

Policy and Sustainability Committee

10.00am, Tuesday 29 March 2022

Internal Audit: Overdue Findings and Key Performance Indicators as at 26 January 2022 – referral from the Governance, Risk and Best Value Committee

Executive/routine Executive
Wards
Council Commitments

1. For Decision/Action

- 1.1 The Governance, Risk and Best Value Committee has referred the attached report to the Policy and Sustainability Committee for ongoing scrutiny of relevant overdue management actions.

Richard Carr
Interim Executive Director of Corporate Services

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Referral Report

Internal Audit: Overdue Findings and Key Performance Indicators as at 26 January 2022 – referral from the Governance, Risk and Best Value Committee

2. Terms of Referral

- 2.1 On 8 March 2022, the Governance, Risk and Best Value Committee considered a report on Internal Audit Overdue Findings and Key Performance Indicators as at 26 January 2022.
- 2.2 The Governance, Risk and Best Value Committee agreed:
 - 2.2.1 To note the status of the overdue Internal Audit findings as at 26 January 2022;
 - 2.2.2 To note the status of IA Key Performance Indicators for audits that were either completed or in progress as at 26 January 2022;
 - 2.2.3 To refer the report to the relevant Council committees for ongoing scrutiny of their relevant overdue management actions;
 - 2.2.4 To refer the report to the Edinburgh Integration Joint Board Audit and Assurance Committee for information in relation to the current Health and Social Care Partnership position.
- 2.3 Following requests for clarification on the specific Internal Audit overdue findings that parent executive committees should focus on, an exercise has been completed that maps the findings included in this report to the specific committee based on their responsibilities detailed in the Council's committee terms of reference.
- 2.4 This exercise has identified an anomaly as there is currently no linear relationship between individual audit reports and committees, as it is possible for scrutiny of the actions in one Internal Audit report to be allocated across a number of Committees. For example, a review of Planning or Licensing could potentially result in operational service delivery actions being allocated to the Planning Committee and/or Regulatory Committee, with actions that relate to the ICT arrangements that these teams use being allocated to the Finance and Resources Committee.
- 2.5 As part of preparations for the new Council following the May 2022 Local Government elections, we will complete further work on this area to determine

whether there is a more effective way of ensuring a more linear allocation of responsibility for executive committee and oversight of overdue IA actions.

- 2.6 In the meantime, the information provided to each committee is based upon the allocation of agreed management actions in line with each committee's current terms of reference. A copy of the full report is also available online, with a link include in the background section of this referred report for reference.

3. Background Reading/ External References

- 3.1 Minute of the Governance, Risk and Best Value Committee – 8 March 2022
- 3.2 [Governance, Risk and Best Value Committee – 8 March 2022 webcast](#)
- 3.3 [Internal Audit: Overdue Findings and Key Performance Indicators as at 26 January 2023 – full report to GRBV Committee](#)

4. Appendices

Appendix 1 – report by the Chief Internal Auditor

Governance, Risk and Best Value Committee

10:00am, Tuesday, 8 March 2022

Internal Audit: Overdue Findings and Key Performance Indicators as at 26 January 2022

Item number

Executive/routine

Executive

Wards

Council Commitments

1. Recommendations

- 1.1 It is recommended that the Committee:
- 1.1.1 notes the status of the overdue Internal Audit (IA) findings as at 26 January 2022;
 - 1.1.2 notes the status of IA Key Performance Indicators (KPIs) for audits that are either completed or in progress as at 26 January 2022;
 - 1.1.3 refers this paper to the relevant Council Executive committees for ongoing scrutiny of their relevant overdue management actions; and,
 - 1.1.4 refers this paper to the Edinburgh Integration Joint Board Audit and Assurance Committee for information in relation to the current Health and Social Care Partnership position.

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Chief Internal Auditor

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Internal Audit: Overdue Findings and Key Performance Indicators as at 26 January 2022

2. Executive Summary

Progress with Closure of Open and overdue Internal Audit findings

- 2.1 The overall progress status for closure of overdue IA findings is currently red (adverse trend with action required) as at 26 January 2022, based on the average position across the last three months.
- 2.2 Whilst the total number of open and overdue IA findings and associated management actions is decreasing (which is mainly attributable to delayed completion of the 2021/22 IA annual plan), increasing trends in the proportion of open IA findings that are overdue (KPI 3 in Appendix 1); the proportion of high rated overdue findings (KPI 7); and the proportion of findings that are less than 90 days overdue (KPI 8) are evident across the last three months, together with an increase in the number of overdue management actions (KPI 14).
- 2.3 These increasing trends in the last month are partially offset by improvement in the proportion of IA findings that are between three and six months overdue (KPI 10).
- 2.4 These outcomes confirm that further sustained focus is required on closure of overdue findings, with action required to ensure that open findings that are not overdue are closed by their originally agreed implementation dates.
- 2.5 Increased focus on closure of agreed management actions is evident following the secondment of two IA team members into the Place Directorate and Health and Social Care Partnership in October 2021. This is evident from increased levels of discussion and engagement on both open and overdue actions, and an increase in the volume of actions proposed for closure. However, as a number of the actions are historic and also complex to resolve, the full impact should be more apparent in the position at the end of February, with further progress evident by March 2022. Both secondments are currently scheduled to complete by 31 March 2022.
- 2.6 A reallocation of open and overdue findings and associated management actions has been performed across directorates and services to ensure alignment with the Council's refreshed organisational structure. This has resulted in an increased number of findings and actions for the Place Directorate.

2.7 Further detail on the monthly trends in open and overdue findings is included at Appendix 1.

Current position as at 26 January 2022

2.8 A total of 91 open IA findings remain to be addressed across the Council as 26 January 2022. This excludes open and overdue Internal Audit findings for the Edinburgh Integration Joint Board and the Lothian Pension Fund.

2.9 Of the 91 currently open IA findings:

2.9.1 a total of 42 (46%) are open, but not yet overdue;

2.9.2 49 (54%) are currently reported as overdue as they have missed the final agreed implementation dates. This reflects an increase of 3% in comparison to the November 2021 position (51%).

2.9.3 69% of the overdue findings are more than six months overdue, which remains aligned with the November 2021 position (69%), with 18% aged between six months and one year, and 51% more than one year overdue.

2.9.4 evidence in relation to 5 of the 49 overdue findings is currently being reviewed by IA to confirm that it is sufficient to support closure; and,

2.9.5 44 overdue findings still require to be addressed.

2.10 The number of overdue management actions associated with open and overdue findings where completion dates have been revised more than once since July 2018 is 39, reflecting a decrease of 5 when compared to the November 2021 position (44). This excludes the two completion date extensions applied to reflect ongoing Covid-19 impacts across the Council.

Annual Plan Delivery and Key Performance Indicators

2.11 IA Key Performance Indicators (KPIs) to support effective delivery of the 2021/22 IA annual plan confirm that action is required to ensure that services have greater awareness of the KPIs that apply to the audit process (these are included as an Appendix with each terms of reference) and engage proactively with IA to ensure that any potential impacts that could cause delays are identified and effectively managed. Four IA training sessions were delivered during December that covered these areas.

2.12 The KPIs also highlight areas where IA has not achieved their delivery timeframes. Some delays have been experienced, and these are mainly attributable to the time required to establish backfill support for IA secondments into Directorates, and unplanned sickness absence within the team.

3. Background

Open and Overdue IA Findings and Agreed Management Actions

- 3.1 Overdue findings arising from IA reports are reported monthly to the Corporate Leadership Team (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 Assurance Committee and the Pensions Audit Sub-Committee respectively.
- 3.3 Findings raised by IA in audit reports typically include more than one agreed management action to address the risks identified. IA methodology requires all agreed management actions to be closed in order to close the finding.
- 3.4 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.
- 3.5 The IA definition of an overdue management action is any agreed management action supporting an open IA finding that is either open or overdue, where the individual action has not been evidenced as implemented by management and validated as closed by IA by the agreed date.
- 3.6 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 management 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.
- 3.7 A 'started' status recorded by management confirms that the agreed management action remains open and that implementation progress ongoing.
- 3.8 A 'pending' status recorded by management confirms that the agreed management action remains open with no implementation progress evident to date.
- 3.9 An operational dashboard has been designed to track progress against the key performance indicators included in the IA Journey Map and Key Performance Indicators document that was designed to monitor progress of both management and Internal Audit with delivery of the Internal Audit annual plan. The dashboard is provided monthly to the Corporate Leadership Team and quarterly to the Committee to highlight any significant delays that could potentially impact on delivery of the annual plan.

Key Performance Indicator Dashboard

- 3.10 The IA key performance indicator dashboard has been reinstated for 2021/22 to support delivery of the annual plan by both services and the IA team; and prevent delays in completion of audits and finalisation of the IA annual opinion.
- 3.11 Reintroduction of the KPIs supported by monthly reporting to the Corporate Leadership Team and quarterly to the Committee will highlight any significant

delays that could potentially impact on delivery of the annual plan, and is aligned with the requirements of both the motion and addendum agreed at Committee in August 2021 requesting that audits will be carried out in line with the timescales set out in the agreed audit plan.

4. Main report

- 4.1 As at 26 January 2022, there are a total of 91 open IA findings across the Council with 49 findings (54%) now overdue.
- 4.2 The movement in open and overdue IA findings during the period 5 November 2021 to 26 January 2022 is as follows:

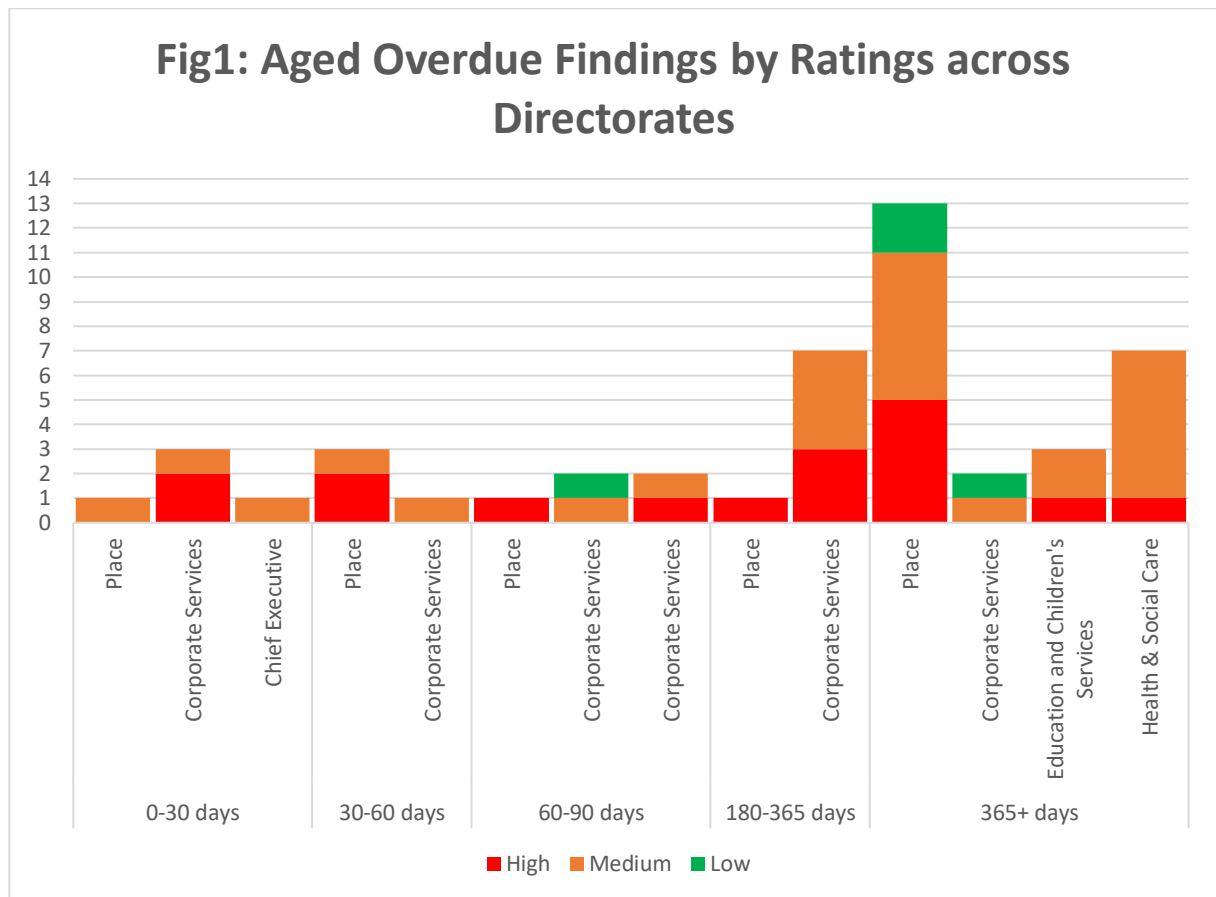
Analysis of changes between 11/08/2021 and 05/11/2021				
	Position at 05/11/21	Added	Closed	Position at 26/01/22
Open	108	0	17	91
Overdue	55	9	15	49

Overdue Findings

- 4.3 The 49 overdue findings comprise 18 High; 27 Medium; and 4 Low rated findings.
- 4.4 However, IA is currently reviewing evidence to support closure of 5 of these findings (2 High; 2 Medium; and 1 Low), leaving a balance of 44 overdue findings (16 High; 25 Medium; and 3 Low) still to be addressed.

Overdue findings ageing analysis

- 4.5 Figure 1 illustrates the ageing profile of all 49 overdue findings by rating across directorates as at 26 January 2022.



4.6 The analysis of the ageing of the 49 overdue findings outlined below highlights that Directorates made good progress last quarter with resolving findings between three and six months overdue, as the proportion of these findings has decreased. However, this is offset by limited improvement in the proportion of findings that are more than six months overdue; and a significant increase in the proportion of findings that are less than three months overdue.

- 13 (27%) are less than 3 months (90 days) overdue, in comparison to 13% as at November 2021;
- 2 (4%) are between 3 and 6 months (90 and 180 days) overdue, in comparison to 18% as at November 2021;
- 9 (18%) are between 6 months and one year (180 and 365 days) overdue, in comparison to 16% as at November 2021; and
- 25 (51%) are more than one year overdue, in comparison to 53% as at November 2021.

Agreed Management Actions Closed Based on Management's Risk Acceptance

4.7 During the period 6 November 2021 to 26 January 2022, three medium rated management actions were closed on the basis that management has retrospectively accepted either the full or residual elements of the risks highlighted by IA in the original audit report.

4.7.1 **Council Wide Brexit Impacts Supply Chain Management – Divisional and Directorate Supply Chain Management Risks (medium)** – whilst evidence has been provided confirming that work to identify critical suppliers and supply chain risks and implement alternative supplier arrangements (where required) has been completed for the majority of the Education and Children’s Services directorate, the Estates and Operational Support division has been unable to provide evidence to support implementation due to operational constraints. This service area has now transitioned from Education and Children’s Services into the Place Sustainable Development division, who have confirmed that they are comfortable with this approach.

4.7.2 **Cyber Security – Pubic Sector Action Plan – Cyber Essentials Accreditation (medium)** - management has accepted the risk that whilst vulnerability scanning has now been implemented across all three Council networks, it is not currently possible to confirm that vulnerabilities identified are being effectively addressed by CGI.

Digital Services has not yet been able to provide evidence from CGI of actions taken to address a sample of vulnerabilities identified, and is currently relying on CGI updates included in reports provided to the Security Working Group that vulnerabilities identified are being effectively remediated.

Management is also comfortable that the independent testing performed to achieve Cyber Essentials plus accreditation provides adequate assurance on network security, however this provides only ‘point in time’ assurance and currently covers only the Corporate, and not the Learning and Teaching or Peoples networks.

This remaining point will now be carried forward into the Technology and Vulnerability Management audit included in the 2021/22 IA annual plan that is currently in progress.

4.7.3 **First Line Project Governance – Directorate Project Portfolio Governance (medium)** – this action included four points and three have been fully completed.

Whilst a tiered governance approach that is proportionate to project values and/or risks will be introduced across Directorates, with high profile projects that do not meet the criteria for inclusion in the major projects portfolio subject to governance at Directorate level; mid-tier projects by Heads of Divisions; and low tier projects by Service Managers level; management has risk accepted the risks associated with not establishing formal governance forums to support ongoing oversight of these projects.

Agreed Management Actions Analysis

4.8 The 91 open IA findings are supported by a total of 218 agreed management actions. Of these, 132 (61%) are overdue as the completion timeframe agreed with

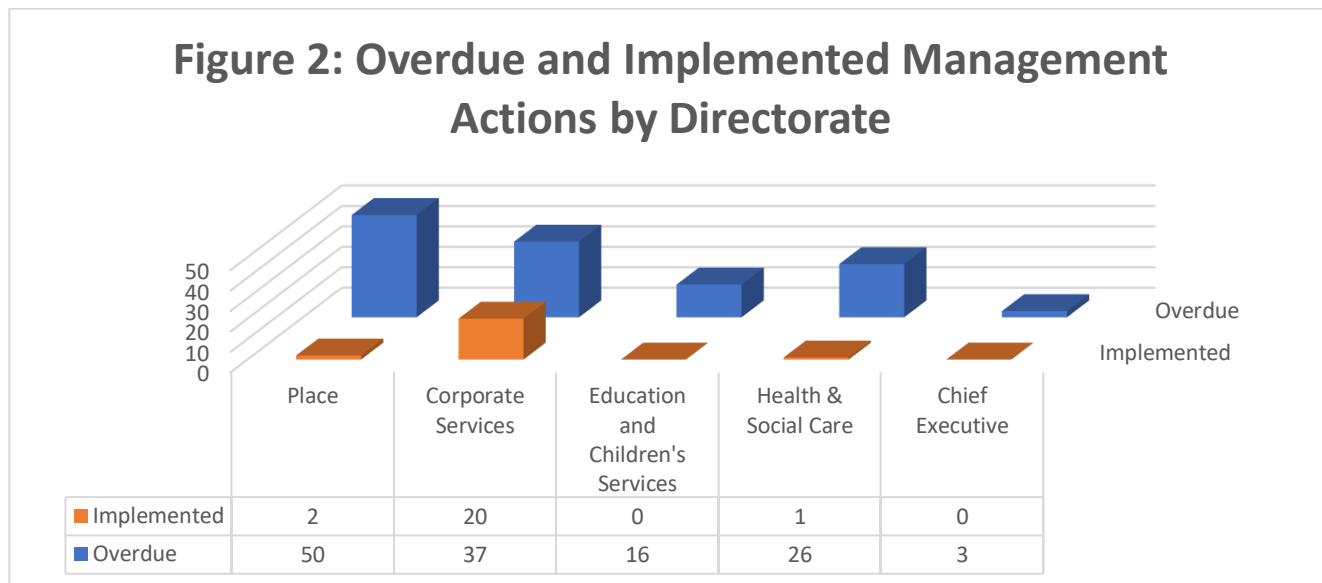
management when the report was finalised has not been achieved. This reflects a 7% decrease from the November 2021 position (54%).

4.9 Of the 132 overdue management actions, 23 have a status of 'implemented' and are currently with IA for review to confirm whether they can be closed, leaving a balance of 109 to be addressed.

4.10 Appendix 2 provides an analysis of the 132 overdue management actions highlighting their current status as at 26 January 2022 with:

- 23 implemented actions where management believe the action has been completed and it is now with IA for validation;
- 94 started where the action is open, and implementation is ongoing; and
- 15 pending where the action is open with no implementation progress evident to date.
- 31 instances (23%) where the latest implementation date has been missed and not revised; and,
- 39 instances (30%) where the implementation date has been revised more than once.

4.11 Figure 2 illustrates the allocation of the 132 overdue management actions across Directorates, and the 23 that have been passed to IA for review to confirm whether they can be closed.



IA Review of Agreed Management Actions

4.12 A total of five findings supported by 23 agreed management actions had been proposed for closure as at 26 January 2022 and are currently with IA for review to confirm whether they can be closed. Of these:

- 4 were proposed for closure in January 2022 and are currently being reviewed;
- 4 were proposed for closure between 14 and 31 December and are currently being reviewed by IA following return from Christmas leave.

- 6 relate to either the Risk Management audit (completed by Azets) and the GRBV Committee Effectiveness review (completed by the Institute of Internal Auditors), and closure will be confirmed by these external organisations.
- Of the remaining 8, there are 2 where further action is required by IA. One requires final IA management review and, an update to the service is due for the remaining action.

4.13 With these two exceptions, IA has continued to achieve its established KPI for reviewing all implemented management actions within four weeks of the date they are proposed for closure by management. Consequently, this KPI has been assessed as green (refer KPI18 in Appendix 1).

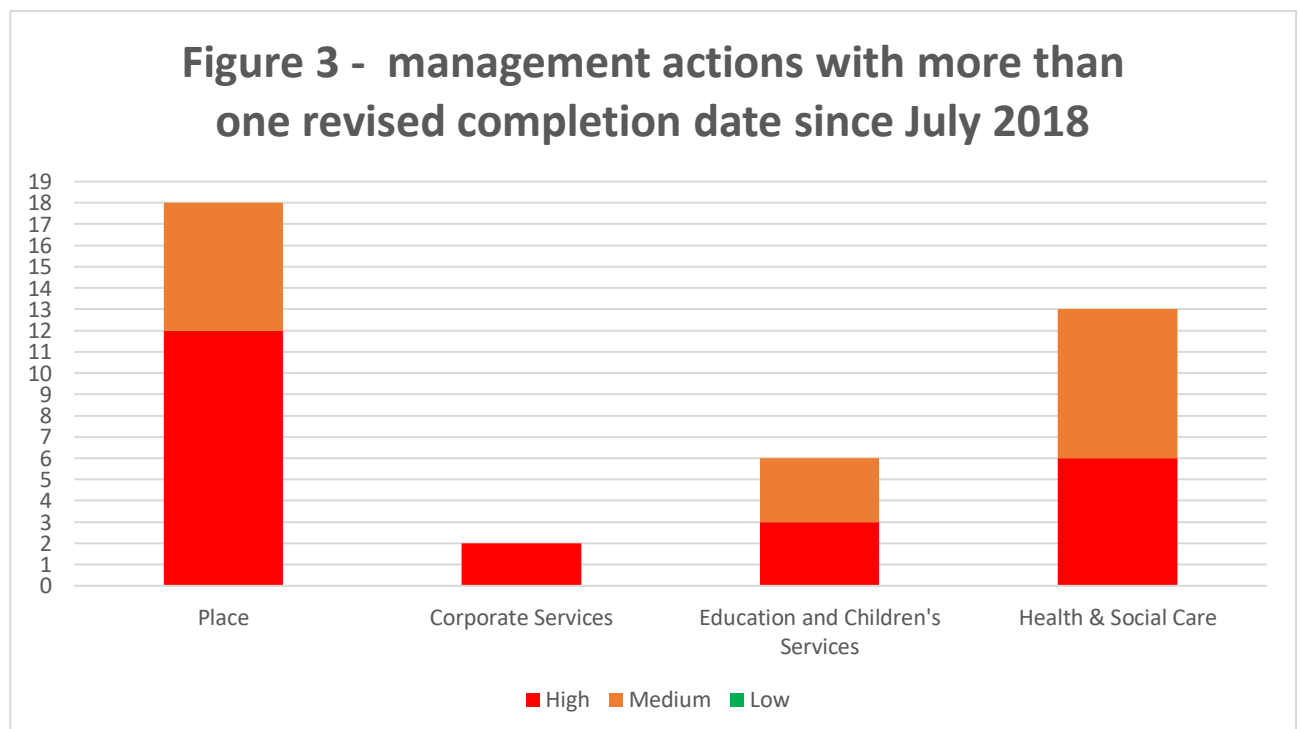
4.14 Where implementation dates longer than four weeks occur, these are supported by feedback to management requesting either additional evidence or a discussion to explain the context of the evidence provided. Where this is not provided by services within a further four weeks, the status of the action is reverted to 'started' until the further information requested is provided.

More Than One Revised Implementation Date

4.15 Figure 3 illustrates that there are currently 39 open management actions (including those that are overdue) across directorates where completion dates have been revised between two and six times since July 2018. This number excludes the two automatic extensions applied by IA to reflect the impact of Covid-19.

4.16 This reflects a decrease of 9 in comparison to the position at November 2021 (48).

4.17 Of these 39 management actions, 23 are associated with High rated findings, and 16 Medium, with the majority of date revisions in the Place directorate.



Key Performance Themes Identified from the IA Dashboard

- 4.18 The dashboard included at Appendix 3 reflects the current status for the 2 completed audits and the 20 audits in progress where terms of reference detailing the scope of the planned reviews have been issued. This highlights that:
- 4.18.1 Services are consistently taking longer than the 5-day KPI for feedback on draft IA terms of reference, with feedback received within the 5 days for only 7 of the 22 audits.
 - 4.18.2 Executive Directors are generally providing feedback on draft terms of reference within the agreed 5-day response times. For Council wide audits responses are not consistently received from all Executive Directors.
 - 4.18.3 Delays with final agreement on terms of reference often result in audit work commencing before the final terms of reference has been agreed and issued to ensure ongoing plan delivery.
 - 4.18.4 Internal Audit reporting delays for the Planning and Performance Framework and Health and Safety audits were highlighted in the report presented to Committee in September.
 - 4.18.5 There have been significant delays in agreeing management responses for the Planning and Performance Framework Design; Implementation of Asbestos Recommendations; and Parking and Traffic Regulations draft audit reports. IA engaging with management to finalise these responses is ongoing. It is acknowledged that some of these delays have been attributable to handovers within the IA team following the secondment of IA team members into directorates, and unplanned sickness absence within the IA team.
 - 4.18.6 Completion of the Council Tax and Business Rates and Management and Allocation of Covid-19 grant funding has been delayed reflecting service capacity challenges caused by the introduction of new Scottish Government Covid business grants.

5. Next Steps

- 5.1 IA will continue to monitor the open and overdue findings position and delivery against key performance indicators, providing monthly updates to the CLT and quarterly updates to the GRBV Committee.

6. Financial impact

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

7. Stakeholder/Community Impact

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

8. Background reading/external references

- 8.1 [Internal Audit Overdue Findings and Key Performance Indicators as at 11 August 2021 – Paper 8.1](#)
- 8.2 [Capacity to Deliver the 2021/22 IA Annual Plan – Paper 8.3](#)
- 8.3 [Internal Audit Journey Map and Key Performance Indicators - Paper 7.6 Appendix 3](#)

9. Appendices

- 9.1 Appendix 1 – Monthly Trend Analysis of IA Overdue Findings and Management Actions
- 9.2 Appendix 2 – Internal Audit Overdue Management Actions as at 26 January 2022
- 9.3 Appendix 3 – Internal Audit Key Performance Indicators as at 26 January 2021

Appendix 1 - Monthly Trend Analysis of IA Overdue Findings and Management Actions

Key Performance Indicator (KPI)		07/07/2021		11/08/2021		23/09/2021		05/11/2021		06/12/2021		26/01/2022		Trend
IA Findings														
1	Open findings	85	100%	96	100%	113	100%	108	100%	104	100%	91	100%	Not applicable
2	Not yet due	32	38%	45	47%	64	57%	53	49%	53	51%	42	46%	Not applicable
3	Overdue findings	53	62%	51	53%	49	43%	55	51%	51	49%	49	54%	
4	Overdue - IA reviewing	8	15%	3	6%	9	18%	5	9%	6	12%	5	10%	
5	High Overdue	18	34%	17	33%	16	33%	17	31%	16	31%	18	37%	
6	Medium Overdue	29	55%	28	55%	29	59%	31	56%	29	57%	27	55%	
7	Low Overdue	6	11%	6	12%	4	8%	7	13%	6	12%	4	8%	
8	<90 days overdue	9	17%	9	18%	6	12%	7	13%	8	16%	13	27%	
9	90-180 days overdue	3	6%	2	4%	6	12%	10	18%	5	10%	2	4%	
10	180-365 days overdue	15	28%	13	25%	11	22%	9	16%	12	24%	9	18%	
11	>365 days overdue	26	49%	27	53%	26	53%	29	53%	26	51%	25	51%	

Management Actions

12	Open actions	218	100%	233	100%	277	100%	259	100%	245	100%	218	100%	Not applicable
13	Not yet due	83	38%	103	44%	154	56%	118	46%	117	48%	86	39%	Not applicable
14	Overdue actions	135	62%	130	56%	123	44%	141	54%	128	52%	132	61%	
15	Overdue - IA reviewing	28	21%	17	13%	35	28%	28	20%	18	14%	23	17%	
16	Latest date missed	43	32%	70	54%	52	42%	34	24%	35	27%	31	23%	
17	Date revised > once	51	38%	48	37%	46	37%	44	31%	45	35%	39	30%	
18	IA 4 week response time	N/A		N/A		N/A		N/A		N/A				

Trend Analysis - key

	Adverse trend - action required
	Stable with limited change
	Positive trend with progress evident

No trend analysis is performed on open findings and findings not yet due as these numbers will naturally increase when new IA reports are finalised.

Appendix 2 - Internal Audit Overdue Management Actions as at 6 December 2021

Glossary of Terms

1. Executive Committee – This is the relevant Executive Committee that should have oversight of completion of agreed management actions
2. Project Name – This is the name of the audit report.
3. Issue Type – This is the priority of the audit finding, categorised as Critical; High; Medium; or Low
3. Issue Title - this is the title of the issue in the Original IA Report
4. Owner – The Executive Director responsible for implementation of the action.
5. Recommendation Title - this is the title of the recommendation in the original IA report
6. Agreed Management action – This is the action agreed between Internal Audit and Management to address the finding.
7. 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), and
 - Implemented (the service area believes the action has been Implemented and this is with Internal Audit for validation).
8. Estimated date – the original agreed implementation date.
9. Revised date – the current revised date. **Red** formatting in the dates field indicates the last revised date is overdue.
10. Number of revisions – the number of times the date has been revised since July 2018. **Amber** formatting in this field highlights where the date has been revised more than once.
11. Contributor – Officers involved in implementation of an agreed management action.

Ref	Executive Committee	Project Name	Issue Type	Issue Title	Owner	Recommendation Title	Agreed Management Action	Status	Estimated Impement Date	No of Revisions	Revised Impl Date	Contributor
5	Policy and Sustainability	COVID-19 Lessons Learned	High	CW2007 - Issue 1. Lessons learned processes and supporting documentation	Stephen Moir, Executive Director, Corporate Services	CW2007 - Rec 1.1 Corporate lessons learned guidance	It is proposed to create guidance and a standard template for lessons learnt exercises across directorates taking into account the recommendations above. The guidance and template will be taken through the Council Resilience Group to ensure its effectiveness, aid understanding and ensure buy-in from service areas. This guidance will also reflect that other public sector organisations will be conducting lessons learnt and the City of Edinburgh Council will be contributors to this.	Implemented	31/12/21	0	31/03/22	Emma Baker Gavin King Gavin Sharp Kimberley Campbell Layla Smith Michelle Vanhegan Nick Smith Paul Young Prarthana Lasure Russell McLauchlan
12	Policy and Sustainability	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management	Medium	Key Person Dependency and Process Documentation	Judith Proctor, Chief Officer - HSCP	Rec 5 - Records Management Policy	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.	Started	30/03/18	6	28/02/22	Angela Ritchie David Williams Rachael McLean Tony Duncan
13	Policy and Sustainability	Emergency Prioritisation & Complaints	Medium	CW1806 Issue 1: ATEC 24 Operational Framework	Judith Proctor, Chief Officer - HSCP	CW1806 Issue 1.4(3): ATEC 24 Quality Assurance - Outcomes, supervision and key themes/improvements	1) Quality assurance outcomes will be linked to supervision and training and performance objectives, with regular one to ones scheduled to ensure action is taken to address any competence issues or gaps identified.2)Where systemic themes or trends are identified from quality assurance reviews, management will consider whether existing operational processes should be revisited.	Started	30/04/20	2	31/03/22	Angela Ritchie Mike Massaro-Mallinson Rachael McLean Sylvia Latona Zac Dean
14	Policy and Sustainability	Emergency Prioritisation & Complaints	Medium	CW1806: Issue 2: Third Party Service Provision - Health & Social Care Partnership	Judith Proctor, Chief Officer - HSCP	CW1806: Issue 2(1): SLAs - Third Party Service Provision	A review of the SLA for the ESCS is underway. It is likely the detail of the arrangements will differ considerably from what is currently included within the SLA. The review will, however, take into consideration the points noted above. The review of the SLA will include contributions from City of Edinburgh Council, Midlothian Council and East Lothian Council, and will be presented to the Edinburgh Health and Social Care Partnership Executive Management Team for review and approval.	Started	30/11/19	4	30/11/21	Angela Ritchie Brian Henderson Colin Beck Jackie Irvine Nichola Dadds Rachael McLean Tony Duncan
15	Policy and Sustainability	Emergency Prioritisation & Complaints	Medium	CW1806: Issue 2: Third Party Service Provision - Health & Social Care Partnership	Judith Proctor, Chief Officer - HSCP	CW1806: Issue 2(2): Partnership Protocol HSCP/Contact Centre	Agreed, once the SLA is finalised, a Partnership Protocol will be developed in conjunction with Customer Contact Centre colleagues.	Started	28/02/20	3	30/12/21	Alison Roarty Angela Ritchie Brian Henderson Colin Beck Lisa Hastie Michelle Vanhegan Mike Massaro-Mallinson Neil Jamieson Nicola Harvey Prarthana Lasure Rachael McLean Stephen Moir
22	Policy and Sustainability	H&SC Care Homes - Corporate Report	Medium	A3.1: Training	Judith Proctor, Chief Officer - HSCP	A3.1(1) Manager review of training	As per audit recommendation:- Care home managers should perform a six-monthly review to confirm that all employees have completed mandatory, induction and refresher training and that completion has been recorded on the Learning Hub system/supporting registers for other training. Where training has not been completed, this should be discussed with employees and reflected (where appropriate) in their annual performance discussions.	Started	30/06/19	4	31/03/22	Angela Ritchie Jacqui Macrae Jane Brown Rachael McLean
23	Policy and Sustainability	H&SC Care Homes - Corporate Report	Medium	A3.3: Performance & Attendance Management	Judith Proctor, Chief Officer - HSCP	A3.3(4) Health & Social Care Teams - quarterly review of absence and performance management	This is the responsibility of the Unit manager for their direct reports. The Business Support Officer will ensure that the Unit Manager is aware on a monthly basis for Domestic and Handymen reporting to them The Business Support Officer is required to monitor and report through the Customer process on a monthly basis. The staff nurse / charge nurse to be appointed at Gylemuir will ensure that this is performed for all NHS staff. (No longer relevant as Gylemuir is now closed).	Started	30/06/18	4	31/10/22	Angela Ritchie Jacqui Macrae Rachael McLean
24	Policy and Sustainability	H&SC Care Homes - Corporate Report	Medium	A3.4: Agency Staffing	Judith Proctor, Chief Officer - HSCP	A3.4(2) Analysis of the agency staff and hours worked charges	The BSO will assist the UM (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.	Started	31/03/18	5	31/03/22	Angela Ritchie Jacqui Macrae Rachael McLean

Ref	Executive Committee	Project Name	Issue Type	Issue Title	Owner	Recommendation Title	Agreed Management Action	Status	Esitmated Impement Date	No of Revisions	Revised Impl Date	Contributor
29	Policy and Sustainability	HSC Localities	High	HSC1901 Issue 1: Locality and Workforce Planning	Judith Proctor, Chief Officer - HSCP	HSC1901 Issue 1.1: Locality Operational Plans	The Partnership is currently developing a template and detailed action plan to support creation of Locality Operational Plans. Following this, development and delivery of the Locality Operational Plans will be overseen by the Partnership's newly established Strategic and Operational Planning Forum. This forum will ensure there is alignment and synergy between the Strategic Plan and the Local Operational Plans. The draft Locality Operational Plans will be presented to the EIJB Strategic Planning Group when this is re established. It would be intended to do this by end of July 2021.	Pending	31/10/21	0	01/06/22	Angela Lindsay Angela Ritchie Mike Massaro-Mallinson Nikki Conway Rachael McLean
30	Policy and Sustainability	HSC Localities	High	HSC1901 Issue 1: Locality and Workforce Planning	Judith Proctor, Chief Officer - HSCP	HSC1901 Issue 1.2: Development of Locality Workforce Plans	The Partnership's Workforce Strategy is currently being developed and will be submitted to the Scottish Government for review in line with their timescales (31st March 2021 at the time of writing). This will include consideration of locality workforce requirements which will be incorporated into the Locality Operational Plans.	Pending	30/09/21	0	01/05/22	Angela Ritchie Moira Pringle Neil Wilson Rachael McLean
31	Policy and Sustainability	HSC Localities	High	HSC1901 Issue 2: Locality Performance and Risk Management Frameworks	Judith Proctor, Chief Officer - HSCP	HSC1901 Issue 2.1: Locality Performance Framework	A Locality Performance Framework aligned to the Locality Operational Plans will be established. The framework will be developed with assistance from the Partnership Quality Hub and will take into consideration the points set out in the recommendation.	Pending	31/12/21	0	01/08/22	Angela Ritchie Rachael McLean Tony Duncan
32	Policy and Sustainability	Life Safety	Low	CW1910 - Life safety: Issue 5 Corporate Health and Safety	Stephen Moir, Executive Director, Corporate Services	CW1910 Rec. 5.1 Review of life safety policies and procedures	Corporate Health and Safety will consider the need for additional policies (including any requirement for recommendations in relation to competence and assurance re gas and electricity compliance) covering Gas and Electricity or whether this should continue to reside as procedures within the appropriate directorate. CHS will ensure that H&S audits cover these areas.	Implemented	30/07/21	0	30/10/21	Chris Lawson Layla Smith Michelle Vanhegan Nick Smith Prarthana Lasure
33	Policy and Sustainability	Life Safety	Low	CW1910 - Life safety: Issue 5 Corporate Health and Safety	Stephen Moir, Executive Director, Corporate Services	CW1910 Rec. 5.2 Technical guidance and support	1. The preparation of the skills matrix is currently underway and will be finalised. 2. The issue of capacity will be considered as recruitment increases the size of the team and, recognising that capacity will change from time to time within the team, will plan in capacity for providing technical advice to services. 3. CHS will endeavour to provide support where requested by services. 4. Where this is not possible, CHS will advise teams to engage external consultants.	Implemented	30/06/21	0	30/09/21	Chris Lawson Layla Smith Michelle Vanhegan Nick Smith Prarthana Lasure
34	Policy and Sustainability	Life Safety	Low	CW1910 - Life safety: Issue 5 Corporate Health and Safety	Stephen Moir, Executive Director, Corporate Services	CW1910 Rec. 5.3 Safety Health and Environment (SHE) portal user and licence management	The processes supporting ongoing use of the Safety Health and Environment (SHE) system will be reviewed and the issues noted above addressed as part of this process.	Implemented	29/10/21	0	29/01/22	Chris Lawson Layla Smith Michelle Vanhegan Nick Smith Prarthana Lasure
35	Policy and Sustainability	Life Safety	High	CW1910 - Life safety: Issue 2 Operational estate – fire, gas, electricity, and water risk management	Paul Lawrence, Executive Director of Place	CW1910 Rec 2.1.1 Responsibility for completion and ongoing review of fire risk assessments	The appropriateness of current support arrangements for duty holders who are responsible for completion and ongoing review of Fire Risk Assessments (FRAs) across the operational and investment property estates, and multi-let buildings with common parts leased by the Council was considered by the Corporate Leadership Team (CLT) and the following actions agreed: 1. External resources will be procured by Property and Facilities Management (P&FM) on behalf of Council divisions to assess the completeness and adequacy of fire risk assessments (FRAs) across the remainder of the Council's operational property estate; refresh FRAs where required; and enhance the current baseline position. The costs associated with this exercise will be advised to divisions for inclusion in relevant divisional / directorate budgets. 2. First line duty holders will remain responsible for ensuring that FRAs are reviewed and updated as required in line with the Council's fire policy.3. Property and Facilities Management will ensure that duty holders update their FRAs (where required) as part of their ongoing capital works programme across the operational property estate.4. Following consolidation of the second line Housing and Operational Property teams and resources that have life safety responsibilities, the compliance team responsible for assessing the completeness and quality of FRAs will be strengthened, to ensure adequate ongoing coverage across the operational estate. 5. The revised processes supporting completion and review of FRAs will be implemented and communicated across the Council, ensuring that duty holders in operational properties, and property and facilities management teams responsible for completion of capital works and oversight of fire risk compliance are clear on their respective roles and responsibilities.	Started	30/09/21	0	30/12/21	Alison Coburn Andrew Field Brendan Tate Gareth Barwell Gohar Khan Mark Stenhouse Matthew MacArthur Peter Watton Ross Murray
36	Policy and Sustainability	Life Safety	High	CW1910 - Life safety: Issue 3 Life safety – training, competence and assurance	Stephen Moir, Executive Director, Corporate Services	CW1910 Rec. 3.1 Training and competence – Corporate Health and Safety	1. Relevant Council policies will be revised to include first line (divisional and directorate) and second line (Corporate Health and Safety) responsibilities for assessing and confirming the ongoing competence of duty holders; facility technicians; and third party external contractors (where these activities are outsourced) in relation to completion of their life safety responsibilities.2. Corporate Health and Safety will provide guidance to support completion of a training needs analysis by first line managers for all relevant staff that will reflect the direct role responsibilities of duty holders in the context of Property and Facilities Management support3. Following the training needs analysis being completed for relevant roles, consideration will be given to whether any changes are required to existing training programmes.4. All duty holders and facilities technicians requiring training on the SHE portal will be required to register and attend a training session.	Started	17/12/21	0	17/03/22	Chris Lawson Layla Smith Michelle Vanhegan Nick Smith Prarthana Lasure
37	Policy and Sustainability	Life Safety	Low	CW1910 - Life safety: Issue 4 Housing Property Services – fire and water safety processes	Paul Lawrence, Executive Director of Place	CW1910 Rec. 4.1.1 Housing Property Services – water risk assessments	1. The Scientific Services team have reviewed the comment above against current legislation and will implement the following refreshed approach: Rather than a rolling programme covering all 20,000 Housing Property Services (HPS) properties equally, different types of property are classed in different priority risk categories. The Council has responsibility for 44 multi storey blocks and 33 Sheltered Housing complexes. These properties are all classed as high risk and assessments will be carried out within the stated two year period currently specified in the Council's water policy, and then every two years going forward. The remaining properties on the Housing estate are considered low level priority and legislation states that these surveys should be undertaken over a five year period. Risk assessments will be carried out on sample properties for these low risk properties. For example, in a street of 100 homes with 20 different house types, only 20 surveys would be required. 2. Providing that Housing Property Services as the risk owner allocate sufficient budget resource, Scientific Services are comfortable that this work will not put a strain on their current resources and as the approach adopted is in line with the Council's Water Safety Policy and applicable regulations, there is no need to record completion in relevant divisional and directorate risk registers.	Started	31/12/20	1	31/03/23	Alison Coburn Gareth Barwell Jemma Tennant Mark Stenhouse Matthew MacArthur Nicky Brown Ross Murray Willie Gilhooly

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46	Policy and Sustainability	Physical Distancing & Employee Protection (PDEP)	Medium	CW2008: Physical Distancing and Employee Protection - Issue 1: Process Design	Andrew Kerr, Chief Executive	CW2008: Rec 1.1 - Confirmation of roles and responsibilities	The role and responsibilities of the Data Working Group and Service Resumption Group will be reviewed and reported to Council Incident Management Team by end October 2021. Should the groups continue to be required, the representation on the groups will be reviewed and recommendations for future representation made.	Started	31/12/21	0	31/03/22	Alison Coburn Gareth Barwell Gavin King Gavin Sharp Kimberley Campbell Matthew MacArthur Michelle Vanhegan Nick Smith Paul Young Ross Murray Russell McLauchlan
47	Policy and Sustainability	Physical Distancing & Employee Protection (PDEP)	Medium	CW2008: Physical Distancing and Employee Protection - Issue 3: Assurance and Oversight of Processes	Andrew Kerr, Chief Executive	CW2008: Recommendation 3.2(a) - Monitoring Processes	The Service Resumption Group will consider this and will report the outcome of this discussion to the Council Incident Management Team.	Started	31/12/21	0	31/03/22	Alison Coburn Gareth Barwell Gavin King Gavin Sharp Kimberley Campbell Matthew MacArthur Michelle Vanhegan Nick Smith Paul Young Ross Murray Russell McLauchlan
48	Policy and Sustainability	Physical Distancing & Employee Protection (PDEP)	Medium	CW2008: Physical Distancing and Employee Protection - Issue 3: Assurance and Oversight of Processes	Andrew Kerr, Chief Executive	CW2008: Recommendation 3.2(b) - Staying Covid-Secure Signs	The Service Resumption Group will consider this and will report the outcome of this discussion to the Council Incident Management Team.	Started	31/12/21	0	31/03/22	Alison Coburn Gareth Barwell Matthew MacArthur Ross Murray
49	Policy and Sustainability	Policy Management Framework	High	CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register	Stephen Moir, Executive Director, Corporate Services	CE1902 - 1.2d Policy Register review: Full Policy review – Corporate Services	Following Corporate Leadership Team approval of revised definitions of policies; procedures; guidance and templates (as per recommendations at 3.1), all Directorates will review their existing policies, procedures and guidance and reclassify as appropriate. A risk-based approach will be adopted across Directorates to determine how regularly individual policies will be reviewed, based on the expected frequency of changes in applicable legislation, regulations and statutory requirements. The agreed frequency for review will be recorded on the policy template and included in the published policy register. (All policies will be then be reviewed regularly in line with the agreed frequency. Human Resources policies are exempt from this requirement as the review frequency has been agreed by Committee). Policy documents on individual Orb pages for Divisions will be removed and links included to the Council's published policy register which will be the single source of truth for all Council policies. (With the exception of Human Resources and Health and Safety policies which are Council wide and are included with content specific webpages).	Implemented	31/10/21	0	31/01/22	Alison Roarty Annette Smith Hugh Dunn Jenny Robertson Katy Miller Layla Smith Michelle Vanhegan Nick Smith Nicola Harvey Prarthana Lasure
50	Policy and Sustainability	Policy Management Framework	High	CE1902 Policy Management Framework Issue 2: Completion of Integrated Impact Assessments (IIAs)	Stephen Moir, Executive Director, Corporate Services	CE1902 - 2.2 Completion and publication of Integrated Impact Assessments - Corporate Services	Directorates will review all new and revised policies prior to submission for approval by Committee to confirm that all IIA requirements outlined in the recommendation above have been completed, with evidence of review and approval by the Service Director retained. Responsibility for monitoring progress with implementation of IIA action plans will be allocated to an appropriate senior responsible officer within each division to confirm that known gaps are being effectively addressed.	Implemented	31/10/21	0	31/01/22	Alison Roarty Annette Smith Gavin King Hugh Dunn Jenny Robertson Katy Miller Layla Smith Michelle Vanhegan Nick Smith Nicola Harvey Prarthana Lasure
51	Policy and Sustainability	Policy Management Framework	High	CE1902 Policy Management Framework Issue 2: Completion of Integrated Impact Assessments (IIAs)	Judith Proctor, Chief Officer - HSCP	CE1902 - 2.2 Completion and publication of Integrated Impact Assessments - Edinburgh Health & Social Care Partnership	Directorates will review all new and revised policies prior to submission for approval by Committee to confirm that all IIA requirements outlined in the recommendation above have been completed, with evidence of review and approval by the Head of Division retained. Responsibility for monitoring progress with implementation of IIA action plans will be allocated to an appropriate senior responsible officer within each division to confirm that known gaps are being effectively addressed.	Pending	31/07/21	0	31/01/22	Angela Ritchie Mike Massaro-Mallinson Moira Pringle Rachael McLean Tony Duncan
52	Policy and Sustainability	Policy Management Framework	High	CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register	Amanda Hatton, Executive Director of Education and Children's Services	CE1902 - 1.2e Policy Register review: Review of Communities and Families directories within the Orb	The Communities and Families and Health and Social Care policy and procedures directories on the Orb will be reviewed and linked to policies within the approved policy register. All other policies will be reclassified in line with the definitions provided at recommendation 3.1a.	Started	30/06/21	1	31/03/22	Crawford McGhie Jackie Irvine Liz Harrison Lorna French Nichola Dadds Nickey Boyle
53	Policy and Sustainability	Policy Management Framework	High	CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register	Paul Lawrence, Executive Director of Place	CE1902 - 1.2d Policy Register review: Full Policy review – Place	Following Corporate Leadership Team approval of revised definitions of policies; procedures; guidance and templates (as per recommendations at 3.1), all Directorates will review their existing policies, procedures and guidance and reclassify as appropriate. A risk-based approach will be adopted across Directorates to determine how regularly individual policies will be reviewed, based on the expected frequency of changes in applicable legislation, regulations and statutory requirements. The agreed frequency for review will be recorded on the policy template and included in the published policy register. All policies will be then be reviewed regularly in line with the agreed frequency. Policy documents on individual Orb pages for Divisions will be removed and links included to the Council's published policy register which will be the single source of truth for all Council policies.	Started	31/10/21	0	31/01/22	Alison Coburn Audrey Dutton David Givan Dorothy Gray Gareth Barwell George Gaunt Karl Chapman Lindsay Robertson Matthew MacArthur Nicole Fraser Peter Watton Ross Murray Veronica Wishart

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54	Policy and Sustainability	Policy Management Framework	High	CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register	Amanda Hatton, Executive Director of Education and Children's Services	CE1902 - 1.2d Policy Register review: Full Policy review – Education and Children's Services	Following Corporate Leadership Team approval of revised definitions of policies; procedures; guidance and templates (as per recommendations at 3.1), all Directorates will review their existing policies, procedures and guidance and reclassify as appropriate. A risk-based approach will be adopted across Directorates to determine how regularly individual policies will be reviewed, based on the expected frequency of changes in applicable legislation, regulations and statutory requirements. The agreed frequency for review will be recorded on the policy template and included in the published policy register. All policies will be then be reviewed regularly in line with the agreed frequency. Policy documents on individual Orb pages for Divisions will be removed and links included to the Council's published policy register which will be the single source of truth for all Council policies.	Started	31/12/21	0	31/03/22	Crawford McGhie Jackie Irvine Jenny Robertson Liz Harrison Lorna French Nichola Dadds Nickey Boyle
55	Policy and Sustainability	Policy Management Framework	High	CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register	Judith Proctor, Chief Officer - HSCP	CE1902 - 1.2d Policy Register review: Full Policy review – Edinburgh Health & Social Care Partnership	Following Corporate Leadership Team approval of revised definitions of policies; procedures; guidance and templates (as per recommendations at 3.1), all Directorates will review their existing policies, procedures and guidance and reclassify as appropriate. A risk-based approach will be adopted across Directorates to determine how regularly individual policies will be reviewed, based on the expected frequency of changes in applicable legislation, regulations and statutory requirements. The agreed frequency for review will be recorded on the policy template and included in the published policy register. All policies will be then be reviewed regularly in line with the agreed frequency. Policy documents on individual Orb pages for Divisions will be removed and links included to the Council's published policy register which will be the single source of truth for all Council policies. For the HSCP - this action includes updating the HSCP policy directory on the Orb to ensure the policies and documents identified via gap analysis at action 1.2e have also been reviewed and updated as required.	Started	31/07/21	1	31/01/22	Angela Ritchie Mike Massaro-Mallinson Moira Pringle Rachael McLean Tony Duncan
56	Policy and Sustainability	Policy Management Framework	High	CE1902 Policy Management Framework Issue 2: Completion of Integrated Impact Assessments (IIAs)	Paul Lawrence, Executive Director of Place	CE1902 - 2.2 Completion and publication of Integrated Impact Assessments - Place	Directorates will review all new and revised policies prior to submission for approval by Committee to confirm that all IIA requirements outlined in the recommendation above have been completed, with evidence of review and approval by the Head of Division retained. Responsibility for monitoring progress with implementation of IIA action plans will be allocated to an appropriate senior responsible officer within each division to confirm that known gaps are being effectively addressed.	Started	31/10/21	0	31/01/22	Alison Coburn Audrey Dutton David Givan Dorothy Gray Gareth Barwell George Gaunt Karl Chapman Lindsay Robertson Matthew MacArthur Nicole Fraser Peter Watton Ross Murray
57	Policy and Sustainability	Policy Management Framework	High	CE1902 Policy Management Framework Issue 2: Completion of Integrated Impact Assessments (IIAs)	Amanda Hatton, Executive Director of Education and Children's Services	CE1902 - 2.2 Completion and publication of Integrated Impact Assessments - Education and Children's Services	Directorates will review all new and revised policies prior to submission for approval by Committee to confirm that all IIA requirements outlined in the recommendation above have been completed, with evidence of review and approval by the Service Director retained. Responsibility for monitoring progress with implementation of IIA action plans will be allocated to an appropriate senior responsible officer within each division to confirm that known gaps are being effectively addressed.	Started	31/12/21	0	31/03/22	Crawford McGhie Jackie Irvine Jenny Robertson Liz Harrison Lorna French Nichola Dadds Nickey Boyle
64	Policy and Sustainability	Resilience BC	High	Review of resilience templates and approach	Stephen Moir, Executive Director, Corporate Services	CW1702 Rec 1.c - Review and communication of revised resilience templates and approach	Resilience will review Business Impact Assessment (BIA) templates and Business Area Resilience Plan / Protocol templates and approach, incorporating concurrent risk planning. These will be communicated to Directorates who will then be required to complete refreshed BIAs, followed by resilience plans/protocols.	Implemented	31/05/21	0	31/08/21	Eileen Cossar Gavin King Gavin Sharp Kimberley Campbell Layla Smith Michelle Vanhegan Paul Young Prarthana Lasure Russell McLauchlan
65	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Paul Lawrence, Executive Director of Place	Rec 3.1 a) Place - Development of resilience protocols for statutory and critical services	Inline with the approach agreed by the Council's Policy and Sustainability Committee in October 2020, the Council has shifted from a plan based resilience approach to a protocol based approach. Resilience protocols will be developed for high risk services as required, with support from Corporate Resilience. All Directorates will aim to have this complete by 31 December 2022.	Started	19/06/20	1	31/03/23	Alison Coburn Audrey Dutton Claire Duchart David Givan Eileen Cossar Gareth Barwell Gavin King Gavin Sharp George Gaunt Karl Chapman Kimberley Campbell Lindsay Robertson Matthew MacArthur Paul Young Peter Watton Ross Murray Russell McLauchlan

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66	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Stephen Moir, Executive Director, Corporate Services	Rec 3.1b Corporate Services - Development of Resilience Plans/protocols for statutory and critical services	Rebased action October 2020Following 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.	Started	19/06/20	1	31/03/23	Annette Smith Eileen Cossar Gavin King Gavin Sharp Hugh Dunn Katy Miller Kimberley Campbell Layla Smith Michelle Vanhegan Nick Smith Nicola Harvey Paul Young Prarthana Lasure Russell McLauchlan
67	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Judith Proctor, Chief Officer - HSCP	Rec 3.1c H&SC - Development of Resilience Plans/protocols for statutory and critical services	Rebased action October 2020Following 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.	Started	19/06/20	1	31/03/23	Angela Ritchie Eileen Cossar Gavin Sharp Jacqui Macrae Kimberley Campbell Paul Young Rachael McLean Russell McLauchlan
68	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Amanda Hatton, Executive Director of Education and Children's Services	Rec 3.1d Education and Children's Services - Development of Resilience Plans/protocols for statutory and critical services	Rebased action October 2020Following 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.	Started	19/06/20	1	31/03/23	Eileen Cossar Gavin King Gavin Sharp Jackie Irvine Kimberley Campbell Laura Zanotti Liz Harrison Lorna French Michelle McMillan Nichola Dadds Nickey Boyle Paul Young Russell McLauchlan
69	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Paul Lawrence, Executive Director of Place	Rec 6.1a Place - Review of third party contracts to confirm appropriate resilience arrangements	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.	Started	20/12/19	4	31/01/22	Alison Coburn Annette Smith Audrey Dutton Claire Duchart David Givan Eileen Cossar Gareth Barwell Gavin Sharp George Gaunt Hugh Dunn Karl Chapman Kimberley Campbell Lindsay Robertson Lynette Robertson Matthew MacArthur Mollie Kerr Paul Young Peter Watton Prarthana Lasure Ross Murray Russell McLauchlan
70	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Judith Proctor, Chief Officer - HSCP	Rec 6.1c H&SC - Review of third party contracts to confirm appropriate resilience arrangements	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.	Started	20/12/19	3	28/02/22	Angela Ritchie Eileen Cossar Gavin Sharp Jacqui Macrae Kimberley Campbell Paul Young Prarthana Lasure Rachael McLean Russell McLauchlan

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71	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Paul Lawrence, Executive Director of Place	Rec 2.1a Place - Update of business impact assessments (BIAs) using refreshed template	Rebased action October 2020Following roll-out of the refreshed BIA template, all Directorates will complete an update of BIAs by 31 May 2022. Following this Directorates will input BIA data on Continuity2. These will be checked by Resilience for accuracy and completeness.An annual review of BIAs and update of Continuity2 will then be completed.Date revised to 31 May 2022.Update Jul 2021 as part of RES2006 Technology Resilience - finding 1 - Corporate Resilience and Directorates - Critical Systems Recovery Timeframes and Council Service Continuity PlansInclude the requirement for directorates to ensure that the 14 Priority 1 services system recovery times are either aligned with the existing CGI service levels; change requests initiated to request faster CGI recovery times; or alternative resilience arrangements established for these systems.	Started	21/12/21	2	31/03/23	Alison Coburn Audrey Dutton Claire Duchart David Givan Eileen Cossar Gareth Barwell Gavin King Gavin Sharp George Gaunt Karl Chapman Kimberley Campbell Lindsay Robertson Matthew MacArthur Paul Young Peter Watton Ross Murray Russell McLauchlan
72	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Stephen Moir, Executive Director, Corporate Services	Rec 2.1b Corporate Services - Update of business impact assessments (BIAs) using refreshed template	Rebased action October 2020Following roll-out of the refreshed BIA template, all Directorates will complete an update of BIAs by 31 May 2022. Following this Directorates will input BIA data on Continuity2. These will be checked by Resilience for accuracy and completeness.An annual review of BIAs and update of Continuity2 will then be completed.Date revised to 31 May 2022 Update Jul 2021 as part of RES2006 Technology Resilience - finding 1 - Corporate Resilience and Directorates - Critical Systems Recovery Timeframes and Council Service Continuity PlansInclude the requirement for directorates to ensure that the 14 Priority 1 services system recovery times are either aligned with the existing CGI service levels; change requests initiated to request faster CGI recovery times; or alternative resilience arrangements established for these systems.	Started	21/12/21	2	31/03/23	Annette Smith Eileen Cossar Gavin King Gavin Sharp Hugh Dunn Katy Miller Kimberley Campbell Layla Smith Michelle Vanhegan Nick Smith Nicola Harvey Paul Young Prarthana Lasure Russell McLauchlan
73	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Judith Proctor, Chief Officer - HSCP	Rec 2c H&SC - Update of business impact assessments (BIAs) using refreshed template	Rebased action October 2020Following roll-out of the refreshed BIA template, all Directorates will complete an update of BIAs by 31 May 2022. Following this Directorates will input BIA data on Continuity2. These will be checked by Resilience for accuracy and completeness.An annual review of BIAs and update of Continuity2 will then be completed.Date revised to 31 May 2022Update Jul 2021 as part of RES2006 Technology Resilience - finding 1 - Corporate Resilience and Directorates - Critical Systems Recovery Timeframes and Council Service Continuity PlansInclude the requirement for directorates to ensure that the 14 Priority 1 services system recovery times are either aligned with the existing CGI service levels; change requests initiated to request faster CGI recovery times; or alternative resilience arrangements established for these systems.	Started	21/12/21	2	31/03/23	Angela Ritchie Eileen Cossar Gavin Sharp Jacqui Macrae Kimberley Campbell Moira Pringle Paul Young Rachael McLean Russell McLauchlan
74	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Amanda Hatton, Executive Director of Education and Children's Services	Rec 2d Education and Children's Services - Update of business impact assessments (BIAs) using refreshed template	Rebased action October 2020Following roll-out of the refreshed BIA template, all Directorates will complete an update of BIAs by 31 May 2022. Following this Directorates will input BIA data on Continuity2. These will be checked by Resilience for accuracy and completeness.An annual review of BIAs and update of Continuity2 will then be completed.Date revised to 31 May 2022 Update Jul 2021 as part of RES2006 Technology Resilience - finding 1 - Corporate Resilience and Directorates - Critical Systems Recovery Timeframes and Council Service Continuity PlansInclude the requirement for directorates to ensure that the 14 Priority 1 services system recovery times are either aligned with the existing CGI service levels; change requests initiated to request faster CGI recovery times; or alternative resilience arrangements established for these systems.	Started	21/12/21	2	31/03/23	Anna Gray Eileen Cossar Gavin King Gavin Sharp Jackie Irvine Kimberley Campbell Laura Zanotti Liz Harrison Lorna French Michelle McMillan Nichola Dadds Nickey Boyle Paul Young Russell McLauchlan
75	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Paul Lawrence, Executive Director of Place	Rec 6.2a Place - Annual assurance from Third Party Providers	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. It is recommended that contract managers include this requirement as part on ongoing contract management arrangements.Where this assurance cannot be provided, this should be recorded in Service Area and Directorate risk registers. Date revised to reflect that following receipt of initial assurance by 31 March 2021, annual assurance should be obtained by 31 March 2022.	Started	28/06/19	3	30/06/22	Alison Coburn Audrey Dutton Claire Duchart David Givan Eileen Cossar Gareth Barwell Gavin Sharp George Gaunt Karl Chapman Kimberley Campbell Lindsay Robertson Matthew MacArthur Paul Young Peter Watton Ross Murray Russell McLauchlan

Ref	Executive Committee	Project Name	Issue Type	Issue Title	Owner	Recommendation Title	Agreed Management Action	Status	Esitimated Impement Date	No of Revisions	Revised Impl Date	Contributor
76	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Stephen Moir, Executive Director, Corporate Services	Rec 6.2b Corporate Services - Annual assurance from Third Party Providers	<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>	Started	28/06/19	2	30/06/22	Annette Smith Eileen Cossar Gavin King Gavin Sharp Gillie Severin Hugh Dunn Katy Miller Kimberley Campbell Layla Smith Lynette Robertson Michelle Vanhegan Mollie Kerr Nick Smith Nicola Harvey Paul Young Paula McLeay Prarthana Lasure Russell McLauchlan
77	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Judith Proctor, Chief Officer - HSCP	Rec 6.2c H&SC - Annual assurance from Third Party Providers	<p>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.</p>	Started	21/06/19	2	30/06/22	Angela Ritchie Eileen Cossar Gavin Sharp Jacqui Macrae Kimberley Campbell Paul Young Rachael McLean Russell McLauchlan
78	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Amanda Hatton, Executive Director of Education and Children's Services	Rec 6.2d Education and Children's Services - Annual assurance from Third Party Providers	<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>	Started	28/06/19	2	30/06/22	Anna Gray Eileen Cossar Gavin Sharp Jackie Irvine Kimberley Campbell Laura Zanotti Liz Harrison Lorna French Michelle McMillan Nichola Dadds Nickey Boyle Paul Young Russell McLauchlan
79	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Stephen Moir, Executive Director, Corporate Services	Rec 3.2b Corporate Services - Completion of Resilience plans/protocols for essential activities	<p>Rebased action October 2020Following completion of resilience plans/protocols for high-risk essential services, plans/protocols will be developed for remaining essential activities, with support and training from Resilience. These will be checked by Resilience to ensure alignment with corporate plans and protocols. Date revised to 31 December 2023</p>	Started	20/12/21	1	31/03/24	Annette Smith Eileen Cossar Gavin King Gavin Sharp Gillie Severin Hugh Dunn Katy Miller Kimberley Campbell Layla Smith Michelle Vanhegan Nick Smith Nicola Harvey Paul Young Paula McLeay Prarthana Lasure Russell McLauchlan

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80	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Paul Lawrence, Executive Director of Place	Rec 3.2a Place - Completion of Resilience plans/protocols for essential activities	Rebased action October 2020Following completion of resilience plans/protocols for high-risk essential services, plans/protocols will be developed for remaining essential activities, with support and training from Resilience. These will be checked by Resilience to ensure alignment with corporate plans and protocols. Date revised to 31 December 2023.	Started	20/12/21	1	31/03/24	Alison Coburn Audrey Dutton Claire Duchart David Givan Eileen Cossar Gareth Barwell Gavin King Gavin Sharp George Gaunt Karl Chapman Kimberley Campbell Lindsay Robertson Matthew MacArthur Nicky Brown Paul Young Peter Watton Ross Murray Russell McLauchlan
81	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Judith Proctor, Chief Officer - HSCP	Rec 3.2c H&SC - Completion of Resilience plans/protocols for essential activities	Rebased action October 2020Following completion of resilience plans/protocols for high-risk essential services, plans/protocols will be developed for remaining essential activities, with support and training from Resilience. These will be checked by Resilience to ensure alignment with corporate plans and protocols. Date revised to 31 December 2023	Started	20/12/21	1	31/03/24	Angela Ritchie Eileen Cossar Gavin Sharp Jacqui Macrae Kimberley Campbell Paul Young Rachael McLean Russell McLauchlan
82	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Amanda Hatton, Executive Director of Education and Children's Services	Rec 3.2d Education and Children's Services - Completion of resilience plans/protocols for essential activities	Rebased action October 2020Following completion of resilience plans/protocols for high-risk essential services, plans/protocols will be developed for remaining essential activities, with support and training from Resilience. These will be checked by Resilience to ensure alignment with corporate plans and protocols. Date revised to 31 December 2023	Started	20/12/21	1	31/03/24	Anna Gray Eileen Cossar Gavin King Gavin Sharp Jackie Irvine Kimberley Campbell Laura Zanotti Liz Harrison Lorna French Michelle McMillan Nichola Dadds Nickey Boyle Paul Young Russell McLauchlan
83	Policy and Sustainability	Resilience BC	Medium	Adequacy, maintenance and approval of Council wide resilience plans	Stephen Moir, Executive Director, Corporate Services	Rec 4) Update of Council Business Continuity Plan to include key elements from resilience protocols	The Council Business Continuity Plan (BCP) was developed and signed off the Chief Executive in May 2019. Following Directorate review and update of resilience protocols, the Council BCP will be updated to include key elements of Directorate plans.	Started	18/12/20	1	30/06/24	Eileen Cossar Gavin King Gavin Sharp Kimberley Campbell Layla Smith Michelle Vanhegan Paul Young Prarthana Lasure Russell McLauchlan
108	Policy and Sustainability	Social Work Centre Bank Account Reconciliations	High	Corporate Appointee Client Fund Management	Judith Proctor, Chief Officer - HSCP	Recommendation 1a - Health & Social Care	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.	Started	28/06/19	3	01/02/22	Alison Roarty Angela Ritchie Colin Beck Louise McRae Rachael McLean Tony Duncan
109	Policy and Sustainability	Social Work Centre Bank Account Reconciliations	High	Corporate Appointee Client Fund Management	Judith Proctor, Chief Officer - HSCP	2.2. Updating procedures to include an annual review of Corporate Appointee contracts	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, DWP processes and a full administrative process that will be applied centrally and across Locality offices; clusters; and hubs.	Started	30/04/18	3	18/02/22	Alison Roarty Angela Ritchie Colin Beck Louise McRae Rachael McLean Tony Duncan
110	Policy and Sustainability	Social Work Centre Bank Account Reconciliations	High	Corporate Appointee Client Fund Management	Judith Proctor, Chief Officer - HSCP	Rec 1b - Business Support - review of Corporate Appointee processes	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 DWP is being progressed and will be written into the new guidelines. Regular reporting will be introduced from the revised systems being implemented. This will be provided monthly at Senior Social Work level and annually for H&SC management	Started	31/05/18	3	18/02/22	Alison Roarty Angela Ritchie Colin Beck Louise McRae Rachael McLean Tony Duncan

Ref	Executive Committee	Project Name	Issue Type	Issue Title	Owner	Recommendation Title	Agreed Management Action	Status	Esitimated Impement Date	No of Revisions	Revised Impl Date	Contributor
125	Policy and Sustainability	Unsupported Technology (Shadow IT) and End User Computing	Medium	CW1914 Issue 1: Digital strategy and governance	Judith Proctor, Chief Officer - HSCP	CW1914 Rec 1.4e - Review of existing shadow IT contracts (Health and Social Care)	The following actions were discussed and agreed by the Council's Corporate Leadership Team and will be applied by all Directorates following receipt of guidance from Commercial and Procurement Services as per recommendation 1.4a above. 1. The Directorate will complete a review of all contracts supporting the ongoing use of shadow IT / cloud based applications used within divisions in comparison to the guidance provided by Commercial and Procurement Services (CPS) to ensure identify any contracts that need to be refreshed or procured, with support from CPS and Digital Services. 2. Where inadequate contracts are identified, and the supplier is unable to support an immediate contract refresh, the criticality of the system and the service it supports will be assessed to determine whether the system is required, or whether an alternative system solution can be procured. 3. Where inadequate contracts support critical systems that cannot be immediately re-procured, the risks associated with ongoing use of these systems and their contracts will be recorded in divisional and directorate risk registers, and the contract re-procured at the earliest possible date.	Implemented	30/09/21	0	30/12/21	Angela Ritchie Mike Massaro-Mallinson Moira Pringle Rachael McLean Tony Duncan
131	Policy and Sustainability	Unsupported Technology (Shadow IT) and End User Computing	High	CW1914 Issue 2: Ongoing shadow IT and end user computing management	Judith Proctor, Chief Officer - HSCP	CW1914 Rec 2.1d - Second line assurance and oversight (Health and Social Care)	The following actions were discussed and agreed by the Council's Corporate Leadership Team and will be applied by all first line divisions and directorates. 1. divisions and directorates will confirm whether they are consistently applying shadow IT framework and meet the requirements of the Council's externally hosted ICT services protocol in their annual assurance statements, and with any gaps or instances of non-compliance disclosed; 2. reliance will be placed on third line oversight by Internal Audit (IA), acknowledging that the assurance provided in relation to the ongoing management of shadow IT technology applications across the Council will be considered as part of IA's ongoing risk based assurance proposals, with assurance unlikely to be provided on an ongoing basis.	Started	30/07/21	0	30/10/21	Angela Ritchie Mike Massaro-Mallinson Moira Pringle Rachael McLean Tony Duncan

Appendix 3 - Internal Audit Key Performance Indicators as at 26 January 2022

Directorate	Audit Title	Audit Progress	Terms of Reference Service Response <= 5 days post issue	Terms of Reference Director Response <= 5 days post issue	Close out meeting <= 5 days after fieldwork completed	Report issued by IA <= 10 days post close out meeting	Date			Final Draft to Directors <= 5 days post management response	Director approval <= 3 days from receipt	Final report issued by IA <= 5 days post director approval	Team Central updated by IA <= 5 days of final report	Comments
							Workshop <= 5 days after report issued	Mgt responses agreed <= 5 days post workshop						
Corporate Services	Elections in Covid Environment - design review	Complete	3	2	1	10	0	0	2	n/a	n/a	7	Final report issued 31.5.21	
Corporate Services	Design of the Scottish Local Government Living Wage Requirements	Complete	17	1	8	9	4	1	1	2	5	1	Final report issued on 28.10.21.	
Corporate Services	Council Tax and Business Rates	Fieldwork	7	5	0	0	0	0	0	0	0	0	Fieldwork extended reflecting current resourcing impacts on the Customer team	
Corporate Services	Cyber Security - technology vulnerability management	Planning	7	0	0	0	0	0	0	0	0	0		
Corporate Services	CGI performance reporting	Planning	7	0	0	0	0	0	0	0	0	0		
Corporate Services	Capital Budget Setting and Management	Planning	3	3	0	0	0	0	0	0	0	0		
Corporate Services	Payment Card Industry Data Security Standard Compliance	Planning	12	6	0	0	0	0	0	0	0	0	Delayed response on ToR was due to Christmas leave	
Corporate Services	Employee Lifecycle Data and Compensation and Benefits Processes	Reporting	13	2	0	0	0	0	0	0	0	0	Fieldwork ongoing - awaiting information from HR	
Corporate Services	Planning and Performance Framework design review	Reporting	26	2	3	35	15	13	9	0	0	0	Ongoing Engagement with Head of Service and Exec Direct on management responses.	
Corporate Services	Digital and Smart City Strategy	Reporting	49	80	-2	5	14	0	0	0	0	0	Currently finalising management responses with the service.	
Council Wide	Fraud and Serious Organised Crime	Fieldwork	74	64	0	0	0	0	0	0	0	0	Not all areas responded on draft ToR. Fieldwork delayed due to sickness absence in key team.	
Council Wide	Implementation of Whistleblowing and Child Protection Recommendations	Fieldwork	7	4	0	0	0	0	0	0	0	0	In fieldwork	
Council Wide	Employee wellbeing	Planning	2	0	0	0	0	0	0	0	0	0		
Council Wide	Complaints Management	Planning	6	5	0	0	0	0	0	0	0	0		
Council Wide	Management and Allocation of Covid-19 grant funding	Planning	7	34	0	0	0	0	0	0	0	0	Fieldwork completion will be delayed reflecting pressures on Customer with Business Grants	
Council Wide	Health and Safety - Implementation of asbestos recommendations	Reporting	6	6	34	17	4	0	0	0	0	0	No response received from Exec Direct Place on ToR. Ongoing engagement with services on mgt responses.	
Education & Childrens Svs	Criminal Justice	Fieldwork	12	1	0	0	0	0	0	0	0	0	In fieldwork	
Education & Childrens Svs	Early Years Education and Alignment with End Poverty Delivery Plan	Planning	No response	0	0	0	0	0	0	0	0	0	Reminder sent 17/1/22 for ToR issued 7 December	
Place	Planning - householder applications and use of Uniform system	Fieldwork	5	14	0	0	0	0	0	0	0	0		
Place	The Management of Development Funding	Fieldwork	10	16	0	0	0	0	0	0	0	0	Final ToR issued on 13.01.22. Delays with receipt of information from service due to sickness absence.	
Place	Housing Property Services Repairs Management	Planning	Not yet due	0	0	0	0	0	0	0	0	0	Responses on Terms of Reference due 28/1/22	
Place	Parking and Traffic Regulations	Reporting	4	2	3	24	2	0	0	0	0	0	Ongoing engagement with service re management responses	