

Governance, Risk and Best Value Committee

10.00am, Tuesday, 20 February 2024

Internal Audit Open and Overdue Internal Audit Actions – Performance Dashboard as at 29 January 2024

Executive/routine

Wards

1. Recommendations

- 1.1 It is recommended that the Committee:
 - 1.1.1 notes the status of open and overdue Internal Audit (IA) actions and key performance indicators as at 29 January 2024
 - 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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Report

Internal Audit Open and Overdue Internal Audit Actions – Performance Dashboard as at 29 January 2024

2. Executive Summary

- 2.1 This report provides an update to Committee on progress of open and overdue Internal Audit (IA) management actions and key performance indicators as at 29 January 2024.
- 2.2 There is a sustained focus on addressing IA actions, as at 29 January 2024 there were a total of 140 open IA management actions, with 15 of these overdue (11%), a decrease of 6 compared to October 2023 (21) and a decrease of 14 when compared to the same period last year (29). This is a significant improvement when compared with the number of overdue actions in January 2022 (128).
- 2.3 Further detail on the status of open and overdue actions as at 29 January 2024 is provided in the open and overdue performance dashboard at [Appendix 1](#). This includes a comparison with October 2023 and January 2023.

3. Background

- 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.
- 3.3 IA Key Performance Indicators (KPIs) to support effective and timely delivery of the IA annual plan were agreed by CLT and GRBV in [March 2023](#).

4. Main report

Open and overdue management actions

- 4.1 [Figure 1](#) of the IA activity dashboard at [Appendix 1](#) illustrates that as at 29 January 2024 there were 140 open IA actions across the Council, with 15 actions (11%) overdue, and 125 actions (89%) not yet due.

- 4.2 The movement in open and overdue IA actions for the period 1 November 2023 to 29 January 2024 is reflected in [figure 2](#) which highlights that the total number of open actions increased by 26 as a result of completed audits during the reporting period (from 114 to 140).
- 4.3 [Figure 2](#) also demonstrates the number of overdue management actions have decreased from 21 to 15. This is a sustained improvement from January 2023 (29) and a significant improvement when compared with the number of overdue actions in January 2022 (128).
- 4.4 [Figure 2](#) also highlights that during the period a total of 40 IA actions were closed across the Council and 66 new IA actions were created.
- 4.5 No actions are currently being reviewed by IA. IA has continued to achieve the established KPI for reviewing all implemented management actions.
- 4.6 [Figure 3](#) and [Figure 4](#) illustrate the allocation of the 15 overdue management actions across all directorates. [Figure 4](#) shows the composition of the 15 overdue management actions as 6 High, 8 Medium and 1 Low rated management actions.

Ageing profile of overdue actions

- 4.7 [Figure 5](#) compares the ageing profile of current (January 2024) overdue management actions with the last reported period (October 2023) and shows actions overdue for:
- less than three months have increased from 6 to 8
 - three to six months have decreased from 5 to 2
 - six months to one year have remained constant at 4
 - more than 1 year have decreased from 6 to 1.
- 4.8 The analysis of the ageing of the 15 overdue management actions across directorates shown at [figure 6](#).
- 4.9 Appendix 2 provides details of all overdue management actions as at 29 January 2024 together with an update from management on progress with the action.

Management actions closed based on management's acceptance of risk

- 4.10 One management action was closed based on management's acceptance of risk during the period 1 November 2023 to 17 January 2024. Please refer to appendix 3 for details.

IA Annual Plan Delivery

- 4.11 [Figure 7](#) shows that 93% of the [23/24 IA plan is](#) in progress as at 29 January 2024, with 17 audits completed, 7 audits in reporting, 12 audits in fieldwork and 4 audits in planning. Further detail on plan delivery and audit outcomes is provided in the Quarter 3 update report.

IA Key Performance Indicators

- 4.12 Meeting the KPIs set out in the [agreed audit journey map](#) is essential to support on-time delivery of the 23/24 plan and timely preparation of the annual audit report for committee.
- 4.13 KPI performance to date is set out at [Figure 8](#). There have been delays across the following areas:
- delays in services providing comments on terms of reference
 - delays in services providing agreed management responses
 - delays in Head of Service/ Directors approving of reports.
- 4.14 These delays have led to a higher proportion of audits being completed in Q3/Q4, which places pressure on both Internal Audit and services.
- 4.15 IA will continue to remind officers of the agreed KPIs and will escalate delays to Executive Directors as required to ensure completion of the remaining 23/24 audits in time for reporting to the June 2024 Committee.
- 4.16 Services are also encouraged to return end of audit surveys which provide feedback on the audit process and contribute towards continuous improvement in the audit team.

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. Equality and Poverty Impact

- 7.1 None. An assessment is not required because the reason for this report is to report Internal Audit activity to Committee. Consequently, there will be no differential equality or poverty impacts, as a result of the proposals in this report.

8. Climate and Nature Emergency Implications

- 8.1 None. The reason for this report is to report Internal Audit activity to Committee. Consequently, there will be no differential climate or nature emergency implications, as a result of the proposals in this report.

9. Risk, policy, compliance, governance, and community impact

- 9.1 This report identifies several specific impacts on, and areas of improvement for the Council's risk, policy, compliance, and governance frameworks. Management should seek to take adequate steps to reduce the impacts across the key risk areas set out.
- 9.2 Council officers and elected members are consulted on the findings of Internal Audit throughout the year. No specific consultations have taken place in relation to this report.

10. Background reading/external references

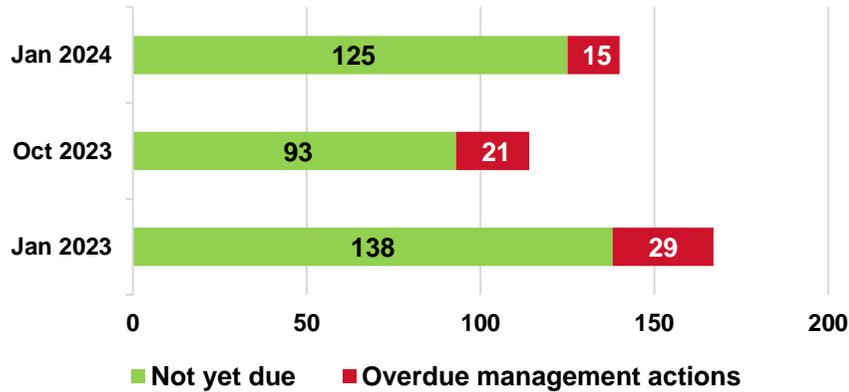
- 10.1 [Open and Overdue IA Findings – Performance Dashboard as at 31 October: GRBV November 2023](#)
- 10.2 [Internal Audit journey map and key performance indicators – GRBV March 2023](#)

11. Appendices

- 11.1 Appendix 1: Open and overdue IA actions and KPI dashboard as at 29 January 2024
- 11.2 Appendix 2: Overdue IA actions as at 29 January 2024
- 11.3 Appendix 3: Actions closed management accept risk 1 November 2023 to 29 January 2024

Appendix 1: IA open and overdue actions dashboard as at 29 January 2024

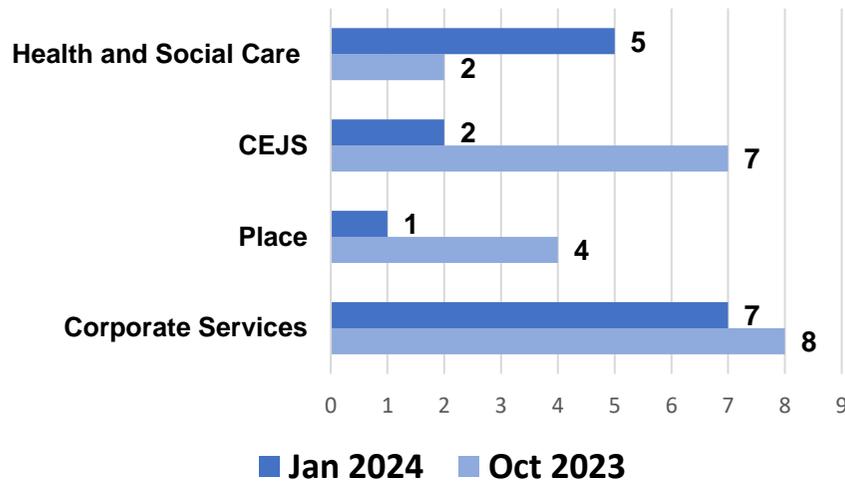
1. Management Actions Status Trend



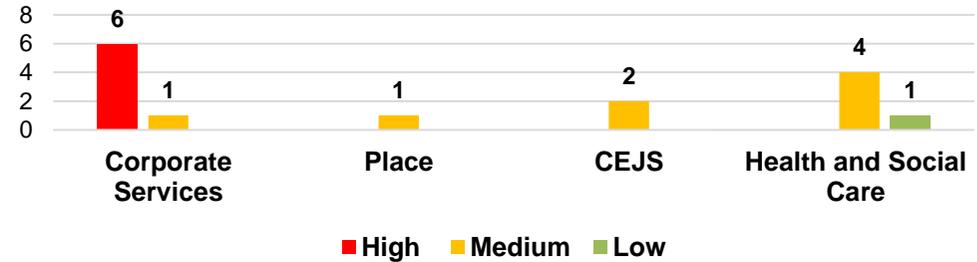
2. Analysis of changes in management actions between Nov 2023 to Jan 2024

	01/11/2023	New	Closed	17/01/2024	Trend
Open Actions	114	66	40	140	↑
Overdue Actions	21	9	15	15	↓

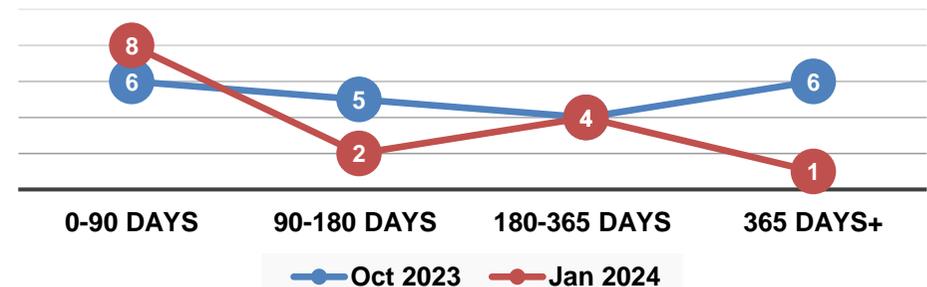
3. Overdue Management Actions Trend Analysis

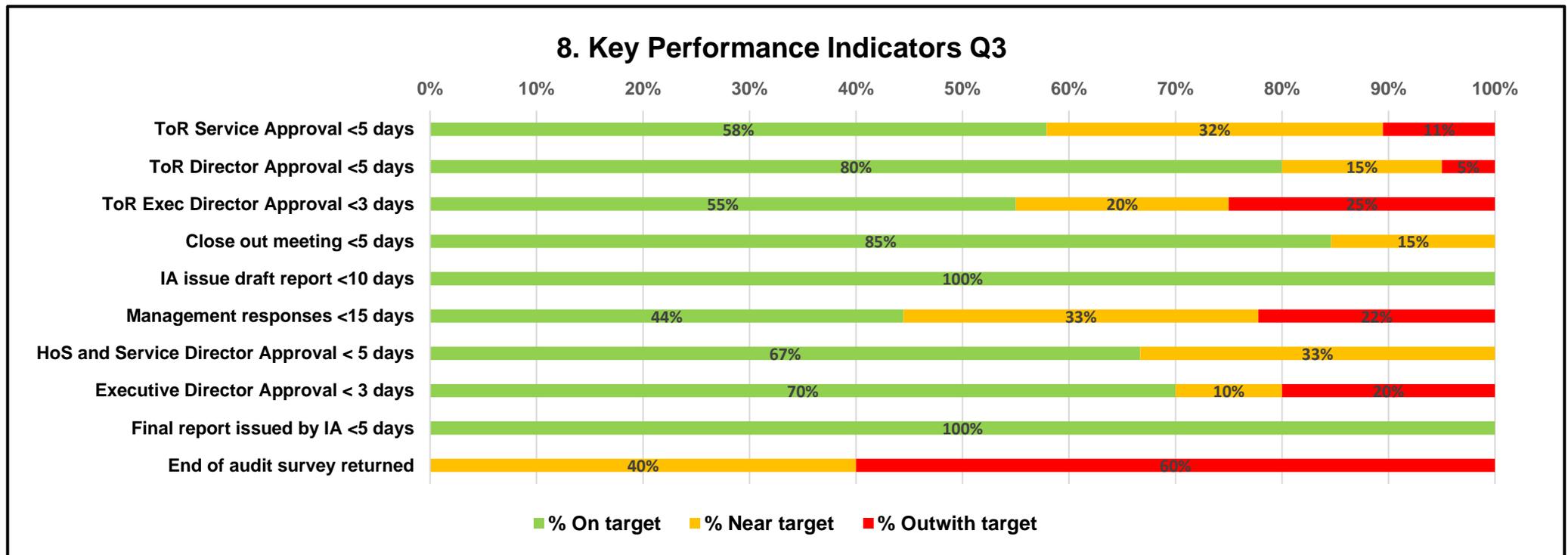
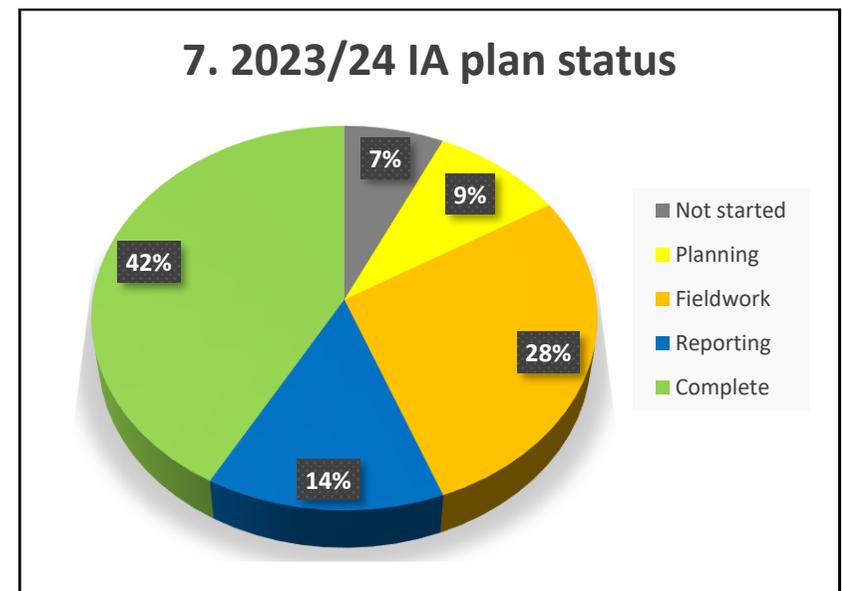
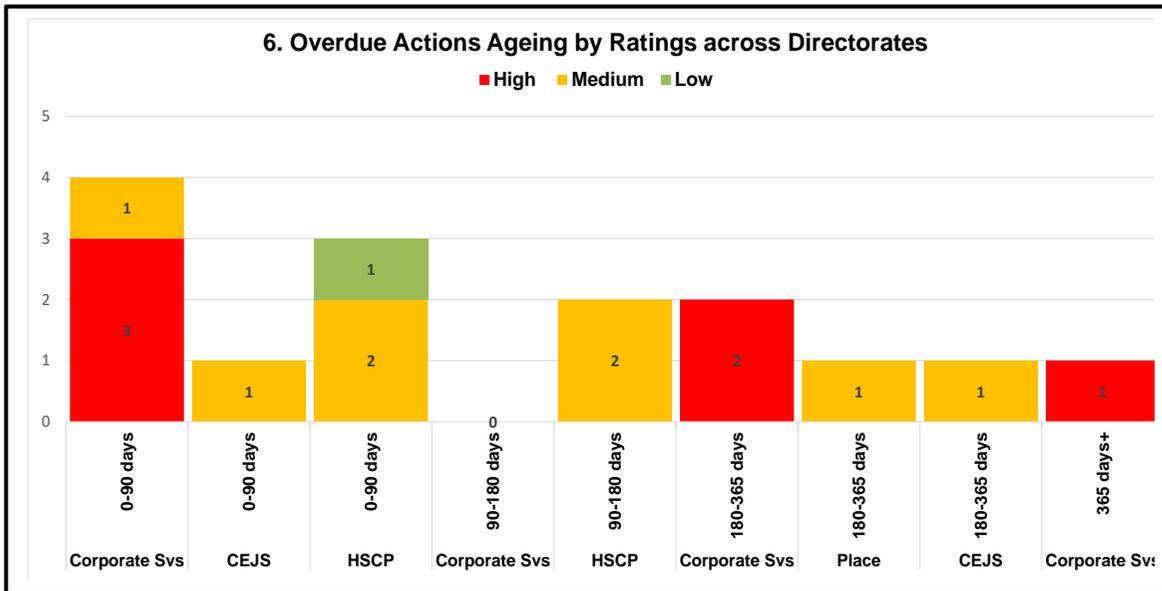


4. Overdue Actions by Directorate and Risk Rating January 2024



5. Overdue management actions ageing (Oct 23 vs Jan 24)





Appendix 2: Overdue audit actions as at 29 January 2024

Ref:	Directorate	Committee	Audit Code	Audit Name link to report and date	% Progress	Title	Priority Rating	Agreed Management Action	Status	Expected Date	Revised Date	Days Overdue	Status Update	Business Lead
1	Corporate Services	Finance and Resources Committee	CS2108	Payment Card Industry (PCI) Data Security Standard Compliance July 2022	<div style="width: 39%;"><div style="background-color: green; height: 10px;"></div></div> 39% 23 Actions 9 closed 14 in progress 3 overdue	1.1.4 PCI compliance risks	High Priority	PCI compliance risks will be identified and recorded in risk registers, and managed/ communicated through CISSG.	In Progress	31/12/2023	31/12/2024	26	Work is progressing to understand the full requirements for the Council as the technology continues to develop. The Council will be seeking to appoint a Qualified Security Assessor who will complete a PCI Assessment to assess and review all the Council's payment channels and inform development of a further programme of work and remediating actions to support compliance. Following the assessment, Digital Services and Finance colleagues will work with Internal Audit to align the audit actions and PCI assessment outcomes.	Deborah Smart Nicola Harvey Richard Lloyd-Bithell
2						1.2.2 Payment channel documentation	High Priority	CISSG will request the nominated officer for each payment channel to draft payment channel documentation, including a) payment processes applicable for each payment channelsb) payment collection methods (for example, point of sale / online / telephone order), and the volume of annual payment transactions. CISSG will review and approve this documentation.	In Progress	31/12/2023	31/12/2024	26		Deborah Smart Nicola Harvey Richard Lloyd-Bithell
3						1.2.4 PCI DSS self-assessment questionnaire	High Priority	By communication through CISSG and known contacts for systems, system owners will be advised to complete the questionnaire. Nominated Officer will review completed questionnaires, compile them into a Council's comprehensive annual SAQ along with details of any potential security gaps, and submit to CISSG for review and approval.	In Progress	31/12/2023	31/12/2024	26		Deborah Smart Nicola Harvey Richard Lloyd-Bithell
4	Corporate Services	Policy and Sustainability Committee	CW2001	Arms length external organisations (ALEOs) August 2021	<div style="width: 29%;"><div style="background-color: green; height: 10px;"></div></div> 29% 7 Actions 2 closed 5 in progress 3 overdue	1.1 ALEO Governance Framework	High Priority	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 made.	In Progress	30/09/2022	29/03/2024	483	Revised completion date has been set to allow time for key person dependency and also to take on board recommendation's from Tram Inquiry.	Deborah Smart Nick Smith Gavin King
5						2.1 - Conflicts of Interest and Appointments	High Priority	<p>A paper will be presented to full Council that highlights potential conflicts of interest between ALEO and Council committee appointments, with a request that the Council either risk accepts or takes action to address the potential conflicts identified. This report will also highlight that future potential conflicts could occur if EM appointments to either ALEOs or Council committees are changed, and that this should be considered by political groups as part of any subsequent appointment changes. Executive directors will be advised of any potential ALEO conflicts of interest that have been risk accepted and requested to ensure that these are reflected in relevant risk registers.</p> <p>A framework will be designed and provided to all ALEOs that makes recommendations for an appropriate composition of both elected members and independent members for inclusion in ALEO boards to ensure that there is an appropriate balance and mix of skills. The skills, background and experience required for Council Observers who represent the Council's interest at board meetings will be considered; documented; and consistently applied to all appointments. Each Directorate will be asked to confirm annually, that the background, skills and experience of each CO remains appropriate.</p>	In Progress	30/06/2023	31/05/2024	210	Revised completion date has been set to allow time for key person dependency and also to take on board recommendation's from Tram Inquiry.	Deborah Smart Nick Smith Gavin King

Ref.	Directorate	Committee	Audit Code	Audit Name link to report and date	% Progress	Title	Priority Rating	Agreed Management Action	Status	Expected Date	Revised Date	Days Overdue	Status Update	Business Lead
6						2.2 - Training	High Priority	Training materials will be reviewed. It was agreed at a meeting of full Council in June 2016 that EMs who were directors of Council companies would undertake mandatory training on their duties under the Companies Act. Training will also be made mandatory for COs. Completion of training by both EMs and COs will be monitored and where training has not been completed, Group Leaders will be notified.	In Progress	30/06/2023	31/05/2024	210	Revised completion date has been set to allow time for key person dependency and also to take on board recommendation's from Tram Inquiry.	Deborah Smart Nick Smith Gavin King
7	Place	Policy and Sustainability Committee	CW2006	Health and Safety – Asbestos Recommendations - B agenda	89%	2.1b: Estates and Facilities Management – population of CAFM system	Medium Priority	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.	In Progress	31/03/2023	31/03/2024	301	Revised completion date has been set to 31/03/24 following discussion with FM Management. Input of data to CAFM/ AMIS has stalled due to system issues. Information is currently being updated and maintained in Excel in meantime. Discussions are ongoing.	Paul Lawrence Gareth Barwell Mark Stenhouse
8	Corporate Services	Policy and Sustainability Committee	CW2101	Complaints Management July 2022	75%	2.1 Complaints management and oversight – Corporate Services	Medium Priority	Following completion of the review by the Strategic Complaints function (recommendation 1.1), Corporate Services will establish a suitable Directorate level oversight and assurance process to support compliance with the Corporate Complaints policy, ensuring that our current practice for monitoring performance is suitably enhanced so as to provide assurance that all Corporate Services complaints are being managed appropriately.	In Progress	31/12/2023	29/02/2024	26	Action is progressing, date extended to ensure sufficient time to provide evidence to Internal Audit of the process operating in practice.	Deborah Smart Nick Smith Gavin King
9	Children, Education and Justice Services					2.1c Complaints management and oversight – Children, Education and Justice Services	Medium Priority	Complaints for schools are reviewed and discussed by senior management on a weekly basis. A summary report will be provided to Education and Children's Services senior management team (SMT) on a regular basis to support directorate oversight processes. In addition, to ensure adequate oversight at a directorate level, Education and Children's Services SMT will review complaints on a monthly basis. This will include reviewing the number, nature, process compliance as well as lessons learnt, monitoring of any action plans and change management. This will be reviewed as part of the wider quality and assurance and performance management session for the directorate and in line with the review by the Strategic Complaints function.	In Progress	31/12/2023	31/03/2024	26	Action is progressing, date extended to ensure sufficient time to provide evidence to Internal Audit of the process operating in practice.	Amanda Hatton Gillian Tracey
10	Children, Education and Justice Services	Policy and Sustainability Committee	CW2202	Application technology controls - SEEMIS November 2022	67%	1.1 SEEMIS Records Retention and Disposal	Medium Priority	Record retention periods for pupil data will be reviewed and agreed with IGU. Following that, the Council's Records Retention Schedule and Quick Guide for Managing Pupil Information will be updated. A schedule will be created to facilitate a timely, complete disposal of pupil data in line with agreed record retention periods.	In Progress	31/05/2023	31/01/2024	240	Revised completion date has been set to 31/01/24 per update that Education colleagues confirm they are finalising the new guidance and ensuring the link to the council retention schedules are accurate.	Amanda Hatton Lorna French Gillian Tracey
11	Health and Social Care Partnership / Children, Education and Justice Services	Education, Children and Families Committee	HSC2201	Transitions for young adults with a disability from children's services to Adult Social Care August 2023	0%	1.1 Operational procedures and guidance	Medium Priority	Operational procedure is currently being reviewed and updated. Short life working group has been established and procedure will be reviewed annually. Will be communicated to all staff and on the ORB when updated and approved.	In Progress	31/10/2023	30/04/2024	87	The management actions arising from this audit are being progressed by lead officers in each of the teams and will be delivered in line with the revised date.	Amanda Hatton Pat Togher Kathy Henwood

Ref:	Directorate	Committee	Audit Code	Audit Name link to report and date	% Progress	Title	Priority Rating	Agreed Management Action	Status	Expected Date	Revised Date	Days Overdue	Status Update	Business Lead
12						3.1 - Tracker for future service/improvement reviews	Medium Priority	Tracker to be drawn up and identify who should lead on this which links with minutes of the bi-monthly meetings. Regular updates will be provided to Operations Managers of both directorates.	In Progress	31/07/2023	30/04/2024	179	The management actions arising from this audit are being progressed by lead officers in each of the teams and will be delivered in line with the revised date.	Amanda Hatton Pat Togher Kathy Henwood
13						3.2 - Transition journey experience as part of successful transition review	Medium Priority	Skills Development Scotland check in with young adults regarding positive destinations. Young Adults with Disability team currently conduct a review after 6-12 weeks following successful transition. As part of this review a question will be asked regarding the transition journey experience. This will be formally captured and discussed with Children affected by Disability team. There are no resources currently within Children's Services to conduct a separate follow-up interview.	In Progress	31/08/2023	30/04/2024	148	The management actions arising from this audit are being progressed by lead officers in each of the teams and will be delivered in line with the revised date.	Amanda Hatton Pat Togher Kathy Henwood
14						3.3 - Transitions performance management framework	Medium Priority	Joint KPI's to be developed, in addition to a joint file audit process. Utilise information already gathered but also need to be aware of limitations of current client record system and resources. Further discussion with QA Team to discuss how best to progress and record. Also Edinburgh is participating in the Principles into Practice being trialled in 10 local authority areas over 2 years, with support from ARC Scotland's Scottish Transitions Forum and the Scottish Government. By the end of the trial there will be a fully developed and tested framework, and evaluation resources, that will be freely available to every local authority area in Scotland. We will be using this when it's developed and this can be included into our performance management. Arrange to contact Information Governance team regarding sharing of data and consider if a Data Impact Assessment is needed. Check SLA with Business Support regarding accessing data from client records system, if possible.	In Progress	31/10/2023	30/04/2024	87	The management actions arising from this audit are being progressed by lead officers in each of the teams and will be delivered in line with the revised date.	Amanda Hatton Pat Togher Kathy Henwood
15						4.1 - Improved process to maintain cross-departmental planning document	Low Priority	At the moment, the data cannot be extracted from the client index system, so has to be done manually which is time consuming for officers. Workers will link with transitions development officer/senior schools manager to cross reference the planning document with lists from SEEMIS. The procedure as per recommendation 1.1, will be updated to reflect the reconciliation process.	In Progress	31/10/2023	30/04/2024	87	The management actions arising from this audit are being progressed by lead officers in each of the teams and will be delivered in line with the revised date.	Amanda Hatton Pat Togher Kathy Henwood

Appendix 3: Actions closed as management accept risk (1 November 2023 to 29 January 2024)

Directorate	Children, Education and Justice Services	Action owner	Amanda Hatton, Executive Director of Children, Education and Justice Services.
Audit Code and title Finding	<p>CW1914 <u>Unsupported Technology (Shadow IT)</u> Rec 1.4d – Directorate review of shadow IT contracts</p> <p>The Council’s digital strategy was last updated in 2016, with no approved updates or amendments since, although management has advised that the digital strategy will be refreshed by Digital Services in 2020.</p> <p>There were no references to the Council’s existing digital strategy as part of the procurement of the nine third party supported shadow IT technology systems selected in our sample, with the systems procured and adopted as business need has arisen. Whilst our survey responses highlighted a generally good awareness of the security and information security compliance requirements that must be obtained when divisions are procuring Shadow IT solutions, there is currently no strategic guidance to support divisions in these procurement decisions.</p> <p>There was no register detailing the full population of shadow IT and end user computing solutions used across Council directorates and divisions, with no team currently responsible for collation and maintenance of this information.</p>		
Risk Description	<ul style="list-style-type: none"> • The enterprise architecture governance forum is limited in its ability to meet its responsibilities by ensuring that the Council’s technology architecture and future direction remains aligned with its digital strategy. • Use of multiple fragmented systems, duplicate shadow IT, and end user computing solutions across the Council. • No holistic view of historic purchases and ongoing support costs for shadow IT and end user computing solutions used across the Council. Consequently, costs associated with ongoing use of shadow IT may be unnecessarily high. • No holistic view of any free / no cost digital services equipment and services used across the Council. • Increased technical debt associated with use of Shadow IT (for example software bugs; legacy code; and missing functionality), and inability to fully realise expected system benefits. • Increased security, information management, compliance, and regulatory risks where shadow IT systems are procured and implemented with no oversight from Digital Services. 		
Internal Audit Recommendation	<ol style="list-style-type: none"> 1. A review should be completed by directorates and divisions to confirm that all (or at least critical) shadow IT applications provided by third party suppliers are supported by appropriate contracts, that Contract Standing Orders waivers are in place where a compliant procurement process has not otherwise been applied and that Digital Services has been involved in the procurement process or has approved the waivers. 		

	<p>2. Where recurring Contract Standing Orders waivers have been used to support ongoing use of shadow IT applications within the Council, divisions should review these to determine whether the systems can be subject to a compliant procurement process in advance of the next contract renewal date, assuming the systems are still required.</p> <p>3. Where Digital Services has not reviewed Contract Standing Orders waivers, this should be noted, and their approval obtained prior to any subsequent Contract Standing Orders waiver extensions.</p>			
Management Action	<p>Children, Education and Justice Services 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.</p> <p>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.</p> <p>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.</p>			
Risk Rating	Initial Rating in Audit report	Medium	Residual rating at closure	Low
Due Date	Implementation Date: 30/09/21	Revised date	Revised Implementation Date: 29/12/23	
Mitigating Key Controls in Place	<p>The whole process within Children, Education and Justice Services now benefits from capacity and competency with access to the appropriate area experts as part of an agreed partnership. This offers overview and assurance around compliance.</p> <ul style="list-style-type: none"> • Advice and support from the Digital Education Team • New DPIA sign off process established. Monthly meetings with Education and Digital Services. • Strategic Guidance to Support Procurement Decision: Commissioning Team established to support Education. This ensures governance over all future purchases and supports a compliant contract and any related IT security checks are in place and evidence is stored and accessible, including ‘free’ applications. • Shadow IT Register: now in place for Education with a managed list of Shadow IT Applications. All future purchases or engagements with applications properly captured and entry is quality assured, including ‘free’ applications. Form is available to staff to capture information; upon submission this will be quality assured prior to adding to the register. • Process developed for application acquisition, including ‘free’ applications, with clear roles and responsibilities defined. Simple but robust process for any request for an application that schools follow. Clearly defined partnership between Education (Digital Quality Improvement Manager), Corporate Digital Services (DET) and the CEJS Commissioning Team to ensure checks, balances and records are all correct and in place. 			

	<ul style="list-style-type: none"> As contracts requiring the use of shadow IT are reviewed / renewed / refreshed or procured the CEJS Commissioning Team supporting education ensure that CPS and Digital Services are involved and retain overview for the service area to ensure compliance and relevant records held. Risk Register Entry for residual issues of this audit report. The entry is present and reviewed monthly at CLT as part of the Education Risk Profile report. This will continue until such time all actions are complete and no residual issues remain. Monthly review ensures risk is actively being managed. This is partnership between Operation Managers, QIO Digital, DET & CEJS Commissioning Team.
Residual Issue	<p>Maintenance of Information: the review of information captured over the last two years has identified areas of improvement. This work is has started and is ongoing. Further quality assurance is required around the data captured to ensure it is complete and accurate. Cleansing, historical review and quality assurance of the historical Shadow IT registrations continues. See point 1 below.</p> <p>Maintenance of Information: the definition of the roles and responsibilities supports the maintenance of the information in the Shadow IT Register and other IT security requirements has been agreed. This will be supported through effective Contract Management in line with authority guidance. However, this process is new and is still to be established in practice for the service area. See point 2 below.</p> <p>Ongoing work with digital services on a new project where we will capture our digital estate. New processes agreed and will commence imminently.</p>
Further Actions	<ol style="list-style-type: none"> <p>Actions: Cleanse and review of historical entries to ensure quality assurance of the information held to continue. Supporting evidence for all application checks is held within CEJS Commissioning Team files. Lead is QIO Digital, DET & CEJS Commissioning Team Review has commenced for historical data and will be ongoing for future entries.</p> <p>Actions: Contract Management of contracts which require the ongoing use of shadow IT will include a review of the DPIA (where relevant), the Shadow IT entry and IT Security checks. Roll out and dissemination of the process to include 'Bite Size' training to be recorded and shared with education colleagues Contract Management to be carried out as per the Council Guidance – for example annually for a tier three contract with support from the CEJS Commissioning Team. Bite Size training and dissemination of process to take place over the next Self-Assurance period. This will also be an ongoing requirement as new contracts are established, and existing contracts reviewed. Review to ensure compliance would be through self-assurance checks within the service area or further internal audit review. Lead is nominated Contract Manager, QIO Digital, DET & CEJS Commissioning Team</p>