

Governance, Risk and Best Value Committee

10:00am, Tuesday, 2 May 2023

Internal Audit: Open and Overdue Internal Audit Actions – Performance Dashboard as at 31 March 2023

Item number

Executive/routine

Executive

Wards

Council Commitments

1. Recommendations

- 1.1 It is recommended that the Governance Risk and Best Value Committee:
- 1.1.1 notes the status of open and overdue Internal Audit (IA) actions as at 31 March 2023;
 - 1.1.2 refers this paper to the relevant Council Executive committees for ongoing scrutiny of the overdue IA actions relevant to their respective remits; and
 - 1.1.3 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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Internal Audit: Open and Overdue Internal Audit Actions – Performance Dashboard as at 31 March 2023

2. Executive Summary

Progress with closure of open and overdue management actions

- 2.1 As at 31 March 2023, there were a total of 112 open Internal Audit (IA) management actions, with 27 of them overdue (24%), an increase of 4 when compared to December 2022 position (23) but a decrease of 23 when compared to the same period last year (50).
- 2.2 Further detail on the status of open and overdue actions as at 31 March 2023 is provided in the open and overdue IA dashboard at [Appendix 1](#). This includes a comparison with December 2022 and March 2023.
- 2.3 One management action was closed based on management's acceptance of risk during the period 5 December 2022 to 31 March 2023.

3. Background

Open and overdue agreed management actions

- 3.1 Progress in implementing open and overdue management actions raised in 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.

4. Main report

- 4.1 [Figure 1](#) of the IA activity dashboard at [Appendix 1](#) illustrates that as at 31 March 2023, there were 112 open IA actions across the Council, with 27 actions (24%) overdue, and 85 actions (76%) not yet due.
- 4.2 Six of the 27 overdue actions are currently marked as implemented, with updates/evidence provided by services being reviewed by IA.

- 4.3 The movement in open and overdue IA actions for the period 5 December 2022 to 31 March 2023 is reflected in [figure 2](#) which highlights that the total number of open actions decreased by 60 during the reporting period (from 172 to 112) and overdue management actions have increased from 23 to 27.
- 4.4 [Figure 2](#) also highlights that during the period a total of 88 IA actions were closed across the Council and a total of 28 new IA actions were created.
- 4.5 Evidence for 11 (5 not yet due and 6 overdue) actions is currently being reviewed by IA. IA has continued to achieve the established KPI for reviewing all implemented management actions within four weeks of the date they are proposed for closure by management.
- 4.6 [Figure 3](#) and [Figure 4](#) and the table below illustrate the allocation of the 27 overdue management actions across all directorates:

Directorate	No. of overdue actions	Change from December 2022	No. implemented for review by IA
Corporate Services	12	+4	5
Place	11	-1	1
Children, Education and Justice Services	3	+1	0
Health and Social Care Partnership	1	-4	0

- 4.7 [Figure 3](#) also highlights a reduction in number of overdue management actions across directorates when compared to the same position last year (March 2022).
- 4.8 [Figure 4](#) shows the composition of 27 overdue management actions as 8 High; 15 Medium; and 4 Low rated management actions.

Ageing profile of overdue actions

- 4.9 [Figure 5](#) compares the ageing profile of current (March 23) overdue management actions with the last reported period (December 2022) and shows actions overdue for:
- less than three months have increased from 3 to 14
 - three to six months have decreased from 9 to 2
 - six months to one year have increased from 4 to 7
 - more than 1 year have decreased from 7 to 4
- 4.10 It should be noted that some of the reduction in ageing overdue actions reflects that a number of overdue historical actions which had longstanding revised future dates,

(which have been reported to Committee over the past year) have been rebased. As a result, they will not be reported as overdue unless the revised due date is passed. This will enable a focus on review and scrutiny of new overdue actions or actions where sufficient progress is not being made. Details of the relevant rebased actions are provided in Appendix 4.

- 4.11 The analysis of the ageing of the current 27 overdue management actions across directorates shown at [figure 6](#) highlights that continued improvements are needed within the Corporate Services and Place Directorate to ensure management actions are addressed by originally agreed implementation dates.
- 4.12 Appendix 2 provides details of all overdue management actions as at 31 March 2023 together with an update from management on progress with implementation of the action. A link to the audit report is also provided where available.

Management actions closed based on management's acceptance of risk

- 4.13 Management periodically review audit actions to consider whether they remain appropriate and whether there has been any movement on risks originally identified at the time of the audit. In line with agreed audit processes, management can request that a risk is closed based on management's risk acceptance aligned to risk appetite.
- 4.14 Management are required to complete a risk acceptance proforma which provides rationale for the risk acceptance including details of mitigating controls in place, the residual risk following application of controls and any further action planned. The risk acceptance must be approved by the appropriate Executive Director/Chief Officer.
- 4.15 One management action was closed based on management's acceptance of risk during the period 5 December 2022 to 31 March 2023. Details of the risk accepted action is provided in Appendix 3.

5. Next Steps

- 5.1 IA will continue to monitor the open and overdue actions position 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 management actions and address the associated risks in a timely manner may have some inherent financial impact.

7. Stakeholder/Community Impact

- 7.1 If agreed actions are not implemented by management, the Council will be exposed to the risks set out in the relevant audit reports. IA actions are raised due to control

gaps or deficiencies identified during reviews; therefore, overdue items inherently impact upon effective risk management, compliance, and governance.

8. Background reading/external references

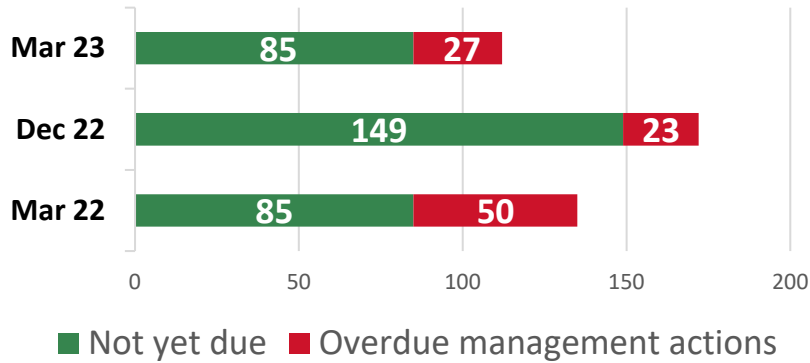
- 8.1 [Open and Overdue IA Findings – Performance Dashboard as at 5 December 2022 - GRBV January 2023](#)

9. Appendices

- 9.1 Appendix 1: Open and overdue IA actions dashboard as at 31 March 2023
- 9.2 Appendix 2: Overdue IA actions as at 31 March 2023
- 9.3 Appendix 3: Actions closed as risk accepted (5 December 2022 to 31 March 2023)
- 9.4 Appendix 4: Rebased actions with longstanding revised dates

Appendix 1: Open and overdue IA actions dashboard as at 31 March 2023

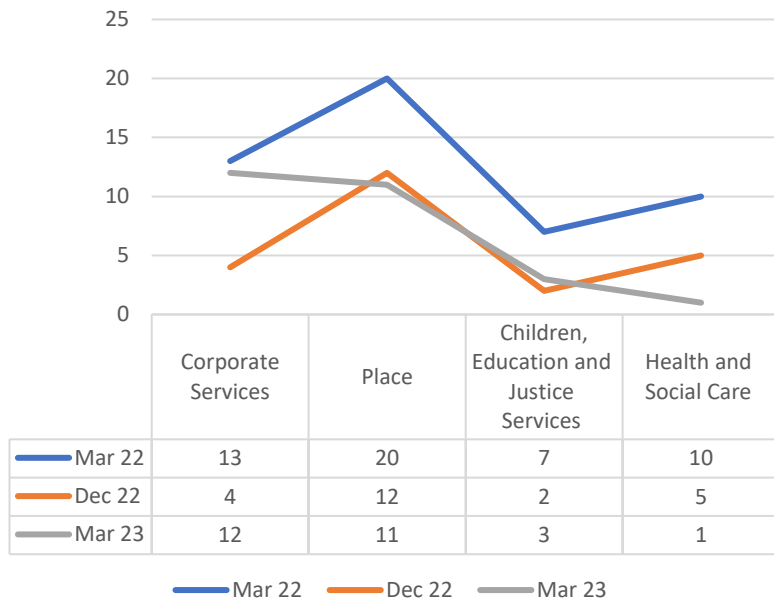
1. Management Actions Status Trend



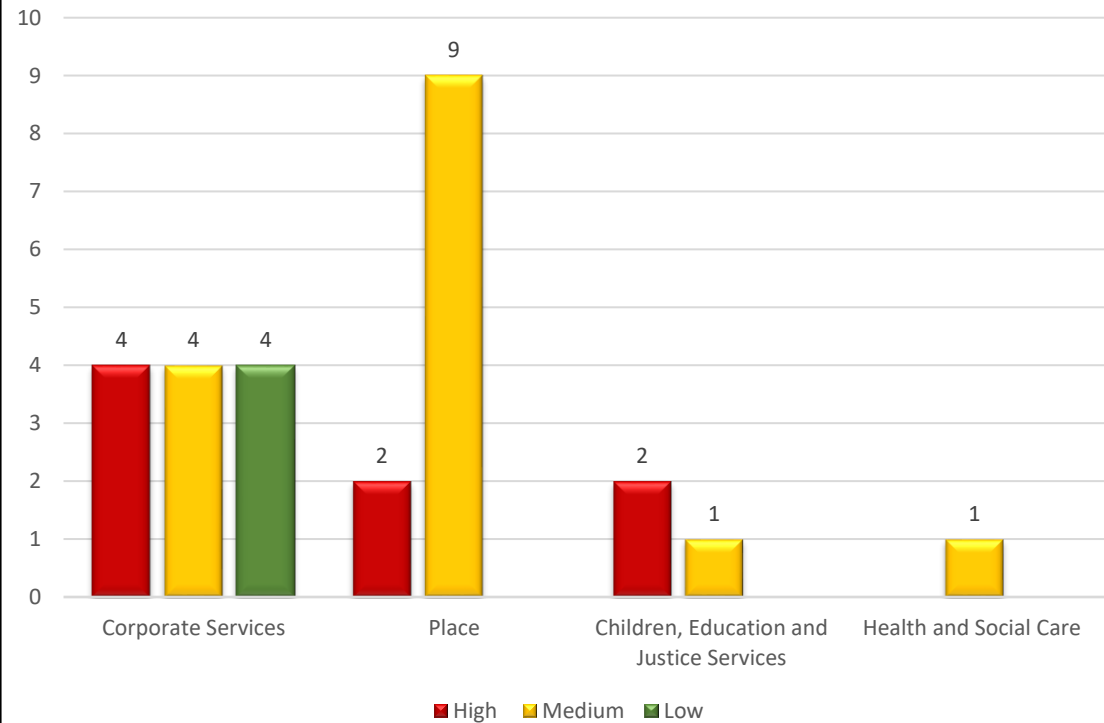
2. Analysis of changes in management actions between Dec 22 to Mar 23

	05/12/22	New	Closed	31/03/23	Trend
Open Actions	172	28	88	112	↓
Overdue Actions	23	21	17	27	↑

3. Overdue Management Actions Trend Analysis

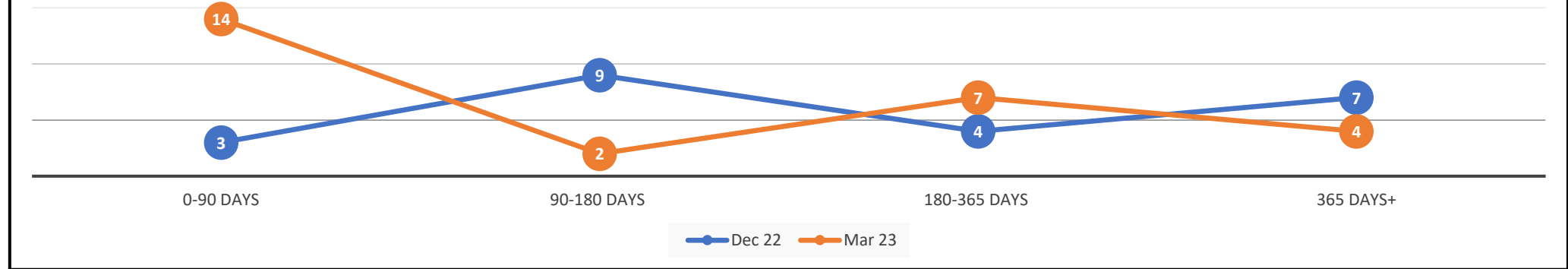


4. Overdue Actions by Directorate and Risk Rating March 2023

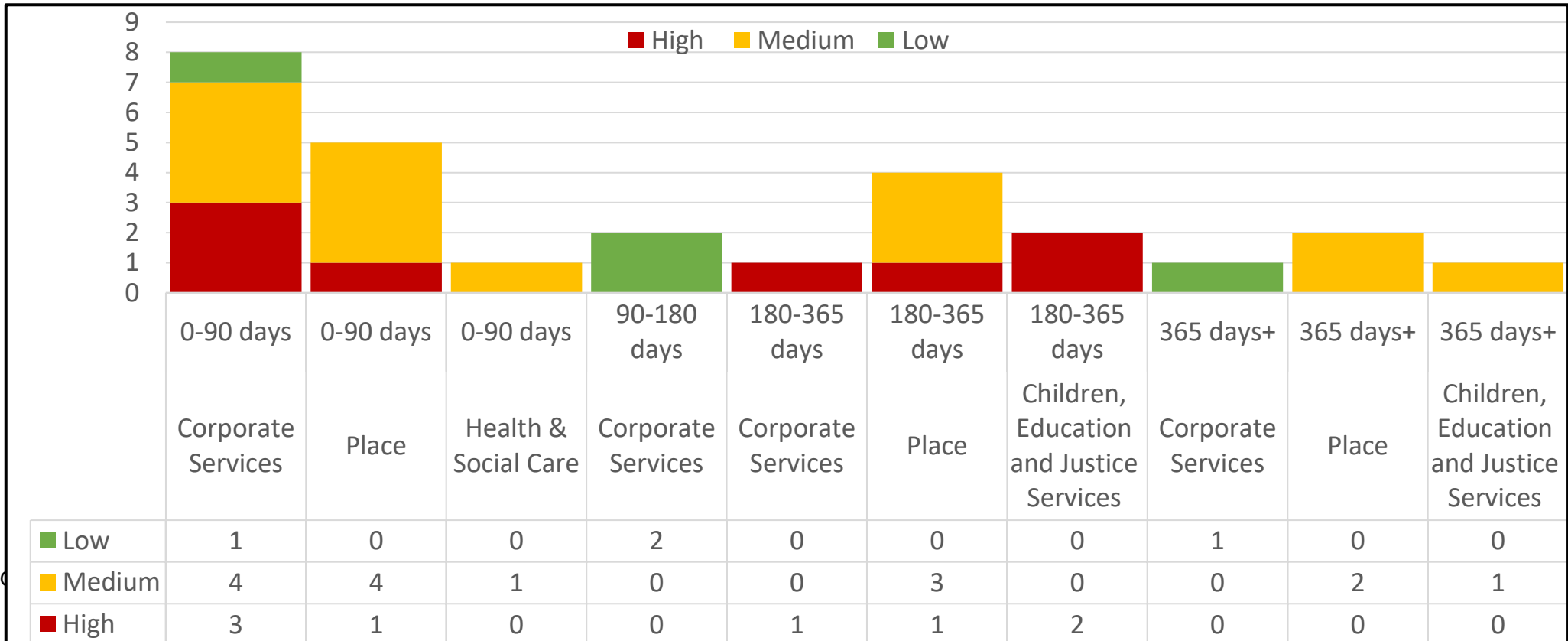


Appendix 1: Open and overdue IA actions dashboard as at 31 March 2023

5. Overdue management actions ageing (Dec 22 vs Mar 23)



6. Overdue actions ageing by ratings across Directorates



Appendix 2 - Internal Audit Overdue Management Actions as at 31 March 2023

* **Implemented** - actions where evidence has been provided and is currently being reviewed by IA

Ref	Directorate	Audit Name and link to report	Audit progress	Issue Title	Rating	Recommendation Title	Agreed Management Action	Status	Est Date	Revised Date	Management Update	Officers
1	Corporate Services	CW2005 GRBV Committee Effectiveness Review	<div style="background-color: #6aa84f; width: 86%; height: 15px; margin-bottom: 5px;"></div> 86% 14 actions 12 complete 2 outstanding 1 overdue	Issue 7: Other GRBV Operational Matters	Low	Rec 7.1: Level of Detail in GRBV Committee Papers	Reporting to committees will be part of the review of political management arrangements and councillors will be able to feed into that process.	Implemented*	16/12/2022	16/03/2023	Evidence currently being reviewed by IA. Report template developed which will be presented to Full Council in May 2023.	Gavin King
2	Corporate Services	CW2009 Fraud and Serious Organised Crime	<div style="background-color: #f00; width: 0%; height: 15px; margin-bottom: 5px;"></div> 0% 2 actions 0 complete 2 outstanding 2 overdue	Issue 1: Established Fraud and SOC Arrangements	High	Rec 1.1: Fraud and SOC Arrangements - phased implementation plan	Fraud and SOC arrangements will be reviewed and appropriate recommendations for relevant policies and the framework presented to CLT for approval. A phased implementation approach will be adopted, to enable sufficient time for the design and implementation of the new process.	Implemented*	31/03/2023	30/11/2023	Draft framework developed - currently being reviewed by IA, following which further actions to be agreed.	Gavin King Hugh Dunn
3			*note further actions will be tracked following agreement on the action plan	Issue 2: Risk Management: Fraud and SOC	Medium	Rec 2.1: Risk Management: Fraud and SOC	As per 1.1, this will be addressed via the phased implementation approach and implementation plan.	Implemented*	31/03/2023		New date provided to allow time to finalise the framework and design relevant processes with support from finance, corporate risk team and internal audit.	
4	Corporate Services	CW2101 Complaints Management	<div style="background-color: #f00; width: 25%; height: 15px; margin-bottom: 5px;"></div> 25% 8 actions 2 complete 6 outstanding 2 overdue	Issue 2: Complaints management, performance monitoring, and reporting	Medium	Rec 2.2: Council wide quarterly performance reporting	The Strategic Complaints function will develop and introduce standardised reporting templates for use across all Council directorates, including documented processes to support the activity. This will ensure a consistency of approach, regardless of the systems being used to record complaints, and will facilitate the improved collation, analysis, and presentation of complaints data. This will include reporting on the mandatory performance indicators produced by the SPSO.	Implemented*	31/03/2023		Evidence currently being reviewed by IA. New data collection templates have been developed and recording and reporting processes have been established to enable the first quarterly report in early July. Update 24/4/23 - now closed	n/a now closed
5			Rec 2.3: Publishing complaints information			The Strategic Complaints function will work with the Corporate Complaints Management Group to establish and develop the most effective ways of presenting complaint outcomes, ensuring appropriate levels of transparency and engagements around service improvement(s). The Strategic Complaints function will present complaints information on a quarterly basis, in line with agreed methods around presentation and dissemination.	Implemented*	31/03/2023	Web content developed and currently being uploaded by web team. Update 24/4/23 - now closed	n/a now closed		
6	Place	CW2106 Implementation of Whistleblowing Investigation recommendations	<div style="background-color: #6aa84f; width: 59%; height: 15px; margin-bottom: 5px;"></div> 59% 17 actions 10 complete 7 outstanding 2 overdue	Issue 2: Directorate Monitoring and Reporting Processes	High	Rec 2.1: Place Directorate monitoring processes and retention of supporting information	Directorates will annotate the Whistleblowing Actions extract provided by the Governance Team with details of current action owners and target completion dates. This will be maintained on an ongoing basis and updated when individual action owners depart the organisation. Assurance will be sought from action owners as to completion of actions, with supporting information stored in a secure file location. Where disciplinary investigations are required as a result of whistleblowing disclosure recommendations. Investigating Officers will be required to complete the Council's mandatory disciplinary learning modules.	Implemented*	31/03/2023		Evidence currently being reviewed by IA. Update 24/4/23 - now closed	n/a now closed

Ref	Directorate	Audit Name and link to report	Audit progress	Issue Title	Rating	Recommendation Title	Agreed Management Action	Status	Est Date	Revised Date	Management Update	Officers
12	Corporate Services	CS2109 Planning and Performance Framework Design Review	<div style="width: 42%; background-color: #4CAF50; height: 15px;"></div> 42%	Issue 3: Directorates and Divisional Data Quality Objectives	Low	Rec 3.1: Development of Divisional Data Quality Objectives	The DP&BP team will prepare data quality objectives and share with directorates and divisions involved in provision of data for inclusion in performance report for discussion and agreement.	Started	31/12/2022	31/07/2023	The objectives will be prepared by the Data, Performance and Business Planning team and agreed at the Information Board – which is the correct governance forum. The need for these will also be in the upcoming data strategy and the work tracked as a workstream in the implementation plan. The DP& BP team will also communicate these to all Information	Edel McManus
			12 actions 5 complete 7 outstanding 1 overdue									
13	Place	CW1910 Life Safety	<div style="width: 89%; background-color: #4CAF50; height: 15px;"></div> 89%	Issue 1: Life safety systems and reporting	High	Rec 1.2 Life safety key performance measures and reporting	A life safety performance framework will be established following consolidation of the second line teams and resources that have life safety responsibilities across the housing and operational property estate, and implementation of comprehensive life safety systems that include all relevant life safety data. This framework will incorporate all existing performance frameworks and will include a new set of standard risk based and proportionate life safety key performance measures designed to support reporting to management and governance forums and confirm ongoing compliance with applicable legislation and regulations	Started	29/04/2022	31/08/2023	Implementation of action has been delayed by absence within the Housing Team. Replacement resource now identified and action being progressed	Gareth Barwell Ross Murray
			19 actions 17 complete 2 outstanding 1 overdue									
14	Children, Education and Justice Services	CW1914 Unsupported Technology (Shadow IT) and End User Computing	<div style="width: 94%; background-color: #4CAF50; height: 15px;"></div> 94%	CW1914 Issue 1: Digital strategy and governance	Medium	CW1914 Rec 1.4d - Review of existing shadow IT contracts (Children, Education and Justice Services)	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 CPS ensure identify any contracts that need to be refreshed or procured, with support from CPS and Digital Services. 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. 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 risk registers, and the contract re-procured at the earliest possible date.	Started	30/09/2021	29/12/2023	The audit was completed in October 2020, and the original completion date was 30/09/21. It was revised in October 2021 to 29/09/23 to align with work being completed as part of the Empowered Learning project – which would include additional work on Shadow IT. The action was also given a three months extension through the extensions provided as a result of Covid-19 in October 2021 – resulting in a due date of 29/12/23.	Lorna French Gillian Tracey
			16 actions 15 complete 1 outstanding 1 overdue									
15	Corporate Services	CW2001 Arms length external organisations (ALEOs)	<div style="width: 29%; background-color: #4CAF50; height: 15px;"></div> 29%	Issue 1 - ALEO Governance Framework	High	Rec 1.1: ALEO Governance Framework	Second line responsibilities for the design, implementation, and ongoing maintenance of an ALEO governance framework will be agreed; and An ALEO governance framework will be designed implemented, and communicated that incorporates all of the recommendations above.	Started	30/09/2022	30/06/2023	Work is being undertaken on the new transport company that will act as best practice for the ALEO framework. The implementation date has been revised to align with this.	Nick Smith Gavin King
16	Place	CW2006 Health and Safety – Asbestos Recommendations	<div style="width: 89%; background-color: #4CAF50; height: 15px;"></div> 89%	Issue 2: Asbestos location and condition data	Medium	Rec 2.1b: Estates and Facilities Management – population of CAFM system	Asbestos registers will be manually transferred from the current PDF version and populated directly into CAFM where they will be maintained in the CAFM asbestos module. There is no requirement for a technology upgrade to support this process. This has already been performed for a sample of three properties and the full population should be achievable by 31 March 2023.	Started	31/03/2023	31/03/2024	Input of data to CAFM/AMIS has stalled due to system issues. Information is currently being updated and maintained in Excel in meantime.	Gareth Barwell Ross Murray
18	Health and Social Care Partnership	HSC2102 HSCP Transformation and Benefits Realisation	<div style="width: 56%; background-color: #4CAF50; height: 15px;"></div> 56%	Issue 2: Risk, Assumptions, Issues and Dependencies Management	Medium	Rec 2.1: Transformation Programme RAID Log	A RAID log for the Innovation & Sustainability portfolio is in development.	Started	31/03/2023	30/06/2023	RAID logs have been established however, further work is needed to fully populate these. Risks are well articulated, but more work required on assumptions, dependencies and issues. Request an extension to the implementation date of 3 months to complete this work.	Mike Massaro- Mallinson Jess Brown

Ref	Directorate	Audit Name and link to report	Audit progress	Issue Title	Rating	Recommendation Title	Agreed Management Action	Status	Est Date	Revised Date	Management Update	Officers
19	Place	PL1902 Tree Management	67%	Issue 1: Strategic direction and operational delivery	Medium	Rec 1.3b - Update of procedures	Procedures be reviewed in tandem with the review of the Trees in the City document.	Started	31/03/2023	30/09/2023	Trees in the City Strategy will go out for public engagement over the summer, with an updated report and the final strategy (and policy) document presented to Culture and Communities Committee by September 2023.	Gareth Barwell Ross Murray
20			9 actions 6 complete 3 outstanding 3 overdue			Rec 1.4 - Performance Management and KPIs	The Forestry service will implement a strategic and operational performance framework. This piece of work will be completed in tandem with the review of the Trees in the City document.	Started	31/03/2023	30/09/2023	A draft "Forestry Service - Service Level Agreements, Service Standards, and Performance Indicators" has been created and is currently being considered by senior management. It includes a model SLA, service standards for the service, and draft KPIs. KPIs will be subject to review dependent on the asset system chosen. A further update will be provided in August 2023.	Gareth Barwell Ross Murray
21			Rec 1.5 - Review and development of service level agreements			Parks and Greenspace management review the SLAs as recommended.	Started	31/03/2023	30/09/2023	Model SLA produced (under recommendation 1.4) in interim and scope of action to be discussed with IA. Current intention is only one SLA will be required.	Gareth Barwell Ross Murray	
22	Place	PL2003 Registration and Bereavement Services	83%	Issue 2: Bereavement Services systems and records	Medium	Rec 2.1: Digitalisation of historic burial records	Management plan to move burial records on-line. This will require transfer from current CGI BACAS to a Cloud based version which is currently in progress. Thereafter, that will give access to a bolt on module which will allow more secure management of burial and memorial safety records in compliance with anticipated new legislation. The cost of the module is not anticipated to be onerous, but if required will be the subject of a business case. The business case will also identify resources required to transfer historic hard copy records to the system as required.	Started	31/03/2022	31/08/2023	Quotes have now been received from all potential suppliers re scanning and indexing archives before uploading smart indexed data to BACAS system. No suppliers are able to provide this service. An alternative route will now be explored. Quote and business case to be progressed.	Andrew Mitchell Ross Murray
23	Place	PL2004 Edinburgh Trams Contract Management	67%	Issue 1: Integrated Asset Management System	Medium	Rec 1.1.a: Asset management system design and implementation	As part of the ongoing supplier management arrangements, the Council will Monitor the implementation of the project plan for deployment of Agility, be involved in the development and testing of Agility, to ensure that officers understand how the system works, will be able to monitor activities through the system and to ensure that the system is operating as expected prior to implementation.	Started	30/09/2022	30/06/2023	Edinburgh Trams will create a formal log of any changes made to Agility as part of the period review of PPM tasks and this will be reported to the following Period Meeting. The Agility change log will be formally copied to CEC. On track for revised date.	Stuart Lowrie
24			9 actions 6 complete 3 outstanding 3 overdue			Rec 1.1.b: Asset management system data cleansing and transfer	As part of the roll-out of the new system, it has been agreed that the historic provider records will not be transferred into Agility but will be held separately on the Sharepoint system and will be accessible to the Council and to Edinburgh Trams. Once transferred to Sharepoint, these records will be reviewed to determine the extent of the records held by the provider. When this is complete, a review of the asset management records will be undertaken by the Council and Edinburgh Trams to ensure that all assets are accounted for.	Started	30/09/2022	30/06/2023	Linked to completion of rec 1.1a,	Stuart Lowrie
25			Issue 2: Term maintenance plan	Medium	Rec 2.2: Ongoing operational effectiveness and compliance assurance	An on-going risk assessment will be undertaken to identify and address any risks arising until the Agility system is fully operational. However, as outlined in the agreed management action 1.1b, the on-going arrangements in place between Edinburgh Trams and the provider will include a review of the historic information held and a risk based approach to address any weaknesses highlighted will be implemented.	Started	31/08/2022	31/05/2023	Action progressing and expected to be complete by revised date.	Stuart Lowrie	

Ref	Directorate	Audit Name and link to report	Audit progress	Issue Title	Rating	Recommendation Title	Agreed Management Action	Status	Est Date	Revised Date	Management Update	Officers
26	Place	Asset Management Strategy and CAFM system 18/19	<div style="background-color: #4CAF50; color: white; padding: 2px; text-align: center; font-weight: bold;">91%</div> 11 actions 10 complete 1 outstanding 1 overdue	Issue 3 - Property and Facilities Management Data Completeness; Accuracy; and Quality	Medium	Issue 3.2 - Reporting to Executive Committee - volume and value of concessionary lets	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.	Started	31/03/2016	30/06/2023	Volume and value of concessionary lets data available. It is the intention to include this in the next portfolio update report to Committee in June.	Peter Watton Ross Murray
27	Corporate Services	RES1803 Budget Setting and Management	<div style="background-color: #4CAF50; color: white; padding: 2px; text-align: center; font-weight: bold;">86%</div> 7 actions 6 complete 1 outstanding 1 overdue	Issue 3: Continuous improvement: Lessons learned and customer feedback.	Low	Issue 3.2: Finance customer and staff feedback surveys	Finance will conduct customer and staff feedback exercises every two years. A feedback process will be developed and implemented that is aligned with the lessons learned methodology as described in recommendation 3.1. In addition, feedback from each exercise will be consolidated and used to generate improvement actions. The survey results and improvement actions will be reported to service managers and staff.	Started	31/12/2020	30/06/2023	Customer Survey delayed due to other priorities / staff ill health. Date revised to 30 June 2023	John Connarty

Appendix 3: Actions closed as management accept risk (5 December 2022 to 31 March 2023)

Directorate	Audit	Recommendation	Date raised	Initial Risk Rating	Residual Risk Rating at closure
Corporate Services	Employee Wellbeing	2.1d DSE & risk assessments - management information (H&S)	31 August 2022	Medium	Medium

Audit recommendation:

Management should consider providing consolidated Digital Screen Equipment (DSE), risk and stress risk assessment completion data and thematic outcomes to the Council's Health and Safety Group and directorate risk committees for review and resolution of any significant gaps.

Agreed Management Action:

Corporate Health and Safety will explore whether DSE and risk assessment workflows can be recorded and managed through the SHE system for reporting to management and trade union groups as appropriate.

Management rationale for risk acceptance:

Management have explored the use of existing healthy and safety system, SHE portal, to capture DSE assessment and output and risk assessment for performance tracking purposes. To implement this action, it would require capture forms to be developed and all line managers to be provided with access to SHE portal. The H&S team have also decided to re-procure the H&S Management Information System, with the current contract expiring in October 2023. Management has concluded that while the current system has functional capacity the audit action cannot be delivered with the current number of user licences. Furthermore, implementing the action now would require additional budget and time invested in developing the current system will be a lost investment if the H&S team contracts with a new supplier in October 2023.

Management has confirmed that this action will however be considered as part of re-procurement process, where they will develop the new system specifications to include additional user licences and system operability which delivers more within the budget provision.

Appendix 4 – Rebased actions with longstanding revised dates

Ref	Directorate	Audit Name and link to report	Audit progress	Rating	Action	Rebased date	Rationale
1	Place	RES1712 Asset Management Strategy	95%	Medium	Review of existing shared property	01/06/2026	Reflects the ongoing review of the council estate aligned with the Change Programme and changes to use of estate following the pandemic and increased remote working.
			19 actions 18 complete 1 outstanding				
2	Cross Directorate	CW1702 Resilience	79%	High	Update of Council Business Continuity Plan to include key elements from resilience protocols	30/06/2024	The Council BCP was approved in May 2019. Following Directorate review and update of resilience protocols as a result of Covid-19, the BCP will be updated to include key elements of Directorate plans.
			28 actions 22 complete 6 outstanding				
3				Medium	Place Directorate review of third party contracts to confirm appropriate resilience arrangements	31/01/2024	Following the organisational review and directorate restructure initial work to understand the extent of contracts has been undertaken. The directorate will now complete the review of each contract in line with the recommendation.
4				High	Directorate review and testing of resilience protocols	31/03/2025	This is linked to initial development of protocols and relates to biennial testing to enable lessons learned to be incorporated into the protocols. Four actions in total - one per directorate.
5	Health and Social Care Partnership	HSC1902 Lone working	94%	Medium	Lone working operational procedures and monitoring controls	31/03/2024	Significant progress has been made in streamlining processes across the HSCP. Further work is planned during 2023 to address the remaining actions following business case approval. Extension of the date recognises the continued challenges and pressures faced across the HSCP.
			18 actions 17 complete 1 outstanding				