

Finance and Resources Committee

10.00am, Thursday 4 March 2021

Resources Directorate – Internal Audit Action Update

Executive/routine	Executive
Wards	All
Council Commitments	

1. Recommendations

- 1.1 It is recommended that the Finance and Resources Committee:
- 1.2 notes the 2019/20 Internal Audit opinion and the associated summary findings from the final audits undertaken in the plan relevant to the Resources Directorate; and,
- 1.3 notes the position in respect of the current open and overdue internal audit findings relating to the Resources Directorate.

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Resources Directorate - Internal Audit Action Updates

2. Executive Summary

- 2.1 This report follows Internal Audit's annual opinion for the City of Edinburgh Council for the financial year ended 31 March 2020 and the outcomes of Internal Audits completed at the end of the 2019/20 Internal Audit Plan which have either a Councilwide finding, which is applicable to all Directorates or are specific to the Resources Directorate.
- 2.2 To allow for the Covid-19 response to be as effective as possible a decision was reached to pause Internal Audit activity; this resulted in only 72% of the annual Internal Audit plan for 2019/20 being completed. As a result, the 2019/20 opinion was a 'limited' opinion recognising that the plan was not substantially completed and recognising that it is not possible for Internal Audit to pre-empt the results of those audits which remained outstanding at the time of the opinion being reached. This approach was aligned with the guidance of relevant professional bodies, such as CIPFA, and was agreed at the June 2020 meeting of the Governance, Risk and Best Value Committee.
- 2.3 No 'Critical' Internal Audit findings were raised during the course of 2019/20 and whilst the total number of findings remains generally aligned with those in previous years a positive improvement was seen in the number of new High rated findings raised. Some improvement was also found in the percentage of overdue findings and the aging profile of these. However, a number of significant weaknesses in the Council's overall control environment were identified by Internal Audit.
- 2.4 It was the Chief Internal Auditor's independent and professional opinion that significant control weaknesses were identified in the design and effectiveness of the Council's control environment, governance and risk management frameworks. Consequently, only limited assurance can be provided that risks are being identified and effectively managed, and that the Council's objectives would be achieved.
- 2.5 Consequently, Internal Audit reported a 'red' rated opinion, with an assessment towards the lower end of this category, reflecting that significant enhancements are required to the Council's established control environment; governance; and risk management arrangements to ensure that the Council's most significant risks are

effectively mitigated and managed. This outcome has improved slightly from the opinion present by Internal Audit in 2018/19.

- 2.6 The completion of the 2019/20 Internal Audit plan brought with it a number of reports which incorporated agreed management actions for the Resources Directorate to implement. This report outlines the summary status of these internal audit management actions for noting by the Committee, as detailed in Appendix 1. In addition, the management actions arising from an Internal Audit report that remain open and are now deemed overdue for completion by the Resources Directorate, as at 7 December 2020, are outlined in Appendix 2.

3. Background

- 3.1 The objective of Internal Audit (IA) is to provide high quality independent audit assurance over the control environment established to manage the Council's most significant risks, and their overall governance and risk management arrangements in accordance with Public Sector Internal Audit Standards (PSIAS) requirements.
- 3.2 It is the responsibility of the Council's Chief Internal Auditor to provide an independent and objective annual opinion on the adequacy and effectiveness of the Council's control environment and governance and risk management frameworks in line with PSIAS requirements. The opinion is provided to the Governance, Risk, and Best Value Committee and should be used to inform the Council's Annual Governance Statement.
- 3.3 Where control weaknesses are identified, Internal Audit findings are raised, and management agree actions and timescales by which they will address the gaps identified.
- 3.4 It is the responsibility of management to address and rectify the weaknesses identified via timely implementation of these agreed management actions.
- 3.5 The IA definition of an overdue finding is any finding where all agreed management actions have not been implemented by the final date agreed by management and recorded in Internal Audit reports.
- 3.6 Internal Audit is not the only source of assurance provided to the Council as there are a number of additional assurance sources including: external audit, regulators and inspectorates, that the Committee should equally consider when forming their view on the design and effectiveness of the Council's control environment, governance and risk management arrangements.

4. Main report

Internal Audit Opinion 2019/20

- 4.1 Based on limited (72%) completion of the 2019/20 annual plan, IA considered that significant improvements were required across the Council's control environment,

governance and risk management arrangements to ensure that the Council's most significant risks are effectively identified, mitigated, and managed, and is raising a 'red' rated 'significant improvement required' opinion, with our assessment towards the lower end of this category.

- 4.2 Consequently, IA believed that the whilst some progress is evident, the Council's established control environment; governance; and risk management frameworks have not yet matured and adapted sufficiently to support effective management of the rapidly changing risk environment and the Council's most significant risks, putting achievement of the Council's objectives at risk.

Areas where improvement is required

- 4.3 The 2019/20 Internal Audit plan and the associated reports completed in the final quarter of the plan identified improvements being required in a number of areas, as detailed in Appendix 1:

- 4.3.1 Internal Audit advised that in their opinion the weaknesses identified and highlighted in the reports supporting the 2019/20 annual opinion are predominantly attributable to a lack of capacity and skills within first line divisions and directorates to ensure that key controls; governance; and risk management processes are consistently and effectively applied to support effective ongoing management of service delivery and projects. The Assurance Actions and Annual Governance Statements and Policy Management Framework audits highlighted the need to ensure that appropriate second line frameworks are designed and implemented to support completion of annual governance statements by first line divisions and directorates that accurately reflect the outcomes of all open first line assurance findings, and support the completeness and accuracy of the Council's overarching annual governance statement; and to support effective ongoing development, review, and management of Council policies.
- 4.3.2 The independent Risk Management audit performed by our External Auditors, Scott Moncrieff (now Azets), confirmed that the Council is still on its risk management journey, and that whilst an appropriate overarching risk management framework has been developed and implemented by the second line Corporate Risk Management team, it is not yet being consistently applied across the Council by first line teams. The report also highlights the need to ensure that risk registers are developed and consistently maintained by all divisions and directorates; that there is sufficient first line capacity to support ongoing risk management activities; and that risk management training is developed and delivered for all relevant employees.
- 4.3.3 A number of significant and thematic health and safety issues were identified in the outcomes in the Life Safety, Lone Working (Health and Social Care), and Drivers audits. These highlighted the need to confirm

the existence and quality of fire risk assessments across circa two thirds of the Council's operational property estate; establish a holistic life safety performance and reporting framework; clarify both the Council and NHS Lothian's respective legal responsibilities in relation to ongoing compliance with statutory employer health and safety requirements; review Health and Social Care Partnership lone working policies and procedures (including incident reporting) and ensure that they are consistently applied.

4.3.4 The Council had no current overview of the extent of third-party cloud-based technology (shadow IT) systems used by first line divisions and directorates to support the delivery of Council services. This is an area of significant concern especially where these systems have been procured historically, as limited assurance is currently obtained from system suppliers in relation to the adequacy and effectiveness of the security and information management controls supporting these systems. Consequently, the Council is unable to confirm whether the requirements of its externally hosted ICT service protocol is consistently applied, and the extend of its exposure to security and information management risks associated with the ongoing use of these systems.

4.3.5 Whilst the Council's Change Board (Corporate Leadership Team) continued to provide ongoing oversight of the Council's major projects portfolio throughout 2019/20, review of one major project included within the major projects portfolio, and a separate review of divisional and directorate management and oversight of projects delivered out-with the portfolio highlighted the need to establish first line programme management arrangements to ensure effective oversight and delivery of first line projects; that further improvements are required to ensure that senior responsible officers (SROs) and project managers consistently manage projects in line with the Council's established project management framework; and that adequate and suitably skilled project management resource is provided to support delivery of projects across the Council.

Areas where positive assurance was provided

4.4 There were four effective or 'green' reported audit reports published in respect of the Resources Directorate and/or Council Wide in this Internal Audit plan period. For Resources, the Employee Lifecycle and Payroll audit for the financial year 2018/19 confirmed that there were no significant material or systematic errors in employee records and transactions and the Digital Services Incident and Problem Management audit confirmed that our technology partner, CGI, was effectively managing and resolving incidents experienced by users across our networks.

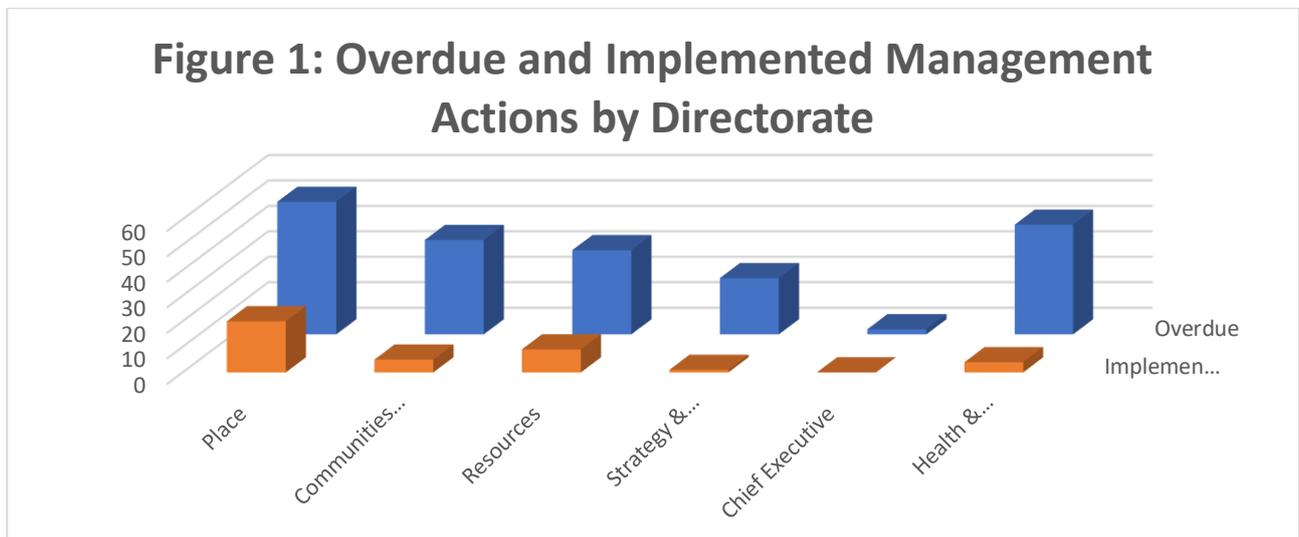
4.5 It was also confirmed as part of the City Region Deal Funding Process audit that the Finance Division within Resources were effectively ensuring that the Council fulfils its responsibilities as the Accountable Body for the Edinburgh and South East

Scotland City Region Deal. The Preparation for the Strategic Housing Plan audit also achieved an overall effective outcome from this perspective.

Open and Overdue Internal Audit management actions as at 7 December 2020

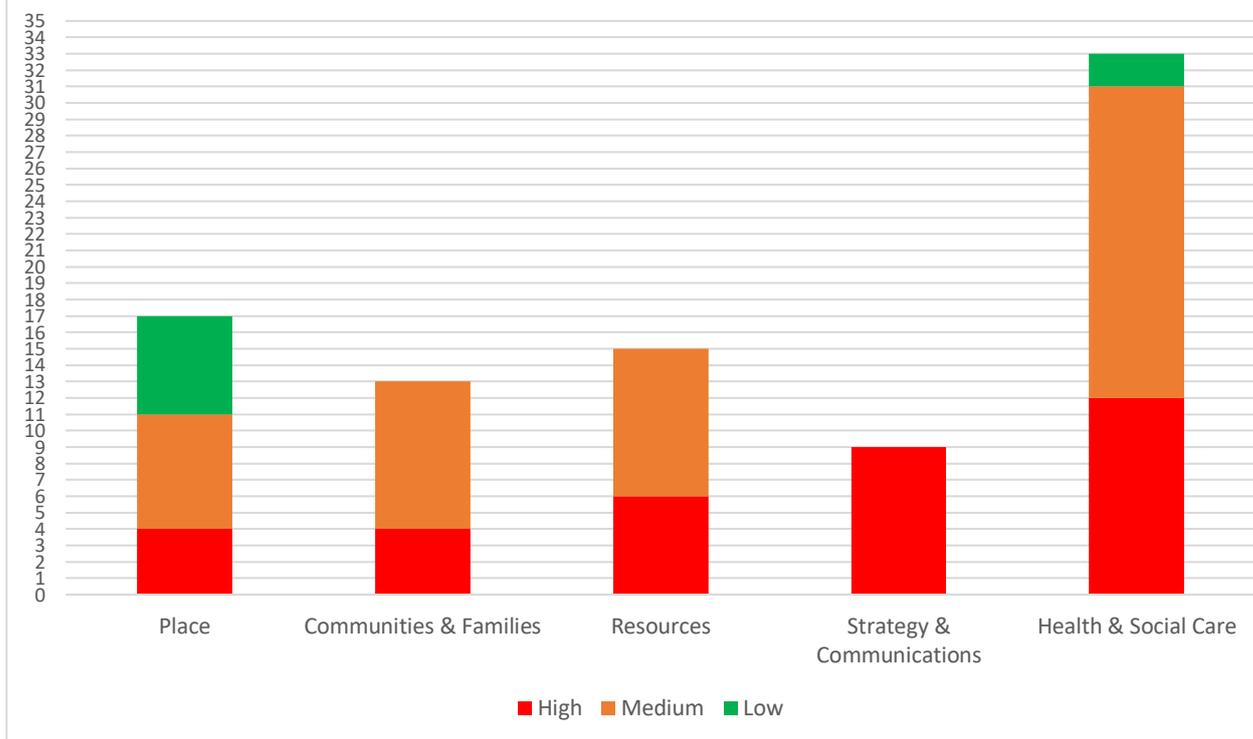
4.6 Following the Corporate Leadership Team decision to reallocate resources temporarily across Directorates to prioritise focus on closure of IA findings, IA has noted a significant increase in the number of management actions proposed for closure as at 7 December (39 implemented actions) in comparison to the 30th October position (20 implemented actions). The current open IA actions (123) are supported by a total of 364 agreed management actions, of which 189 (52%) are considered overdue as the originally agreed completion date has not been achieved

4.7 Figure 1 illustrates the allocation of the total of 189 overdue management actions between those where action is required at 150, and of 39 that have been passed to IA for review across the directorates/divisions. As members of the Committee will note, the Resources Directorate continues to make positive progress with closing overdue actions.



4.8 Of these 150 recorded as overdue as at the 7 December 2020, 33 sat with Resources. Of these 15 had their implementation date revised as illustrated by figure 2 on the following page; of these 6 were high rated.

Figure 2 - management actions with more than one revised completion date since July 2018



4.8 In addition to these actions, which are deemed to be both open and overdue, there are a range of management actions that are currently open but are not overdue. These continue to be tracked and managed by the Executive Director of Resources and the Resources Heads of Service.

5. Next Steps

5.1 The Resources Directorate is actively managing the response to the internal audit findings and progress against these is reviewed at the Corporate Leadership Team on a monthly basis. The Executive Director of Resources continues to hold Quarterly Performance and Assurance Meetings with the Resources Heads of Service and their direct reports to ensure that the timely completion, evidence and closure of internal audit actions remains a priority for all Divisions within the Directorate.

6. Stakeholder/Community Impact

6.1 As with all internal audit related findings, this report highlights that the Council is currently exposed to a level of risk that puts achievement of its objectives at risk and which could potentially impact services delivered and support provided to citizens, stakeholders, and community groups.

7. Background reading/external references

7.1 None.

8. Appendices

8.1 Appendix 1 - Audits Completed Between 1 April 2019 and 31 March 2020

8.2 Appendix 2 - Internal Audit Overdue Management Actions as at 7 December 2020

Appendix 1 – Audits completed between 1 April 2019 and 31 March 2020

Ref	Review Title	Report Outcome	No. of findings raised				GRBV Review Date
			High	Medium	Low	Totals	
Council Wide							
1.	Brexit Impacts – supply chain management	Some Improvement Required	-	2	1	3	September 20
2.	Implementation of Assurance Actions and Annual Governance Statements	Significant Improvement Required	1	2	-	3	August 20
3.	Validation of Implemented Management Actions Supporting Closed Internal Audit Findings	Some Improvement Required	1	1	1	3	August 20
4.	Health and Safety – Life Safety	Significant Improvement Required	3	-	2	5	September 20
5.	Preparation of the Strategic Housing Investment Plan	Effective	-	-	-	-	Not requested
6.	Unsupported Technology (Shadow IT)	Significant Improvement Required	2	-	-	2	September 20
7.	Risk Management	Significant Improvement Required	2	3	-	5	September 20
8.	Retention of Social Work Case Records (Looked After and Accommodated Children)	Some Improvement Required	-	3	-	3	July 2020
	Totals		9	11	4	24	
Resources							
9.	CGI sub contract management	Some Improvement Required	-	1	1	2	July 20
10.	CGI partnership management and governance	Some Improvement Required	-	1	-	1	September 20
11.	Digital Services - Change Initiation	Some Improvement Required	-	1	1	2	September 20
12.	Digital Services - Incident and Problem Management	Effective	-	-	1	1	Not requested
13.	Revenue budget setting and management	Some Improvement Required	-	4	-	4	July 20
14.	Model and Intelligent Automation Risk	Some Improvement Required	1	-	1	2	July 20
15.	Employee Lifecycle and Payroll for the 2018/19 Financial Year	Effective	-	1	-	1	September 20
	Totals		1	8	4	13	

Appendix 2 - Internal Audit Overdue Management Actions as at 7 December 2020

Glossary of terms

- Project – This is the name of the audit report.
- 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.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
6	Historic Unimplemented Findings MIS1601 - issue 1 Budgetary Impact	Medium	Recommendation 1 - Budgetary Impact Implemented	The R&M 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 0
17	Non Housing Invoices Schedule of Rates	Medium	New non-housing contractor framework Implemented	The non-Housing contractor framework will be re-rendered 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 2
18	Non Housing Invoices Availability of documentation	Medium	CAFM Implemented	It is anticipated that CAFM will be in operational use (services being implemented on a rolling programme thereafter) in early 2017 with a non-Housing R&M implementation process in place for FY 2017/18	Estimated Date: 01/04/2017 Revised Date: 31/08/2018 No of Revisions 1

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
31	Property Maintenance Monitoring of outstanding jobs	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 SLAs (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 CAFM will also be in place. CAFM will support monitoring of outstanding works orders. In the meantime, as noted in Finding 2, an interim monitoring/tracking process has been developed for condition survey high risk/urgent items	Estimated Date: 31/12/2017 Revised Date: 31/05/2019 No of Revisions 3
36	Asset Management Strategy and CAFM system 18/19 RES1813 Asset Management Strategy and CAFM: Issue 1 - Council Property Strategy	High	RES1813 1.2 - Property Aspects of Major Projects Implemented	P&FM will recommunicate the requirement for business cases to be developed through the Asset Investment Groups; request that Strategy and Communications include it in the Strategic Change and Delivery project management toolkit; and have oversight of ensuring P&FM have input into any property changes at the Change Board. P&FM will comment on all known business cases and provide estimates of property whole life costs (not just R&M costs). For smaller projects, such as the siting of a portacabin on school grounds to accommodate increased pupil numbers, Properties and Facilities Management will design a process and supporting funding protocols to ensure that P&FM are consulted at an early stage to enable revenue costing to be prepared for the client service (for example, where additional	Estimated Date: 31/03/2020 Revised Date: 01/08/2020 No of Revisions 0

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
				janitorial and cleaning services are required) and for the source of funding to be established and agreed. The process and supporting funding protocols will be shared with all Directorates and Heads of Service for discussion and agreement.	
37	New Facilities Management Service Level Agreement RES1814 - Facilities Management SLA: Janitorial Services Governance Framework	High	Facilities Management SLA: Issue 1.3 Ongoing quality assurance reviews Implemented	Ongoing quality assurance reviews will be established as described above. In addition to using these to measure the efficacy of our SLA delivery, these are required as part of the ISO 9001/45001 certification process and designed to give us comfort over the robustness of our policies, procedures and supporting documentation.	Estimated Date: 31/03/2020 Revised Date: 01/08/2021 No of Revisions 1
39	Budget Setting and Management RES 1903 Issue 4: Training for budget managers	Medium	RES 1903 Issue 4.2: CECiL training module Implemented - Audit Approved	This is underway and will be completed by the end of May 2020.	Estimated Date: 31/05/2020 Revised Date: 04/12/2020 No of Revisions 2
79	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals	High	CF1901 Issue 2.3(d): Sharing Outcomes of Annual Checks Started	Outcomes of annual checks that highlight any significant and systemic weaknesses will be shared with Schools and Lifelong Learning with a request that findings identified from the review are addressed and processes updated to ensure that they do not recur in subsequent years.	Estimated Date: 30/11/2020 Revised Date: 01/04/2021 No of Revisions 0

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
88	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements	High	Rec 3.1b Resources - Development of Resilience Plans/protocols for statutory and critical services Started	Rebased action October 2020 Following a refresh of Business Impact Assessments and the new organisational structure, resilience plans/protocols will be developed, with support and training from Resilience, for high-risk essential services. A list of these services is to be provided by Resilience for approval by CLT. Date revised to 31 December 2022.	Estimated Date: 19/06/2020 Revised Date: 31/12/2022 No of Revisions 1
93	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements	High	Rec 6.1b Resources - Review of third party contracts to confirm appropriate resilience arrangements Started	Existing third party contracts supporting critical services should be reviewed by Directorates in consultation with contract managers / owners to confirm that they include appropriate resilience arrangements. Where gaps are identified, Procurement Services should be engaged to support discussions with suppliers regarding inclusion of appropriate resilience clauses requiring third parties to establish adequate resilience arrangements for both services and systems that are tested (at least annually) with the outcomes shared with / provided to the Council. Where these changes cannot be incorporated into existing contracts, they should be included when the contracts are re tendered.	Estimated Date: 20/12/2019 Revised Date: 31/03/2021 No of Revisions 2

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
98	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements	High	Rec 6.2b Resources - Annual assurance from Third Party Providers Started	<p>Following receipt of initial assurance from all third party providers for statutory and critical services (as per rec 6.1), annual assurance that provider resilience plans remain adequate and effective should be obtained. This should include confirmation from the provider that they have tested these plans and recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved.</p> <p>It is recommended that contract managers include this requirement as part on ongoing contract management arrangements.</p> <p>Where this assurance cannot be provided, this should be recorded in Service Area and Directorate risk registers.</p> <p>Date revised to reflect that following receipt of initial assurance by 31 March 2021, annual assurance should be obtained by 31 March 2022.</p>	<p>Estimated Date: 28/06/2019 Revised Date: 31/03/2022 No of Revisions 2</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
113	<p>Payments and Charges</p> <p>CW1803 Payments and Charges Issue 5: Processing and recording of Parking Permit fees</p>	Medium	<p>CW1803 Rec. 5.4 - NSL income reconciliation</p> <p>Started</p>	<p>The recommendation is accepted. Financial reconciliations between the systems have commenced reinstatement. Work is underway to build a management information suite which will augment the control attributes of the reconciliation as a standalone mechanism.</p>	<p>Estimated Date: 28/02/2020</p> <p>Revised Date: 30/06/2021</p> <p>No of Revisions 3</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
124	ICT System Access Rights CW1809 Financial Systems Access Controls - Development of Overarching Action plan	High	CW1809 - Development of Overarching Action plan Started	Digital Services has confirmed that they will own the findings raised from this review and will work (in conjunction with other divisions such as information governance; finance; and human resources) to create an appropriate action plan to address the risks identified. The action plan will initially focus only on the Council's key financial systems and will consider all of the recommendations made by Internal Audit in this report. It is also acknowledged that the risks that have been highlighted are not exclusively limited to financial systems and could also extend to the Health and Social Care Partnership (the Partnership). Consequently, the action plan will include guidance to be applied by all system administrators across the Council. This will be communicated and shared with the expectation that it will be applied across all systems and divisions, including those that deliver services on behalf of and provide support to the Partnership. Following distribution of the guidance, discussions will be held with Internal Audit to determine whether the remaining systems used across the Council should be subject to a separate audit to confirm whether the user administration guidance is being consistently applied. Once the plan has been prepared and resources to support implementation identified and agreed with relevant divisions, timeframes for implementation of individual system plan actions will be discussed	Estimated Date: 28/02/2020 Revised Date: 01/07/2020 No of Revisions 0

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
				and agreed with Internal Audit. The plan will be prepared by March 2020.	

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
125	Brexit impacts - supply chain management CW1905 Issue 1: Divisional and Directorate Brexit supply chain management risks	Medium	CW1905 Rec. 1.1a: Resources - Divisional and directorate supply chain management Started	As discussed and agreed at the Corporate Leadership Team (CLT) on 29th July 2020, these findings will be implemented as recommended by Internal Audit and in line with an earlier CLT decision (8 July 2020) that the most significant corporate concurrent risks (including Brexit supply chain risks) that could potentially impact the Council will be identified by October 2020. It is acknowledged that divisional and directorate supply chain risks will need to be identified to support this process.	Estimated Date: 30/10/2020 Revised Date: 15/01/2021 No of Revisions 0
155	Planning and S75 Developer Contributions Backlog of Legacy Developer Contributions	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: 01/02/2021 No of Revisions 1

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
158	Planning and S75 Developer Contributions Ongoing management of developer contributions	High	PL1802 Iss 3 Rec 3.2 Ongoing maintenance of developer contributions Started	All recommended actions will be implemented as set out above (in IA recommendations).	Estimated Date: 30/09/2020 Revised Date: 01/02/2021 No of Revisions 0
159	HMO Licensing PL1803 Issue 1 Licensing system - Data Integrity and Performance Issues	High	PL1803 Issue 1.1 Project Plan Started	Response from Digital Services Digital Services resources have now been allocated to work with both the Licencing team and CGI to progress the change request for the upgrade to APP Civica CX, and this will involve developing a plan to support implementation of the system upgrade that includes details of all relevant activities to be completed and implementation timeframes. Response from Licencing The Place Directorate and Digital Services have made change requests for CGI to provide analysis on the business benefits, costs and risks of moving to the APP. These change requests are outstanding from CGI from 2018. Upon receipt of this analysis the Directorate will agree with the Resource Directorate a project plan for approval by senior managers,	Estimated Date: 20/12/2019 Revised Date: 31/03/2021 No of Revisions 3
173	Asset Management Strategy Issue 1: Visibility and Security of Shared Council Property	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: 01/03/2026 No of Revisions 3

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
174	<p>Certifications and Software Licenses</p> <p>RES1805 Licenses and Certificates: Issue 1 - Governance and Oversight</p>	Medium	<p>RES1805 CDS 1.1 Council - Governance and Oversight of Certificates and Licenses</p> <p>Started</p>	<p>Council: Both Digital Services Management and CGI agree that the issues relating to Certificates and Licenses must be addressed. Digital Services Management will: ensure improved Governance of the processes around this are undertaken, reporting any issues through the Executive Board; and ensure licenses are reduced/savings are realised where reduction or improved management of licenses is practicable. 2. Although not directly part of this action, more explicit requirements and governance around certificates and licenses will form part of any new or revised outsourcing contract.</p>	<p>Estimated Date: 31/01/2020 Revised Date: 01/11/2020 No of Revisions 2</p>
175	<p>Certifications and Software Licenses</p> <p>RES1805 Licenses and Certificates: Issue 1 - Governance and Oversight</p>	Medium	<p>RES1805 CDS 1.2 CGI - Reporting and monitoring - Licenses and Certificates</p> <p>Started</p>	<p>CGI will Provide improved reporting on licenses and usage to Council Asset meetings. This will start no later than October 2019; At these meetings, also provide updates on certificate management, highlighting any service impact/incident reports caused by certificate issue; and Work with Council to provide a relevant update for the Partnership Board/Executive meeting on certificate and license management.</p>	<p>Estimated Date: 31/01/2020 Revised Date: 01/11/2020 No of Revisions 2</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
176	<p>Certifications and Software Licenses</p> <p>RES1805 Licenses and Certifications: Issue 2 - Ongoing management</p>	High	<p>RES1805 - CDS 2.1 Completeness and accuracy of license inventory reports</p> <p>Started</p>	<p>CGI will: Use the Microsoft SCCM Product to ensure that all software installed in appropriately licensed Ensure that the license report is reconciled back to source system data (where applicable) and gain Council confirmation that they are satisfied with the completeness and accuracy of the license inventory. Update the Council at the fortnightly asset meetings of any differences between installed and licensed software and agree a course of action e.g. removal, reduction in licenses, discussion with Services on usage This should start by the end of October 2019.</p>	<p>Estimated Date: 31/01/2020 Revised Date: 01/11/2020 No of Revisions 2</p>
177	<p>Certifications and Software Licenses</p> <p>RES1805 Licenses and Certifications: Issue 2 - Ongoing management</p>	High	<p>RES1805 CDS 2.2 Thematic certificates and licenses incidents</p> <p>Started</p>	<p>CGI will report to the Council on service incidents that have been caused by license or certificate issues where the root cause is non/late renewal or incorrect implementation. This should start no later than the end of October 2019 and will be discussed at the monthly Partnership Forum. CGI and Digital Services will then determine if the issues identified require a process review.</p>	<p>Estimated Date: 31/01/2020 Revised Date: 01/11/2020 No of Revisions 2</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
179	Cyber Security - Public Sector Action Plan RES1808: Issue 1: Critical Operational Cyber Security Controls	Medium	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: 01/05/2021 No of Revisions 2
180	Cyber Security - Public Sector Action Plan RES1808: Issue 1: Critical Operational Cyber Security Controls	Medium	RES1808: Issue 1: Recommendation 4.1 - User access controls Started	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: 01/10/2019 No of Revisions 0

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
184	<p>Asset Management Strategy and CAFM system 18/19</p> <p>RES1813 Asset Management Strategy and CAFM: Issue 3 - Property and Facilities Management Data Completeness; Accuracy; and Quality</p>	High	<p>3.1 Ensuring Data Completeness, Accuracy, and Quality</p> <p>Started</p>	<p>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 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:</p>	<p>Estimated Date: 31/03/2016 Revised Date: 01/08/2022 No of Revisions 1</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
				<p>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.</p>	

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
185	<p>Asset Management Strategy and CAFM system 18/19</p> <p>RES1813 Asset Management Strategy and CAFM: Issue 3 - Property and Facilities Management Data Completeness; Accuracy; and Quality</p>	High	<p>3.2 Resolution of known data quality issues</p> <p>Started</p>	<p>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.</p>	<p>Estimated Date: 31/03/2016</p> <p>Revised Date: 01/08/2022</p> <p>No of Revisions 2</p>
186	<p>New Facilities Management Service Level Agreement</p> <p>RES1814 - Facilities Management SLA: Janitorial Services Governance Framework</p>	High	<p>RES1814 - Facilities Management SLA: Issue 1.1 Key Performance Indicators</p> <p>Started</p>	<p>A suite of KPI's is currently being developed in conjunction with the Communities & Families. While an element of these are service led, Facilities Management are keen to ensure a customer led component to these. These KPI's will be based on industry standards and will be linked to Facilities Management performance data and the outcomes of quality assurance reviews. Once agreed, KPI's will be communicated through training sessions, web updates and included in the SLA and janitorial handbook which is distributed both to staff and to our customers and key stakeholders. Monthly dashboards will be produced highlighting performance against indicators. These will be both for internal service use and for customer reporting.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 01/08/2020</p> <p>No of Revisions 0</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
187	CGI Subcontract Management C/f 2018/19 1 Council oversight of CGI subcontract management	Medium	1.1 Assessment of the criticality of CGI sub-contractors Started	Digital Services will: Perform a review, with the assistance of CGI where appropriate, of the remaining population of 65 sub-contractors that are not currently classified as key sub-contractors to determine whether they should be reclassified as 'key sub-contractors' based on the criticality of their role in supporting delivery of Council services, or the value of their contracts in comparison to the aggregate charges forecast included in the CGI contract. This review will consider the criticality of Council applications and infrastructure supported by these sub-contractors in comparison to divisional application and system recovery requirements and will ensure that the gaps noted in the CNT spreadsheet in relation to missing contractors; expired purchase orders; and criticality of applications have been addressed. Where the review highlights any significant changes, the outcomes will be provided to the relevant Council and CGI partnership governance forums together with a request that CGI implements the supplier management arrangements specified in the contract to any new key sub-contractors. Review of CGI sub-contractors will be scheduled for completion annually, and the process outlined above applied.	Estimated Date: 30/04/2020 Revised Date: 01/01/2021 No of Revisions 1

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates
188	Budget Setting and Management RES 1903 Issue 4: Training for budget managers	Medium	RES 1903 Issue 4.1: Training for budget managers Started	Finance is not currently responsible for providing training for budget managers as this was centralised into, Learning and Development in 2016. However, following discussions earlier this year, it has been agreed that responsibility for budget managers training will transfer back from Learning and Development to Finance. Once these responsibilities have been transferred, Finance will establish a process to ensure that all first line budget managers have completed the two training modules with supporting checks performed to ensure that the training has been completed. Please note that the 'Evidence required to close' listed above is for indicative purposes only. During Internal Audit's review of any evidence submitted, further supporting evidence may be required to close the action. Evidence should be uploaded to TeamCentral as actions progress and no later than 10 working days before agreed implementation date. This will allow Internal Audit sufficient time to review the evidence.	Estimated Date: 30/09/2020 Revised Date: 01/02/2021 No of Revisions 0