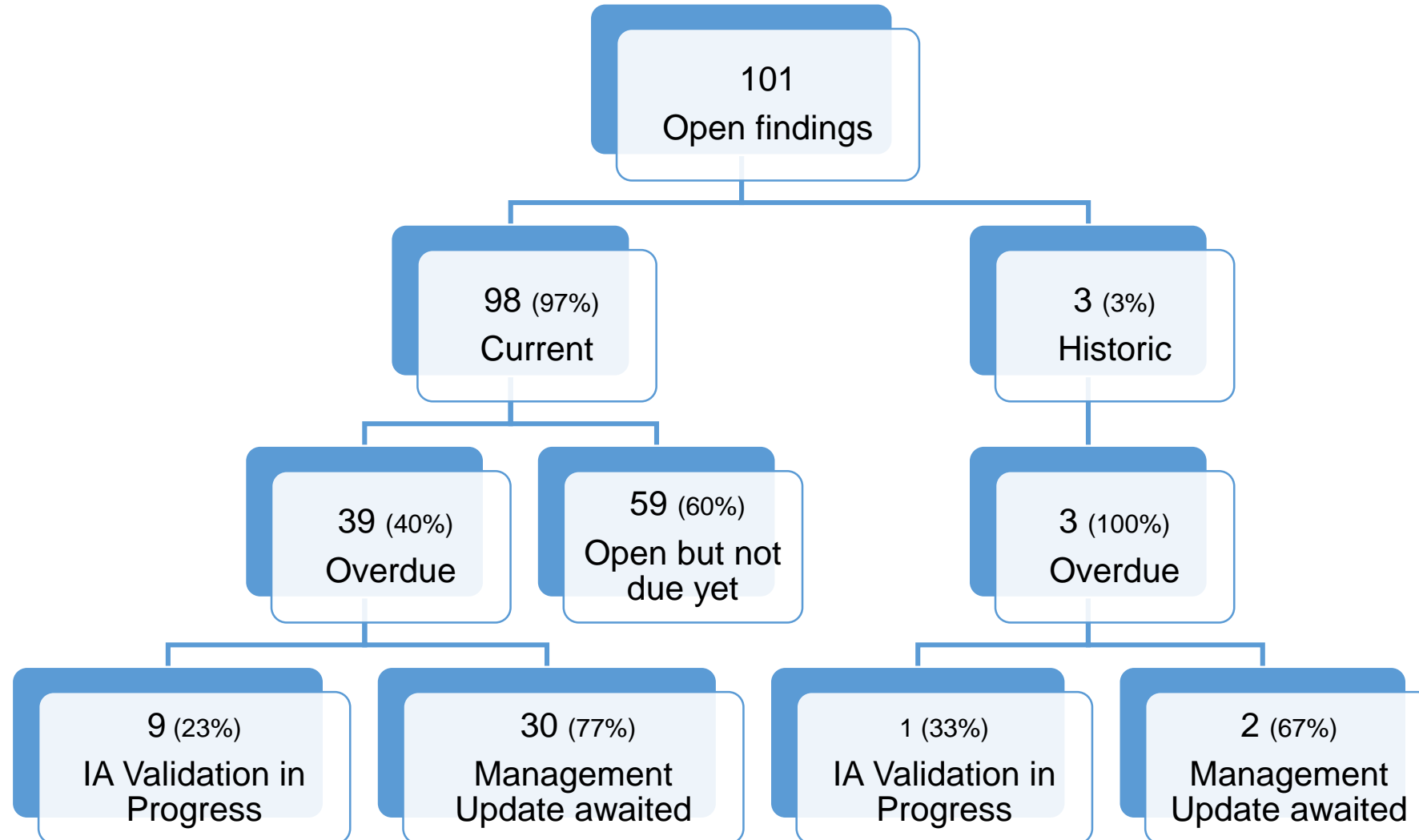
9.   Appendices

9.1   Appendix 1 – Graphic of Open and Overdue IA Findings

9.2   Appendix 2 – Open and Overdue Management Actions Detailed Analysis

Appendix 1 - Internal Audit Open and Overdue findings position as at the 22nd of October 2019

Appendix 2 - Internal Audit Overdue Management Actions as at 22 October 2019

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 believe 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 last revised date 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	Contributor
1	Review of the General Data Protection Regulations Readiness Programme Programme Progress and Information Governance Capacity Laurence Rockey, Head of Strategy & Communications	High	Programme Progress and Information Governance Capacity - Issue 1 rec 1b Implemented	Operational activities will be subject to review and a report made to Corporate Leadership Team (CLT) on longer term resource impacts for the Information Governance Unit (IGU) and service areas in meeting statutory requirements;	Estimated Date: 28/09/2018 Revised Date: 31/01/2019 No of Revisions 1	Donna Rodger, Kevin Wilbraham, Sarah Hughes-Jones.
2	Historic Unimplemented Findings MIS1601 - issue 1 Budgetary Impact Stephen Moir, Executive Director of Resources	Medium	Recommendation 1 - Budgetary Impact Implemented	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.	Estimated Date: 31/03/2017 Revised Date: 29/06/2018 No of Revisions 1	Audrey Dutton, Gohar Khan, Layla Smith, Murdo MacLeod, Peter Watton.
3	Quality, Governance and Regulation CW1802 Issue 2: Quality Assurance and Compliance Methodology and Operational Processes Alistair Gaw, Executive Director of Communities and Families	Medium	CW1802 Issue 2.3: QAC Risk Register Implemented	The Quality and Compliance Service recognise the need for a service Risk Register. Version 1 of the register was generated on 16 April 2019 and will be monitored through QAC Management within Safer and Stronger and reported to Communities and Families Wider Management Team in accordance with current reporting requirements.	Estimated Date: 31/08/2019 Revised Date: No of Revisions 0	Jackie Irvine, Jon Ferrer, Keith Dyer, Michelle McMillan, Nichola Dadds, Nickey Boyle.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
4	Quality, Governance and Regulation CW1802 Issue 3: Data Protection Impact Assessment Alistair Gaw, Executive Director of Communities and Families	Low	CW1802 Issue 3.1: QAC Data Protection Impact Assessment Implemented	The Quality and Compliance (QAC) Manager has completed a Data Protection Impact Assessment (DPIA) which was signed off by Information Governance Unit on 9 April 2019. This is now available for Internal Audit to review.	Estimated Date: 31/08/2019 Revised Date: No of Revisions 0	Jackie Irvine, Jon Ferrer, Keith Dyer, Michelle McMillan, Nichola Dadds, Nickey Boyle.
5	H&SC Care Homes - Corporate Report A1.1: Care Homes Self Assurance Framework Judith Proctor, Chief Officer	Medium	A1.1: Care Homes Self Assurance Framework Implemented	A self-assurance framework will be designed and implemented that will validate effective operation of controls in place to manage these risks. The Health and Social Care Partnership Operations Manager will be accountable for development; implementation and ongoing operation of the framework. Development and implementation support will be requested from Business Support and Quality Assurance and Compliance.	Estimated Date: 30/06/2019 Revised Date: No of Revisions 0	Angela Ritchie, Cathy Wilson, Debbie Adams, Helen Elder, Jean Inglis, Julie Rosano, Tom Cowan.
6	H&SC Care Homes - Corporate Report A2.3: Welfare Fund and Outings Funds Judith Proctor, Chief Officer	Medium	A2.3(2) Establishment of welfare fund committees Implemented	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: 31/10/2019 No of Revisions 4	Angela Ritchie, Cathy Wilson, Debbie Adams, Helen Elder, Tom Cowan.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
7	H&SC Care Homes - Corporate Report A2.3: Welfare Fund and Outings Funds Judith Proctor, Chief Officer	Medium	A2.3(3) Production of annual accounts and review by welfare fund committee Implemented	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: 31/10/2019 No of Revisions 3	Angela Ritchie, Cathy Wilson, Debbie Adams, Helen Elder, Tom Cowan.
8	Non-Housing Invoices Schedule of Rates Stephen Moir, Executive Director of Resources	Medium	New non-housing contractor framework Implemented	The non-Housing contractor framework will be re-tendered during 2017. The inclusion of detailed best-value and due-diligence options will be considered as part of the process. This may include schedule of rates, gain share, penalties etc or a combination.	Estimated Date: 31/08/2017 Revised Date: 31/03/2019 No of Revisions 3	Audrey Dutton, Gohar Khan, Layla Smith, Mark Stenhouse, Murdo MacLeod, Peter Watton.
9	Non-Housing Invoices Availability of documentation Stephen Moir, Executive Director of Resources	Medium	CAFM Implemented	It is anticipated that Computer Aided Facilities Management (CAFM) will be in operational use (services being implemented on a rolling programme thereafter) in early 2017 with a non-Housing R&M implementation process in place for FY 2017/18	Estimated Date: 01/04/2017 Revised Date: 31/08/2018 No of Revisions 2	Audrey Dutton, Gohar Khan, Layla Smith, Murdo MacLeod, Peter Watton.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
10	Planning Control - Building StandardsImplementation of The Building Standards Continuous Improvement Programme Paul Lawrence, Executive Director of Place and SRO	High	Document and resource management system Implemented	ICT are working closely with the Council's IT provided, CGI, to deliver an up-to-date version of the document management and case management systems (Idox and Uniform) and their associated software systems and will ensure that these are delivered in Quarter 2 2018/19.	Estimated Date:28/09/2018 Revised Date:30/09/2019 No of Revisions2	Alison Coburn, Claire Duchart, David Givan, Jade Sutherland, Michael Thain, Nancy Brown, Sandra Harrison.
11	Street Lighting and Traffic Signals Traffic Signals: UTC system access controls Paul Lawrence, Executive Director of Place and SRO	Medium	PL1810 Issue 1: Rec 2 - UTC Unauthorised users Implemented	Access rights will be removed for staff leaving (or changing) roles with access rights for all users reviewed annually. An annual frequency is appropriate as users require access to the Council network in order to access the UTC. If leavers are removed from the Council network, they would need to download the UTC application onto a personal device to maintain access to the system.	Estimated Date: 30/09/2019 Revised Date: 30/09/2019 No of Revisions 3	Alan Simpson, Alison Coburn, Claire Duchart, Cliff Hutt, Gareth Barwell, Lindsey McPhillips, Nicole Fraser, Robert Mansell, Tony Booth.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
12	Property Maintenance Monitoring of outstanding jobs Stephen Moir, Executive Director of Resources	Medium	Monitoring of outstanding jobs Implemented	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 (M&E in particular). This includes outstanding jobs. New contracts being procured will require all contracts to report on performance, but this is not anticipated to be complete until end 2017 by which time Computer Aided Facilities Management (CAFM) system will also be in place. CAFM system 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: 31/05/2019 No of Revisions 4	Audrey Dutton, Gohar Khan, Layla Smith, Mark Stenhouse, Murdo MacLeod, Peter Watton.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
13	Cyber Security - Public Sector Action Plan RES1808: Issue 1: Critical Operational Cyber Security Controls Stephen Moir, Executive Director of Resources	High	RES1808: Issue 1: Recommendation 4.1 - User access controls Implemented	CGI indicated that the full recommendations made by the external auditor could not be implemented without significant change to the contract and at a notable additional cost. CGI provided the Council and the External Auditors with details of the current oversight of the CGI Wintel and UNIX password policies. Current ongoing evidence of this oversight via the Security Working Group will be provided to external audit, a statement confirming the risk acceptance by the Executive Director of Resources will be prepared, approved, signed, and provided to Scott Moncrieff.	Estimated Date: 31/05/2019 Revised Date: No of Revisions 0	Alison Roarty, Carolann Miller, Heather Robb, Layla Smith, Nicola Harvey.
14	Transfer of the Management Development Funding (TMDF) PL1906 - TMDF Customer Payment Authorisation Process Stephen Moir, Executive Director of Resources	Medium	PL1906 Issue 1.1 - Documentation of the payment authorisation process Implemented	Banking and Payments Services team have prepared an end to end process that will be reviewed and updated in conjunction with any system and process changes.	Estimated Date: 30/08/2019 Revised Date: No of Revisions 0	Julie Rosano, Layla Smith, Neil Jamieson, Nicola Harvey, Sheila Haig.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
15	Complaints Process Complaints Software Laurence Rockey, Head of Strategy & Communications	Medium	Complaints Software Pending	The procurement of a new Customer Relationship Management (CRM) to record customer contacts is part of the new CGI contract. This is a medium- to long- term solution, and the project plan and implementation timetable have not yet been developed.	Estimated Date: 31/03/2019 Revised Date: No of Revisions 0	Donna Rodger, Frances Smith.
16	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer	Medium	CW1806 Issue 1.3(1): ATEC 24 Performance Reporting - Scorecard KPIs Pending	1. Key performance indicators included within the Health and Social Care scorecard will include percentage of calls answered within set targets; percentage of emergency response visits within target; and well as volumes of calls and responses.	Estimated Date: 30/09/2019 Revised Date: No of Revisions 0	Cathy Wilson, Craig O'Donnell, Katie McWilliam, Philip Brown, Tony Duncan.
17	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer	Medium	CW1806 Issue 1.3(3): ATEC 24 Performance Reporting - Scrutiny of Performance Measures Pending	3. ATEC 24 Service performance will be reported and regularly scrutinised by the Health and Social Care Partnership Executive Management Team.	Estimated Date: 30/09/2019 Revised Date: No of Revisions 0	Cathy Wilson, Craig O'Donnell, Katie McWilliam, Philip Brown, Tony Duncan.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
18	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Risk and Supplier Performance Management Judith Proctor, Chief Officer	High	Rec 1 - Risk Management Pending	A contracts management risk register will be developed describing, prioritising, and addressing risks to delivery. The risk register will be shared with and approved by the Core group by January 2018. The risk register will be refreshed quarterly and reviewed by the Core Group.	Estimated Date: 30/03/2018 Revised Date: 31/07/2019 No of Revisions 3	Angela Ritchie, Cathy Wilson, Colin Beck, David Williams, Debbie Adams, Helen Elder, Jay Sturgeon, Tom Cowan.
19	Trams to Newhaven MP1801: Issue 2 - Tram Project Governance Paul Lawrence, Executive Director of Place and SRO	Medium	MP1801: Trams Issue 2.1 - Action note and outstanding matters log Pending	Recommendation agreed. The action note, and outstanding matters log will be reinstated as a standing agenda item. The Board will monitor progress of outstanding actions and matters and ensure that completion of follow-up action supporting decisions is completed.	Estimated Date: 30/08/2019 Revised Date: 29/11/2019 No of Revisions 1	Alison Coburn, Hannah Ross, Veronica Wishart.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
20	Planning and S75 Developer ContributionsBacklog of Legacy Developer Contributions Paul Lawrence, Executive Director of Place and SRO	High	PL 1802 Recommendation 1.2 Retrospective review of historic developer contribution legal agreements Pending	Planning has worked with Finance to identify the status of legacy contributions identified in 2015. Planning accepts that the status of the remaining £2.3 million backlog needs to be identified, and any associated actions identified and recorded. Whilst an agreed implementation date of 30 September 2020 is noted below, priority will be given to completing these actions as quickly as possible.1. The audit recommendations detailed above will be implemented. Finance and planning will work together to determine the risk-based sample to be included in the review for the sample selected, Planning will determine whether or not the terms of the agreement have been fulfilled. Where agreements have been fulfilled, Finance will determine whether developer contributions have been received and applied, where agreements have not been fulfilled and the Council is holding developer funds, the management action specified at 2.3 below will be applied.2. An internal record will be maintained of agreements that have not been fulfilled to prevent services from drawing down contributions to support any development work. Developers will not be advised that agreements are void and no longer applicable, as (under legislation) only	Estimated Date:31/01/2016 Revised Date:30/09/2020 No of Revisions1	Alison Henry, David Leslie, Graham Nelson, Hugh Dunn, John Inman, Kevin McKee, Michael Thain, Nick Smith, Rebecca Andrew

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
				developers can seek to discharge the agreement; and3. and 4 where agreements have not been fulfilled and funds are held by the Council, the developer will be contacted (where they can be traced) to ascertain whether they would accept reimbursement of funds. Where this is the case, a value should be agreed between the Council and the developer that reflects interest and indexation (where applicable) and reimbursed.		

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
21	Planning and S75 Developer Contributions End to end developer contribution processes, procedures, and training Paul Lawrence, Executive Director of Place and SRO	High	PL 1802 Iss 2 Rec 2.4 Induction and refresher training Pending	Planning has a continuous programme of officer training which has included legal agreements, developer contributions and the Action Programme. Planning have scheduled refresher training on contributions and invited officers from other services. 1. All Internal Audit recommendations related to induction and refresher training will be implemented as detailed above. The training will include those employees from Planning; Finance and Legal Services who are involved in the developer contributions process; and 2. Training content will be reviewed at least annually and will be updated (when required) to reflect any legislative and process changes.	Estimated Date: 30/09/2019 Revised Date: No of Revisions 0	Alison Henry, David Leslie, Graham Nelson, Hugh Dunn, John Inman, Kevin McKee, Michael Thain, Nick Smith, Rebecca Andrew.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
22	HMO Licensing PL1803 Issue 3 - Operational Performance and Reporting Paul Lawrence, Executive Director of Place and SRO	Medium	PL1803 Issue 3.4 Refund request policy Pending	The established policy approved by Regulatory Committee is that refunds will only be authorised in very exceptional circumstances, for example, serious illness. Guidance on how to request a refund form is therefore not appropriate. Licencing will ensure that the terms of the Policy are more clearly referenced on application forms and the Council website so that customers are aware of the terms of the policy, and will advise that in exceptional circumstances, refund requests should be made by letter to the Licensing Manager.	Estimated Date: 20/09/2019 Revised Date: No of Revisions 0	Alison Coburn, Andrew Mitchell, Michael Thain, Sandra Harrison.

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23	HMO Licensing PL1803 Issue 4 Training and Guidance Documentation Paul Lawrence, Executive Director of Place and SRO	Low	PL1803 Issue 4.1 Induction process Pending	Regulatory Services introduced a service specific induction program for all teams in 2018 in order to ensure that all new starts are appropriately supported. Written Induction packs for the licensing service were created and will be used for all new staff. The pack includes a 6-week training programme which will be tailored for each new start depending on where they sit within the service. The member of staff identified by the audit had been assigned alternate duties was not therefore familiar with the process. This has been addressed with the individual concerned. Appropriate refresher briefings will be given for all managers within the service.	Estimated Date: 30/09/2019 Revised Date: No of Revisions 0	Alison Coburn, Andrew Mitchell, Michael Thain, Sandra Harrison.
24	Port Facility Security Plan PL1808 Issue: 2 Resilience and Risk Management Paul Lawrence, Executive Director of Place and SRO	Low	PL1808 Issue: 2.1 Risk Register Pending	The most appropriate risk register to record and manage the specific risks associated with the operation of Hawes Pier will be identified; and the risks will be recorded; rated; and matched to the established controls.	Estimated Date: 31/05/2019 Revised Date: 30/11/2019 No of Revisions 1	Chris Spence, Cliff Hutt, David Strachan, Gareth Barwell, Gordon McOmish.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
25	Street Lighting and Traffic Signals Street Lighting and Traffic Signals: Process and quality assurance documentation and training Paul Lawrence, Executive Director of Place and SRO	Low	PL1810 Issue 3 - Rec 1 Operation and maintenance procedures Pending	Street Lighting and Traffic Signals Operational Guides will be developed, implemented, and reviewed to ensure that processes align with current regulatory requirements. Operational Guides will be implemented within six months of implementation of the Roads Improvement Plan, or by 30 September 2019, whichever comes first.	Estimated Date: 30/09/2019 Revised Date: 31/07/2020 No of Revisions 1	Alan Simpson, Alison Coburn, Claire Duchart, Gareth Barwell, Lindsey McPhillips, Nicole Fraser, Robert Mansell, Tony Booth.
26	Transfer of the Management Development Funding (TMDF) PL1906 - TMDF Grant Payment Authorisation Paul Lawrence, Executive Director of Place and SRO	Low	PL1906 Issue 2.1 Retention of Authorising Emails Pending	Management have agreed to set up a folder to retain authorising emails in a central location.	Estimated Date: 30/08/2019 Revised Date: No of Revisions 0	Alastair Ranyard, Alison Coburn, Elaine Scott, Lisa Mallon, Michael Thain, Sandra Harrison,
27	Transfer of the Management Development Funding (TMDF) PL1 906 - TMDFScheme of Delegation Paul Lawrence, Executive Director of Place and SRO	Low	PL1906 Issue 3.1 Scheme of Delegation Letter Pending	Operations Manager will liaise with Housing and Development Manager to consider whether Head of Place Development requires delegated authority for the TMDF process.	Estimated Date: 30/08/2019 Revised Date: No of Revisions 0	Alastair Ranyard, Alison Coburn, Elaine Scott, Lisa Mallon, Michael Thain, Sandra Harrison

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
28	Fleet Review Project management and governance framework Paul Lawrence, Executive Director of Place and SRO	High	4. Recommendation - Stakeholder Engagement Pending	An internal/ external stakeholder engagement plan will be developed; approved by the project Board and applied throughout the project. Any key stakeholder engagement actions will also be reflected in the project plan.	Estimated Date: 28/06/2019 Revised Date: 31/12/2019 No of Revisions 1	Alison Scott, Claire Duchart, Gareth Barwell, Nicole Fraser, Scott Millar, Veronica Wishart.
29	Fleet ReviewProject management and governance framework Paul Lawrence, Executive Director of Place and SRO	High	5. Recommendation - Procurement Strategy and Plan Pending	A procurement and strategy plan will be designed along with the procurement team; approved by the project Board and used to support the procurement process; The request for procurement will include requirements in relation to paperless processes and compatibility with existing fleet systems; and the contractual position with CGI regarding telematics will be confirmed prior to commencement of procurement.	Estimated Date:30/07/2019 Revised Date: No of Revisions0	Alison Scott, Claire Duchart, Gareth Barwell, Nicole Fraser, Scott Millar, Veronica Wishart
30	Drivers Recording and addressing driving incidents Paul Lawrence, Executive Director of Place and SRO	Medium	Recording and addressing driving incidents Rec 2 Pending	A monthly reconciliation between the incidents reported to Fleet Services and those recorded on SHE will be performed, with line managers advised re any gaps on the SHE system that need to be addressed;	Estimated Date: 01/04/2019 Revised Date: 30/04/2019 No of Revisions 1	Adam Fergie, Alison Coburn, Claire Duchart, Gareth Barwell, Katy Miller, Martin Young, Scott Millar, Steven Wright, Susan Tannahill.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
31	Drivers Recording and addressing driving incidents Paul Lawrence, Executive Director of Place and SRO	Medium	Recording and addressing driving incidents Rec 3 Pending	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;	Estimated Date: 01/02/2019 Revised Date: 30/04/2019 No of Revisions 1	Adam Fergie, Alison Coburn, Claire Duchart, Gareth Barwell, Katy Miller, Martin Young, Nicole Fraser, Scott Millar, Steven Wright, Susan Tannahill.
32	Drivers Recording and addressing driving incidents Paul Lawrence, Executive Director of Place and SRO	Medium	Recording and addressing driving incidents Pending	Six monthly reporting will be provided to the Corporate Leadership Team together with details of relevant actions taken.	Estimated Date: 01/10/2019 Revised Date: No of Revisions 0	Adam Fergie, Alison Coburn, Claire Duchart, Gareth Barwell, Katy Miller, Martin Young, Nicole Fraser, Scott Millar, Steven Wright, Susan Tannahill.
33	Cyber Security - Public Sector Action Plan RES1808: Issue 3: Public Sector Action Plan for Cyber Resilience Project Governance Stephen Moir, Executive Director of Resources	Medium	RES1808: Issue 3: Recommendation 3.3 - Thematic Cyber Security Risk Register Pending	The Internal Audit recommendation will be implemented.	Estimated Date: 30/09/2019 Revised Date: No of Revisions 0	Layla Smith, Nick Smith, Rebecca Tatar.

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

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
				steward. The CAFM Business Case includes the delivery of a Data Quality Strategy for P&FM. The objective of the data quality strategy is to attribute risk and value to the data maintained in the system. Additionally: data change processes and procedures that capture data processing and management in CAFM will be designed and implemented. Processes for reviewing data quality, for example, review of condition survey data run in tandem with review of property data every five years, will be designed and implemented. Data validation controls within CAFM will be applied; and data quality audit controls for individual data fields available in CAFM will be applied, and audit reports run at an appropriate frequency to identify any significant changes to key data.		

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
35	Asset Management Strategy and CAFM system 18/19 RES1813 Asset Management Strategy and CAFM: Issue 3 - Property and Facilities Management Data Completeness; Accuracy; and Quality Stephen Moir, Executive Director of Resources	High	3.2 Resolution of known data quality issues Pending	A reconciliation of the two lists has been performed and there are no obvious discrepancies other than properties which are out with the scope of the survey team. The viability of establishing a referencing system for concessionary lets in the CAFM system will be explored. The volume and value of known concessionary lets across the Council Estate will form part of the Annual Investment Portfolio update which is reported to the Finance and Resources committee. There is an ongoing work stream looking at vacant and disposed properties and the systems updates required.	Estimated Date: 31/03/2016 Revised Date: 31/03/2022 No of Revisions 2	Andrew Field, Audrey Dutton, Brendan Tate, Gohar Khan, Graeme McGartland, Layla Smith, Peter Watton.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
36	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 CEC, 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: 29/11/2019 No of Revisions 3	Andy Jeffries, Bernadette Oxley, Michelle McMillan, Nickey Boyle, Russell Sutherland, Ruth Currie, Sean Bell.
37	Resilience BC Resilience responsibilities Paul Lawrence, Executive Director of Place and SRO	High	Rec 3.1 Place - Defining and Allocating Operational 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: 11/12/2020 No of Revisions 1	Alison Coburn, Claire Duchart, Mary-Ellen Lang.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
38	Resilience BCResilience responsibilities Judith Proctor, Chief Officer	High	Rec 3.3 H&SC - Defining and allocating operational resilience duties Started	Operational resilience responsibilities for completion and ongoing maintenance of Directorate and Service Area Business Impact Assessments; Resilience plans; and coordination of resilience tests in conjunction with the Resilience team will be clearly defined and allocated. The total number of employees with operational resilience responsibilities will be determined with reference to the volume of business impact assessments and resilience plans that require to be completed and maintained to support recovery of critical services.	Estimated Date:20/12/2018 Revised Date:31/12/2019 No of Revisions3	Cathy Wilson, Tom Cowan.
39	Resilience BC Resilience responsibilities Paul Lawrence, Executive Director of Place and SRO	High	Rec 4.1 Place - Objectives for Operational Resilience responsibilities Started	Corporate; management; and team member objectives for operational resilience responsibilities (for example completion of Service Area Business Impact Assessments; Resilience Plans; and coordination of Resilience tests) will be established, with ongoing oversight performed by Directors and Heads of Service to confirm that these are being effectively delivered to support the resilience responses included in both the Directorate and Council's annual governance statements.	Estimated Date: 31/07/2019 Revised Date: No of Revisions 0	Alison Coburn, Claire Duchart.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
40	Resilience BC Resilience responsibilities Judith Proctor, Chief Officer	High	Rec 4.3 H&SC - Objectives for operational Resilience responsibilities Started	Corporate; management; and team member objectives for operational resilience responsibilities (for example completion of Service Area Business Impact Assessments; Resilience Plans; and coordination of Resilience tests) will be established, with ongoing oversight performed by Directors and Heads of Service to confirm that these are being effectively delivered to support the resilience responses included in both the Directorate and Council's annual governance statements.	Estimated Date: 31/07/2019 Revised Date: No of Revisions 0	Cathy Wilson, Tom Cowan.
41	Resilience BC Resilience responsibilities Alistair Gaw, Executive Director of Communities and Families	High	Rec 4.4 C&F - Objectives for Operational Resilience responsibilities Started	Corporate; management; and team member objectives for operational resilience responsibilities (for example completion of Service Area Business Impact Assessments; Resilience Plans; and coordination of Resilience tests) will be established, with ongoing oversight performed by Directors and Heads of Service to confirm that these are being effectively delivered to support the resilience responses included in both the Directorate and Council's annual governance statements.	Estimated Date: 31/07/2019 Revised Date: 30/11/2019 No of Revisions 1	Michelle McMillan, Nickey Boyle, Ruth Currie.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
42	Resilience BC Resilience responsibilities Laurence Rockey, Head of Strategy & Communications	High	Rec 4.5 S&C - Objectives for Operational Resilience responsibilities Started	Corporate; management; and team member objectives for operational resilience responsibilities (for example completion of Service Area Business Impact Assessments; Resilience Plans; and coordination of Resilience tests) will be established, with ongoing oversight performed by Directors and Heads of Service to confirm that these are being effectively delivered to support the resilience responses included in both the Directorate and Council's annual governance statements.	Estimated Date: 31/07/2019 Revised Date: No of Revisions 0	Donna Rodger, Gavin King.
43	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Laurence Rockey, Head of Strategy & Communications	High	Rec 1 - Review of BIA templates Started	The BIA template will be reviewed by Resilience, including recovery objectives, in conjunction with key internal stakeholders (dependent on Procurement's action 2.7)	Estimated Date: 31/07/2019 Revised Date: 31/12/2019 No of Revisions 1	Donna Rodger, Gavin King, Mary-Ellen Lang.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
44	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Paul Lawrence, Executive Director of Place and SRO	High	Rec 12.1 Place - Annual assurance from Third Party Providers Started	Assurance should be obtained annually for statutory and critical services from third party service providers that their resilience plans remain adequate and effective; and have been tested to confirm that the recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved. Where this assurance cannot be provided, this should be recorded in Service Area and Directorate risk registers.	Estimated Date: 28/06/2019 Revised Date: 30/06/2020 No of Revisions 1	Alison Coburn, Claire Duchart.
45	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Stephen Moir, Executive Director of Resources	High	Rec 12.2 Resources - Annual assurance from Third Party Providers Started	Assurance should be obtained annually for statutory and critical services from third party service providers that their resilience plans remain adequate and effective; and have been tested to confirm that the recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved. Where this assurance cannot be provided, this should be recorded in Service Area and Directorate risk registers.	Estimated Date: 28/06/2019 Revised Date: 30/06/2020 No of Revisions 1	Layla Smith, Mary-Ellen Lang.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
46	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Judith Proctor, Chief Officer	High	Rec 12.3 H&SC - Annual assurance from Third Party Providers Started	Assurance will be obtained annually for statutory and critical services from third party service providers that their resilience plans remain adequate and effective; and have been tested to confirm that the recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved. Where this assurance cannot be provided, this will be recorded in Service Area and Directorate risk registers.	Estimated Date: 21/06/2019 Revised Date: 30/06/2020 No of Revisions 1	Cathy Wilson, Tom Cowan.
47	Resilience BCCompletion and adequacy of service area business impact assessments and resilience arrangements Alistair Gaw, Executive Director of Communities and Families	High	Rec 12.4 C&F - Annual assurance from Third Party Providers Started	Assurance should be obtained annually for statutory and critical services from third party service providers that their resilience plans remain adequate and effective; and have been tested to confirm that the recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved. Where this assurance cannot be provided, this should be recorded in Service Area and Directorate risk registers.	Estimated Date:28/06/2019 Revised Date:30/06/2020 No of Revisions1	Michelle McMillan, Nickey Boyle, Ruth Currie.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
48	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Laurence Rockey, Head of Strategy & Communications	High	Rec 12.5 S&C - Annual assurance from Third Party Providers Started	Assurance should be obtained annually for statutory and critical services from third party service providers that their resilience plans remain adequate and effective; and have been tested to confirm that the recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved. Where this assurance cannot be provided, this should be recorded in Service Area and Directorate risk registers.	Estimated Date: 28/06/2019 Revised Date: 30/06/2020 No of Revisions 1	Donna Rodger, Mary-Ellen Lang.
49	Resilience BC Adequacy, maintenance and approval of Council wide resilience plans Laurence Rockey, Head of Strategy & Communications	Medium	Rec 1 a) Notification and escalation processes for essential activity areas Started	a) Resilience will issue a communication to CLT requesting that their essential activity areas have appropriate notification and escalation processes in place should an incident occur affecting the area. This information will be included in business area resilience plans.	Estimated Date: 29/03/2019 Revised Date: 31/10/2019 No of Revisions 2	Donna Rodger, Gavin King, Mary-Ellen Lang.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
50	Resilience BC Adequacy, maintenance and approval of Council wide resilience plans Laurence Rockey, Head of Strategy & Communications	Medium	Rec 1b) Provision of support and guidance for developing incident management processes Started	b) An agreed and validated Council Resilience Incident Notification and Escalation procedure is in place for resilience incidents. In line part A of the recommendation guidance will be offered to business areas through Corporate Leadership Team to share good practice and support provided where required, to assist in the development of business area notification and escalation processes.	Estimated Date: 29/03/2019 Revised Date: 31/10/2019 No of Revisions 3	Donna Rodger, Gavin King, Mary-Ellen Lang.
51	Historic Unimplemented Findings ED1501 Issue 1 Resource risk with delivering the SEAP programme Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 1a Started	(i) The Communications Plan will be rolled out.	Estimated Date: 31/01/2016 Revised Date: 31/12/2019 No of Revisions 4	Alison Coburn, Claire Duchart, Donna O'Donnell, Janice Pauwels, Michael Thain, Sandra Harrison.
52	Historic Unimplemented Findings ED1501 Issue 1 Resource risk with delivering the SEAP programme Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 1b Started	(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.	Estimated Date: 30/04/2016 Revised Date: 31/12/2019 No of Revisions 4	Alison Coburn, Claire Duchart, Donna O'Donnell, Janice Pauwels, Michael Thain, Sandra Harrison.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
53	Historic Unimplemented Findings

HSC1502 - issue 1 lack of routine monitoring of users

Judith Proctor, Chief Officer | Low | Recommendation 1c

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. | Estimated Date: 30/04/2016 Revised Date: 30/09/2019 No of Revisions 3 | Alison Roarty, Angela Ritchie, Cathy Wilson, Debbie Adams, Dougal Allan, Heather Robb, Helen Elder, Julie Rosano, Nicola Harvey, Tom Cowan. |
| 54 | Validation of Management Actions 2018/19

Validation Audit CW1810 reopened finding - HSC1513: Management structure and business support arrangements

Judith Proctor, Chief Officer | High | Validation Audit CW1810 - Issue 2.1 HSC1503: Partnership Management Structure

Started | The Partnership's organisational management structure will be finalised, implemented, and embedded. The revised structure does not need to be approved by the IJB (Integration Joint Board) because it is an operational matter. It will however be presented to the EIJB (Edinburgh Integration Joint Board) for information. The revised implementation date of April 2020 will allow completion of Partnership budget and transformation Programmes. | Estimated Date: 31/12/2015 Revised Date: 30/04/2020 No of Revisions 1 | Cathy Wilson. |

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
55	Validation of Management Actions 2018/19 Validation Audit CW1810 reopened finding - HSC1513: Management structure and business support arrangements Judith Proctor, Chief Officer	High	Validation Audit CW1810 - Issue 2.3 HSC1503: Business Support Service Level Agreements Started	The Partnership and Business Support Service will jointly establish Service Level Agreements for business support out with the organisational management structure. Regular meetings between relevant senior managers in the Partnership and Business Support will be established to ensure performance against Service Level Agreements is monitored. Any performance issues will be escalated to the Partnership's Executive Team for consideration and resolution.	Estimated Date: 31/12/2015 Revised Date: 31/10/2019 No of Revisions 1	Alison Roarty, Cathy Wilson, John Arthur, Layla Smith, Louise McRae, Nicola Harvey, Stephen Moir.
56	H&SC Care Homes - Corporate Report A3.1: Training Judith Proctor, Chief Officer	Medium	A3.1(1) Manager review of training Started	This will be included as part of a new monthly controls process to be implemented and monitored via completion of a monthly spreadsheet. A working group has been established to document all processes to be included.	Estimated Date: 30/06/2019 Revised Date: 31/10/2019 No of Revisions 2	Angela Ritchie, Cathy Wilson, Debbie Adams, Helen Elder, Tom Cowan.
57	H&SC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(2) Health & Social Care Teams - 6 monthly and annual performance conversations Started	Health and Social Care Teams Will ensure that annual performance conversations (once completed) are recorded on the iTrent system.	Estimated Date: 30/06/2018 Revised Date: 31/07/2019 No of Revisions 1	Angela Ritchie, Cathy Wilson, Debbie Adams, Helen Elder, Tom Cowan.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
58	H&SC Care Homes - Corporate ReportA3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(3) HSCP - Managing Attendance Training Started	Refreshed Action as per re-based action plan presented to GRBV May 2019The 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. Previous management action 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:31/05/2019 No of Revisions3	Angela Ritchie, Cathy Wilson, Debbie Adams, Helen Elder, Tom Cowan.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
59	H&SC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(4) Health & Social Care Teams - quarterly review of absence and performance management Started	This is the responsibility of the Unit manager for their direct reports. The Business Support Officer will ensure that the Unit Manager is aware on a monthly basis for 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.	Estimated Date: 30/06/2018 Revised Date: 31/07/2019 No of Revisions 1	Angela Ritchie, Cathy Wilson, Debbie Adams, Helen Elder, Tom Cowan.
60	H&SC Care Homes - Corporate Report A3.4: Agency Staffing Judith Proctor, Chief Officer	Medium	A3.4(2) Analysis of the agency staff and hours worked charges Started	The 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	Angela Ritchie, Cathy Wilson, Colin Beck, Debbie Adams, Jay Sturgeon.
61	H&SC Care Homes - Corporate Report A3.5: Adequacy of Resources Judith Proctor, Chief Officer	Medium	A3.5(1) Care Inspectorate Dependency Assessments requirements Started	Unit managers submit monthly reports to Cluster manager and Locality management team. Locality management team responsible for ensuring resource meets the demand based on dependency scoring.	Estimated Date: 31/01/2019 Revised Date: 30/06/2019 No of Revisions 1	Angela Ritchie, Cathy Wilson, Debbie Adams, Helen Elder, Tom Cowan.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
62	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer	High	Recommendation 1a - Health & Social Care Started	1. Health and Social Care: Given the considerable business support and social worker resources implications, the above recommendations will take time to design, implement and maintain. Business Support is resolving problem appointee arrangements as we go along, however, the backlog of reviews will need a programme management approach to rectify errors and support the governance required. In the meantime, associated risks will be added to the Partnership's risk register to monitor controls and progress on a monthly basis, given its high finding rating. Following the Care Home Assurance Review, the Partnership is developing a self-assurance control framework. Locality Managers have agreed for corporate appointee arrangements to be included in the assurance framework – which if found to be successful and useful, can be mirrored by the other applicable services in this report. Business Support is working on new guidelines for the administration of Corporate Appointeeship (e.g. new procedures, monthly checklists, etc.), which will support the effective delivery of the framework.	Estimated Date: 28/06/2019 Revised Date: No of Revisions 0	Angela Ritchie, Cathy Wilson, Debbie Adams, Helen Elder, Ian Waitt, Tom Cowan.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
63	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 for 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	Cathy Wilson, Colin Beck, Ian Waitt.
64	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: 28/06/2019 No of Revisions 1	Cathy Wilson, Emma Pemberton, Ian Waitt, Layla Smith, Linda Dodgson, Louise McRae, Robert Smith, Stephen Moir, Tony Duncan.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
65	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer	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 for Work and 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 H&SC management	Estimated Date: 31/05/2018 Revised Date: 28/06/2019 No of Revisions 1	Cathy Wilson, Ian Waitt, Julie Rosano, Layla Smith, Louise McRae, Marian Gray, Nicola Harvey, Stephen Moir, Tom Cowan, Tony Duncan.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
66	Edinburgh Alcohol and Drug Partnership (EADP) – Contract ManagementRisk and Supplier Performance Management

Judith Proctor, Chief Officer | High | Rec 3 - Performance Expectations

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 EADP (Edinburgh Alcohol and Drug Partnership) core group by January 2018. | Estimated Date:31/01/2018 Revised Date:31/05/2019 No of Revisions2 | Angela Ritchie, Cathy Wilson, Colin Beck, David Williams, Debbie Adams, Helen Elder, Jay Sturgeon, Tom Cowan. |

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
67	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Risk and Supplier Performance Management Judith Proctor, Chief Officer	High	Rec 4 - Timeframes 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 EADP (Edinburgh Alcohol and Drug Partnership) core group by January 2018.	Estimated Date: 31/01/2018 Revised Date: 31/05/2019 No of Revisions 2	Angela Ritchie, Cathy Wilson, Colin Beck, David Williams, Debbie Adams, Helen Elder, Jay Sturgeon, Tom Cowan.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
68	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	Angela Ritchie, Cathy Wilson, Colin Beck, David Williams, Debbie Adams, Helen Elder, Jay Sturgeon, Tom Cowan.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
69	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Key Person Dependency and Process Documentation Judith Proctor, Chief Officer	Medium	Rec 4 - Key Supplier Contracts 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	Cathy Wilson, Colin Beck, David Williams, Debbie Adams, Helen Elder, Jay Sturgeon, Tom Cowan.
70	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	Angela Ritchie, Cathy Wilson, Colin Beck, David Williams, Debbie Adams, Helen Elder, Tom Cowan.

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71	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Supplier Sustainability Judith Proctor, Chief Officer	Medium	Rec 2 - Contingency Plans Started	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	Angela Ritchie, Cathy Wilson, Colin Beck, David Williams, Debbie Adams, Helen Elder, Tom Cowan.
72	Phishing Resilience TARGETED TRAINING Stephen Moir, Executive Director of Resources	High	Targeted Training - Issue 3 Started	Accepted. Once such courses are agreed ICT will ensure these are updated annually (or earlier depending on NSCS guidance changes or in response to incidents) in line with best practice advice and e.g. in-line with PScAP recommendations. The courses will be reviewed and updated by the first anniversary date of their release.	Estimated Date: 30/09/2019 Revised Date: No of Revisions 0	Alison Roarty, Carolann Miller, Heather Robb, Layla Smith, Lorraine McLeod, Nicola Harvey.
73	Garden Waste Bin Collection MIS1801: Issue 2 Garden Waste Registration Process Laurence Rockey, Head of Strategy & Communications	Medium	MIS1801: Issue 2.3 Communicating cessation of outbound calls Started	The change will also be communicated via the Orb; Managers News; and the Chief Executive's blog Reinforced at the Wider Leadership Team Meeting; and communicated via other social media channels used by the Council. Additionally, all Corporate Leadership Team members will be requested to reinforce the decision with their direct reports	Estimated Date: 29/03/2019 Revised Date: No of Revisions 0	Chris Wilson, Donna Rodger.

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74	Enterprise Resource Planning (ERP) MP1804 - Issue 3 ERP Detailed Project Plans Stephen Moir, Executive Director of Resources	High	ERP Issue 3.2 - HR: Midland project plan Started	Agree, detailed plans will be developed in collaboration with third party suppliers onboarding onto the programme and when they are engaged in delivery. Timelines for Midland being engaged is subject to change, but indicative timeline is – 31 July 2019	Estimated Date: 31/07/2019 Revised Date: No of Revisions 0	Layla Smith, Nicola Harvey, Tom Piper.
75	Enterprise Resource Planning (ERP)MP1804 - Issue 3 ERP Detailed Project Plans Stephen Moir, Executive Director of Resources	High	ERP Issue 3.3a - Debt Management - draft project planStarted	Agree, however detailed plans will be developed in collaboration with third party suppliers onboarding onto the programme and when they are engaged in delivery. No supplier is in place for replacement of the debt management system. Draft project plan with key milestones and deliverables will be prepared for 30 August 2019	Estimated Date:30/08/2019 Revised Date:29/11/2019 No of Revisions2	Layla Smith, Nicola Harvey, Tom Piper.
76	Local Development Plan Financial Modelling Paul Lawrence, Executive Director of Place and SRO	High	Funding Started	Challenge of infrastructure proposals will be performed at the LDP Action Programme oversight group. Complete and agree Financial Model of 2018 LDP Action Programme Annual Report to CLT and F&R Committees; Prepare update to Financial Model in line with next LDP project plan.	Estimated Date: 31/03/2018 Revised Date: 29/05/2020 No of Revisions 2	Alison Coburn, Claire Duchart, David Leslie, John Inman, Kate Hopper, Michael Thain, Sandra Harrison.

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77	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 LDP 2. Oversight will be provided by the Project Board to ensure that all individual appraisals performed across Service Areas have applied these recommendations. (sept 18)	Estimated Date: 31/03/2018 Revised Date: 29/05/2020 No of Revisions 2	Alison Coburn, Claire Duchart, David Leslie, John Inman, Kate Hopper, Michael Thain, Sandra Harrison.
78	Waste & Cleansing Health & Safety Significant incident / emergency procedure Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 1.1 Incident and Escalation Procedures Started	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	Alison Coburn, Claire Duchart, Gareth Barwell, Nicole Fraser.
79	Waste & Cleansing Health & Safety Operational health and safety roles and responsibilities Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 2 1 and 2.2 - Roles and responsibilities - site and equipment checks 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: 31/10/2019 No of Revisions 4	Alison Coburn, Andy Williams, Claire Duchart, Gareth Barwell, Mark Stenhouse.

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80	Waste & Cleansing Health & Safety Operational health and safety roles and responsibilities Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 2.3 and 2.4 Communication of H&S roles and responsibilities Started	3. and 4 - Co-develop H&S Roles and Responsibilities for each site and provide to relevant Managers on site.	Estimated Date: 31/10/2018 Revised Date: 31/10/2019 No of Revisions 4	Alison Coburn, Andy Williams, Claire Duchart, Gareth Barwell, Mark Stenhouse, Nicole Fraser.
81	Planning and S75 Developer Contributions Backlog of Legacy Developer Contributions Stephen Moir, Executive Director of Resources	High	PL 1802 Recommendation 1.1 Review of developer contributions held in the Finance database Started	A full review of all developer contributions held in the Finance database will be performed, and all entries reconciled to amounts held on deposit and/or in the general ledger.	Estimated Date: 31/01/2016 Revised Date: 30/09/2020 No of Revisions 1	Alison Henry, David Leslie, Hugh Dunn, John Inman, Layla Smith, Michael Thain, Rebecca Andrew.

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82	Planning and S75 Developer Contributions End to end developer contribution processes, procedures, and training Stephen Moir, Executive Director of Resources	High	PL 1801 Iss 2 Rec 2.3(1) Legal agreements and rates Started	Legal Services has developed a contributions template for use by planning officers prior to the determination of an application where contributions are required. Planning will continue to work with Legal Services to refine and finalise the template. 1. Legal Services will develop a template which will contain a drop-down list of all information required to be filled in by Planning officers for every developer agreement, prior to a minded to grant status being issued by Planning.2. To ensure consistency, Legal Services will apply a revised hourly charge rate based on a blended rate of the charges made by existing external firms preparing developer contribution legal agreements.	Estimated Date: 01/07/2019 Revised Date: No of Revisions 0	Graham Nelson, Kevin McKee, Layla Smith, Nick Smith.
83	Fleet Review Project management and governance framework Paul Lawrence, Executive Director of Place and SRO	High	2. Recommendation - Project Governance Framework Started	Project board to be finalised and evidence submitted indicating terms of reference, meeting scheduling and meeting notes	Estimated Date: 29/03/2019 Revised Date: 31/12/2019 No of Revisions 1	Alison Scott, Claire Duchart, Gareth Barwell, Nicole Fraser, Scott Millar, Veronica Wishart.

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84	Fleet Review Project management and governance framework Paul Lawrence, Executive Director of Place and SRO	High	3. Recommendation - Project Management Framework Started	Agreed. The guidance designed by Strategy and Insight will be applied to support the Fleet project management framework; Agreed – all documentation noted above will be prepared to support the project; Project documentation will be approved by the Project Board. Status reporting will be provided to Strategy and Insight for inclusion in the CLT Change Board pack; and agreed – actions will be documented; allocated; and monitored to confirm their completion.	Estimated Date: 28/06/2019 Revised Date: 31/12/2019 No of Revisions 1	Alison Scott, Claire Duchart, Gareth Barwell, Nicole Fraser, Scott Millar, Veronica Wishart.
85	Drivers Driving Assessments and Training Paul Lawrence, Executive Director of Place and SRO	Medium	Driving Assessments and Training Rec 2 Started	The decision will be approved by the Corporate Leadership Team and the Corporate Policy and Strategy Committee; and the draft Driving policy and supporting procedures will be updated and implemented;	Estimated Date: 29/03/2019 Revised Date: 10/06/2019 No of Revisions 2	Alison Coburn, Claire Duchart, Gareth Barwell, Nicole Fraser, Scott Millar, Susan Tannahill,
86	Drivers Management and use of Driver Permits and fuel FOB cards Paul Lawrence, Executive Director of Place and SRO	Medium	Management and use of Driver Permits and Fuel FOB cards Rec 3 Started	On a driver's last working day, the line manager will recover the leavers driving permit and fuel FOB and return those to Fleet Services, driving permits will be cancelled and destroyed, with details removed from the system;	Estimated Date: 01/04/2019 Revised Date: 31/12/2019 No of Revisions 1	Alison Coburn, Claire Duchart, Gareth Barwell, Katy Miller, Martin Young, Nicole Fraser, Scott Millar, Steven Wright.

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87	DriversManagement and use of Driver Permits and fuel FOB cards Paul Lawrence, Executive Director of Place and SRO	Medium	Management and use of Driver Permits and Fuel FOB cards Rec 4Started	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;	Estimated Date:01/02/2019 Revised Date:31/12/2019 No of Revisions2	Alison Coburn, Claire Duchart, Gareth Barwell, Katy Miller, Martin Young, Nicole Fraser, Scott Millar, Steven Wright
88	Drivers Ongoing compliance with driving hours regulations Paul Lawrence, Executive Director of Place and SRO	Medium	Ongoing compliance with driving hours regulations Rec 4 Started	Fleet Services will reconcile its records of Council/agency drivers and their line managers with HR records on a quarterly basis to ensure that it is complete and accurate;	Estimated Date: 01/02/2019 Revised Date: 31/10/2019 No of Revisions 1	Adam Fergie, Alison Coburn, Claire Duchart, Gareth Barwell, Katy Miller, Martin Young, Nicole Fraser, Scott Millar, Steven Wright, Susan Tannahill.
89	Asset Management Strategy Issue 1: Visibility and Security of Shared Council Property Stephen Moir, Executive Director of Resources	Medium	Review of existing shared property Started	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.	Estimated Date: 31/10/2018 Revised Date: 31/08/2019 No of Revisions 2	Audrey Dutton, Gohar Khan, Layla Smith, Lindsay Glasgow, Peter Watton.

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90	Asset Management Strategy Issue 1: Visibility and Security of Shared Council Property Stephen Moir, Executive Director of Resources	Medium	Formalised rental agreements Started	The Operational Estates team are also reviewing third sector tenancies across the Operational Estate. This will require the collation of information directly from establishments (who have traditionally made direct arrangements with third parties), to capture all instances and formalise these arrangements. Given the size and complexity of this task, it is envisaged that this will take around two years to complete.	Estimated Date: 31/10/2018 Revised Date: 31/10/2019 No of Revisions 2	Audrey Dutton, Gohar Khan, Layla Smith, Lindsay Glasgow, Peter Watton.
91	Compliance with IR35 and Right to Work RES1802: Issue 1. IR35 Compliance and Oversight Framework Judith Proctor, Chief Officer	High	RES1802: Issue 1.5 Daybreak Carer's Agreements Started	The Carer's Agreement will be revised with assistance from Legal and Risk service to ensure it complies with all requirements. All current carers will be asked to sign a revised agreement. The agreement will be revised on an annual basis to take account of any relevant changes.	Estimated Date: 30/09/2019 Revised Date: 31/12/2019 No of Revisions 1	Anne-Marie Donaldson, Cathy Wilson, Craig Russell, Mark Grierson, Tony Duncan.

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92	Cyber Security - Public Sector Action Plan RES1808: Issue 1: Critical Operational Cyber Security Controls Stephen Moir, Executive Director of Resources	High	RES1808: Issue 1: Recommendation 1.1 - Cyber Essentials Accreditation Started	Cyber Essentials Accreditation was achieved October 2018. Based on the advice received, we are therefore continuing with the current plan for Cyber Essentials Plus accreditation in 2019. We are dependent on some improvement plans and programmes by CGI that are tracked via the Public Services Network Board and Security Working Group. CGI 's progress will be reviewed at the end of January 2019 and monthly afterwards. A formal review to assess whether accreditation can be achieved will be completed by end March 2019 by the Enterprise Architect with support and oversight by the Chief Information Officer. A proposal to continue for submission will be then made by the Chief Information Officer, to the Head of Customer and Digital Services, and the Executive Director of Resources.	Estimated Date: 30/09/2019 Revised Date: 31/03/2020 No of Revisions 1	Alison Roarty, Carolann Miller, Heather Robb, Layla Smith, Nicola Harvey.

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93	Cyber Security - Public Sector Action Plan RES1808: Issue 1: Critical Operational Cyber Security Controls Stephen Moir, Executive Director of Resources	High	RES1808: Issue 1: Recommendation 1.2 - Cyber Essentials Accreditation Started	CGI completed a complete manual vulnerability scan of the estate in November 2018 Vulnerabilities identified from this scan are being resolved as part of the Public Services Network remediation action plan. CGI have been formally requested to implement automated vulnerability scanning as a service. To ensure this is in place in time for Cyber Essentials Plus accreditation this automated vulnerability scanning is targeted to be implemented by end of June 2019.	Estimated Date: 30/09/2019 Revised Date: No of Revisions 0	Alison Roarty, Carolann Miller, Heather Robb, Layla Smith, Nicola Harvey.
94	Cyber Security - Public Sector Action Plan RES1808: Issue 3: Public Sector Action Plan for Cyber Resilience Project Governance Stephen Moir, Executive Director of Resources	Medium	RES1808: Issue 3: Recommendation 3.1 - Thematic Cyber Security Risk Register Started	The Internal Audit recommendation will be implemented.	Estimated Date: 30/09/2019 Revised Date: No of Revisions 0	Layla Smith, Nick Smith, Rebecca Tatar.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
95	Cyber Security - Public Sector Action Plan RES1808: Issue 3: Public Sector Action Plan for Cyber Resilience Project Governance Stephen Moir, Executive Director of Resources	Medium	RES1808: Issue 3: Recommendation 3.2 - Thematic Cyber Security Risk Register Started	The Internal Audit recommendation will be implemented.	Estimated Date: 30/09/2019 Revised Date: No of Revisions 0	Layla Smith, Nick Smith, Rebecca Tatar.