

Policy and Sustainability Committee

10am, Tuesday, 23 February 2021

Internal Audit: Overdue Findings and Key Performance Indicators at 30 October 2020 – referral from the Governance, Risk and Best Value Committee

Executive/routine
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 information.

Andrew Kerr

Chief Executive

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Referral Report

Internal Audit: Overdue Findings and Key Performance Indicators at 30 October 2020 – referral from the Governance, Risk and Best Value Committee

2. Terms of Referral

- 2.1 On the 8 December 2020 the Governance, Risk and Best Value Committee considered a report on Internal Audit Overdue Findings and Key Performance Indicators at 30 October 2020, which provided an overview of the status of the overdue Internal Audit (IA) findings as at 30 October 2020. A total of 126 open IA findings remain to be addressed across the Council as at 30 October 2020. This includes the one remaining historic finding and excludes open and overdue Internal Audit findings for the Edinburgh Integration Joint Board and the Lothian Pension Fund.
- 2.2 The Governance, Risk and Best Value Committee agreed:
- 2.2.1 To note the status of the overdue Internal Audit (IA) findings as at 30 October 2020.
 - 2.2.2 To refer the paper to the relevant Council Executive committees and the EIJB Audit and Assurance Committee for information.
 - 2.2.3 To note that in appendix 1, the report by the Chief Internal Auditor at paragraph 4.8 should say increased rather than decreased.

3. Background Reading/ External References

- 3.1 [Governance, Risk and Best Value Committee – 8 December 2020– Webcast](#)

4. Appendices

Appendix 1 – report by the Chief Internal Auditor

Governance, Risk, and Best Value Committee

10:00am, Tuesday, 8 December 2020

Internal Audit: Overdue Findings and Key Performance Indicators at 30 October 2020

Item number	
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1. Recommendations

- 1.1 It is recommended that the Committee notes:
 - 1.1.1 the status of the overdue Internal Audit (IA) findings as at 30 October 2020; and
 - 1.1.2 refers this paper to the relevant Council Executive committees and the EIJB Audit and Assurance Committee for information.

Lesley Newdall

Chief Internal Auditor

Legal and Risk Division, Resources Directorate

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Internal Audit: Overdue Findings and Key Performance Indicators at 30 October 2020

2. Executive Summary

Open and overdue Internal Audit findings

- 2.1 Due to the impacts of Covid-19, the last report on overdue IA findings was presented to the Committee in December 2019 and reported the position as at 22 October 2019. A high level update on the position as at 31 March 2020 was also included in the 2019/20 IA annual opinion that was presented to the Committee in August 2020.
- 2.2 Monthly reporting on overdue IA findings to the Corporate Leadership team (CLT) recommenced in October 2020, reporting the position as at 28 September 2020.
- 2.3 With regard to resolution of the 26 historic overdue findings reopened in June 2018, only one overdue finding remains and validation of this is in progress.
- 2.4 A total of 126 open IA findings remain to be addressed across the Council as at 30 October 2020. This includes the one remaining historic finding and excludes open and overdue Internal Audit findings for the Edinburgh Integration Joint Board and the Lothian Pension Fund.
- 2.5 Of the 126 currently open IA findings:
 - 2.5.1 a total of 65 (52%) are open, but not yet overdue;
 - 2.5.2 61 (48%) are currently reported as overdue as they have missed the final agreed implementation dates. This reflects an increase of 6% in comparison to the October 2019 position (42%).
 - 2.5.3 72% of the overdue findings are more than six months overdue, reflecting an increase of 6% in comparison to October 2019 (66%) with 28% aged between six months and one year and 44% more than one year overdue.
 - 2.5.4 The historic position (more than one year overdue) has improved in comparison to the October 2019, with a decrease from 66% to 44% evident, reflecting increased management focus on this population.
 - 2.5.5 evidence in relation to 10 of the 61 overdue findings is currently being reviewed by IA to confirm that it is sufficient to support closure; and

2.5.6 51 overdue findings still require to be addressed.

- 2.6 Whilst good progress continues with resolution of all but one of the reopened historic overdue findings and findings that are more than one year overdue, it is important to ensure that management continues to focus on timely implementation of agreed management actions supporting the remaining population of open and overdue findings. This should result in an improvement in the ageing profile of overdue findings and will help to ensure that the Council is not exposed to the risks associated with these findings for a significant period of time.
- 2.7 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 71, reflecting an increase of 38 when compared to the October 2019 position. This excludes the four month date extension that was applied to reflect the impact of Covid-19.

Key Performance Indicators

- 2.8 Recognising the impacts of Covid-19, IA key performance indicators (KPIs) have not been applied to the Covid-19 audits completed by IA during the period July to October 2020.
- 2.9 KPIs will now be applied to delivery of the remaining audits included in the refreshed 2020/21 IA annual plan approved by the Committee in September 2020. Whilst the KPIs will be applied, the ongoing Covid-19 impacts on the areas being audited will also be considered.

3. Background

- 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 to highlight any significant delays that could potentially impact on delivery of the annual plan.

4. Main report

- 4.1 The 126 open IA findings across the Council have been split into the following two categories to enable separate monitoring and reporting of the historic findings that were reopened in June 2018:
- 4.1.1 Current findings (125 in total) shows progress with findings raised, tracked, and reported on as part of the routine IA assurance cycle; and
- 4.1.2 Historic overdue findings (1 in total) highlight progress with closure of the 26 historic findings that were reopened in June 2018.
- 4.2 A total of 61 open IA findings (60 current and 1 historic) are overdue.
- 4.3 The movement in open and overdue IA findings during the period 22 October 2019 to 30 October 2020 is as follows:

	Analysis of changes between 22/10/19 and 30/10/20				Analysis at 30/10/20	
	Position 22/10/19	Added	Closed	Position 30/10/20	Current	Historic reopened
Open	101	69	(44)	126	125	1
Overdue	42	51	(32)	61	60	1

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

Current Overdue Findings

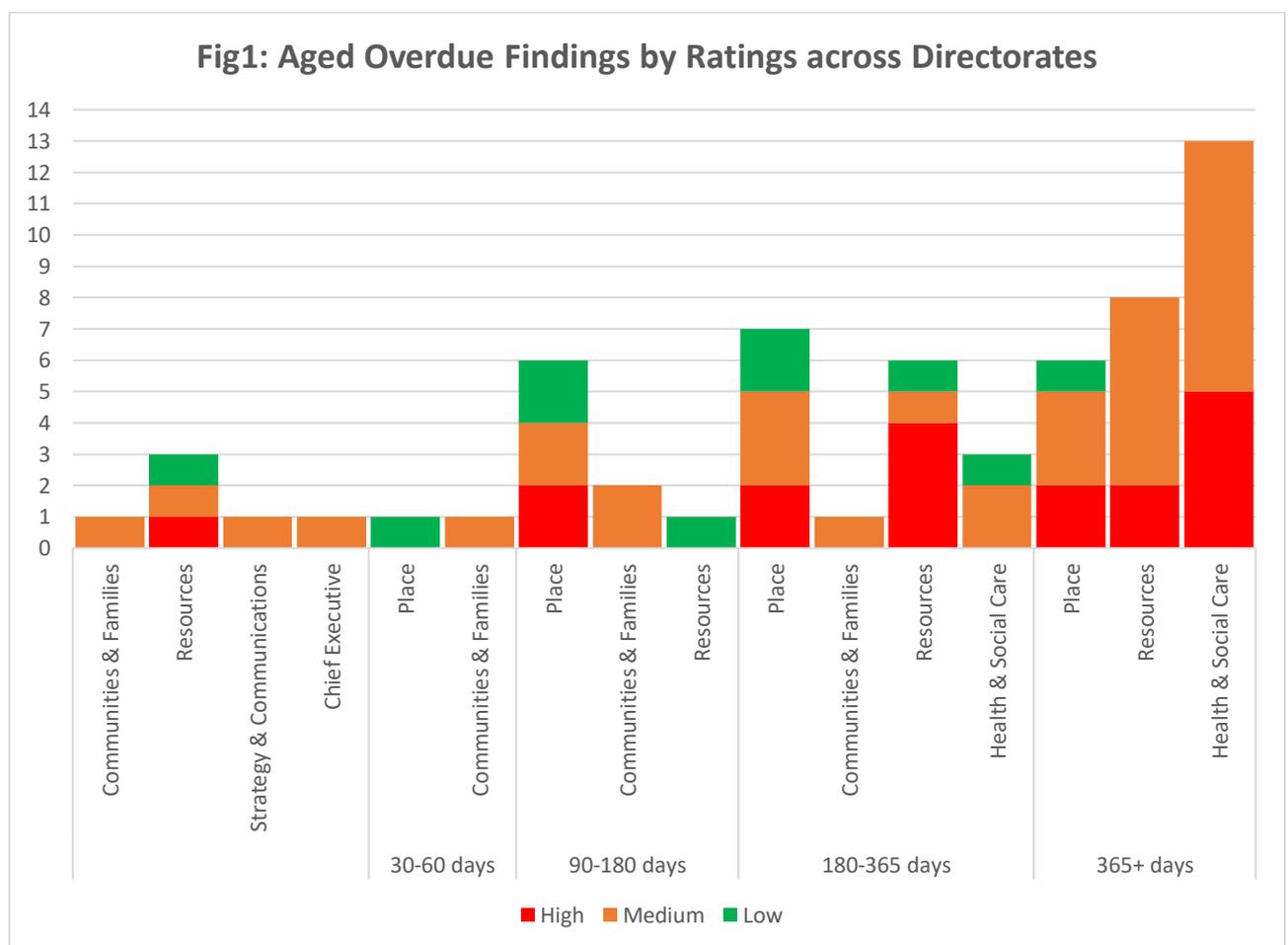
- 4.4 Of the 126 currently open findings, 61 (48%) comprising 18 High; 33 Medium; and 10 Low rated findings are now 'overdue'.
- 4.5 However, IA is currently reviewing evidence to support closure of 10 of these findings (3 High, 5 Medium and 2 Low), leaving a balance of 51 overdue findings (15 High; 28 Medium; and 8 Low) still to be addressed.

Historic Overdue Findings

- 4.6 IA is currently reviewing evidence recently provided to support closure of the one final remaining medium rated historic finding. This work will be completed by December 2020.

Overdue findings ageing analysis

- 4.7 Figure 1 illustrates the ageing profile of all 61 current and historic overdue findings by rating across directorates as at 30 October 2020.



- 4.8 This analysis of the ageing of the 61 overdue findings outlined below highlights that Directorates continue to make good progress with resolving findings between six months and one-year overdue, as the proportion of those findings, has significantly decreased. However, there has been an increase in the proportion of findings less

than six months overdue, as well as a rise in the proportion of findings that are overdue by more than one year.

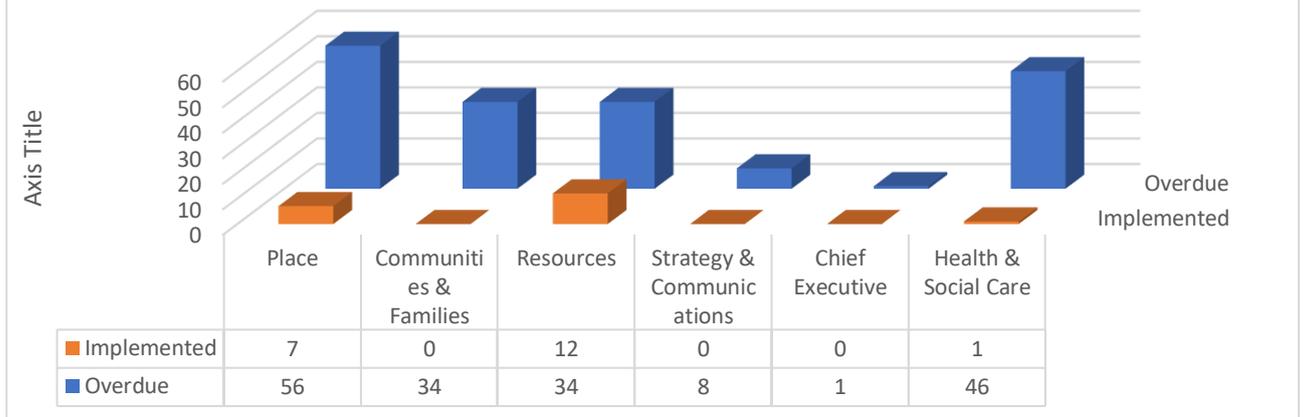
- 8 (13%) less than 3 months (90 days) overdue, in comparison to 26% as at October 2019;
- 9 (15%) between 3 and 6 months (90 and 180 days) overdue, in comparison to 7% as at October 2019;
- 17 (28%) between 6 months and one year (180 and 365 days) overdue, in comparison to 16% as at October 2019; and
- 27 (44%) more than one year overdue, in comparison to 50% as at October 2019.

It should be noted that findings more than 180 days old include the one remaining medium rated historic finding to be closed (see 4.6 above) that is currently being reviewed by IA.

Agreed Management Actions Analysis

- 4.9 The 126 open IA findings are supported by a total of 376 agreed management actions. Of these, 179 (48%) are overdue as the completion timeframe agreed with management when the report was finalised has not been achieved. This reflects a 16% increase from the October 2019 position (32%).
- 4.10 Of the 179 overdue management actions, 20 have a status of 'implemented' and are currently with IA for review to confirm whether they can be closed, leaving a balance of 159 to be addressed.
- 4.11 Appendix 2 provides an analysis of the 179 overdue management actions highlighting:
- their current status as at 30 October 2020 with:
 - 20 implemented actions where management believe the action has been completed and it is now with IA for validation;
 - 119 started where the action is open, and implementation is ongoing; and
 - 40 pending where the action is open with no implementation progress evident to date.
 - 44 instances (24%) where the latest implementation date has been missed; and
 - 76 instances (42%) where the implementation date has been revised more than once.
- 4.12 Figure 2 illustrates the allocation of the 179 overdue management actions across Directorates, and the 20 that have been passed to IA for review to confirm whether they can be closed.

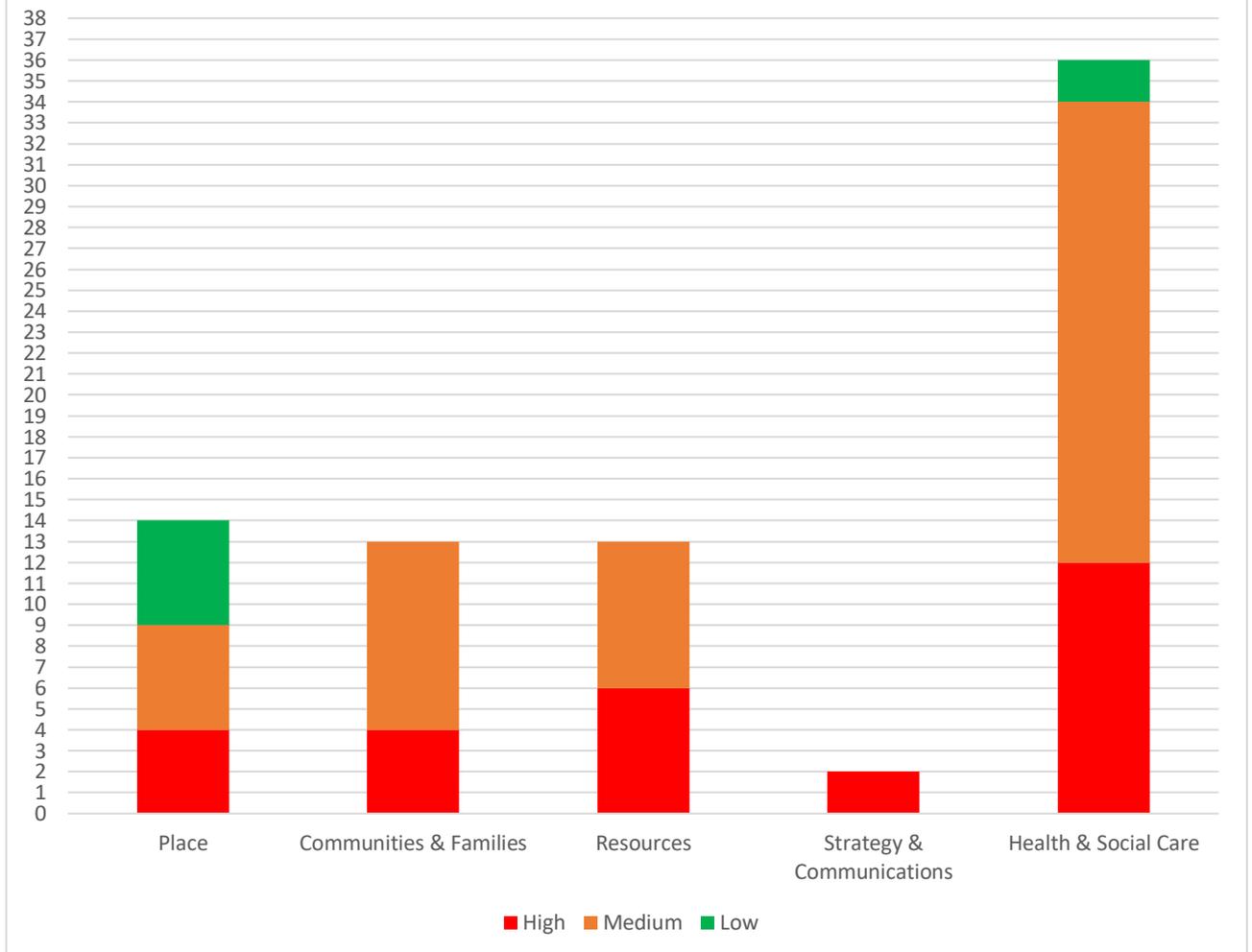
Figure 2: Overdue and Implemented Management Actions by Directorate



Revised Implementation Dates

- 4.13 Figure 3 illustrates that there are currently 78 open management actions (including those that are overdue) across directorates where completion dates have been revised between one and five times since July 2018. This number excludes the automatic extension applied by IA to reflect the impact of Covid-19.
- 4.14 This reflects an increase of 45 in comparison to the position reported in October 2019 (33).
- 4.15 Of these 78 management actions, 28 are associated with High rated findings; 43 Medium; and 7 Low, with the majority of date revisions in Health and Social Care directorate.

Figure 3 - management actions with more than one revised completion date since July 2018



4.16 Given the timeframes involved in reviewing open IA findings with directorates as part of the revisiting IA extension timeframes exercise, the full population of amendments to overdue findings has not been reflected in this paper. Where relevant, overdue management actions included in Appendix 2 have been manually updated to reflect extension timeframes outcomes.

Key Performance Themes Identified from the IA Dashboard

4.17 The IA dashboard has not been applied since April 2020 as the annual IA plan was paused to enable the Council to focus on implementation of Covid-19 resilience activities. The dashboard will be reinstated to support delivery of the IA annual plan with effect from October 2020.

5. Next Steps

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

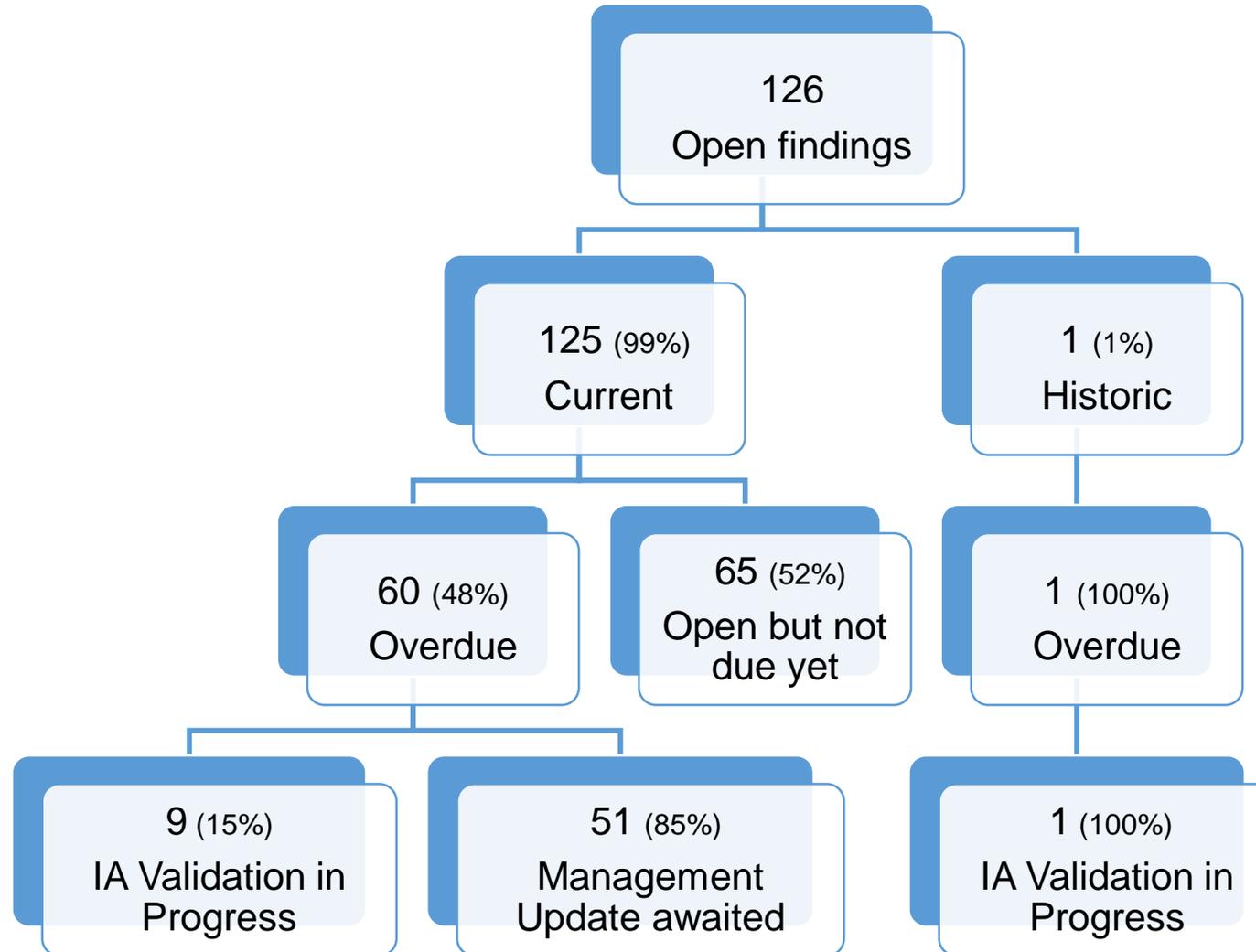
8. Background reading/external references

- 8.1 [Internal Audit report - Historic Internal Audit Findings - May 2018 Committee - Item 7.3](#)
- 8.2 [Internal Audit Report – Overdue Findings and Late Management Responses as at 22 October 2019 – December 2019 Committee - Item 11](#)

9. Appendices

- 9.1 Appendix 1 – Graphic of Open and Overdue IA Findings
- 9.2 Appendix 2 – Internal Audit Overdue Management Actions

Appendix 1 - Internal Audit Open and Overdue findings position as at 30th October 2020



Appendix 2 - Internal Audit Overdue Management Actions

Glossary of terms

1. Project – This is the name of the audit report.
2. Owner – The Executive Director responsible for implementation of the action.
3. Issue Type – This is the priority of the audit finding, categorised as Critical; High; Medium; or Low
4. Issue – This is the name of the finding.
5. 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).
6. Agreed Management action – This is the action agreed between Internal Audit and Management to address the finding.
7. Estimated date – the original agreed implementation date.
8. Revised date – the current revised date. **Red** formatting in the dates field indicates the last revised date is overdue.
9. Number of revisions – the number of times the date has been revised since July 2018. **Amber** formatting in the dates field indicates the date has been revised more than once.
10. Contributor – Officers involved in implementation of an agreed management action.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
1	Portfolio Governance Framework CE1801 Issue 1: Project and portfolio management and scrutiny Paul Lawrence, Executive Director of Place and SRO	High	CE1801 Issue 1.2: Completeness and accuracy of project reporting Implemented	It was agreed at the Council's Change Board on 17 April 2019 that the management actions detailed above would be implemented by each Directorate (with the exception of the Health and Social Care Partnership where scrutiny of change and major projects is performed by the Edinburgh Integration Joint Board) and Strategy and Communications	Estimated Date: 31/12/2019 Revised Date: 01/05/2020 No of Revisions 0	Alison Coburn David Givan George Gaunt Laurence Rockey Simone Hislop

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
2	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>CF1901 Issue 2.3(c): Risk Based Annual Address Checks</p> <p style="background-color: green; color: black;">Implemented</p>	<p>The Transactions Team is currently engaging the Council's Business Transformation team to explore intelligent automation options for completing annual checks. Should this solution not be feasible, a risk-based methodology will be developed and documented to determine scope and extent of future checks.</p>	<p>Estimated Date: 30/06/2020</p> <p>Revised Date: 01/11/2020</p> <p>No of Revisions 0</p>	<p>Alison Roarty Jane MacIntyre Layla Smith Michelle Vanhegan Neil Jamieson Nicola Harvey Ruth Currie Sheila Haig</p>
3	<p>Historic Unimplemented Findings</p> <p>MIS1601 - issue 1 Budgetary Impact</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Recommendation 1 - Budgetary Impact</p> <p style="background-color: green; color: black;">Implemented</p>	<p>The R&M budget for 2016/17 will be closely monitored as services are now procured direct from suppliers and an imbedded due diligence process has been developed. This will inform the budget setting process, but it should, however, be noted that this has historically been based on availability and not need.</p>	<p>Estimated Date: 31/03/2017</p> <p>Revised Date: 29/06/2018</p> <p>No of Revisions 0</p>	<p>Audrey Dutton Gohar Khan Layla Smith Michelle Vanhegan Murdo MacLeod Peter Watton</p>

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

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
5	<p>Digital Services Change Initiation</p> <p>CW1901 Change Initiation: Issue 2 - Actions and responsibilities in the Partnership Board report</p> <p>Stephen Moir, Executive Director of Resources</p>	Low	<p>CW1901 Recommendation 2.1.1 - Reporting rationale for significant delays to the Partnership Board</p> <p>Implemented</p>	Agreed – will be implemented as recommended by Internal Audit.	<p>Estimated Date: 30/09/2020</p> <p>Revised Date:</p> <p>No of Revisions 0</p>	<p>Alison Roarty Derek Masson Heather Robb Jackie Galloway Layla Smith Michelle Vanhegan Nicola Harvey</p>
6	<p>Digital Services Change Initiation</p> <p>CW1901 Change Initiation: Issue 2 - Actions and responsibilities in the Partnership Board report</p> <p>Stephen Moir, Executive Director of Resources</p>	Low	<p>CW1901 Recommendation 2.1.2 - Reporting themes impacting change requests to the Partnership Board</p> <p>Implemented</p>	Agreed – will be implemented as recommended by Internal Audit.	<p>Estimated Date: 30/09/2020</p> <p>Revised Date:</p> <p>No of Revisions 0</p>	<p>Alison Roarty Derek Masson Heather Robb Jackie Galloway Layla Smith Michelle Vanhegan Nicola Harvey</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
7	Lone working HSC1902: Lone Working - Issue 5: Health and Safety Risk Management and Covid-19 Impacts Judith Proctor, Chief Officer	Medium	HSC1902: Issue 5.1(b) - COVID-19 lone worker risk assessments Implemented	A reminder will be issued to all Partnership localities and services to request that all current risk assessments are reviewed to ensure they take account of the changing working environment. Further changes to risk assessment templates and procedures will be addressed as part of the wider detailed action plan.	Estimated Date: 30/09/2020 Revised Date: No of Revisions 0	Angela Lindsay Angela Ritchie Cathy Wilson Deborah Mackle Helen Elder Mike Massaro-Mallinson Moira Pringle Nikki Conway Tom Cowan
8	Non-Housing Invoices Schedule of Rates Stephen Moir, Executive Director of Resources	Medium	New non-housing contractor framework Implemented	The non-Housing contractor framework will be re-tendered during 2017. The inclusion of detailed best-value and due-diligence options will be considered as part of the process. This may include schedule of rates, gain share, penalties etc or a combination.	Estimated Date: 31/08/2017 Revised Date: 31/03/2019 No of Revisions 2	Audrey Dutton Gohar Khan Layla Smith Mark Stenhouse Michelle Vanhegan Murdo MacLeod Peter Watton
9	Non-Housing Invoices Availability of documentation Stephen Moir, Executive Director of Resources	Medium	CAFM Implemented	It is anticipated that CAFM will be in operational use (services being implemented on a rolling programme thereafter) in early 2017 with a non-Housing R&M implementation process in place for FY 2017/18	Estimated Date: 01/04/2017 Revised Date: 31/08/2018 No of Revisions 1	Audrey Dutton Gohar Khan Layla Smith Michelle Vanhegan Murdo MacLeod Peter Watton

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
10	Local Development Plan Financial Modelling Paul Lawrence, Executive Director of Place and SRO	High	Funding Implemented	Challenge of infrastructure proposals will be performed at the LDP Action Programme oversight group. Complete and agree Financial Model of 2018 LDP Action Programme Annual Report to CLT and F&R Committees Prepare update to Financial Model in line with next LDP project plan.	Estimated Date: 31/03/2018 Revised Date: 01/10/2020 No of Revisions 2	Alison Coburn Claire Duchart David Leslie David Givan George Gaunt Kate Hopper Michael Thain Sandra Harrison
11	Local Development Plan Governance arrangements over infrastructure appraisals Paul Lawrence, Executive Director of Place and SRO	Medium	Infrastructure Governance arrangements Implemented	Establish and agree appropriate roles, resources and the responsibilities for delivery the above matters as an early action in the project plan for LDP 2. Oversight will be provided by the Project Board to ensure that all individual appraisals performed across Service Areas have applied these recommendations. (sept 18)	Estimated Date: 31/03/2018 Revised Date: 01/10/2020 No of Revisions 2	Alison Coburn Claire Duchart David Leslie David Givan George Gaunt Kate Hopper Michael Thain Sandra Harrison

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
12	<p>Planning and S75 Developer Contributions</p> <p>End to end developer contribution processes, procedures, and training</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>PL 1802 Iss 2 Rec 2.1 process documentation, guidance, and standardised documentation</p> <p>Implemented</p>	<p>Planning is working with Finance and Legal Service on a number of key areas of the end to end process. Significant progress has been made including; the pilot and use of a transport officer proforma, to identify and detail infrastructure requirements: and the introduction of standard legal agreements. Planning continues to work with legal services to finalise developer contribution templates for planning officers and this will inform a standardised approach to key consultee infrastructure requests. All Internal Audit recommendations will be implemented as detailed above (with the exception of 3), with Planning leading the process. As an alternative to IA recommendation 3, the rationale detailing why either no agreement; or a section 69 or 75 agreement has been developed and applied, will be documented.</p>	<p>Estimated Date: 31/03/2020 Revised Date: 01/08/2020 No of Revisions 0</p>	<p>Alison Coburn Alison Henry Annette Smith Bruce Nicolson David Leslie David Givan George Gaunt Graham Nelson Hugh Dunn Kevin McKee Michael Thain Michelle Vanhegan Nick Smith Rebecca Andrew</p>
13	<p>Waste & Cleansing Services - Performance Management Framework</p> <p>PL1807 Issue 1: Waste and Cleansing Performance Management Framework</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Low	<p>PL1807 1.1 Waste and Cleansing budget uplift</p> <p>Implemented</p>	<p>Finance colleagues will be engaged to ensure that the Waste and Cleansing budget is rebased to reflect actual demographic changes and includes street cleansing.</p>	<p>Estimated Date: 29/05/2020 Revised Date: 01/10/2020 No of Revisions 0</p>	<p>Alison Coburn Andy Williams David Givan Gareth Barwell George Gaunt Karen Reeves</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
14	<p>Waste & Cleansing Services - Performance Management Framework</p> <p>PL1807 Issue 1: Waste and Cleansing Performance Management Framework</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Low	<p>PL1807 1.2 Performance Indicators</p> <p>Implemented</p>	<p>This indicator will be included as a question in quarterly survey and the results included in annual Waste and Cleansing performance reports. The next annual Waste and Cleansing performance report is due to be presented to the Transport and Environment Committee in May 2020.</p>	<p>Estimated Date: 29/05/2020</p> <p>Revised Date: 01/10/2020</p> <p>No of Revisions 0</p>	<p>Alison Coburn Andy Williams David Givan Gareth Barwell George Gaunt Karen Reeves</p>
15	<p>Waste & Cleansing Services - Performance Management Framework</p> <p>PL1807 Issue 1: Waste and Cleansing Performance Management Framework</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Low	<p>PL1807 1.3 Waste and Cleansing Policy</p> <p>Implemented</p>	<p>The Policy Handbook will not be updated to reflect items suitable for inclusion in residual waste bins as it is not updated frequently enough to ensure that this information would be up to date and accurate. A clearer link to the Scottish Government's Code of Practice on Litter and Refuse guidance will be included in all customer communications and on the website.</p>	<p>Estimated Date: 27/12/2019</p> <p>Revised Date: 01/11/2020</p> <p>No of Revisions 1</p>	<p>Alison Coburn Andy Williams David Givan Gareth Barwell George Gaunt</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
16	<p>Property Maintenance</p> <p>Monitoring of outstanding jobs</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Monitoring of outstanding jobs</p> <p>Implemented</p>	<p>The AS400 system does not allow recoding or reporting on completion until invoice stage. Contractors are already confirming when jobs complete to agreed SLAs (M&E in particular). This includes outstanding jobs. New contracts being procured will require all contracts to report on performance, but this is not anticipated to be complete until end 2017 by which time CAFM will also be in place. CAFM will support monitoring of outstanding works orders. In the meantime, as noted in Finding 2, an interim monitoring/tracking process has been developed for condition survey high risk/urgent items</p>	<p>Estimated Date: 31/12/2017</p> <p>Revised Date: 31/05/2019</p> <p>No of Revisions 3</p>	<p>Audrey Dutton</p> <p>Gohar Khan</p> <p>Layla Smith</p> <p>Mark Stenhouse</p> <p>Michelle Vanhegan</p> <p>Murdo MacLeod</p> <p>Peter Watton</p>
17	<p>Supplier Management Framework and CIS Payments</p> <p>RES1809 Issue 2: Contracts and Grants Management Strategic Direction</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>RES1809</p> <p>Issue 2.1: Identification of High-Risk Contracts and Contracts and Grants Management Capacity</p> <p>Implemented</p>	<p>Currently, there are approximately 120 Tier 1 contracts on the Council's contract register, and 291 Tier 2 contracts. The C&GM Team will assist services in identifying those contracts they have which should be categorised as either Tier 1 or Tier 2, and this will be dealt with under the Council's contract management framework, including at contract mobilisation post contract award. This work will be dependent upon active service area engagement. Commercial and Procurement Services will shortly be commencing a review of the Council's current Commercial and Procurement Strategy (2016-2020), which will be submitted to the Finance and Resources Committee for adoption in March 2020. This will include detail on how the operational work of the team will support the strategy, including the work of the C&GM Team. A suitable section will be included in the Strategy around contract management support/training, including an estimated number of compliance reviews that are to be undertaken and the Directorates to which they relate, and if practicable specific contracts. Compliance with the strategy is reported annually to Finance and Resources Committee, in August, so this will enable annual monitoring against this.</p>	<p>Estimated Date: 30/09/2020</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 0</p>	<p>Annette Smith</p> <p>Gavin Brown</p> <p>Hugh Dunn</p> <p>Iain Strachan</p> <p>Layla Smith</p> <p>Michelle Vanhegan</p> <p>Mollie Kerr</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
18	<p>New Facilities Management Service Level Agreement</p> <p>RES1814 - Facilities Management SLA: Janitorial Services Governance Framework</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>Facilities Management SLA: Issue 1.1 Key Performance Indicators</p> <p>Implemented</p>	<p>A suite of KPI's is currently being developed in conjunction with the Communities & Families. While an element of these are service led, Facilities Management are keen to ensure a customer led component to these. These KPI's will be based on industry standards and will be linked to Facilities Management performance data and the outcomes of quality assurance reviews. Once agreed, KPI's will be communicated through training sessions, web updates and included in the SLA and janitorial handbook which is distributed both to staff and to our customers and key stakeholders. Monthly dashboards will be produced highlighting performance against indicators. These will be both for internal service use and for customer reporting.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 01/08/2020</p> <p>No of Revisions 0</p> <p>Agreed date to be extended as part of IA Extension Timeframes exercise – date to be advised by Service.</p>	<p>Audrey Dutton Gohar Khan Layla Smith Mark Stenhouse Michelle Vanhegan Peter Watton</p>
19	<p>New Facilities Management Service Level Agreement</p> <p>RES1814 - Facilities Management SLA: Janitorial Services Governance Framework</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>Facilities Management SLA: Issue 1.3 Ongoing quality assurance reviews</p> <p>Implemented</p>	<p>Ongoing quality assurance reviews will be established as described above. In addition to using these to measure the efficacy of our SLA delivery, these are required as part of the ISO 9001/45001 certification process and designed to give us comfort over the robustness of our policies, procedures and supporting documentation.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 01/08/2021</p> <p>No of Revisions 1</p>	<p>Audrey Dutton Gohar Khan Layla Smith Mark Stenhouse Michelle Vanhegan Peter Watton</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
20	<p>Asset Management Strategy and CAFM system 18/19</p> <p>RES1813 Asset Management Strategy and CAFM: Issue 1 - Council Property Strategy</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>1.2 - Property Aspects of Major Projects</p> <p>Implemented</p>	<p>P&FM will recommunicate the requirement for business cases to be developed through the Asset Investment Groups; request that Strategy and Communications include it in the Strategic Change and Delivery project management toolkit; and have oversight of ensuring P&FM have input into any property changes at the Change Board. P&FM will comment on all known business cases and provide estimates of property whole life costs (not just R&M costs). For smaller projects, such as the siting of a portacabin on school grounds to accommodate increased pupil numbers, Properties and Facilities Management will design a process and supporting funding protocols to ensure that P&FM are consulted at an early stage to enable revenue costing to be prepared for the client service (for example, where additional janitorial and cleaning services are required) and for the source of funding to be established and agreed. The process and supporting funding protocols will be shared with all Directorates and Heads of Service for discussion and agreement.</p>	<p>Estimated Date: 31/03/2020 Revised Date: 01/08/2020 No of Revisions 0</p>	<p>Andrew Field Audrey Dutton Gohar Khan Layla Smith Lindsay Glasgow Michelle Vanhegan Peter Watton</p>
21	<p>Portfolio Governance Framework</p> <p>CE1801 Issue 1: Project and portfolio management and scrutiny</p> <p>Laurence Rockey, Head of Strategy & Communications</p>	High	<p>CE1801 Issue 1.4: Whole of life toolkit</p> <p>Pending</p>	<p>Strategic Change and Delivery will include guidance for project managers on whole life costing based on the approach adopted by finance</p>	<p>Estimated Date: 29/05/2020 Revised Date: 01/10/2020 No of Revisions 0</p>	<p>Alison Henry Gillie Severin Hugh Dunn Rebecca Andrew Simone Hislop</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
22	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	High	<p>CF1901: Issue 1.1(a) - Review of Schools Admissions Policy</p> <p>Pending</p>	<p>Following review, the policy will be presented to the Education, Children and Families committee for review and approval. The Executive Director of Communities & Families will be the policy owner, with the Senior Education Officer responsible for operational review and oversight.</p>	<p>Estimated Date: 30/04/2020</p> <p>Revised Date: 31/12/2020</p> <p>No of Revisions 1</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Andy Gray Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie</p>
23	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	High	<p>CF1901 Issue 2.1(a): Committee on Pupil Student Support Recording of Officer Review</p> <p>Pending</p>	<p>Communities and Families, Committee Services and Transactions will ensure the officer review of the annual placing request list and the rationale supporting recommendations made to the Committee on Pupil Student Support from 2020 onwards is formally documented.</p>	<p>Estimated Date: 30/06/2020</p> <p>Revised Date: 22/02/2021</p> <p>No of Revisions 1</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Alison Roarty Andy Gray Arran Finlay Donna Rodger Hayley Barnett Laurence Rockey Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
24	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	High	<p>CF1901 Issue 2.3(a): Validation of Registration & Enrolment Applications</p> <p>Pending</p>	<p>A reminder will be sent to all schools to reinforce the requirement to confirm that adequate and valid evidence is provided to support all registrations and enrolments, including two matching proofs of address aligned with the address provided in the application.</p>	<p>Estimated Date: 30/06/2020</p> <p>Revised Date: 22/02/2021</p> <p>No of Revisions 1</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Andy Gray Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie</p>
25	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	High	<p>CF1901 Issue 2.3(b): Quality Assurance Checks in Schools</p> <p>Pending</p>	<p>Schools business managers will be instructed to undertake sample quality assurance checks of evidence obtained from parents to support applications to ensure compliance with procedures. This will include completion of checks prior to completion of enrolment processes. Checking of completion will form part of the Communities and Families Self-Assurance Framework from 2021 onwards.</p>	<p>Estimated Date: 30/06/2020</p> <p>Revised Date: 22/02/2021</p> <p>No of Revisions 1</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Andy Gray Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
26	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	High	<p>CF1901 Issue 2.4: Managing Conflicts of Interest</p> <p>Pending</p>	<p>Guidance will be developed for use in all schools to ensure any conflicts of interest are recorded and managed appropriately. This will include Business Manager review and Head Teacher sign off where necessary.</p>	<p>Estimated Date: 30/06/2020</p> <p>Revised Date: 22/02/2021</p> <p>No of Revisions 1</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Andy Gray Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie</p>
27	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 4: Data Access, Security & Retention</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	Medium	<p>CF1901: Issue 4.1: Access to Personal Data</p> <p>Pending</p>	<p>Files and shared folders will be reviewed, and appropriate access permissions and password controls implemented.</p>	<p>Estimated Date: 31/07/2020</p> <p>Revised Date: 22/02/2021</p> <p>No of Revisions 1</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Alison Roarty Andy Gray Arran Finlay Donna Rodger Hayley Barnett Laurence Rockey Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
28	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 4: Data Access, Security & Retention</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	Medium	<p>CF1901: Issue 4.2: Secure Email Transmission</p> <p>Pending</p>	<p>The Information Governance Unit and Digital Services will be engaged to discuss the recipients; nature and sensitivity of information transmitted via email to establish whether the current method is appropriately secure or whether additional steps are required. This will include consideration of email data classification labels where deemed appropriate.</p>	<p>Estimated Date: 30/09/2020</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 0</p>	<p>Alison Roarty Andy Gray Arran Finlay Donna Rodger Hayley Barnett Laurence Rockey Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>
29	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 4: Data Access, Security & Retention</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	Medium	<p>CF1901: Issue 4.3: Data Sharing Agreements</p> <p>Pending</p>	<p>The Information Governance Unit will be consulted to determine if data sharing agreements which meet these requirements, are currently in place with Midlothian, East Lothian and West Lothian Councils. If current agreements are not in place, or do not cover the required categories of data, specific data sharing agreements will be established.</p>	<p>Estimated Date: 30/09/2020</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 0</p>	<p>Alison Roarty Andy Gray Arran Finlay Donna Rodger Hayley Barnett Laurence Rockey Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
30	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 4: Data Access, Security & Retention</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	Medium	<p>CF1901: Issue 4.4(a): Document Retention & Disposal; All Services</p> <p>Pending</p>	<p>The Information Governance Unit will be engaged to confirm data retention and disposal requirements. Where necessary the data retention schedule will be updated. Document retention and disposal requirements will be reinforced across all services processing admissions and appeals including schools. All appeals information currently retained out with the relevant period will be destroyed in line with the Council's disposal guidelines and a retention schedule and destruction log maintained.</p>	<p>Estimated Date: 30/06/2020 Revised Date: 22/02/2021 No of Revisions 1</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Alison Roarty Andy Gray Arran Finlay Donna Rodger Hayley Barnett Laurence Rockey Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>
31	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 4: Data Access, Security & Retention</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	Medium	<p>CF1901: Issue 4.4(b): Document Retention & Disposal; Schools</p> <p>Pending</p>	<p>A communication will be issued to schools to request that retention schedules and destruction logs are established to ensure records are managed and disposed of in line with the Council's retention schedule.</p>	<p>Estimated Date: 30/06/2020 Revised Date: 22/02/2021 No of Revisions 1</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Andy Gray Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
32	<p>Payments and Charges</p> <p>CW1803 Payments and Charges Issue 4: Processing and recording Licensing Fees</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>CW1803 Rec. 4.2 - Quality checking</p> <p>Pending</p>	<p>Licensing has existing assurance procedures for monitoring noncompliance with core procedures and processes. These will be reviewed to identify whether additional quality assurance is required proportionate to the level of risk. Any revision of the procedures will be focused on those aspects of the processes which present higher levels of legal risk and will use existing assurance data to identify areas that would benefit from more robust scrutiny. Longer term upgrades to the APP Civica Licensing should reduce the risks in this area. The review and proposed revision of assurance procedures will be agreed with Internal Audit to ensure that this risk is fully addressed.</p>	<p>Estimated Date: 20/12/2019</p> <p>Revised Date: 01/05/2020</p> <p>No of Revisions 0</p>	<p>Alison Coburn</p> <p>Andrew Mitchell</p> <p>David Givan</p> <p>Gavin Brown</p> <p>George Gaunt</p> <p>Michael Thain</p> <p>Sandra Harrison</p>
33	<p>Payments and Charges</p> <p>CW1803 Payments and Charges Issue 5: Processing and recording of Parking Permit fees</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>CW1803 Rec. 5.1 - Process for updating fees and charges in the Apply system</p> <p>Pending</p>	<p>Current processes and UAT (User Acceptance Testing) mechanisms do exist for updating permit prices. However, these will be reviewed and enhanced with better recording of processes and outcomes. A new procedure regarding the change of permit price process on NSL Apply will be implemented.</p>	<p>Estimated Date:29/05/2020</p> <p>Revised Date:01/10/2020</p> <p>No of Revisions 0</p>	<p>Alison Coburn</p> <p>David Givan</p> <p>Ewan Kennedy</p> <p>Gavin Brown</p> <p>Gavin Graham</p> <p>George Gaunt</p> <p>Michael Thain</p> <p>Sandra Harrison</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
34	<p>Payments and Charges</p> <p>CW1803 Payments and Charges Issue 5: Processing and recording of Parking Permit fees</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>CW1803 Rec. 5.2 - Procedure for authorising payments</p> <p>Pending</p>	<p>NSL Apply offers improved control mechanisms by automating many processes and tasks, including payments. These are currently not being used. Implementations of these controls, along with a formalised payment acceptance procedure will ensure correct payments are received and further reduce any anomalies. The payment acceptance procedure will confirm that the Council does not accept part payment for parking permits and only reduces the price when the applicant is a disabled persons' blue badge holder. The procedure will establish a quality assurance payment sampling processes for implementation across Business Support teams who administer parking permits.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 01/08/2020</p> <p>No of Revisions 0</p>	<p>Alison Coburn David Givan Ewan Kennedy Gavin Brown Gavin Graham George Gaunt Michael Thain Sandra Harrison</p>
35	<p>Payments and Charges</p> <p>CW1803 Payments and Charges Issue 5: Processing and recording of Parking Permit fees</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>CW1803 Rec. 5.3 - Ongoing risk-based quality assurance</p> <p>Pending</p>	<p>A quality assurance payment acceptance procedure will be developed to ensure the accuracy of parking permit payments. This process will be based on the Internal Audit recommendations.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 01/08/2020</p> <p>No of Revisions 0</p>	<p>Alison Coburn David Givan Ewan Kennedy Gavin Brown Gavin Graham George Gaunt Michael Thain Sandra Harrison</p>
36	<p>Emergency Prioritisation & Complaints</p> <p>CW1806 Issue 1: ATEC 24 Operational Framework</p>	Medium	<p>CW1806 Issue 1.1(7): ATEC 24 Review of Operational Processes - Key Safes</p> <p>Pending</p>	<p>7. The key safe business case, or an alternative approach, will be progressed and an installation programme implemented to allow the numbers of individual safes to be maximised.</p>	<p>Estimated Date: 30/04/2020</p> <p>Revised Date: 01/05/2021</p> <p>No of Revisions 1</p>	<p>Andy Jones Angela Ritchie Cathy Wilson Craig ODonnell Katie McWilliam Lindsay Munro Sylvia Latona Tony Duncan</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	Judith Proctor, Chief Officer					
37	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer	Medium	CW1806 Issue 1.4(1): ATEC 24 Quality Assurance Framework - Methodology Pending	1. A documented quality assurance process aligned to Technology Enabled Care Services Association (TSA) guidelines will be developed and communicated for call handling and response visits. The process will include quality assurance roles and responsibilities, frequency and scope of quality assurance checks, sampling methodologies to be applied.	Estimated Date: 30/04/2020 Revised Date: 01/02/2021 No of Revisions 1	Andy Jones Angela Ritchie Cathy Wilson Craig ODonnell Katie McWilliam Lindsay Munro Sylvia Latona Tony Duncan
38	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer	Medium	CW1806 Issue 1.4(2): ATEC 24 Quality Assurance Framework - Application Pending	2. 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.	Estimated Date: 30/04/2020 Revised Date: 01/02/2021 No of Revisions 1	Andy Jones Angela Ritchie Cathy Wilson Craig ODonnell Katie McWilliam Lindsay Munro Sylvia Latona Tony Duncan
39	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework	Medium	CW1806 Issue 1.4(3): ATEC 24 Quality Assurance Framework - Review Pending	3. Where systemic themes or trends are identified from quality assurance reviews, management will consider whether existing operational processes should be revisited.	Estimated Date: 30/04/2020 Revised Date: 01/05/2021 No of Revisions 1	Andy Jones Angela Ritchie Cathy Wilson Craig ODonnell Katie McWilliam Lindsay Munro Sylvia Latona Tony Duncan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	Judith Proctor, Chief Officer					
40	Emergency Prioritisation & Complaints CW1806 Issue 2: ATEC 24 Customer Engagement Judith Proctor, Chief Officer	Low	CW1806 Issue 2.1(1): ATEC 24 Customer Feedback - Implementatio n of Process Pending	1. Feedback processes to obtain input from service users will be implemented. These should be incorporated into a continuous improvement programme for service delivery, with improvement actions appropriately allocated and monitored.	Estimated Date: 31/01/2020 Revised Date: 01/02/2021 No of Revisions 2	Andy Jones Angela Ritchie Cathy Wilson Craig ODonnell Katie McWilliam Lindsay Munro Sylvia Latona Tony Duncan
41	Homelessness Services CW1808 Issue 2: Homelessness data quality and performance reporting Alistair Gaw, Executive Director of Communities and Families	High	CW1808 Recommendati on 2.2.2 - Performance Information Pending	2.2.2 - We will report performance information in relation to Service Standards and key homelessness outcomes regularly on the Council's website and other forums such as social media	Estimated Date: 31/03/2020 Revised Date: 31/03/2021 No of Revisions 2 Current revised date agreed as part of extension exercise	Debbie Herbertson Emma Morgan Jackie Irvine Nichola Dadds Nicky Brown

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
42	<p>Homelessness Services</p> <p>CW1808 Issue 3: Provision of homelessness advice and information</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	Medium	<p>CW1801 Recommendation on 3.1.3: Homelessness information leaflet</p> <p>Pending</p>	<p>3.1.3 - Following the engagement events with key stakeholders, we will develop a leaflet for applicants based on the information set out above, and any other relevant information. The leaflet will be made available in all Council offices, locality offices, libraries, health centres, Citizen Advice Bureaus, charities and other local support and advice agencies.</p>	<p>Estimated Date: 30/04/2020</p> <p>Revised Date: 01/09/2020</p> <p>No of Revisions 0</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Debbie Herbertson</p> <p>Jackie Irvine</p> <p>Nichola Dadds</p> <p>Nicky Brown</p>
43	<p>Brexit impacts - supply chain management</p> <p>CW1905 Issue 2: Brexit governance and risk management</p> <p>Andrew Kerr, Chief Executive</p>	Medium	<p>CW1905- Recom. 2.1a: Resilience team - Adequacy & effectiveness of the Brexit risk management & governance process</p> <p>Pending</p>	<p>Resilience presented a report on Brexit planning, preparedness and governance to the Corporate Leadership Team on 8 July and will subsequently be presented to the Policy and Sustainability Committee. This includes proposals for the cessation of the cross-party Brexit working group, with all Brexit resilience planning taken forward through the Council resilience group. The paper also proposes that the Council Incident Management Team (CIMT) considers Brexit alongside Covid-19 and includes Brexit as a standing item on CIMT agendas from September 2020. Once approved by the Policy and Sustainability Committee, these new governance arrangements will be implemented. Resilience will coordinate review of the corporate Brexit risk register, in conjunction with the Commercial and Procurement Service and Corporate Risk Management teams for consideration at the CLT risk committee.</p>	<p>Estimated Date: 30/09/2020</p> <p>Revised Date:</p> <p>No of Revisions 0</p>	<p>Donna Rodger</p> <p>Gavin King</p> <p>Laurence Rockey</p> <p>Mary-Ellen Lang</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
44	<p>Drivers - findings only report</p> <p>1: Completion of Driver Licence checks</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>1.3 - Driver permit revocation</p> <p>Pending</p>	<p>1. A standard reminder e mail will be prepared by the Head of Place Development and issued to employees and their line managers where permission forms have not been received 10 days prior to their expiry. 2. The e mail will highlight that driver permits will be revoked if they are not received by the required date, and employees and line managers will be made aware that they are no longer eligible to drive for the Council and 9for vocational and agency drivers) that they are no longer covered by Council insurance. 3. and 4 Permits will be revoked where permission forms are not received on time and e mail confirmation provided to employees and line managers reminding them that they can no longer drive on behalf of the Council.</p>	<p>Estimated Date:04/05/2020</p> <p>Revised Date:01/09/2020</p> <p>No of Revisions 0</p>	<p>Alison Coburn</p> <p>David Givan</p> <p>Gareth Barwell</p> <p>George Gaunt</p> <p>Graeme Hume</p> <p>Nicole Fraser</p> <p>Scott Millar</p>
45	<p>Drivers - findings only report</p> <p>1: Completion of Driver Licence checks</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>1.4 - Risk management</p> <p>Pending</p>	<p>The risks detailed in this Internal Audit finding will be highlighted for inclusion in the Place Management Risk Register.</p>	<p>Estimated Date: 04/05/2020</p> <p>Revised Date: 04/09/2020</p> <p>No of Revisions 0</p>	<p>Alison Coburn</p> <p>David Givan</p> <p>Gareth Barwell</p> <p>George Gaunt</p> <p>Nicole Fraser</p> <p>Scott Millar</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
46	<p>HMO Licensing</p> <p>PL1803 Issue 2 - Collection and processing of HMO licence fees</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>PL1803 Issue 2.1 BACS payment reference</p> <p>Pending</p>	<p>It should be noted that measure is in place to ensure that no application is progressed without the required fee being reconciled. This reflects the statutory process and the need to ensure that the Council treats applications for a renewal lawfully unless the reconciliation process can evidence a payment has not been made. There is no evidence from directorate monitoring the level of income from HMOs licence applications which would demonstrate that fees are not being collected. Any unmatched fee not identified will in effect contribute to the Council's general revenue account and therefore there is no financial loss to the Council. The Internal Audit recommendation outlined above is not accepted as it not believed to be achievable. Therefore Licencing; Customer; and Finance will investigate potential solutions re the BACS issue, (including any potential scope for a technology solution) to address this risk. These options will be reviewed with Internal Audit and a longer-term solution identified and implemented. It has been agreed with Internal Audit that (once the solution has been identified) another audit finding will be raised that will monitor implementation of the solution to confirm that it is operating effectively. In the meantime, a statement will be added to the Licencing pages on the Council's external website and application forms advising customers of what reference must be used to successfully make a BACs payment.</p>	<p>Estimated Date: 30/03/2020</p> <p>Revised Date: 05/10/2020</p> <p>No of Revisions 1</p>	<p>Alison Coburn Andrew Mitchell David Givan George Gaunt Grace McCabe Isla Burton Michael Thain Sandra Harrison</p>
47	<p>HMO Licensing</p> <p>PL1803 Issue 3 - Operational Performance and Reporting</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>PL1803 Issue 3.6 HMO Key Performance Indicators and Performance Reporting</p> <p>Pending</p>	<p>The Regulatory Committee were previously advised that HMO performance data would be excluded whilst the Licencing introduced the significant change of moving towards a three-year licensing system. Performance reports therefore only included Civic and Taxi data in the period 2015-2018. Licencing will be reporting to Regulatory Committee on the first cycle of three-year licencing for HMO's prior to the setting of Licensing Fees for 2020/21 in early 2020. The Directorate will include within that report relevant performance data and make recommendations for approval for performance targets ongoing performance targets.</p>	<p>Estimated Date: 31/01/2020</p> <p>Revised Date: 01/06/2020</p> <p>No of Revisions 0</p>	<p>Alison Coburn Andrew Mitchell David Givan George Gaunt Grace McCabe Isla Burton Michael Thain Sandra Harrison</p>

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48	<p>Road Services Improvement Plan</p> <p>PL1808 Issue 1. Roads Improvement Plan financial operating model and project governance</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>PL1808 - 1.2 Roads Service Improvement Plan approval</p> <p>Pending</p>	<p>On appointment of the tier 3 and 4 management team, a re-base of the improvement plan will take place and the revised plan will be submitted to the Council's Change Board and the Transport and Environment Committee for approval, with ongoing progress updates provided to both forums.</p>	<p>Estimated Date: 31/07/2020</p> <p>Revised Date: 01/12/2020</p> <p>No of Revisions 0</p>	<p>Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Nicole Fraser</p>
49	<p>Road Services Improvement Plan</p> <p>PL1808 Issue 2. Roads services performance monitoring and quality assurance</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>PL1808 - 2.1 Service Delivery Performance Monitoring</p> <p>Pending</p>	<p>One of the roles included in the new Roads structure is a Roads Service Performance Coordinator. The team member appointed to this role will be responsible for designing; implementing; and maintaining a performance and quality assurance framework that will incorporate the recommendations made to support ongoing monitoring and management of the Roads service. This will involve ensuring that all Roads teams develop team plans that include key performance measures; outline their respective roles and responsibilities for delivery; and are aligned with overall Council's commitments that are relevant to Roads.</p>	<p>Estimated Date: 31/07/2020</p> <p>Revised Date: 01/12/2020</p> <p>No of Revisions 0</p>	<p>Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Nicole Fraser</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
50	<p>Road Services Improvement Plan</p> <p>PL1808 Issue 2. Roads services performance monitoring and quality assurance</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>PL1808 - 2.2 Roads services quality assurance framework</p> <p>Pending</p>	<p>1. The existing Transport Design and Delivery quality framework will be revised to reflect the new Roads and Transport Infrastructure Service and rolled out across the service. As part of this review, the recommendations highlighted above will be considered and incorporated where appropriate. The Design, Structures and Flood Prevention Manager will be responsible for refreshing the quality framework once appointed. 2. A sampling regime will be designed and embedded for safety inspections to ensure that defects are being categorised properly. This process will be designed and implemented by the Team Leader for Safety Inspections to be appointed as part of the ongoing restructure. 3. A sampling regime will be designed and embedded for road defect repairs to ensure that repairs are fit for purpose and effective. 4. Key performance indicators for each team will be included in the target setting for each 4th tier manager and their direct reports to ensure focus on these measures. Emerging themes from Team Plans and quality assurance reviews will also be shared with Roads teams, and individual and team training needs will be considered based on the themes identified. This process will be designed and implemented by the Service Performance Coordinator to be appointed as part of the ongoing restructure.</p>	<p>Estimated Date: 30/06/2020</p> <p>Revised Date: 01/11/2020</p> <p>No of Revisions: 0</p>	<p>Alison Coburn Cliff Hutt</p> <p>David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Nicole Fraser Sean Gilchrist</p>
51	<p>Road Services Improvement Plan</p> <p>PL1808 Issue 3. Roads inspection, defect categorisation, and repairs</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Low	<p>PL1808 - 3.2b) Inspector training and qualifications</p> <p>Pending</p>	<p>2. Ensure all relevant Inspectors are accredited by an appropriately accredited professional body.</p>	<p>Estimated Date: 31/08/2020</p> <p>Revised Date: 01/01/2021</p> <p>No of Revisions: 0</p>	<p>Alison Coburn Cliff Hutt</p> <p>David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Nicole Fraser Sean Gilchrist</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
52	Road Services Improvement Plan PL1808 Issue 4. Roads - Management of public liability claims Paul Lawrence, Executive Director of Place and SRO	Low	PL1808 - 4.1 Management of public liability claims Pending	A new process will be developed within the Confirm system which requires reconciliation between accident claim enquiries and those logged on the Local Authority Claims Handling System (LACHS) system.	Estimated Date: 28/05/2020 Revised Date: 01/10/2020 No of Revisions 0	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist
53	Road Services Improvement Plan PL1808 Issue 4. Roads - Management of public liability claims Paul Lawrence, Executive Director of Place and SRO	Low	PL1808 - 4.2 Management of public liability claims Pending	Quarterly meetings will be arranged between the Safety Inspection team and the Insurance team to identify trends and areas of focus. This process will be designed and implemented by the Team Leader, Safety Inspections to be appointed as part of the ongoing restructure.	Estimated Date: 30/04/2020 Revised Date: 01/09/2020 No of Revisions 0	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Nicole Fraser Sean Gilchrist

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
54	<p>Street Lighting and Traffic Signals</p> <p>Street Lighting and Traffic Signals: Process and quality assurance documentation and training</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Low	<p>PL1810 Issue 3: Rec 2 - Refresher training for existing employees</p> <p>Pending</p>	<p>An essential Learning Matrix that specifies the refresher training that the team requires to complete on an ongoing basis has been developed and provided to Learning and Organisational Development for their review and feedback, with no response received as yet. The matrix will now be implemented, and employee training requirements will be assessed (and agreed) as part of the Annual Conversations.</p>	<p>Estimated Date: 20/12/2019</p> <p>Revised Date: 01/03/2021</p> <p>No of Revisions 5</p>	<p>Alan Simpson Alison Coburn Claire Duchart Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Lindsey McPhillips Mark Love Nicole Fraser Robert Mansell Tony Booth</p>
55	<p>Fleet Review</p> <p>Project management and governance framework</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>4. Recommendation - Stakeholder Engagement</p> <p>Pending</p>	<p>An internal/ external stakeholder engagement plan will be developed; approved by the project Board and applied throughout the project. Any key stakeholder engagement actions will also be reflected in the project plan.</p>	<p>Estimated Date: 28/06/2019</p> <p>Revised Date: 01/09/2020</p> <p>No of Revisions 2</p>	<p>Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Nicole Fraser Scott Millar Veronica Wishart</p>
56	<p>Fleet Review</p> <p>Project management and governance framework</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>5. Recommendation - Procurement Strategy and Plan</p> <p>Pending</p>	<p>A procurement and strategy plan will be designed along with the procurement team; approved by the project Board and used to support the procurement process; The request for procurement will include requirements in relation to paperless processes and compatibility with existing fleet systems; and The contractual position with CGI regarding telematics will be confirmed prior to commencement of procurement.</p>	<p>Estimated Date: 30/07/2019</p> <p>Revised Date: 01/12/2020</p> <p>No of Revisions 1</p>	<p>Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Nicole Fraser Scott Millar Veronica Wishart</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
57	<p>Drivers</p> <p>Recording and addressing driving incidents</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recording and addressing driving incidents Rec 2</p> <p>Pending</p>	<p>A monthly reconciliation between the incidents reported to Fleet Services and those recorded on SHE will be performed, with line managers advised re any gaps on the SHE system that need to be addressed;</p>	<p>Estimated Date: 01/04/2019</p> <p>Revised Date: 01/09/2019</p> <p>No of Revisions 1</p>	<p>Adam Fergie Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Katy Miller Martin Young Nicole Fraser Scott Millar Steven Wright</p>
58	<p>Supplier Management Framework and CIS Payments</p> <p>RES1809 Issue 1: Contract Management by Directorates and Service Areas</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>RES1809 Issue 1.3(3): Contract manager support and guidance - Place</p> <p>Pending</p>	<p>Place This recommendation is accepted, and this will be added as appropriate to the Place mandatory training matrix at the next review.</p>	<p>Estimated Date: 31/08/2020</p> <p>Revised Date: 01/01/2021</p> <p>No of Revisions 0</p>	<p>Alison Coburn David Givan Gareth Barwell George Gaunt Lynne Halfpenny Michael Thain</p>
59	<p>Budget Setting and Management</p> <p>RES 1903 Issue 1: Savings proposals documentation and risk assessments</p> <p>Laurence Rockey,</p>	Medium	<p>RES 1903 Issue 1.1: Savings proposals documentation and risk assessments</p> <p>Pending</p>	<p>1. Savings plan and business case templates will both be reviewed to ensure that they align to major projects documentation. In addition, a procedural document will be created which details the amount and depth of documentation, which is required to support savings plans, based on outcomes of the prioritisation matrix assessment. 2. The Finance budget monitoring RAG (Red, Amber, Green) delivery risk assessment categories will each be formally defined, and consistently</p>	<p>Estimated Date: 30/09/2020</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 0</p>	<p>Alison Henry Annette Smith Donna Rodger Emma Baker Hugh Dunn John Connarty Layla Smith Michelle Vanhegan</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	Head of Strategy & Communications			applied to all savings delivery progress updates provided to Directorate management teams, CLT, and service committees.		
60	Budget Setting and Management RES 1903 Issue 3: Continuous improvement: Lessons learned and customer feedback. Laurence Rockey, Head of Strategy & Communications	Medium	RES 1903 Issue 3.1: Annual budget setting lessons learned methodology Pending	A methodology for the lessons learned process will be developed and stated in a procedure document. This work will be performed through liaison between the Change Strategy Team and Finance. The methodology will include the requirements stated above.	Estimated Date:31/05/2020 Revised Date:01/10/2020 No of Revisions 0	Alison Henry Annette Smith Donna Rodger Emma Baker Hugh Dunn John Connarty Layla Smith Michelle Vanhegan
61	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance Alistair Gaw, Executive Director of Communities and Families	High	CF1901: Issue 1.1(b) - Review of Admissions Operational Procedures Started	A working group led by the Communities and Families Senior Education Officer with representation from all service areas involved in school admissions, appeals and capacity planning, will be established to undertake a review of all procedural documents. This will include consideration of amalgamation of existing procedures, where appropriate and implementation of a review schedule and version control.	Estimated Date: 31/08/2020 Revised Date: 22/02/2021 No of Revisions 1 Current revised date agreed as part of extension exercise	Alison Roarty Andy Gray Arran Finlay Donna Rodger Hayley Barnett Laurence Rockey Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
62	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	High	<p>CF1901: Issue 1.1(c) - Placing Appeals Procedures</p> <p>Started</p>	<p>As part of the working group led by the Communities and Families Senior Education Officer, appeals procedures which detail end to end processes to be applied across all areas involved in placing requests will be established and this will include clear roles and responsibilities.</p>	<p>Estimated Date: 31/08/2020</p> <p>Revised Date: 22/02/2021</p> <p>No of Revisions 1</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Alison Roarty Andy Gray Arran Finlay Donna Rodger Hayley Barnett Laurence Rockey Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>
63	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	High	<p>CF1901: Issue 1.1(d)/(e) - Communicatin g Guidance on Website & Orb</p> <p>Started</p>	<p>Following review and completion of working group actions, all policies and procedures will be published on the Council's website and Orb, and communicated to all relevant officers, with changes highlighted.</p>	<p>Estimated Date: 30/09/2020</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 0</p>	<p>Alison Roarty Andy Gray Arran Finlay Donna Rodger Hayley Barnett Laurence Rockey Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
						Sheila Haig Stephen Moir
64	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals</p> <p>Laurence Rockey, Head of Strategy & Communications</p>	High	<p>CF1901 Issue 2.1(b): Committee on Pupil Student Support Remit, Review & Recording of Outcomes</p> <p>Started</p>	<p>Decisions and outcomes of the annual meeting of the Committee on Pupil Student Support will be documented, and a process implemented to ensure that the outcomes are addressed by the Council. Consideration will be given to reviewing and updating the remit of the Committee. Committee members will be provided with training and support to enable them to fulfil their role in line with the agreed remit.</p>	<p>Estimated Date: 30/06/2020</p> <p>Revised Date: 30/11/2020</p> <p>No of Revisions 1</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Alistair Gaw Andy Gray Arran Finlay Donna Rodger Hayley Barnett Lesley Birrell Nickey Boyle Ruth Currie</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
65	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 3: Process Documentation & Delivery Responsibilities</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	Medium	<p>CF1901 Issue 3.1(a): Development & Communication of end to end processes and role/responsibilities</p> <p>Started</p>	<p>The remit of the working group led by the Communities and Families Senior Education Officer, will include reviewing and documenting end to end processes for the annual school admissions, appeals, and capacity planning process. A matrix describing divisional roles and responsibilities for processes, which details who will be responsible; accountable; consulted; and informed for each stage will also be developed. The end to end procedures and matrix will be discussed and agreed with all divisional teams involved in the process, communicated, and published on the Council's intranet (the Orb) with training provided where required.</p>	<p>Estimated Date: 31/08/2020 Revised Date: 22/02/2021 No of Revisions 1</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Alison Roarty Andy Gray Arran Finlay Donna Rodger Hayley Barnett Laurence Rockey Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>
66	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 3: Process Documentation & Delivery Responsibilities</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	Medium	<p>CF1901 Issue 3.1(b): Internal Partnership Protocols</p> <p>Started</p>	<p>Internal partnership protocols will be prepared and implemented for services delivered by other divisions on behalf of Schools and Lifelong Learning, incorporating the scope of services and roles and responsibilities defined in the new end to end process documentation. Where relevant, current internal charging arrangements will be reviewed to ensure that it accurately reflect the levels of support provided. Partnership protocols and associated key performance measures / indicators will be reviewed at least every two years to ensure they remain aligned with service delivery, operational processes and relevant regulatory and professional standards. Governance arrangements to support ongoing performance monitoring will be designed and implemented to ensure that both Schools and Lifelong Learning and the service areas that support them are satisfied with the quality of services provided.</p>	<p>Estimated Date: 31/08/2020 Revised Date: 22/02/2021 No of Revisions 1</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Alison Roarty Andy Gray Arran Finlay Donna Rodger Hayley Barnett Laurence Rockey Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
						Sheila Haig Stephen Moir
67	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 3: Process Documentation & Delivery Responsibilities</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	Medium	CF1901 Issue 3.1(c): Annual Process - Debrief & Lessons Learned Started	Following completion of the annual process, a debrief meeting will be held with all teams involved to understand what worked well and what areas need to be improved. The outcomes should be recorded in a 'lessons learned' document that is used to implement the improvement opportunities identified and address any process issues in advance of the next annual process.	<p>Estimated Date:31/08/2020</p> <p>Revised Date:22/02/2021</p> <p>No of Revisions 1</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Alison Roarty Andy Gray Arran Finlay Donna Rodger Hayley Barnett Laurence Rockey</p> <p>Layla Smith Matthew Clarke Michelle Vanhegan</p> <p>Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>

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68	<p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 3: Process Documentation & Delivery Responsibilities</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	Medium	<p>CF1901 Issue 3.1(d): Roles & Responsibilities outwith Annual Process</p> <p>Started</p>	<p>The working group will review the roles and responsibilities for any tasks performed out with the annual P1/S1 admissions, appeals and capacity planning process. These will be documented and communicated to all teams involved in the process. The review will include identifying key contacts for common non-annual admissions queries, for example, home schooling; private schooling; dealing with refugees; and requests for current or future capacity information, to ensure that they can be appropriately redirected and resolved.</p>	<p>Estimated Date: 31/08/2020</p> <p>Revised Date: 22/02/2021</p> <p>No of Revisions 3</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Alison Roarty Andy Gray Arran Finlay Donna Rodger Hayley Barnett Laurence Rockey Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p>
69	<p>Resilience BC</p> <p>Resilience responsibilities</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Rec 3.3 H&SC - Defining and allocating operational resilience duties</p> <p>Started</p>	<p>Operational resilience responsibilities for completion and ongoing maintenance of Directorate and Service Area Business Impact Assessments; Resilience plans; and coordination of resilience tests in conjunction with the Resilience team will be clearly defined and allocated. The total number of employees with operational resilience responsibilities will be determined with reference to the volume of business impact assessments and resilience plans that require to be completed and maintained to support recovery of critical services.</p>	<p>Estimated Date: 20/12/2018</p> <p>Revised Date: 01/09/2020</p> <p>No of Revisions 5</p>	<p>Angela Ritchie Cathy Wilson Jacqui Macrae</p>

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70	Resilience BC Resilience responsibilities Judith Proctor, Chief Officer	High	Rec 4.3 H&SC - Objectives for operational Resilience responsibilities Started	Corporate; management; and team member objectives for operational resilience responsibilities (for example completion of Service Area Business Impact Assessments; Resilience Plans; and coordination of Resilience tests) will be established, with ongoing oversight performed by Directors and Heads of Service to confirm that these are being effectively delivered to support the resilience responses included in both the Directorate and Council's annual governance statements.	Estimated Date: 31/07/2019 Revised Date: 01/09/2020 No of Revisions 1	Angela Ritchie Cathy Wilson Jacqui Macrae
71	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Paul Lawrence, Executive Director of Place and SRO	High	Rec 3.1 a) Place - Development of Resilience Plans/protocols for statutory and critical services Started	Rebased action October 2020 Following a refresh of Business Impact Assessments and the new organisational structure, resilience plans/protocols will be developed, with support and training from Resilience, for high-risk essential services. A list of these services is to be provided by Resilience for approval by CLT. Date revised to 31 December 2022.	Estimated Date: 19/06/2020 Revised Date: 31/12/2022 No of Revisions 1 Current revised date agreed as part of extension exercise	Alison Coburn Claire Duchart David Givan Gavin King George Gaunt Laurence Rockey Mary-Ellen Lang
72	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Stephen Moir, Executive Director of Resources	High	Rec 3.1b Resources - Development of Resilience Plans/protocols for statutory and critical services Started	Rebased action October 2020 Following a refresh of Business Impact Assessments and the new organisational structure, resilience plans/protocols will be developed, with support and training from Resilience, for high-risk essential services. A list of these services is to be provided by Resilience for approval by CLT. Date revised to 31 December 2022.	Estimated Date: 19/06/2020 Revised Date: 31/12/2022 No of Revisions 1 Current revised date agreed as part of extension exercise	Gavin King Laurence Rockey Layla Smith Mary-Ellen Lang Michelle Vanhegan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
73	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Judith Proctor, Chief Officer	High	Rec 3.1c H&SC - Development of Resilience Plans/protocols for statutory and critical services Started	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.	Estimated Date: 19/06/2020 Revised Date: 31/12/2022 No of Revisions 1 Current revised date agreed as part of extension exercise	Angela Ritchie Cathy Wilson Gavin King Jacqui Macrae Laurence Rockey Mary-Ellen Lang
74	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Alistair Gaw, Executive Director of Communities and Families	High	Rec 3.1d C&F - Development of Resilience Plans/protocols for statutory and critical services Started	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.	Estimated Date: 19/06/2020 Revised Date: 31/12/2022 No of Revisions 1 Current revised date agreed as part of extension exercise	Donna Rodger Gavin King Laurence Rockey Mary-Ellen Lang Michelle McMillan Nickey Boyle Ruth Currie

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
75	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Laurence Rockey, Head of Strategy & Communications</p>	High	<p>Rec 3.1e S&C - Development of Resilience Plans/protocols for statutory and critical services</p> <p>Started</p>	<p>Rebased action October 2020 Following a refresh of Business Impact Assessments and the new organisational structure, resilience plans/protocols will be developed, with support and training from Resilience, for high-risk essential services. A list of these services is to be provided by Resilience for approval by CLT. Date revised to 31 December 2022.</p>	<p>Estimated Date: 19/06/2020 Revised Date: 31/12/2022 No of Revisions 1</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Donna Rodger Gavin King Mary-Ellen Lang</p>
76	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>Rec 6.1a Place - Review of third-party contracts to confirm appropriate resilience arrangements</p> <p>Started</p>	<p>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.</p>	<p>Estimated Date:20/12/2019 Revised Date:31/03/2021 No of Revisions 3</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Alison Coburn Annette Smith Claire Duchart David Givan George Gaunt Hugh Dunn</p> <p>Iain Strachan Mollie Kerr</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
77	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Stephen Moir, Executive Director of Resources	High	Rec 6.1b Resources - Review of third-party contracts to confirm appropriate resilience arrangements Started	Existing third-party contracts supporting critical services should be reviewed by Directorates in consultation with contract managers / owners to confirm that they include appropriate resilience arrangements. Where gaps are identified, Procurement Services should be engaged to support discussions with suppliers regarding inclusion of appropriate resilience clauses requiring third parties to establish adequate resilience arrangements for both services and systems that are tested (at least annually) with the outcomes shared with / provided to the Council. Where these changes cannot be incorporated into existing contracts, they should be included when the contracts are re tendered.	Estimated Date: 20/12/2019 Revised Date: 31/03/2021 No of Revisions 2 Current revised date agreed as part of extension exercise	Annette Smith Hugh Dunn Iain Strachan Layla Smith Michelle Vanhegan Mollie Kerr
78	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Judith Proctor, Chief Officer	High	Rec 6.1c H&SC - Review of third-party contracts to confirm appropriate resilience arrangements Started	Existing third-party contracts supporting critical services should be reviewed by Directorates in consultation with contract managers / owners to confirm that they include appropriate resilience arrangements. Where gaps are identified, Procurement Services should be engaged to support discussions with suppliers regarding inclusion of appropriate resilience clauses requiring third parties to establish adequate resilience arrangements for both services and systems that are tested (at least annually) with the outcomes shared with / provided to the Council. Where these changes cannot be incorporated into existing contracts, they should be included when the contracts are re tendered.	Estimated Date: 20/12/2019 Revised Date: 31/03/2021 No of Revisions 2 Current revised date agreed as part of extension exercise	Alana Nabulsi Angela Ritchie Annette Smith Cathy Wilson Hugh Dunn Iain Strachan Moir Pringle Mollie Kerr Sally McGregor

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
79	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	High	<p>Rec 6.1d C&F - Review of third-party contracts to confirm appropriate resilience arrangements</p> <p>Started</p>	<p>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.</p>	<p>Estimated Date: 20/12/2019</p> <p>Revised Date: 31/03/2021</p> <p>No of Revisions 2</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Annette Smith Hugh Dunn Iain Strachan Michelle McMillan Mollie Kerr Nickey Boyle Ruth Currie</p>
80	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Laurence Rockey, Head of Strategy & Communications</p>	High	<p>Rec 6.1e S&C - Review of third-party contracts to confirm appropriate resilience arrangements</p> <p>Started</p>	<p>Existing third-party contracts supporting critical services will be reviewed by Directorates in consultation with contract managers / owners to confirm that they include appropriate resilience arrangements. Where gaps are identified, Procurement Services will 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 will be included when the contracts are re tendered and critical service plans should be documented and communicated by Corporate Resilience.</p>	<p>Estimated Date: 20/12/2019</p> <p>Revised Date: 31/03/2021</p> <p>No of Revisions 2</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Annette Smith Donna Rodger Gavin King Hugh Dunn Iain Strachan Mary-Ellen Lang Mollie Kerr</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
81	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>Rec 6.2a</p> <p>Place - Annual assurance from Third Party Providers</p> <p>Started</p>	<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. 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.</p>	<p>Estimated Date:28/06/2019</p> <p>Revised Date:31/03/2022</p> <p>No of Revisions</p> <p style="text-align: center;">3</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Alison Coburn</p> <p>Claire Duchart</p> <p>David Givan</p> <p>George Gaunt</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
82	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>Rec 6.2b Resources - Annual assurance from Third Party Providers</p> <p>Started</p>	<p>Following receipt of initial assurance from all third party providers for statutory and critical services (as per rec 6.1), annual assurance that provider resilience plans remain adequate and effective should be obtained. This should include confirmation from the provider that they have tested these plans and recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved.</p> <p>It is recommended that contract managers include this requirement as part on ongoing contract management arrangements.</p> <p>Where this assurance cannot be provided, this should be recorded in Service Area and Directorate risk registers.</p> <p>Date revised to reflect that following receipt of initial assurance by 31 March 2021, annual assurance should be obtained by 31 March 2022.</p>	<p>Estimated Date: 28/06/2019</p> <p>Revised Date: 31/03/2022</p> <p>No of Revisions 2</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Annette Smith Hugh Dunn Iain Strachan Layla Smith Michelle Vanhegan Mollie Kerr</p>
83	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Rec 6.2c H&SC - Annual assurance from Third Party Providers</p> <p>Started</p>	<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>	<p>Estimated Date: 21/06/2019</p> <p>Revised Date: 31/03/2022</p> <p>No of Revisions 2</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Angela Ritchie Cathy Wilson Gavin King Jacqui Macrae Laurence Rockey Mary-Ellen Lang</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
84	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	High	<p>Rec 6.2d C&F - Annual assurance from Third Party Providers</p> <p>Started</p>	<p>Following receipt of initial assurance from all third party providers for statutory and critical services (as per rec 6.1), annual assurance that provider resilience plans remain adequate and effective should be obtained. This should include confirmation from the provider that they have tested these plans and recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved.</p> <p>It is recommended that contract managers include this requirement as part on ongoing contract management arrangements.</p> <p>Where this assurance cannot be provided, this should be recorded in Service Area and Directorate risk registers.</p> <p>Date revised to reflect that following receipt of initial assurance by 31 March 2021, annual assurance should be obtained by 31 March 2022.</p>	<p>Estimated Date: 28/06/2019</p> <p>Revised Date: 31/03/2022</p> <p>No of Revisions 2</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Anna Gray Michelle McMillan Nickey Boyle</p>
85	<p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Laurence Rockey,</p>	High	<p>Rec 6.2e S&C - Annual assurance from Third Party Providers</p> <p>Started</p>	<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>Estimated Date: 28/06/2019</p> <p>Revised Date: 31/03/2022</p> <p>No of Revisions 2</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Donna Rodger Mary-Ellen Lang</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	Head of Strategy & Communications			<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>		
86	<p>Records Management - LAAC</p> <p>CW1705 Issue 1: Project file review process</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	Medium	<p>CW1705 Issue 1.1: Review and Refresh of the project file review process.</p> <p>Started</p>	<p>Agreed actions will be implemented as recommended by Internal Audit. The project team will work to an end of January date for implementation of the quality assurance within the project team with an end of February date for Internal Audit to review the process applied.</p>	<p>Estimated Date: 28/02/2020</p> <p>Revised Date: 31/12/2020</p> <p>No of Revisions 3</p> <p>Revised due date to be further agreed with management and updated</p>	<p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Laurence Rockey Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir</p>

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87	<p>Records Management – LAAC</p> <p>CW1705 Issue 1: Project file review process</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	Medium	<p>CW1705 Issue 1.2: Process communication and training</p> <p>Started</p>	<p>Agreed actions will be implemented as recommended by Internal Audit. The project team will work to an end of January date for implementation of quality assurance within the project team with an end of February date for Internal Audit to review the process applied.</p>	<p>Estimated Date: 28/02/2020</p> <p>Revised Date: 31/12/2020</p> <p>No of Revisions 2</p> <p>Revised due date to be further agreed with management and updated</p>	<p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Laurence Rockey</p> <p>Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
88	<p>Records Management - LAAC</p> <p>CW1705 Issue 1: Project file review process</p> <p>Alistair Gaw, Executive Director - of Communities and Families</p>	Medium	<p>CW1705 Issue 1.3: Quality assurance checks</p> <p>Started</p>	<p>Project management information will be monitored weekly to identify the volume of files that have been reviewed by the project team and an independent risk based quality assurance approach developed and implemented that focuses on files that have not been 'split' by the project team, to confirm that they have been accurately classified as files that have not been merged prior to their return to Iron Mountain for archiving. Quality assurance sample sizes will be selected at the start of each week and will depend on the volumes of files reviewed by the project team and the relevant proportion of non-merged and merged files. Where merged files have been identified and split by the project team, a lighter touch approach involving peer reviews will be adopted to ensure that the project file review process has been consistently applied and appropriate actions implemented. Quality assurance outcomes will be recorded and all significant errors (for example failure to identify merged files), areas of good practices, and areas for improvement will be shared with the project team. Availability of quality resource will be monitored throughout the project to ensure that it remains adequate to complete an appropriate number of QA reviews based on file outcomes. A retrospective sample of cases already reviewed by the project team will also be selected for retrospective review based on the approach outlined above. The project team will work to an end of February date for implementation of quality assurance within the project team with an end of March date for Internal Audit to review the process applied.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 31/12/2020</p> <p>No of Revisions 3</p> <p>Revised due date to be further agreed with management and updated</p>	<p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Laurence Rockey Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
89	<p>Records Management - LAAC</p> <p>CW1705 Issue 2: Review of additional files</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	Medium	<p>CW1705 Issue 2.1: Review of additional files</p> <p>Started</p>	<p>The total volume of files at Westerhailes will be quantified. Once this has been completed, a risk-based sample approach will be applied to review the files and identify any that may have been merged.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 31/12/2020</p> <p>No of Revisions 2</p> <p>Revised due date to be further agreed with management and updated</p>	<p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Laurence Rockey Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir</p>
90	<p>Records Management - LAAC</p> <p>CW1705 Issue 2: Review of additional files</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	Medium	<p>CW1705 Issue 2.2: Impact analysis</p> <p>Started</p>	<p>The outcomes of the review of additional files (as detailed at recommendation 2.1) will be shared with the Senior Responsible Officers together with an impact analysis detailing the resourcing and associated costs of including the files within the project scope, and recommendations made as to whether the scope of the project should be extended to include these files, or whether reliance should be placed on the new business as usual process to be implemented as detailed at Finding 3. Where the decision is taken to include the potentially merged files within the scope of the project, they will be transferred across to the project team and logged for review. The project team will work to a completion 29 May with a date of 26 June for validation by Internal Audit.</p>	<p>Estimated Date: 26/06/2020</p> <p>Revised Date: 31/12/2020</p> <p>No of Revisions 2</p> <p>Revised due date to be further agreed with management and updated</p>	<p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Laurence Rockey Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
91	<p>Records Management - LAAC</p> <p>CW1705 Issue 3: Pre destruction business as usual file review process</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	Medium	<p>CW1705 Issue 3.1: Pre destruction business as usual file review process</p> <p>Started</p>	<p>The pre destruction business as usual file review process is currently being developed and will cover all of the points recommended by Internal Audit. The process will be prepared by the end January 2020 and agreed with the Health and Social Care and Communities and Families Directorates by the end of February 2020.</p>	<p>Estimated Date: 28/02/2020</p> <p>Revised Date: 31/12/2020</p> <p>No of Revisions 3</p> <p>Revised due date to be further agreed with management and updated</p>	<p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Laurence Rockey Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir</p>
92	<p>Records Management - LAAC</p> <p>CW1705 Issue 3: Pre destruction business as usual file review process</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	Medium	<p>CW1705 Issue 3.2a (C&F): Communication and training</p> <p>Started</p>	<p>Children's Practice team managers have already been briefed regarding the outcomes of the audit and a refreshed process will soon be implemented. The process will be co-produced with Business Support Team Managers, communicated and uploaded to the Orb. Given the scale of training to be provided, a CECiL based approach will be applied with support provided by Business Support and requested from Learning and Organisational Development (Human Resources), with divisions requested to track completion of the CECiL module. Locality Management teams will also receive face to face training on the new process.</p>	<p>Estimated Date: 30/06/2020</p> <p>Revised Date: 01/12/2020</p> <p>No of Revisions 2</p> <p>Revised due date to be further agreed with management and updated</p>	<p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Laurence Rockey Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
93	<p>Records Management - LAAC</p> <p>CW1705 Issue 3: Pre destruction business as usual file review process</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>CW1705 Issue 3.2b (H&SCP): Communication and training</p> <p>Started</p>	<p>Health and Social Care will adopt a similar approach to Communities and Families with the new process communicated and uploaded to the Orb. A CECiL based approach will also be applied with support provided by Business Support and requested from Learning and Organisational Development (Human Resources), with completion of the CECiL module by the relevant teams tracked. Locality Management teams will also receive face to face training on the new process.</p>	<p>Estimated Date: 30/06/2020</p> <p>Revised Date: 01/11/2020</p> <p>No of Revisions 0</p> <p>Revised due date to be further agreed with management and updated</p>	<p>Cathy Wilson Jacqui Macrae Tom Cowan</p>
94	<p>Records Management - LAAC</p> <p>CW1705 Issue 3: Pre destruction business as usual file review process</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	Medium	<p>CW1705 Issue 3.3a (C&F): Quality assurance process</p> <p>Started</p>	<p>A joint risk-based quality assurance process will be established between Business Support and Team Managers in Localities. Quality assurance outcomes will be recorded, and learnings shared with team managers at Children's Practice Team meetings, enabling city wide service improvement actions to be identified and implemented where appropriate.</p>	<p>Estimated Date:30/06/2020</p> <p>Revised Date:01/11/2020</p> <p>No of Revisions 0</p> <p>Revised due date to be further agreed with management and updated</p>	<p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Laurence Rockey Louise McRae</p> <p>Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
95	<p>Records Management - LAAC</p> <p>CW1705 Issue 3: Pre destruction business as usual file review process</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>CW1705 Issue 3.3b (H&SCP): Quality Assurance Process</p> <p>Started</p>	<p>A joint quality assurance process will be established between Business Support and Team Managers in Localities. The new Health and Social Care Partnership Chief Nurse and Head of Quality will be responsible for managerial oversight of the quality assurance processes, ensuring that lessons learned are fed back to the Localities and outcomes reported to the Clinical and Care Governance Committee for scrutiny and oversight.</p>	<p>Estimated Date: 30/06/2020</p> <p>Revised Date: 01/11/2020</p> <p>No of Revisions 0</p> <p>Revised due date to be further agreed with management and updated</p>	<p>Cathy Wilson Jacqui Macrae Tom Cowan</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
96	<p>Payments and Charges</p> <p>CW1803 Payments and Charges Issue 1: Review, authorisation, and publication of fees and charges</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>CW1803 Rec. 1.1 - Process documentation supporting calculation of fees and charges including review of reserve balances</p> <p>Started</p>	<p>Response from Licensing Any new fees or proposed adjustments are presented to the Committee for scrutiny and agreement. The rationale for Taxi, Civic and Houses in Multiple Occupation (HMO) licensing fees was reviewed and agreed by Regulatory Committee in 2015 and 2017 respectively and no further changes are planned at this time. As part of the annual budget process, the Place Directorate makes recommendations on any inflationary uplifts that should be applied to fees based on projected costs and the Licensing reserves position. In 2018/2019 there was no increase in the Licensing budget which reflected the reserves position at that time. In the 2019/20 budget Taxi and Civic discretionary licence fees were increased by 2.5% to reflect increased costs associate with the local government pay settlement for 2018/19 and 2019/2020. In comparison, the increase applied to fees supporting generation of other types of income across the Council was circa 5%. This demonstrates that Licensing is proactively managing both fees and reserves. For HMO Licences, the Regulatory Committee approved a revised fee structure in 2017, and there is planned reduction of current reserve balances over a 3-year period. Consequently, HMO fees for 2019/2020 were not increased. For budget 2020/2021 a review of HMO reserves will be performed with Finance and recommendations made either to the Regulatory Committee or Full Council on any further fee adjustments required to ensure the planned reduction of the reserve is achieved. There are also unplanned factors that impact the final reserves position. These include increased application volumes; the impact of vacancies and recruitment; and repairs or replacement of property or equipment (for example a replacement ramp at the Taxi Examination Centre in 2016/17 at the cost of £90K). These unplanned factors are also considered when revised fees are proposed during the budget process. The Taxi reserve increase is largely driven by increased application volumes. The reserve is also being allowed to increase in the medium term to offset planned capital spend on relocation of the Taxi</p>	<p>Estimated Date: 31/07/2020 Revised Date: 01/12/2020 No of Revisions 0</p>	<p>Alison Coburn Andrew Mitchell Annette Smith David Givan Gavin Brown George Gaunt Hugh Dunn John Connarty Layla Smith Michael Thain Michelle Vanhegan Sandra Harrison Stephen Moir</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
				<p>Examination Centre when the Council closes the Murrayburn depot site in the next 2-3 years to avoid potential capital budget pressures. Licensing is working with Finance to ensure there is greater certainty in setting fees when taking account of the impact of the Central Support Charges levied. In 2018 the Directorate introduced financial reporting to the Regulatory Committee in addition to the established financial reporting provided to the Finance and Resource Committee. http://www.edinburgh.gov.uk/download/meetings/id/58887/item_72_-_licence_income_for_fees_2017-2018 http://www.edinburgh.gov.uk/download/meetings/id/59029/minute_of_the_regulatory_committee_of_221018 Response from Finance At present, the allocation of central support costs in line with accountancy conventions is not finalised until after the licensing charges for the future year have been set. A mechanism to approximate allocation of central support charges in advance to allow for more considered analysis of reserve balances and costs within each budgetary process will facilitate this. There is already a framework in place to apportion income and costs across licence categories and calculate additions to or withdrawals from licensing reserves. This populates the annual City of Edinburgh Licensing Board Financial Report as required under Section 9B of the Licensing (Scotland) Act 2005. This framework where appropriate will be developed to add to existing transparency in respect of rationale and processes. The combination of both actions above will enable regular review and monitoring of reserve positions and related decision making. The implementation date allows for 2020-21 budget setting and 2019-20 final accounts processes to be completed allowing for audit evidence.</p>		

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
97	<p>Payments and Charges</p> <p>CW1803 Payments and Charges Issue 4: Processing and recording Licensing Fees</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>CW1803 Rec. 4.1 - Procedures supporting processing and recording licencing fees</p> <p>Started</p>	<p>The Licensing Service processes approximately 21,000 applications per annum and the Internal Audit sample reviewed represents approximately 1% of the overall number of applications. Internal procedures will be reviewed to ensure that that they adequately cover the issues raised and all staff will receive refresher training to reinforce the importance of consistent application of the procedures. Longer term upgrades to the APP Civica Licensing system should also offer enhanced capability with mandatory sections for each licence type processed.</p>	<p>Estimated Date: 20/12/2019 Revised Date: 01/05/2020 No of Revisions 0</p>	<p>Alison Coburn Andrew Mitchell David Givan Gavin Brown George Gaunt Michael Thain Sandra Harrison</p>
98	<p>Payments and Charges</p> <p>CW1803 Payments and Charges Issue 5: Processing and recording of Parking Permit fees</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>CW1803 Rec. 5.4 - NSL income reconciliation</p> <p>Started</p>	<p>The recommendation is accepted. Financial reconciliations between the systems have commenced reinstatement. Work is underway to build a management information suite which will augment the control attributes of the reconciliation as a standalone mechanism.</p>	<p>Estimated Date: 28/02/2020 Revised Date: 30/06/2021 No of Revisions 3</p>	<p>Annette Smith Dougie Linton Gavin Graham Hugh Dunn John Connarty Layla Smith Michelle Vanhegan Susan Hamilton</p>
99	<p>Emergency Prioritisation & Complaints</p> <p>CW1806 Issue 1: ATEC 24 Operational Framework</p>	Medium	<p>CW1806 Issue 1.1(2): ATEC 24 Review of Operational Processes - Call Prioritisation</p> <p>Started</p>	<p>2. Call prioritisation procedures will be designed and implemented, including recording the rationale for call prioritisation and delivery of training to staff. A review schedule for these procedures will be implemented with the last review date and date of next scheduled review clearly identifiable i.e. every 3 years.</p>	<p>Estimated Date: 29/11/2019 Revised Date: 01/02/2021 No of Revisions 2</p>	<p>Andy Jones Angela Ritchie Cathy Wilson Craig ODonnell Katie McWilliam Lindsay Munro Sylvia Latona Tony Duncan</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	Judith Proctor, Chief Officer					
100	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer	Medium	CW1806 Issue 1.2(1): ATEC 24 Service Level Agreements - Review of all Contracts Started	All third-party contracts and supporting Service Level Agreements (SLAs) will be reviewed and updated. This will include a review of financial arrangements to ensure ATEC 24 is adequately remunerated for the levels of service provided.	Estimated Date: 31/01/2020 Revised Date: 01/12/2020 No of Revisions 2	Andy Jones Angela Ritchie Cathy Wilson Craig ODonnell Emma Szadurski Katie McWilliam Lindsay Munro Sylvia Latona Tony Duncan
101	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer	Medium	CW1806 Issue 1.2(2): ATEC 24 Service Level Agreements - Schedule for Future Reviews Started	2. All Telecare SLAs will be reviewed every two years to ensure that they take account of service delivery and operational processes, changes to any applicable regulations and relevant professional standards.	Estimated Date: 31/01/2020 Revised Date: 01/12/2020 No of Revisions 2	Andy Jones Angela Ritchie Cathy Wilson Craig ODonnell Emma Szadurski Katie McWilliam Lindsay Munro Sylvia Latona Tony Duncan
102	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework	Medium	CW1806 Issue 1.2(3): ATEC 24 Service Level Agreements - Partnership Protocol Started	3. A partnership protocol will be approved and implemented for the Fallen Uninjured Person Service to reflect the current operations, funding arrangements and any planned process improvements.	Estimated Date: 29/11/2019 Revised Date: 01/03/2021 No of Revisions 3	Andy Jones Angela Ritchie Cathy Wilson Craig ODonnell Katie McWilliam Lindsay Munro Sylvia Latona Tony Duncan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	Judith Proctor, Chief Officer					
103	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer	Medium	CW1806 Issue 1.3(1): ATEC 24 Performance Reporting - Scorecard KPIs Started	1. Key performance indicators included within the Health and Social Care scorecard will include percentage of calls answered within set targets; percentage of emergency response visits within target; and well as volumes of calls and responses.	Estimated Date: 30/09/2019 Revised Date: 01/12/2020 No of Revisions 2	Andy Jones Angela Ritchie Cathy Wilson Craig ODonnell Katie McWilliam Lindsay Munro Philip Brown Sylvia Latona Tony Duncan
104	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer	Medium	CW1806 Issue 1.3(2): ATEC 24 Performance Reporting - Response Parameters Started	2. The parameters used for monitoring call handling and response times will be reviewed and updated in line with Technology Enabled Care Services Association (TSA) guidance and used to inform capacity planning; to ensure that there are sufficient call handlers and responders to meet industry standards.	Estimated Date:31/10/2019 Revised Date:01/12/2020 No of Revisions 2	Andy Jones Angela Ritchie Cathy Wilson Craig ODonnell Katie McWilliam Lindsay Munro Sylvia Latona Tony Duncan
105	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework	Medium	CW1806 Issue 1.1(6): ATEC 24 Review of Operational Processes - Response Recording Started	6. Roll out of handheld devices to allow automated reporting will be progressed.	Estimated Date: 30/04/2020 Revised Date: 01/03/2021 No of Revisions 1	Andy Jones Angela Ritchie Cathy Wilson Craig ODonnell Katie McWilliam Lindsay Munro Sylvia Latona Tony Duncan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	Judith Proctor, Chief Officer					
106	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer	Medium	CW1806 Issue 1.3(3): ATEC 24 Performance Reporting - Scrutiny of Performance Measures Started	3. ATEC 24 Service performance will be reported and regularly scrutinised by the Health and Social Care Partnership Executive Management Team.	Estimated Date: 30/09/2019 Revised Date: 01/12/2020 No of Revisions 2	Andy Jones Angela Ritchie Cathy Wilson Craig ODonnell Katie McWilliam Lindsay Munro Philip Brown Sylvia Latona Tony Duncan
107	Emergency Prioritisation & Complaints CW1806 Issue 2: ATEC 24 Customer Engagement Judith Proctor, Chief Officer	Low	CW1806 Issue 2.1(2): ATEC 24 Customer Feedback - Tracking and Communication Started	2. Benefits and service improvements made as a result of customer feedback will be tracked and communicated both externally to customers, and internally to the service.	Estimated Date: 31/01/2020 Revised Date: 01/02/2021 No of Revisions 2	Andy Jones Angela Ritchie Cathy Wilson Craig ODonnell Katie McWilliam Lindsay Munro Sylvia Latona Tony Duncan
108	Emergency Prioritisation & Complaints CW1806: Issue 2: Third Party Service Provision - Health & Social Care Partnership	Medium	CW1806: Issue 2(1): SLAs - Third Party Service Provision Started	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.	Estimated Date: 30/11/2019 Revised Date: 01/10/2020 No of Revisions 2	Alistair Gaw Angela Ritchie Brian Henderson Cathy Wilson Colin Beck Fiona Benzies Jackie Irvine Nichola Dadds Nickey Boyle Tony Duncan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	Judith Proctor, Chief Officer					
109	<p>Emergency Prioritisation & Complaints</p> <p>CW1806: Issue 2: Third Party Service Provision - Health & Social Care Partnership</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>CW1806: Issue 2(2): Partnership Protocol HSCP/Contact Centre</p> <p>Started</p>	Agreed, once the SLA is finalised, a Partnership Protocol will be developed in conjunction with Customer Contact Centre colleagues.	<p>Estimated Date: 28/02/2020</p> <p>Revised Date: 01/03/2021</p> <p>No of Revisions 2</p>	<p>Alison Roarty Alistair Gaw Angela Ritchie Brian Henderson Cathy Wilson Elspeth Thompson Fiona Benzies Jennifer Wilson Julie Rosano Layla Smith Lisa Hastie Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Stephen Moir Tony Duncan</p>
110	<p>Homelessness Services</p> <p>CW1808 Issue 2: Homelessness data quality and performance reporting</p> <p>Alistair Gaw, Executive Director</p>	High	<p>CW1808 Recommendati on 2.2.3 - Performance Reporting</p> <p>Started</p>	2.2.3 - We will report performance information through a dashboard to the Housing and Economy Committee, officers are currently working with elected members to finalise the key performance indicators required.	<p>Estimated Date: 31/01/2020</p> <p>Revised Date: 31/03/2021</p> <p>No of Revisions 2</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Emma Morgan Jackie Irvine Nicky Brown</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	of Communities and Families					
111	<p>Homelessness Services</p> <p>CW1808 Issue 3: Provision of homelessness advice and information</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	Medium	<p>CW1801 Recommendation on 3.1.2: Updating homelessness information on website</p> <p>Started</p>	<p>3.1.2 - Following the engagement events with key stakeholders, the Council's website will be updated to include the information set out within the recommendation, and any other information relevant to key stakeholders. Webpages will be subject to regular review to ensure the information remains up to date and in line with policies and legislation.</p>	<p>Estimated Date: 30/04/2020</p> <p>Revised Date: 31/03/2021</p> <p>No of Revisions 3</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Debbie Herbertson</p> <p>Jackie Irvine</p> <p>Nichola Dadds</p> <p>Nicky Brown</p>
112	<p>Validation of Management Actions 2018/19</p> <p>Validation Audit CW1810 reopened finding - HSC1513: Management structure and business support arrangements</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Validation Audit CW1810 - Issue 2.1 HSC1503: Partnership Management Structure</p> <p>Started</p>	<p>The Partnership's organisational management structure will be finalised, implemented, and embedded. The revised structure does not need to be approved by the IJB because it is an operational matter. It will however be presented to the EIJB for information. The revised implementation date of April 2020 will allow completion of Partnership budget and transformation Programmes.</p>	<p>Estimated Date: 31/12/2015</p> <p>Revised Date: 01/09/2021</p> <p>No of Revisions 2</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Angela Ritchie</p> <p>Cathy Wilson</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
113	H&SC Care Homes - Corporate Report A1.1: Care Homes Self Assurance Framework Judith Proctor, Chief Officer	Medium	A1.1: Care Homes Self Assurance Framework Started	A self-assurance framework will be designed and implemented that will validate effective operation of controls in place to manage these risks. The Health and Social Care Partnership Operations Manager will be accountable for development; implementation and ongoing operation of the framework. Development and implementation support will be requested from Business Support and Quality Assurance and Compliance.	Estimated Date: 30/06/2019 Revised Date: 01/05/2021 No of Revisions 1 Current revised date agreed as part of extension exercise	Angela Ritchie Cathy Wilson Marian Gray Tom Cowan
114	H&SC Care Homes - Corporate Report A2.3: Welfare Fund and Outings Funds Judith Proctor, Chief Officer	Medium	A2.3(2) Establishment of welfare fund committees Started	A working group has been established that will focus on welfare. The remit of the group will focus on welfare committees; constitutions; accounts; criteria and donations. 2 officers from the working group have been assigned responsibility to write and implement welfare guidelines.	Estimated Date: 31/07/2018 Revised Date: 01/05/2021 No of Revisions 5 Current revised date agreed as part of extension exercise	Angela Ritchie Cathy Wilson Marian Gray Tom Cowan
115	H&SC Care Homes - Corporate Report A2.3: Welfare Fund and Outings Funds Judith Proctor, Chief Officer	Medium	A2.3(3) Production of annual accounts and review by welfare fund committee Started	A working group has been established that will focus on welfare. The remit of the group will focus on welfare committees; constitutions; accounts; criteria and donations. 2 officers from the working group have been assigned responsibility to write and implement welfare guidelines Task assigned to Business Officer for annual accounts and daily bookkeeping. Guidelines to be written for consistency.	Estimated Date: 31/07/2018 Revised Date: 01/05/2021 No of Revisions 4 Current revised date agreed as	Angela Ritchie Cathy Wilson Marian Gray Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
					part of extension exercise	
116	H&SC Care Homes - Corporate Report A3.1: Training Judith Proctor, Chief Officer	Medium	A3.1(1) Manager review of training Started	This will be included as part of a new monthly controls process to be implemented and monitored via completion of a monthly spreadsheet. A working group has been established to document all processes to be included.	Estimated Date: 30/06/2019 Revised Date: 01/05/2021 No of Revisions 3 Current revised date agreed as part of extension exercise	Angela Ritchie Cathy Wilson Marian Gray Tom Cowan
117	H&SC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(2) Health & Social Care Teams - 6 monthly and annual performance conversations Started	Health and Social Care Teams Will ensure that annual performance conversations (once completed) are recorded on the iTrent system.	Estimated Date: 30/06/2018 Revised Date: 01/05/2021 No of Revisions 5 Current revised date agreed as part of extension exercise	Angela Ritchie Cathy Wilson Marian Gray Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
118	H&SC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(4) Health & Social Care Teams - quarterly review of absence and performance management Started	This is the responsibility of the Unit manager for their direct reports. The Business Support Officer will ensure that the Unit Manager is aware on a monthly basis for 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.	Estimated Date: 30/06/2018 Revised Date: 01/05/2021 No of Revisions 3 Current revised date agreed as part of extension exercise	Angela Ritchie Cathy Wilson Marian Gray Tom Cowan
119	H&SC Care Homes - Corporate Report A3.4: Agency Staffing Judith Proctor, Chief Officer	Medium	A3.4(2) Analysis of the agency staff and hours worked charges Started	The 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.	Estimated Date: 31/03/2018 Revised Date: 01/05/2021 No of Revisions 4 Current revised date agreed as part of extension exercise	Angela Ritchie Cathy Wilson Marian Gray Tom Cowan
120	H&SC Care Homes - Corporate Report A3.5: Adequacy of Resources Judith Proctor, Chief Officer	Medium	A3.5(1) Care Inspectorate Dependency Assessments requirements Started	Unit managers submit monthly reports to Cluster manager and Locality management team. Locality management team responsible for ensuring resource meets the demand based on dependency scoring.	Estimated Date: 31/01/2019 Revised Date: 01/05/2021 No of Revisions 5 Current revised date agreed as	Angela Ritchie Cathy Wilson Marian Gray Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
					part of extension exercise	
121	<p>Social Work Centre Bank Account Reconciliations</p> <p>Corporate Appointee Client Fund Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Recommendation 1a - Health & Social Care</p> <p>Started</p>	<p>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.</p>	<p>Estimated Date: 28/06/2019</p> <p>Revised Date: 01/08/2021</p> <p>No of Revisions 2</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Angela Ritchie Cathy Wilson Colin Beck Ian Waitt Tony Duncan</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
122	<p>Social Work Centre Bank Account Reconciliations</p> <p>Corporate Appointee Client Fund Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>2.2. Updating procedures to include an annual review of Corporate Appointee contracts</p> <p>Started</p>	<p>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.</p>	<p>Estimated Date: 30/04/2018</p> <p>Revised Date: 01/08/2021</p> <p>No of Revisions 2</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Angela Ritchie Cathy Wilson Colin Beck Ian Waitt Tony Duncan</p>
123	<p>Social Work Centre Bank Account Reconciliations</p> <p>Corporate Appointee Client Fund Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Recommendati on 8</p> <p>Started</p>	<p>8. Refresher training will be offered as part of the implementation of the new guidelines to all staff involved in the process and recorded on staff training records. The training will also be incorporated into the new staff induction process.</p>	<p>Estimated Date: 31/05/2018</p> <p>Revised Date: 01/08/2021</p> <p>No of Revisions 3</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Angela Ritchie Cathy Wilson Colin Beck Ian Waitt Tony Duncan</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
124	<p>Social Work Centre Bank Account Reconciliations</p> <p>Corporate Appointee Client Fund Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Recommendation 1b - Business Support</p> <p>Started</p>	<p>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</p>	<p>Estimated Date: 31/05/2018</p> <p>Revised Date: 01/08/2021</p> <p>No of Revisions 2</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Angela Ritchie Cathy Wilson Colin Beck Ian Waitt Tony Duncan</p>
125	<p>Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management</p> <p>Risk and Supplier Performance Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Rec 1 - Risk Management</p> <p>Started</p>	<p>A contracts management risk register will be developed describing, prioritising, and addressing risks to delivery. The risk register will be shared with and approved by the Core group by January 2018. The risk register will be refreshed quarterly and reviewed by the Core Group.</p>	<p>Estimated Date: 30/03/2018</p> <p>Revised Date: 01/03/2021</p> <p>No of Revisions 4</p> <p>Current revised date agreed as part of extension exercise</p>	<p>Alana Nabulsi Angela Ritchie Cathy Wilson Colin Beck Tony Duncan</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
126	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Risk and Supplier Performance Management Judith Proctor, Chief Officer	High	Rec 3 - Performance Expectations Started	The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the EADP core group by January 2018.	Estimated Date: 31/01/2018 Revised Date: 01/02/2021 No of Revisions 3	Alana Nabulsi Angela Ritchie Cathy Wilson Colin Beck Tony Duncan
127	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Risk and Supplier Performance Management Judith Proctor, Chief Officer	High	Rec 4 - Timeframes Started	The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the EADP core group by January 2018.	Estimated Date: 31/01/2018 Revised Date: 01/02/2021 No of Revisions 3	Alana Nabulsi Angela Ritchie Cathy Wilson Colin Beck Tony Duncan
128	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Key Person Dependency and Process Documentation	Medium	Rec 2 - Contract Management Processes Started	The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to	Estimated Date: 31/01/2018 Revised Date: 01/02/2021 No of Revisions 3	Alana Nabulsi Angela Ritchie Cathy Wilson Colin Beck Tony Duncan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	Judith Proctor, Chief Officer			confirm our shared understanding and shared with the EADP core group by January 2018.		
129	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Key Person Dependency and Process Documentation Judith Proctor, Chief Officer	Medium	Rec 4 - Key Supplier Contracts Started	The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the EADP core group by January 2018.	Estimated Date: 31/01/2018 Revised Date: 01/02/2021 No of Revisions 3	Alana Nabulsi Angela Ritchie Cathy Wilson Colin Beck Tony Duncan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
130	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Key Person Dependency and Process Documentation Judith Proctor, Chief Officer	Medium	Rec 5 - Records Management Policy Started	Records retention policy: Direction will be requested from the Information Governance team in relation to Records Management Policy requirements and how they should be applied to retention, archiving and destruction of contract management information. Any lessons learned will be shared with the Health and Social Care contracts management team.	Estimated Date: 30/03/2018 Revised Date: 01/02/2021 No of Revisions 5	Alana Nabulsi Angela Ritchie Cathy Wilson Colin Beck Tony Duncan
131	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Supplier Sustainability Judith Proctor, Chief Officer	Medium	Rec 2 - Contingency Plans Started	Contingency plans will be developed, discussed with existing suppliers, and approved by the Core Group.	Estimated Date: 31/01/2018 Revised Date: 01/02/2021 No of Revisions 2	Alana Nabulsi Angela Ritchie Cathy Wilson Colin Beck Tony Duncan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
132	<p>Localities Operating Model</p> <p>1. Localities Governance and Operating Model</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>1.1 Recommendation - Localities Operating Model Post Implementation Review</p> <p>Started</p>	<p>Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first finding below will be considered and implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 01/11/2020</p> <p>No of Revisions 1</p> <p>Now in the process of being transferred to the Adaptation and Renewal Programme</p>	<p>Alison Coburn Alistair Gaw David Givan Evelyn Kilmurry George Gaunt Mike Avery Peter Strong Ruth Currie Sarah Burns</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
133	<p>Localities Operating Model</p> <p>1. Localities Governance and Operating Model</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>1.2 Recommendation – Development and Delivery of Council Locality Improvement Plan Actions</p> <p>Started</p>	<p>Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first finding below will be considered and implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 1</p> <p>Now in the process of being transferred to the Adaptation and Renewal Programme</p>	<p>Alison Coburn Alison Henry David Givan Donna Rodger Evelyn Kilmurry George Gaunt Laurence Rockey Michele Mulvaney Mike Avery Paula McLeay Peter Strong Sarah Burns</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
134	Localities Operating Model 1. Localities Governance and Operating Model Laurence Rockey, Head of Strategy & Communications	High	1.3 Recommendation - Locality Service Delivery Performance Measures Started	Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first finding below will be considered and implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.	Estimated Date: 31/03/2020 Revised Date: 01/08/2021 No of Revisions 1 Now in the process of being transferred to the Adaptation and Renewal Programme	Alison Coburn Donna Rodger Evelyn Kilmurry Michele Mulvaney Mike Avery Paula McLeay Peter Strong Sarah Burns

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
135	<p>Localities Operating Model</p> <p>1. Localities Governance and Operating Model</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>1.4 Recommendation - Engagement with Council centralised divisions</p> <p>Started</p>	<p>Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first finding below will be considered and implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 01/11/2020</p> <p>No of Revisions 1</p> <p>Now in the process of being transferred to the Adaptation and Renewal Programme</p>	<p>Alison Coburn David Givan Evelyn Kilmurry George Gaunt Mike Avery Peter Strong Sarah Burns</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
136	<p>Localities Operating Model</p> <p>1. Localities Governance and Operating Model</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>1.5 Recommendation - Locality budget planning and financial management</p> <p>Started</p>	<p>Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first finding below will be considered and implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 01/11/2020</p> <p>No of Revisions 1</p> <p>Now in the process of being transferred to the Adaptation and Renewal Programme</p>	<p>Alison Coburn Annette Smith Evelyn Kilmurry Hugh Dunn John Connarty Michelle Vanhegan Mike Avery Peter Strong Sarah Burns Susan Hamilton</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
137	<p>Localities Operating Model</p> <p>1. Localities Governance and Operating Model</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>1.6 Recommendation - Risk Management</p> <p>Started</p>	<p>Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first finding below will be considered and implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 01/11/2020</p> <p>No of Revisions 1</p> <p>Now in the process of being transferred to the Adaptation and Renewal Programme</p>	<p>Alison Coburn David Givan Evelyn Kilmurry George Gaunt Mike Avery Peter Strong Sarah Burns</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
138	<p>Localities Operating Model</p> <p>1. Localities Governance and Operating Model</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>1.7 Recommendation - Succession Planning</p> <p>Started</p>	<p>Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first finding below will be considered and implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 01/11/2020</p> <p>No of Revisions 1</p> <p>Now in the process of being transferred to the Adaptation and Renewal Programme</p>	<p>Alison Coburn David Givan Evelyn Kilmurry George Gaunt Mike Avery Peter Strong Sarah Burns</p>
139	<p>Localities Operating Model</p> <p>2. Oracle Financial System – Authorised Approval Limits</p> <p>Stephen Moir, Executive Director of Resources</p>	Low	<p>2.1 Recommendation - Authorisation Limits Review</p> <p>Started</p>	<p>A large-scale exercise, involving over 500 changes to the structure, was undertaken during the winter months realigning Place, taking into account changes relating to Transformation. A review of all Oracle Requisition Approvers for the department of Place has been initiated and is currently underway. More fundamentally, a rolling programme of all Oracle Requisition Approvers, across all divisions, has been reinstated. Prior to 2015 this was business as usual (BAU), however due to the proposed introduction of the enterprise resource planning solution and other budget cuts and staff reductions this was suspended. The significance of this regular review was recognised and reinstated in 2018. This will be rigorously implemented until firmly re-embedded as part of BAU across the business</p>	<p>Estimated Date: 26/06/2020</p> <p>Revised Date: 01/11/2020</p> <p>No of Revisions 0</p>	<p>Alison Henry Annette Smith Brenda Brownlee David Camilleri Hugh Dunn Layla Smith Michelle Vanhegan</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
140	Planning and S75 Developer Contributions Backlog of Legacy Developer Contributions Stephen Moir, Executive Director of Resources	High	PL 1802 Recommendation 1.1 Review of developer contributions held in the Finance database Started	A full review of all developer contributions held in the Finance database will be performed, and all entries reconciled to amounts held on deposit and/or in the general ledger.	Estimated Date: 31/01/2016 Revised Date: 01/02/2021 No of Revisions 1	Alison Coburn Alison Henry Annette Smith Bruce Nicolson David Leslie David Givan Hugh Dunn Layla Smith Michael Thain Michelle Vanhegan Rebecca Andrew

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
141	<p>Planning and S75 Developer Contributions</p> <p>Backlog of Legacy Developer Contributions</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>PL 1802 Recommendation 1.2 Retrospective review of historic developer contribution legal agreements</p> <p>Started</p>	<p>Planning has worked with Finance to identify the status of legacy contributions identified in 2015. Planning accepts that the status of the remaining £2.3 million backlog needs to be identified, and any associated actions identified and recorded. Whilst an agreed implementation date of 30 September 2020 is noted below, priority will be given to completing these actions as quickly as possible.1. The audit recommendations detailed above will be implemented. Finance and planning will work together to determine the risk-based sample to be included in the review. For the sample selected, Planning will determine whether or not the terms of the agreement have been fulfilled where agreements have been fulfilled, Finance will determine whether developer contributions have been received and applied. Where agreements have not been fulfilled and the Council is holding developer funds, the management action specified at 2.3 below will be applied.2. An internal record will be maintained of agreements that have not been fulfilled to prevent services from drawing down contributions to support any development work. Developers will not be advised that agreements are void and no longer applicable, as (under legislation) only developers can seek to discharge the agreement; and3. and 4 where agreements have not been fulfilled and funds are held by the Council, the developer will be contacted (where they can be traced) to ascertain whether they would accept reimbursement of funds. Where this is the case, a value should be agreed between the Council and the developer that reflects interest and indexation (where applicable) and reimbursed.</p>	<p>Estimated Date: 31/01/2016</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 1</p>	<p>Alison Coburn Alison Henry Annette Smith Bruce Nicolson David Leslie David Givan George Gaunt Graham Nelson Hugh Dunn Kevin McKee Michael Thain Michelle Vanhegan Nick Smith Rebecca Andrew</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
142	<p>Planning and S75 Developer Contributions</p> <p>Ongoing management of developer contributions</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>PL1802 Iss 3 Rec 3.2</p> <p>Ongoing maintenance of developer contributions</p> <p>Started</p>	All recommended actions will be implemented as set out above (in IA recommendations).	<p>Estimated Date: 30/09/2020</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 0</p>	<p>Alison Henry</p> <p>Annette Smith</p> <p>Hugh Dunn</p> <p>Layla Smith</p> <p>Michelle Vanhegan</p> <p>Rebecca Andrew</p>
143	<p>HMO Licensing</p> <p>PL1803 Issue 1 Licensing system - Data Integrity and Performance Issues</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>PL1803 Issue 1.1 Project Plan</p> <p>Started</p>	<p>Response from Digital Services Digital Services resources have now been allocated to work with both the Licencing team and CGI to progress the change request for the upgrade to APP Civica CX, and this will involve developing a plan to support implementation of the system upgrade that includes details of all relevant activities to be completed and implementation timeframes. Response from Licencing the Place Directorate and Digital Services have made change requests for CGI to provide analysis on the business benefits, costs and risks of moving to the APP. These change requests are outstanding from CGI from 2018. Upon receipt of this analysis the Directorate will agree with the Resource Directorate a project plan for approval by senior managers,</p>	<p>Estimated Date: 20/12/2019</p> <p>Revised Date: 31/03/2021</p> <p>No of Revisions 3</p>	<p>Alison Roarty</p> <p>Grace McCabe</p> <p>Heather Robb</p> <p>Isla Burton</p> <p>Julie Rosano</p> <p>Layla Smith</p> <p>Michelle Vanhegan</p> <p>Nicola Harvey</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
144	<p>HMO Licensing</p> <p>PL1803 Issue 1 Licensing system - Data Integrity and Performance Issues</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>PL1803 Issue 1.2 Escalation of system issues</p> <p>Started</p>	<p>The Place Directorate has previously reported on operational performance issues to the Regulatory Committee in 2018. The Place Directorate will include a full assessment of system issues with APP within a wider performance report due to be submitted to Regulatory Committee in the last quarter of 2019/20. This report will include an update on proposed project plan for APP Cx</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 31/03/2021</p> <p>No of Revisions 1</p> <p>Revised due date to be further agreed with management and updated</p>	<p>Alison Coburn Andrew Mitchell David Givan George Gaunt Grace McCabe Isla Burton Michael Thain Sandra Harrison</p>
145	<p>HMO Licensing</p> <p>PL1803 Issue 3 - Operational Performance and Reporting</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>PL1803 Issue 3.1 Inspection revisit policy</p> <p>Started</p>	<p>It is not legally possible to refuse a licence application based on number of visits as legislation requires that each case is considered on its merits and any policy that removes discretion would be at high risk of legal challenge. A new procedure is currently being drafted that will ensure a consistent approach and any decision on number of revisits is controlled by managers of the service to reduce the number of unnecessary revisits. We will amend current codes used in the APP Civica licencing system to ensure a 3-stage process for inspection and revisit is applied going forward. This will include creation of: a new unique single action code for an Initial inspection a new unique single action code for a Revisit inspection to offer a 7,14 21 or max 28-day time frame to complete any outstanding works – only available after an initial inspection has taken place a new unique action for a single Team Leader/Manager Review Inspection – only available in exceptional cases where additional guidance is sought by the inspector and must be authorised by a team leader/manager</p>	<p>Estimated Date: 31/12/2019</p> <p>Revised Date: 05/10/2020</p> <p>No of Revisions 5</p>	<p>Alison Coburn Andrew Mitchell David Givan George Gaunt Grace McCabe Isla Burton Michael Thain Sandra Harrison</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
146	HMO Licensing PL1803 Issue 4 Training and Guidance Documentation Paul Lawrence, Executive Director of Place and SRO	Low	PL1803 Issue 4.1 Induction process Started	Regulatory Services introduced a service specific induction program for all teams in 2018 in order to ensure that all new starts are appropriately supported. Written Induction packs for the licensing service were created and will be used for all new staff. The pack includes a 6-week training programme which will be tailored for each new start depending on where they sit within the service. The member of staff identified by the audit had been assigned alternate duties was not therefore familiar with the process. This has been addressed with the individual concerned. Appropriate refresher briefings will be given for all managers within the service.	Estimated Date: 30/09/2019 Revised Date: 01/02/2020 No of Revisions 0	Alison Coburn Andrew Mitchell David Givan George Gaunt Grace McCabe Isla Burton Michael Thain Sandra Harrison
147	Road Services Improvement Plan PL1808 Issue 1. Roads Improvement Plan financial operating model and project governance Paul Lawrence, Executive Director of Place and SRO	High	PL1808 - 1.1 Roads Service Improvement Plan review (including financial operating model) Started	Accepted. The Roads Service Improvement Plan (the Plan) will be reviewed following completion of the organisational restructure and will consider the points noted in the recommendation. A review of the financial operating model will also be undertaken with the aim of embedding a new budget structure for the service. Once completed the Plan business case will be refreshed to reflect any significant changes.	Estimated Date: 30/04/2020 Revised Date: 01/09/2020 No of Revisions 0	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Nicole Fraser
148	Road Services Improvement Plan PL1808 Issue 3. Roads inspection, defect categorisation, and repairs Paul Lawrence,	Low	PL1808 - 3.2a) Inspector training and qualifications Started	1. Design and implement a training framework for all relevant Inspectors in line with the newly adopted 'Road Safety Inspection and Defect Categorisation Procedure'	Estimated Date: 31/01/2020 Revised Date: 01/06/2020 No of Revisions 0	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Nicole Fraser Sean Gilchrist

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	Executive Director of Place and SRO					
149	Road Services Improvement Plan PL1808 Issue 3. Roads inspection, defect categorisation, and repairs Paul Lawrence, Executive Director of Place and SRO	Low	PL1808 - 3.3 Management information for planned inspections Started	On appointment, the new Service Performance Coordinator and Team Leader – Safety Inspections will work with Pitney Bowes (the supplier of the Confirm system) to develop a new process to plan and monitor safety inspection performance	Estimated Date: 31/03/2020 Revised Date: 01/11/2020 No of Revisions 1	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Nicole Fraser Sean Gilchrist
150	Road Services Improvement Plan PL1808 Issue 3. Roads inspection, defect categorisation, and repairs Paul Lawrence, Executive Director of Place and SRO	Low	PL1808 - 3.4 Authentication protocol for the Confirm Connect application Started	An audit of all handsets will be undertaken, and any non-complaint handsets will be removed and replaced	Estimated Date: 31/01/2020 Revised Date: 01/06/2020 No of Revisions 0	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
151	<p>Street Lighting and Traffic Signals</p> <p>Street Lighting - Inventory and Maintenance</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>PL1810 Issue 2: Rec 1 - Street lighting inventory completeness and electrical testing results</p> <p>Started</p>	<p>Clear processes will be designed and implemented to ensure that: all street lighting additions and removals are accurately recorded on Confirm; electrical testing outcomes are completely and accurately recorded on Confirm; and progress with testing is accurately monitored and reconciled. These processes will be included in the Street Lighting Operational Guide (developed under Finding No 3 below). With this action being inextricably linked with the ongoing Energy Efficient Street Lighting Programme, implementation will be phased (on a Ward by Ward basis) within six months of completion of each Ward within the Programme, with full completion by 30 June 2022. It has been agreed with Internal Audit that an implementation date of 20 December 2019 has been agreed with Internal Audit, enabling them to perform sample testing across the wards that have been completed at that time.</p>	<p>Estimated Date: 20/12/2019</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 3</p>	<p>Alan Simpson Alison Coburn Claire Duchart Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Lindsey McPhillips Nicole Fraser Robert Mansell Tony Booth</p>
152	<p>Street Lighting and Traffic Signals</p> <p>Street Lighting - Inventory and Maintenance</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>PL1810 Issue 2: Rec 2 - Street Lighting Inventory Checks</p> <p>Started</p>	<p>The processes (designed and implemented above) will include a monitoring arrangement, with quarterly checks made to confirm the completeness and accuracy of the inventory in Confirm. With this action being inextricably linked with the ongoing Energy Efficient Street Lighting Programme, implementation will be phased (on a Ward by Ward basis) within six months of completion of each Ward within the Programme, with full completion by 30 June 2022. It has been agreed with Internal Audit that an implementation date of 20 December 2019 has been agreed with Internal Audit, enabling them to perform sample testing across the wards that have been completed at that time.</p>	<p>Estimated Date: 20/12/2019</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 3</p>	<p>Alan Simpson Alison Coburn Claire Duchart Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Lindsey McPhillips Nicole Fraser Robert Mansell Tony Booth</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
153	<p>Street Lighting and Traffic Signals</p> <p>Street Lighting and Traffic Signals: Process and quality assurance documentation and training</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Low	<p>PL1810 Issue 3 - Rec 1 Operation and maintenance procedures</p> <p>Started</p>	<p>Street Lighting and Traffic Signals Operational Guides will be developed, implemented, and reviewed to ensure that processes align with current regulatory requirements. Operational Guides will be implemented within six months of implementation of the Roads Improvement Plan, or by 30 September 2019, whichever comes first.</p>	<p>Estimated Date: 30/09/2019</p> <p>Revised Date: 01/12/2020</p> <p>No of Revisions 2</p>	<p>Alan Simpson Alison Coburn Claire Duchart David Givan Gareth Barwell Gavin Brown George Gaunt Lindsey McPhillips Mark Love Nicole Fraser Robert Mansell Tony Booth</p>
154	<p>Street Lighting and Traffic Signals</p> <p>Traffic Signals: Evidence of pre installation design and acceptance testing</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Low	<p>PL1810 Issue 4: Rec 1 - Paperless testing checklist</p> <p>Started</p>	<p>A checklist will be introduced to record all factory and site acceptance testing and uploaded onto InView against the appropriate asset. The checklist will record engineer acceptance and review.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 2</p>	<p>Alan Simpson Alison Coburn Claire Duchart Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Lindsey McPhillips Mark Love Nicole Fraser Robert Mansell Tony Booth</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
155	<p>Street Lighting and Traffic Signals</p> <p>Traffic Signals: Evidence of pre installation design and acceptance testing</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Low	<p>PL1810 Issue 4: Rec 2 - Guidance supporting testing checklist</p> <p>Started</p>	Workshop to be arranged to guide all relevant team members on the processes for completion and retention of the checklist.	<p>Estimated Date: 31/12/2019</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 3</p>	<p>Alan Simpson Alison Coburn Claire Duchart Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Lindsey McPhillips Mark Love Nicole Fraser Robert Mansell Tony Booth</p>
156	<p>Street Lighting and Traffic Signals</p> <p>Traffic Signals: Evidence of pre installation design and acceptance testing</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Low	<p>PL1810 Issue4: Rec 3 - Checklist retention procedures</p> <p>Started</p>	Processes for the completion and retention of the checklist to be included in appropriate Operational Guide.	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 2</p>	<p>Alan Simpson Alison Coburn Claire Duchart Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Lindsey McPhillips Mark Love Nicole Fraser Robert Mansell Tony Booth</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
157	<p>Fleet Review</p> <p>Project management and governance framework</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>3. Recommendation - Project Management Framework</p> <p>Started</p>	<p>Agreed. The guidance designed by Strategy and Insight will be applied to support the Fleet project management framework; Agreed – all documentation noted above will be prepared to support the project; Project documentation will be approved by the Project Board. Status reporting will be provided to Strategy and Insight for inclusion in the CLT Change Board pack; and agreed – actions will be documented; allocated; and monitored to confirm their completion.</p>	<p>Estimated Date: 28/06/2019</p> <p>Revised Date: 01/05/2020</p> <p>No of Revisions 1</p>	<p>Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Nicole Fraser Scott Millar Veronica Wishart</p>
158	<p>Drivers</p> <p>Management and use of Driver Permits and fuel FOB cards</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Management and use of Driver Permits and Fuel FOB cards Rec 4</p> <p>Started</p>	<p>Fleet Services will perform an exercise to remove all historic leavers from their database and advise the external third party who performs the annual licence checks to ensure that no subsequent checks are performed on former employees;</p>	<p>Estimated Date: 01/02/2019</p> <p>Revised Date: 01/03/2021</p> <p>No of Revisions 3</p>	<p>Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Katy Miller Martin Young Nicole Fraser Scott Millar Steven Wright</p>
159	<p>Drivers</p> <p>Recording and addressing driving incidents</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recording and addressing driving incidents Rec 3</p> <p>Started</p>	<p>Quarterly analysis of driving incidents will be performed and provided to Service Areas with a request that any recurring themes or root causes are incorporated into ongoing driver training;</p>	<p>Estimated Date: 01/02/2019</p> <p>Revised Date: 01/09/2019</p> <p>No of Revisions 1</p>	<p>Adam Fergie Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Katy Miller Martin Young Nicole Fraser Scott Millar Steven Wright</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
160	<p>Drivers</p> <p>Recording and addressing driving incidents</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	Medium	<p>Recording and addressing driving incidents</p> <p>Started</p>	<p>Six monthly reporting will be provided to the Corporate Leadership Team together with details of relevant actions taken.</p>	<p>Estimated Date: 01/10/2019</p> <p>Revised Date: 01/12/2020</p> <p>No of Revisions 1</p>	<p>Adam Fergie Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Katy Miller Martin Young Nicole Fraser Scott Millar Steven Wright</p>
161	<p>Asset Management Strategy</p> <p>Issue 1: Visibility and Security of Shared Council Property</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>Review of existing shared property</p> <p>Started</p>	<p>A review of the office estate is underway by the Operational Estates team to identify third party users and approach them to seek appropriate leases or licences to allow them to occupy the premises and ensure the Council is appropriately reimbursed.</p>	<p>Estimated Date: 31/10/2018</p> <p>Revised Date: 01/03/2026</p> <p>No of Revisions 3</p>	<p>Audrey Dutton Gohar Khan Layla Smith Lindsay Glasgow Michelle Vanhegan Peter Watton</p>
162	<p>Compliance with IR35 and Right to Work</p> <p>RES1802: Issue 1. IR35 Compliance and Oversight Framework</p> <p>Judith Proctor, Chief Officer</p>	High	<p>RES1802: Issue 1.5 Daybreak Carer's Agreements</p> <p>Started</p>	<p>The Carer's Agreement will be revised with assistance from Legal and Risk service to ensure it complies with all requirements. All current carers will be asked to sign a revised agreement. The agreement will be revised on an annual basis to take account of any relevant changes.</p>	<p>Estimated Date: 30/09/2019</p> <p>Revised Date: 01/11/2020</p> <p>No of Revisions 3Closed</p>	<p>Angela Ritchie Anne-Marie Donaldson Cathy Wilson Kevin McKee Mark Grierson Tony Duncan</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
163	<p>Certifications and Software Licenses</p> <p>RES1805 Licenses and Certificates: Issue 1 - Governance and Oversight</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>1.1 Council - Governance and Oversight of Certificates and Licenses</p> <p>Started</p>	<p>Council: Both Digital Services Management and CGI agree that the issues relating to Certificates and Licenses must be addressed. Digital Services Management will: ensure improved Governance of the processes around this are undertaken, reporting any issues through the Executive Board; and ensure licenses are reduced/savings are realised where reduction or improved management of licenses is practicable. 2. Although not directly part of this action, more explicit requirements and governance around certificates and licenses will form part of any new or revised outsourcing contract.</p>	<p>Estimated Date: 31/01/2020 Revised Date: 01/11/2020 No of Revisions 2</p> <p>Agreed date to be extended as part of IA Extension Timeframes exercise – date to be advised by Service.</p>	<p>Alison Roarty Heather Robb Jackie Galloway Julie Rosano Laura Millar Layla Smith Michelle Vanhegan Nicola Harvey Stuart Skivington</p>
164	<p>Certifications and Software Licenses</p> <p>RES1805 Licenses and Certificates: Issue 1 - Governance and Oversight</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>1.2 CGI - Reporting and monitoring - Licenses and Certificates</p> <p>Started</p>	<p>CGI will Provide improved reporting on licenses and usage to Council Asset meetings. This will start no later than October 2019; At these meetings, also provide updates on certificate management, highlighting any service impact/incident reports caused by certificate issue; and Work with Council to provide a relevant update for the Partnership Board/Executive meeting on certificate and license management.</p>	<p>Estimated Date: 31/01/2020 Revised Date: 01/11/2020 No of Revisions 2</p> <p>Agreed date to be extended as part of IA Extension Timeframes exercise – date to be advised by Service.</p>	<p>Alison Roarty Heather Robb Jackie Galloway Laura Millar Layla Smith Michelle Vanhegan Nicola Harvey Stuart Skivington</p>
165	<p>Certifications and Software Licenses</p> <p>RES1805 Licenses and Certifications: Issue 2 - Ongoing</p>	High	<p>2.1 Completeness and accuracy of license inventory reports</p>	<p>CGI will Use the Microsoft SCCM Product to ensure that all software installed in appropriately licensed Ensure that the license report is reconciled back to source system data (where applicable) and gain Council confirmation that they are satisfied with the completeness and accuracy of the license inventory. Update the Council at the fortnightly asset meetings</p>	<p>Estimated Date: 31/01/2020 Revised Date: 01/11/2020</p>	<p>Alison Roarty Heather Robb Jackie Galloway Julie Rosano Laura Millar</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	management Stephen Moir, Executive Director of Resources		Started	of any differences between installed and licensed software and agree a course of action e.g. removal, reduction in licenses, discussion with Services on usage This should start by the end of October 2019.	Agreed date to be extended as part of IA Extension Timeframes exercise – date to be advised by Service. No of Revisions 2	Layla Smith Michelle Vanhegan Nicola Harvey Stuart Skivington
166	Certifications and Software Licenses RES1805 Licenses and Certifications: Issue 2 - Ongoing management Stephen Moir, Executive Director of Resources	High	2.2 Thematic certificates and licenses incidents Started	CGI will report to the Council on service incidents that have been caused by license or certificate issues where the root cause is non/late renewal or incorrect implementation. This should start no later than the end of October 2019 and will be discussed at the monthly Partnership Forum. CGI and Digital Services will then determine if the issues identified require a process review.	Estimated Date: 31/01/2020 Revised Date: 01/11/2020 No of Revisions 2 Agreed date to be extended as part of IA Extension Timeframes exercise – date to be advised by Service.	Alison Roarty Heather Robb Jackie Galloway Julie Rosano Laura Millar Layla Smith Michelle Vanhegan Nicola Harvey Stuart Skivington

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
167	<p>Out of Support Technology and Public Sector Network Accreditation</p> <p>RES1807 - Issue 1: Public Services Network governance framework</p> <p>Stephen Moir, Executive Director of Resources</p>	Low	<p>RES1807 - 1.1 Public Services Network governance arrangements</p> <p>Started</p>	<p>Digital Services Management has recognised the need to review governance arrangements around PSN /Cybersecurity. This will include Adapting the Security Working Group (SWG) Assurance report, in conjunction with CGI, to be the single report for all security assurance and accreditation matters encompassing PNS, Cyber Essentials/Cyber Essentials Plus, PSCAP and progress against Internal Audit findings. Working with CGI to change the Security Management Plan to have separate fortnightly SWG meetings to cover Operations and Assurance: SWG Operations Group will review the Security Operations Centre (SOC) and Security Operations Reports (SOR)SWG Assurance Group will review Assurance, PSN, Cyber Essentials/Cyber Essentials Plus and Audit Actions. To enable this approach, we will work with the Commercial teams from CGI and the Council to ensure that this approach is acceptable under the terms of the Contract Ensuring that PSN risks are included and highlighted in the Public Sector Network Plan B report. These risks will also be added to the Council/CGI partnership security risk log and reviewed as part of this.</p>	<p>Estimated Date: 31/01/2020</p> <p>Revised Date: 01/12/2020</p> <p>No of Revisions 1</p>	<p>Alison Roarty Heather Robb Julie Rosano Layla Smith Michelle Vanhegan Mike Brown Nicola Harvey</p>
168	<p>Cyber Security - Public Sector Action Plan</p> <p>RES1808: Issue 1: Critical Operational Cyber Security Controls</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>RES1808: Issue 1: Recommendation 1.2 - Cyber Essentials Accreditation</p> <p>Started</p>	<p>CGI completed a complete manual vulnerability scan of the estate in November 2018 Vulnerabilities identified from this scan are being resolved as part of the Public Services Network remediation action plan. CGI have been formally requested to implement automated vulnerability scanning as a service. To ensure this is in place in time for Cyber Essentials Plus accreditation this automated vulnerability scanning is targeted to be implemented by end of June 2019.</p>	<p>Estimated Date: 30/09/2019</p> <p>Revised Date: 01/05/2021</p> <p>No of Revisions 2</p>	<p>Alison Roarty Heather Robb Layla Smith Michelle Vanhegan Mike Brown Nicola Harvey</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
169	<p>Cyber Security - Public Sector Action Plan</p> <p>RES1808: Issue 1: Critical Operational Cyber Security Controls</p> <p>Stephen Moir, Executive Director of Resources</p>	Medium	<p>RES1808: Issue 1: Recommendation on 4.1 - User access controls</p> <p>Started</p>	<p>CGI indicated that the full recommendations made by the external auditor could not be implemented without significant change to the contract and at a notable additional cost. CGI provided the Council and the External Auditors with details of the current oversight of the CGI Wintel and UNIX password policies. Current ongoing evidence of this oversight via the Security Working Group will be provided to external audit, a statement confirming the risk acceptance by the Executive Director of Resources will be prepared, approved, signed, and provided to Scott Moncrieff.</p>	<p>Estimated Date: 31/05/2019</p> <p>Revised Date: 01/10/2019</p> <p>No of Revisions 0</p> <p>Agreed date to be extended as part of IA Extension Timeframes exercise – date to be advised by Service.</p>	<p>Alison Roarty Heather Robb Layla Smith Michelle Vanhegan Mike Brown Nicola Harvey</p>
170	<p>Supplier Management Framework and CIS Payments</p> <p>RES1809 Issue 1: Contract Management by Directorates and Service Areas</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	High	<p>RES1809 Issue 1.1(3): Completeness and accuracy of the contract register - C&F</p> <p>Started</p>	<p>Communities and Families A review will be undertaken to populate the contracts register with accurate details of named officers for tier 1 contracts and Procurement will be notified so that master contracts register can be updated. We will follow a similar process to HSC and Place in relation to updating of the register for tier 2, 3 and other value contracts at the point of procurement, renewal, or submission of new waivers.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 01/11/2020</p> <p>No of Revisions 1</p>	<p>Anna Gray Claire Thompson David Hoy Michelle McMillan Nickey Boyle</p>

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171	<p>Supplier Management Framework and CIS Payments</p> <p>RES1809 Issue 1: Contract Management by Directorates and Service Areas</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>RES1809 Issue 1.1(4): Completeness and accuracy of the contract register - Place</p> <p>Started</p>	<p>Place A recent review of the contracts register was carried out. However, an annual review of the contracts register will be undertaken to ensure that the Council's contracts register is completely and accurately populated for all Place contracts, with contract tiering assessments and accurate contract manager details included.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 31/12/2020</p> <p>No of Revisions 1</p>	<p>Alison Coburn David Givan Gareth Barwell George Gaunt Lynne Halfpenny Michael Thain</p>
172	<p>Supplier Management Framework and CIS Payments</p> <p>RES1809 Issue 1: Contract Management by Directorates and Service Areas</p> <p>Judith Proctor, Chief Officer</p>	High	<p>RES1809 Issue 1.4(2): Review of contract waivers - HSCP</p> <p>Started</p>	<p>Health and Social Care Partnership These recommendations have been accepted. The outcomes of the waiver review will be presented to and discussed at the Procurement Board, and appropriate action taken to address waivers that have been consistently waived.</p>	<p>Estimated Date: 27/03/2020</p> <p>Revised Date: 31/12/2020</p> <p>No of Revisions 1</p>	<p>Alana Nabulsi Angela Ritchie Cathy Wilson Moir Pringle Sally McGregor</p>

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173	<p>Supplier Management Framework and CIS Payments</p> <p>RES1809 Issue 1: Contract Management by Directorates and Service Areas</p> <p>Alistair Gaw, Executive Director of Communities and Families</p>	High	<p>RES1809 Issue 1.4(3): Review of contract waivers - C&F</p> <p>Started</p>	<p>Communities and Families Recommendations accepted. We have reduced the need for waivers through the development of framework arrangements and contracts that are in place. However, we will review the waivers currently in place and report this to Communities and Families Directorate Senior Management Team meeting with the Corporate and Procurement Services commercial partner.</p>	<p>Estimated Date: 27/03/2020</p> <p>Revised Date: 01/11/2020</p> <p>No of Revisions 1</p>	<p>Anna Gray David Hoy Michelle McMillan Nickey Boyle</p>
174	<p>Supplier Management Framework and CIS Payments</p> <p>RES1809 Issue 1: Contract Management by Directorates and Service Areas</p> <p>Paul Lawrence, Executive Director of Place and SRO</p>	High	<p>RES1809 Issue 1.4(4): Review of contract waivers - Place</p> <p>Started</p>	<p>Place Service area management teams currently receive this information (at least on a quarterly basis) and this will continue, with escalation of any issues to the Place SMT as appropriate.</p>	<p>Estimated Date: 31/03/2020</p> <p>Revised Date: 31/12/2020</p> <p>No of Revisions 1</p>	<p>Alison Coburn David Givan Gareth Barwell George Gaunt Lynne Halfpenny Michael Thain</p>

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175	<p>Asset Management Strategy and CAFM system 18/19</p> <p>RES1813 Asset Management Strategy and CAFM: Issue 3 - Property and Facilities Management Data Completeness; Accuracy; and Quality</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>3.1 Ensuring Data Completeness, Accuracy, and Quality</p> <p>Started</p>	<p>Current CAFM users have access to the operational data they need in the system to perform their roles and are also updating the CAFM system with new data. Whilst the vision is to have all property data in CAFM, the volume of property data that could be captured and recorded is near infinite, therefore property data that will retained in CAFM has to be focused on the effort and cost to collect versus the value it provides. The CAFM Business Case includes requirement for a Data Quality Manager, who will be the responsible data steward for Property and Facilities Management (P&FM) data. Their role is not necessarily to collect the data but to ensure rigor and control over it. This will involve ensuring regular reviews of data within the system and ensuring that data is managed and maintained in line with the established CAFM data hierarchy and agreed Council information management policies and procedures.</p> <p>Sharing data steward responsibilities across services is problematic, as they hold responsibility and accountability for the data under their remit. It would be highly unlikely that a data steward from another service would want to take on the additional accountability of data from P&FM. We recommend that P&FM establish their own data steward. The CAFM Business Case includes the delivery of a Data Quality Strategy for P&FM. The objective of the data quality strategy is to attribute risk and value to the data maintained in the system. Additionally: data change processes and procedures that capture data processing and management in CAFM will be designed and implemented. processes for reviewing data quality, for example, review of condition survey data run in tandem with review of property data every five years, will be designed and implemented. data validation controls within CAFM will be applied; and data quality audit controls for individual data fields available in CAFM will be applied, and audit reports run at an appropriate frequency to identify any significant changes to key data.</p>	<p>Estimated Date: 31/03/2016</p> <p>Revised Date: 01/08/2022</p> <p>No of Revisions 1</p> <p>Management has proposed closure by risk acceptance – discussions with IA ongoing</p>	<p>Alan Chim Andrew Field Audrey Dutton Brendan Tate Gohar Khan Layla Smith Michelle Vanhegan Peter Watton</p>

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176	<p>Asset Management Strategy and CAFM system 18/19</p> <p>RES1813 Asset Management Strategy and CAFM: Issue 3 - Property and Facilities Management Data Completeness; Accuracy; and Quality</p> <p>Stephen Moir, Executive Director of Resources</p>	High	<p>3.2 Resolution of known data quality issues</p> <p>Started</p>	<p>A reconciliation of the two lists has been performed and there are no obvious discrepancies other than properties which are out with the scope of the survey team. The viability of establishing a referencing system for concessionary lets in the CAFM system will be explored. The volume and value of known concessionary lets across the Council Estate will form part of the Annual Investment Portfolio update which is reported to the Finance and Resources committee. There is an ongoing work stream looking at vacant and disposed properties and the systems updates required.</p>	<p>Estimated Date: 31/03/2016</p> <p>Revised Date: 01/08/2022</p> <p>No of Revisions 2</p> <p>Management has proposed closure by risk acceptance – discussions with IA ongoing</p>	<p>Alan Chim Andrew Field Audrey Dutton Brendan Tate Gohar Khan Graeme McGartland Layla Smith Michelle Vanhegan Peter Watton</p>

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

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178	Budget Setting and Management RES 1903 Issue 4: Training for budget managers Stephen Moir, Executive Director of Resources	Medium	RES 1903 Issue 4.1: Training for budget managers Started	Finance is not currently responsible for providing training for budget managers as this was centralised into, Learning and Development in 2016. However, following discussions earlier this year, it has been agreed that responsibility for budget managers training will transfer back from Learning and Development to Finance. Once these responsibilities have been transferred, Finance will establish a process to ensure that all first line budget managers have completed the two training modules with supporting checks performed to ensure that the training has been completed. Please note that the 'Evidence required to close' listed above is for indicative purposes only. During Internal Audit's review of any evidence submitted, further supporting evidence may be required to close the action. Evidence should be uploaded to TeamCentral as actions progress and no later than 10 working days before agreed implementation date. This will allow Internal Audit sufficient time to review the evidence.	Estimated Date: 30/09/2020 Revised Date: 01/02/2021 No of Revisions 0	Alison Henry Annette Smith Hugh Dunn John Connarty Layla Smith Michelle Vanhegan
179	Budget Setting and Management RES 1903 Issue 4: Training for budget managers Stephen Moir, Executive Director of Resources	Medium	RES 1903 Issue 4.2: CECiL training module Started	This is underway and will be completed by the end of May 2020.	Estimated Date: 31/05/2020 Revised Date: 30/10/2020 No of Revisions 1	Adam Fergie Caroline Bayne Katy Miller Layla Smith Louise Hitchings Margaret-Ann Love Michelle Vanhegan