

Education, Children and Families Committee

10am, Tuesday, 24 August 2021

Internal Audit: Overdue Findings and Key Performance Indicators as at 27 April 2021 – 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 Education, Children and Families Committee for information.

Stephen S. Moir
Executive Director of Corporate Services

Contact: Martin Scott/Natalie Le Couteur, Committee Services, Legal and Assurance Division, Corporate Services Directorate

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Referral Report

Internal Audit: Overdue Findings and Key Performance Indicators as at 27 April 2021 – referral from the Governance, Risk and Best Value Committee

2. Terms of Referral

- 2.1 On the 8 June 2021 the Governance, Risk and Best Value (GRBV) Committee considered a report on Internal Audit Overdue Findings and Key Performance Indicators as at 27 April 2021, which provided an overview of the status of the overdue Internal Audit (IA) findings as at 27 April 2021. A total of 100 open IA findings remained to be addressed across the Council as at 27 April 2021. This excluded 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 27 April 2021.
- 2.2.2 To refer the report to the relevant Council Executive committees and the Edinburgh Integration Joint Board Audit and Assurance Committee for information in relation to the current Health and Social Care Partnership position.
- 2.2.3 To agree to provide a briefing note on progress of actions 28 and 29 - the Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management to Members of the Governance Risk and best Value Committee.

3. Background Reading/ External References

- 3.1 [Governance, Risk and Best Value Committee – 8 June 2020 – Webcast](#)
- 3.2 Minute of the Governance, Risk and Best Value Committee – 8 June 2021

4. Appendices

Appendix 1 – report by the Chief Internal Auditor

Governance, Risk and Best Value Committee

10:00am, Tuesday, 8 June 2021

Internal Audit: Overdue Findings and Key Performance Indicators as at 27 April 2021

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|---------------------|-----------|
| Item number | |
| Executive/routine | Executive |
| Wards | |
| Council Commitments | |

1. Recommendations

- 1.1 It is recommended that the Committee:
- 1.1.1 notes the status of the overdue Internal Audit (IA) findings as at 27 April 2021; and,
 - 1.1.2 refers this paper to the relevant Council Executive committees and the Edinburgh Integration Joint Board Audit and Assurance Committee for information in relation to the current Health and Social Care Partnership position.

Lesley Newdall

Chief Internal Auditor

Legal and Risk Division, Resources Directorate

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Internal Audit: Overdue Findings and Key Performance Indicators as at 27 April 2021

2. Executive Summary

Progress with Closure of Open and Overdue Internal Audit Findings

- 2.1 Following the Corporate Leadership Team (CLT) decision to temporarily reallocate capacity within directorates to prioritise focus on the closure of IA findings in November 2020, IA has noted a steady increase in the number of overdue findings proposed for closure by management between December 2020 and March 2021 (KPI 4 in Appendix 1). However, this was offset by a reduction of the number of findings proposed for closure in April 2021.
- 2.2 It is important to note that the number of management actions associated with overdue IA findings passed to IA for review and potential closure (KPI 15 in Appendix 1) has remained fairly consistent, with a slight decrease evident between March and April 2021.
- 2.3 During the period 10 February 2021 to 27 April 2021 a total of 18 findings (5 open and 13 overdue) and 68 management actions have been closed following review by IA.
- 2.4 All 26 historic overdue findings reopened in June 2018 have now been closed.
- 2.5 There has also been a decrease in the number of management actions where the latest implementation date has been missed between March and April, although a significant increase was evident between February and March 2021 (KPI 16 in Appendix 1). This confirms that ongoing focus is required to ensure that future implementation dates are achieved and not missed.
- 2.6 There has been no significant change in the overall ageing profile of overdue findings in the last quarter (KPIs 8 to 11 in Appendix 1). Whilst the proportion of findings between three and six months old and more than one-year overdue have both increased, this is offset by a decrease in the proportion of findings less than three months old, and between six months and one year overdue.
- 2.7 Further detail on the monthly trends in open and overdue findings is included at Appendix 1.

Current Position as at 27 April 2021

- 2.8 A total of 100 open IA findings remain to be addressed across the Council as at 27 April 2021. This excludes open and overdue Internal Audit findings for the Edinburgh Integration Joint Board and the Lothian Pension Fund.
- 2.9 Of the 100 currently open IA findings:
- 2.9.1 a total of 37 (37%) are open, but not yet overdue;
 - 2.9.2 63 (63%) are currently reported as overdue as they have missed the final agreed implementation dates. This reflects an increase of 4% in comparison to the February 2021 position (59%).
 - 2.9.3 70% of the overdue findings are more than six months overdue, reflecting an increase of 2% in comparison to February 2021 (68%) with 19% aged between six months and one year and 51% more than one year overdue.
 - 2.9.4 evidence in relation to 13 of the 63 overdue findings is currently being reviewed by IA to confirm that it is sufficient to support closure; and,
 - 2.9.5 50 overdue findings still require to be addressed.
- 2.10 The number of overdue management actions associated with open and overdue findings where completion dates have been revised more than once since July 2018 is 64, reflecting a decrease of 10 when compared to the March 2021 position. This excludes the four-month date extension that was applied to reflect the impact of Covid-19.

Key Performance Indicators

- 2.11 Recognising the impacts of Covid-19, IA key performance indicators (KPIs) have not been applied to audits completed by IA during the 2020/21 plan year, however IA has noted an anecdotal increase in the time required to agree and finalise IA reports.
- 2.12 Key performance indicators will be reintroduced for audits completed during the 2021/22 plan year
- 2.13 It is also acknowledged that IA is currently taking longer to respond to increased volumes of requests to validate closure of management actions whilst progressing delivery of the 2020/21 and commencing delivery of the 2021/22 annual plan.

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 Each finding raised by IA in audit reports typically includes several management actions that are required to be delivered 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 As at 27 April 2021, there are a total of 100 open IA findings with 63 findings (63%) now overdue.
- 4.2 The movement in open and overdue IA findings during the period 10 February 2021 (reported to GRBV in March 2021) to 27 April 2021 is as follows:

| Analysis of changes between 10/02/2021 and 27/04/2021 | | | | |
|--|-----------------------------|--------------|---------------|-----------------------------|
| | Position at 10/02/21 | Added | Closed | Position at 27/04/21 |
| Open | 115 | 3 | 18 | 100 |

| | | | | |
|----------------|----|---|----|----|
| Overdue | 68 | 8 | 13 | 63 |
|----------------|----|---|----|----|

Historic Overdue Findings

4.3 The one final remaining medium rated historic overdue finding from the population of 26 historic findings that were reopened in 2018 was closed in March 2021.

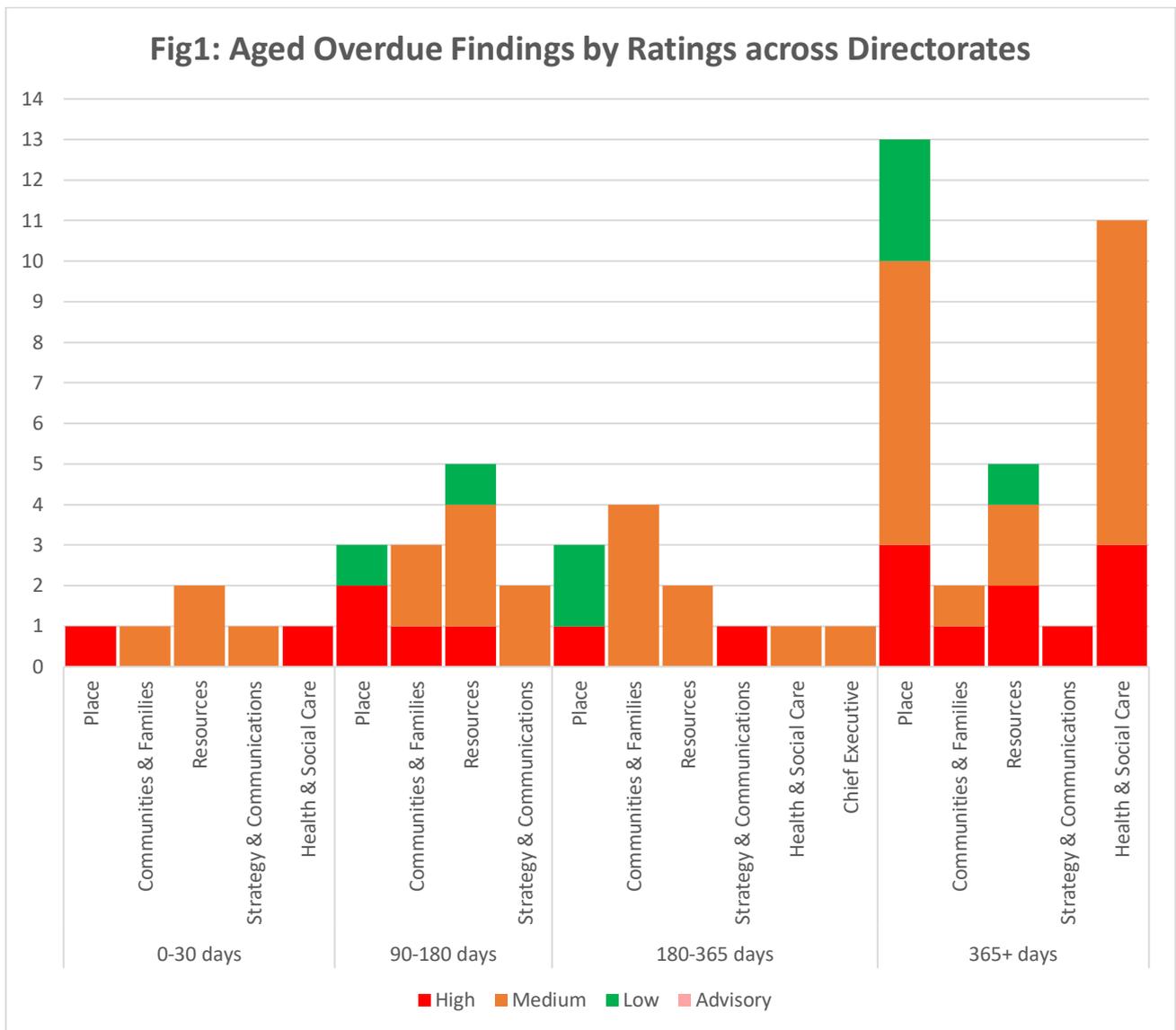
Overdue Findings

4.4 The 63 overdue findings comprise 18 High; 37 Medium; and 8 Low rated findings.

4.5 However, IA is currently reviewing evidence to support closure of 13 of these findings (3 High and 10 Medium), leaving a balance of 50 overdue findings (15 High; 27 Medium; and 8 Low) still to be addressed.

Overdue Findings Ageing Analysis

4.6 Figure 1 illustrates the ageing profile of all 63 overdue findings by rating across directorates as at 27 April 2021.



- 4.7 The analysis of the ageing of the 63 overdue findings outlined below highlights that Directorates made good progress in the last quarter with resolving findings overdue for less than three months and findings overdue between six months and one-year, as the proportion of those findings has decreased. However, this is offset by an increase in the proportion of findings overdue between three and six months and findings overdue for more than a year.
- 6 (10%) are less than 3 months (90 days) overdue, in comparison to 14% as at February 2021;
 - 13 (20%) are between 3 and 6 months (90 and 180 days) overdue, in comparison to 18% as at February 2021;
 - 12 (19%) are between 6 months and one year (180 and 365 days) overdue, in comparison to 24% as at February 2021; and,
 - 32 (51%) are more than one year overdue, in comparison to 44% as at February 2021.

Management Actions Closed Based on Management's Risk Acceptance

- 4.8 The following three management actions have been closed on the basis that management has retrospectively accepted either the full or residual elements of the risks highlighted by IA in original audit reports. These are:

4.8.1 Customer and Digital Services - Certification and Licences (High)

- Management has accepted the residual risk that the Council does not have a view of its full population of software application licences, and cannot determine whether these are sufficient; being used in line with supplier agreements; and whether additional licence costs should be incurred, or savings achieved due to licence shortages or surpluses.
- Management has advised that this is due to current and historic software and licence procurement processes applied across the Council.

4.8.2 Customer and Digital Services – CGI Sub-Contract Management (Medium)

- Management has accepted the risk that the performance of CGI sub-contractors who provide technology services is not proactively monitored to prevent potential incidents.
- Management has advised that this risk has been accepted as it is not currently possible to change the sub-contract management clauses in the CGI contract.

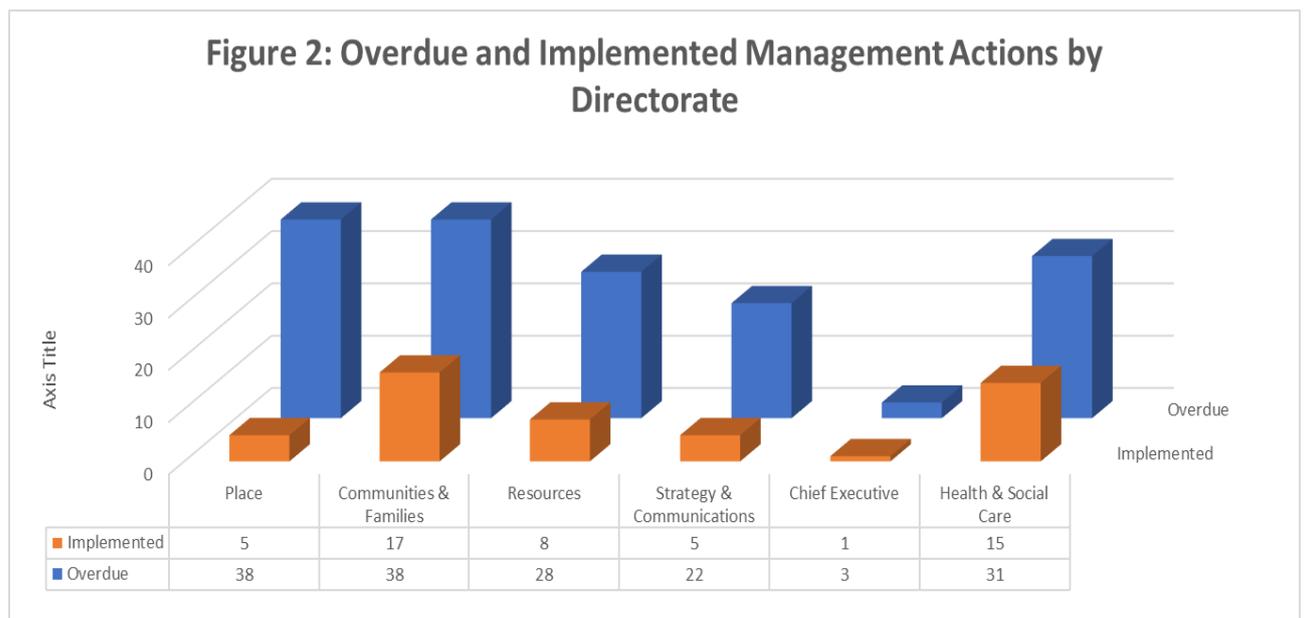
4.8.3 Health and Social Care – Emergency Prioritisation and Complaints (ATEC 24 Customer Engagement) (Low)

- Management has accepted the risks associated with obtaining customer feedback on the service, and using this as the basis to implement service improvements based on evidence provided that an alternative approach

is being adopted. Management has confirmed that the residual risk has been recorded on the service risk register.

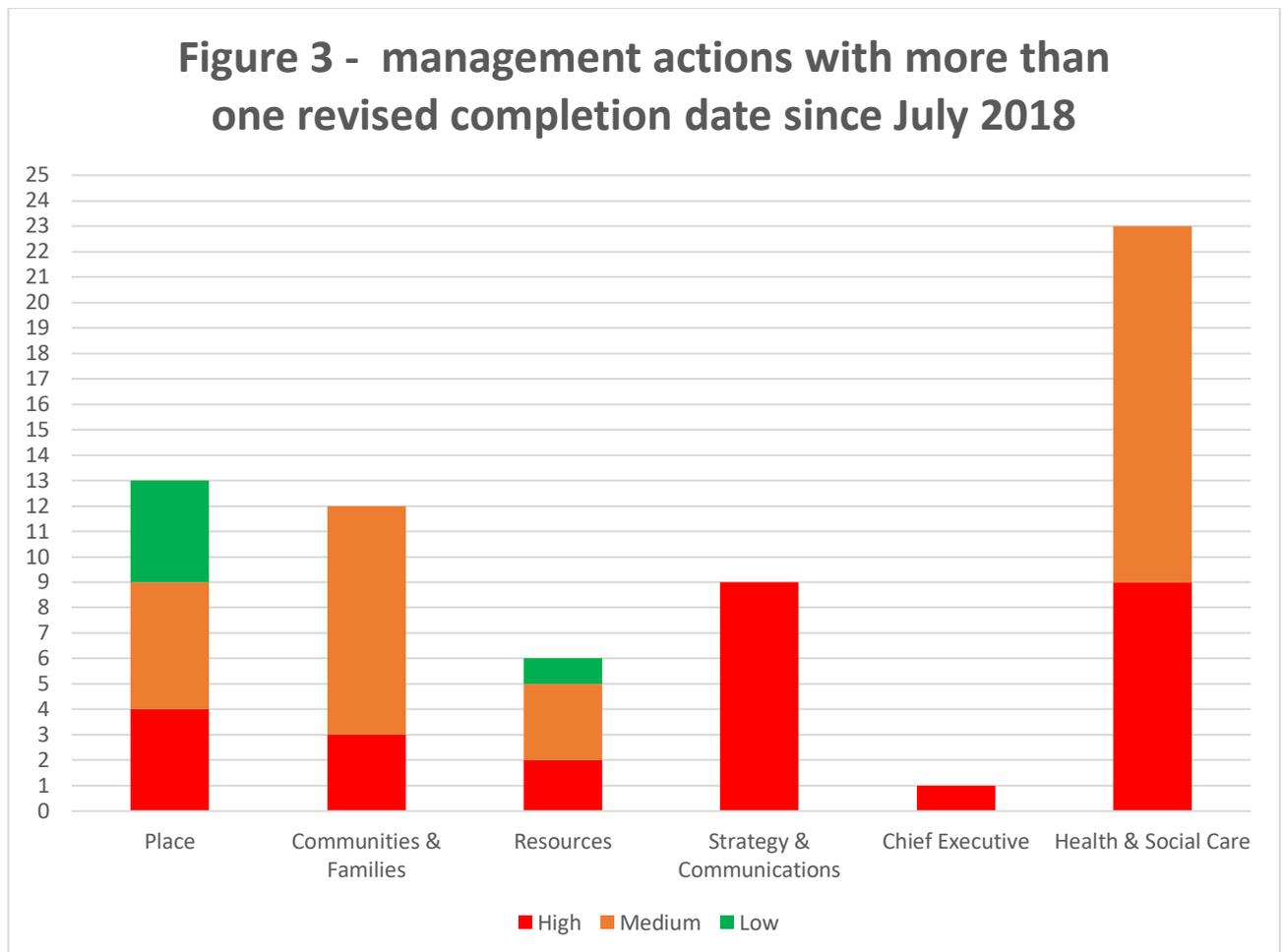
Agreed Management Actions Analysis

- 4.9 The 100 open IA findings are supported by a total of 269 agreed management actions. Of these, 160 (59%) are overdue as the completion timeframe agreed with management when the report was finalised has not been achieved. This reflects a 1% increase from the February 2021 position (58%).
- 4.10 Of the 160 overdue management actions, 51 (31.8%) have a status of 'implemented' and are currently with IA for review to confirm whether they can be closed, leaving a balance of 109 (68.1%) to be addressed.
- 4.11 Appendix 2 provides an analysis of the 160 overdue management actions highlighting:
- their current status as at 27 April 2021 with:
 - 51 implemented actions where management believe the action has been completed and it is now with IA for validation;
 - 92 started where the action is open, and implementation is ongoing; and,
 - 17 pending where the action is open with no implementation progress evident to date.
 - 82 instances (51%) where the latest implementation date has been missed; and
 - 64 instances (40%) where the implementation date has been revised more than once.
- 4.12 Figure 2 illustrates the allocation of the 160 overdue management actions across Directorates, which includes the 51 actions that are with IA for validation and review to confirm whether they can be closed.



Revised Implementation Dates

- 4.13 Figure 3 illustrates that there are currently 64 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 a decrease of 10 in comparison to the position reported in February 2021(74).
- 4.15 Of these 64 management actions, 28 are associated with High rated findings; 31 Medium; and 5 Low, with the majority of date revisions in Health and Social Care Partnership.



Key Performance Themes Identified from the IA Dashboard

- 4.16 The IA dashboard has not been applied in the current plan year as the Council continues to focus on its Covid-19 resilience response, and will be applied to support delivery of the 2021/22 IA annual plan. This dashboard will ensure that end to end transparency relating to audit performance, both from services and the IA team itself is reported upon.

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: Overdue Findings and Key Performance Indicators at 30 October 2020 – Paper 8.3](#)

9. Appendices

- 9.1 Appendix 1 – Monthly Trend Analysis of IA Overdue Findings and Management Actions
- 9.2 Appendix 2 – Internal Audit Overdue Management Actions as at 27 April 2021

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

| | | Overall Status Stable with limited change | | | | | | | | | | | |
|---|------------------------|--|------|-------------------|------|-------------------|------|-------------------|------|-------------------|------|----------------|--|
| Key Performance Indicator (KPI) | | 07/12/2020 | | 11/01/2021 | | 10/02/2021 | | 22/03/2021 | | 27/04/2021 | | Trend | |
| IA Findings | | | | | | | | | | | | | |
| 1 | Open findings | 123 | 100% | 119 | 100% | 115 | 100% | 107 | 100% | 100 | 100% | Not applicable | |
| 2 | Not yet due | 59 | 48% | 45 | 38% | 47 | 41% | 43 | 40% | 37 | 37% | Not applicable | |
| 3 | Overdue findings | 64 | 52% | 74 | 62% | 68 | 59% | 64 | 60% | 63 | 63% | | |
| 4 | Overdue - IA reviewing | 12 | 19% | 17 | 23% | 20 | 29% | 18 | 28% | 13 | 21% | | |
| 5 | High Overdue | 19 | 30% | 23 | 31% | 19 | 28% | 17 | 27% | 18 | 29% | | |
| 6 | Medium Overdue | 36 | 56% | 41 | 55% | 39 | 57% | 38 | 59% | 37 | 59% | | |
| 7 | Low Overdue | 9 | 14% | 10 | 14% | 10 | 15% | 9 | 14% | 8 | 13% | | |
| 8 | <90 days overdue | 11 | 17% | 16 | 22% | 10 | 15% | 11 | 17% | 6 | 10% | | |
| 9 | 90-180 days overdue | 7 | 11% | 9 | 12% | 12 | 18% | 10 | 16% | 13 | 21% | | |
| 10 | 180-365 days overdue | 21 | 33% | 20 | 27% | 16 | 24% | 16 | 25% | 12 | 19% | | |
| 11 | >365 days overdue | 25 | 39% | 29 | 39% | 30 | 44% | 27 | 42% | 32 | 51% | | |
| Management Actions | | | | | | | | | | | | | |
| 12 | Open actions | 364 | 100% | 340 | 100% | 315 | 100% | 296 | 100% | 269 | 100% | Not applicable | |
| 13 | Not yet due | 175 | 48% | 138 | 41% | 133 | 42% | 120 | 41% | 109 | 41% | Not applicable | |
| 14 | Overdue actions | 189 | 52% | 202 | 59% | 182 | 58% | 176 | 59% | 160 | 59% | | |
| 15 | Overdue - IA reviewing | 39 | 21% | 52 | 26% | 51 | 28% | 61 | 35% | 51 | 32% | | |
| 16 | Latest date missed | 60 | 32% | 73 | 36% | 76 | 42% | 95 | 54% | 82 | 51% | | |
| 17 | Date revised > once | 86 | 46% | 82 | 41% | 74 | 41% | 71 | 40% | 64 | 40% | | |
| Trend Analysis - key | | | | | | | | | | | | | |
| | | Adverse trend - action required | | | | | | | | | | | |
| | | Stable with limited change | | | | | | | | | | | |
| | | Positive trend with progress evident | | | | | | | | | | | |
| No trend analysis is performed on open findings and findings not yet due as these numbers will naturally increase when new IA reports are finalised | | | | | | | | | | | | | |

Appendix 2 - Internal Audit Overdue Management Actions as at 27 April 2021

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.
10. **Amber** formatting in the dates field indicates the date has been revised more than once.
11. Contributor – Officers involved in implementation of an agreed management action.

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
|-----|--|---------------|---|---|--|---|
| 1 | Asset Management Strategy Issue 1: Visibility and Security of Shared Council Property Stephen Moir, Executive Director of Resources | Medium | Review of existing shared property Started | A review of the office estate is underway by the Operational Estates team to identify third party users and approach them to seek appropriate leases or licences to allow them to occupy the premises and ensure the Council is appropriately reimbursed. | Estimated Date: 31/10/2018 Revised Date: 01/03/2026 No of Revisions 3 | Audrey Dutton Gohar Khan Layla Smith Michelle Vanhegan Peter Watton |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
|-----|--|-------------|---|---|--|---|
| 2 | <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 be retained in CAFM has to be focused on the effort and cost to collect versus the value it provides. The CAFM Business Case includes requirement for a Data Quality Manager, who will be the responsible data steward for Property and Facilities Management (P&FM) data. Their role is not necessarily to collect the data but to ensure rigor and control over it. This will involve ensuring regular reviews of data within the system and ensuring that data is managed and maintained in line with the established CAFM data hierarchy and agreed Council information management policies and procedures. Sharing data steward responsibilities across services is problematic, as they hold responsibility and accountability for the data under their remit. It would be highly unlikely that a data steward from another service would want to take on the additional accountability of data from P&FM. We recommend that P&FM establish their own data steward. The CAFM Business Case includes the delivery of a Data Quality Strategy for P&FM. The objective of the data quality strategy is to attribute risk and value to the data maintained in the system. Additionally: 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</p> | <p>Estimated Date: 31/03/2016</p> <p>Revised Date: 01/08/2022</p> <p>No of Revisions 1</p> | <p>Alan Chim</p> <p>Andrew Field</p> <p>Audrey Dutton</p> <p>Brendan Tate</p> <p>Gohar Khan</p> <p>Layla Smith</p> <p>Michelle Vanhegan</p> <p>Peter Watton</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
|-----|--|------------|--|---|---|--|
| | | | | 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. | | |
| 3 | <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 Revised Date: 01/08/2022 No of Revisions 2</p> | <p>Alan Chim Andrew Field Audrey Dutton Brendan Tate Gohar Khan Graeme McGartland Layla Smith Michelle Vanhegan Peter Watton</p> |
| 4 | <p>Assurance Actions and Annual Governance Statements</p> <p>CW1903 Issue 1: Assurance Management Framework</p> | High | <p>CW1903 Issue 1.1c: Develop and implement an assurance management framework</p> <p>Started</p> | <p>An assurance management framework will be developed and Implemented that covers the points raised by Internal Audit and includes: liaison with directorates to assess current and best practice; clearly defined roles and responsibilities for first line directorates and the second line Corporate Governance team; process flow; monitoring / reporting / closure requirements; an assessment of existing automated tools to determine whether they can support the process; issue guidance; The framework will be Implemented and rolled out across Council divisions and directorates to support completion of the 2021/22</p> | <p>Estimated Date: 31/12/2020 Revised Date: 30/04/2021 No of Revisions 2</p> | <p>Chris Peggie Donna Rodger Gavin King Hayley Barnett Laura Callender Mirka Vybiralova</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
|-----|---|------------|--|---|--|---|
| | Andrew Kerr, Chief Executive | | | annual governance statement for inclusion in the Council's 31 March 2022 annual financial statements. | | |
| 5 | <p>Brexit impacts - supply chain management</p> <p>CW1905 Issue 1: Divisional and Directorate Brexit supply chain management risks</p> <p>Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities</p> | Medium | <p>CW1905 Rec. 1.1c: Communities and Families - Divisional and directorate supply chain management</p> <p>Implemented</p> | As discussed and agreed at the Corporate Leadership Team (CLT) on 29th July 2020, these findings will be Implemented as recommended by Internal Audit and in line with an earlier CLT decision (8 July 2020) that the most significant corporate concurrent risks (including Brexit supply chain risks) that could potentially impact the Council will be identified by October 2020. It is acknowledged that divisional and directorate supply chain risks will need to be identified to support this process. | <p>Estimated Date: 30/10/2020</p> <p>Revised Date:</p> <p>No of Revisions 0</p> | <p>Andy Gray</p> <p>Bernadette Oxley</p> <p>Crawford McGhie</p> <p>Michelle McMillan</p> <p>Nichola Dadds</p> <p>Nickey Boyle</p> |
| 6 | <p>Brexit impacts - supply chain management</p> <p>CW1905 Issue 1: Divisional and Directorate Brexit supply chain management risks</p> <p>Judith Proctor, Chief Officer - HSCP</p> | Medium | <p>CW1905 Rec. 1.1d: Health and Social Care Partnership - Divisional and directorate supply chain management</p> <p>Implemented</p> | As discussed and agreed at the Corporate Leadership Team (CLT) on 29th July 2020, these findings will be Implemented as recommended by Internal Audit and in line with an earlier CLT decision (8 July 2020) that the most significant corporate concurrent risks (including Brexit supply chain risks) that could potentially impact the Council will be identified by October 2020. It is acknowledged that divisional and directorate supply chain risks will need to be identified to support this process. | <p>Estimated Date:30/10/2020</p> <p>Revised Date:</p> <p>No of Revisions 0</p> | <p>Angela Ritchie</p> <p>Moira Pringle</p> <p>Tom Cowan</p> <p>Tony Duncan</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
|-----|---|------------|--|---|---|---|
| 7 | <p>Brexit impacts - supply chain management</p> <p>CW1905 Issue 1: Divisional and Directorate Brexit supply chain management risks</p> <p>Gavin King, Democracy, Governance and Resilience Senior Manager</p> | Medium | <p>CW1905 Rec. 1.1e: Strategy and Communications - Divisional and directorate supply chain management</p> <p>Pending</p> | <p>As discussed and agreed at the Corporate Leadership Team (CLT) on 29th July 2020, these findings will be Implemented as recommended by Internal Audit and in line with an earlier CLT decision(8 July 2020) that the most significant corporate concurrent risks (including Brexit supply chain risks) that could potentially impact the Council will be identified by October 2020. It is acknowledged that divisional and directorate supply chain risks will need to be identified to support this process.</p> | <p>Estimated Date: 30/10/2020 Revised Date:</p> <p>No of Revisions 0</p> | <p>Andy Nichol Donna Rodger Gillie Severin Michael Pinkerton Paula McLeay</p> |
| 8 | <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 Revised Date:</p> <p>No of Revisions 0</p> | <p>Donna Rodger Gavin King Mary-Ellen Lang</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
|-----|---|------------|---|---|--|---|
| 9 | <p>Budget Setting and Management</p> <p>RES 1903 Issue 1: Savings proposals documentation and risk assessments</p> <p>Stephen Moir, Executive Director of Resources</p> | Medium | <p>RES 1903 Issue 1.1: Savings proposals documentation and risk assessments</p> <p>Implemented</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 applied to all savings delivery progress updates provided to Directorate management teams, CLT, and service committees.</p> | <p>Estimated Date: 30/09/2020</p> <p>Revised Date: 01/02/2021</p> <p>No of Revisions 0</p> | <p>John Connarty Alison Henry Annette Smith Donna Rodger Emma Baker Hugh Dunn Layla Smith Michelle Vanhegan</p> |
| 10 | <p>Budget Setting and Management</p> <p>RES 1903 Issue 2: Budget setting and management processes</p> <p>Stephen Moir, Executive Director of Resources</p> | Medium | <p>RES 1903 Issue 2.1: Budget setting and management processes and timetable</p> <p>Started</p> | <p>Guidance will be developed for budget setting and management as described in the recommendation above and issued to support the 2021/22 budget setting process.</p> | <p>Estimated Date: 31/12/2020</p> <p>Revised Date: 01/05/2021</p> <p>No of Revisions 0</p> | <p>Alison Henry Annette Smith Emma Baker Hugh Dunn John Connarty Layla Smith Michelle Vanhegan</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 11 | <p>Budget Setting and Management</p> <p>RES 1903 Issue 2: Budget setting and management processes</p> <p>Stephen Moir, Executive Director of Resources</p> | Medium | <p>RES 1903 Issue 2.2: Clarity of roles and responsibilities</p> <p>Started</p> | <p>The respective roles and responsibilities for first line budget managers and second line Finance and Change Strategy teams in relation to the annual budget setting and ongoing budget management process will be clearly defined in a procedure document and communicated with documentation reflecting guidance on this matter issued by CIPFA.</p> | <p>Estimated Date: 31/12/2020</p> <p>Revised Date: 01/05/2021</p> <p>No of Revisions 0</p> | <p>Alison Henry</p> <p>Annette Smith</p> <p>Emma Baker</p> <p>Hugh Dunn</p> <p>John Connarty</p> <p>Layla Smith</p> <p>Michelle Vanhegan</p> |
| 12 | <p>Budget Setting and Management</p> <p>RES 1903 Issue 3: Continuous improvement: Lessons learned and customer feedback.</p> <p>Stephen Moir, Executive Director of Resources</p> | Medium | <p>RES 1903 Issue 3.1: Annual budget setting lessons learned methodology</p> <p>Started</p> | <p>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.</p> | <p>Estimated Date: 31/05/2020</p> <p>Revised Date: 31/05/2021</p> <p>No of Revisions 1</p> | <p>John Connarty</p> <p>Alison Henry</p> <p>Annette Smith</p> <p>Donna Rodger</p> <p>Emma Baker</p> <p>Hugh Dunn</p> <p>Layla Smith</p> <p>Michelle Vanhegan</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 13 | <p>Budget Setting and Management</p> <p>RES 1903 Issue 3: Continuous improvement: Lessons learned and customer feedback.</p> <p>Stephen Moir, Executive Director of Resources</p> | Medium | <p>RES 1903 Issue 3.2: Finance customer and staff feedback surveys</p> <p>Started</p> | <p>Finance will conduct customer and staff feedback exercises every two years. A feedback process will be developed and Implemented that is aligned with the lessons learned methodology as described in recommendation 3.1. In addition, feedback from each exercise will be consolidated and used to generate improvement actions. The survey results and improvement actions will be reported to service managers and staff.</p> | <p>Estimated Date: 31/12/2020</p> <p>Revised Date: 01/05/2021</p> <p>No of Revisions 0</p> | <p>Alison Henry</p> <p>Annette Smith</p> <p>Hugh Dunn</p> <p>John Connarty</p> <p>Layla Smith</p> <p>Michelle Vanhegan</p> |
| 14 | <p>Budget Setting and Management</p> <p>RES 1903 Issue 4: Training for budget managers</p> <p>Stephen Moir, Executive Director of Resources</p> | Medium | <p>RES 1903 Issue 4.1: Training for budget managers</p> <p>Started</p> | <p>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.</p> | <p>Estimated Date:30/09/2020</p> <p>Revised Date:31/12/2021</p> <p>No of Revisions 1</p> | <p>Alison Henry</p> <p>Annette Smith</p> <p>Hugh Dunn</p> <p>John Connarty</p> <p>Layla Smith</p> <p>Michelle Vanhegan</p> |

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| 15 | <p>CGI Partnership Management and Governance</p> <p>RE1904 Issue 1 - CGI Governance and performance management framework</p> <p>Stephen Moir, Executive Director of Resources</p> | Medium | <p>RES1904 - Rec 1.1 Independent assurance</p> <p>Implemented</p> | <p>1. Whilst these areas are not covered as specific clauses in the current contract, management agrees that it is important to obtain independent assurance in relation to CGI operational performance, and will request provision of the following either within the terms of the current contract (if possible) or as part of the next contract refresh to support achievement of Scottish Government Cyber Essentials Plus Accreditation and ongoing compliance with the new Scottish Government public sector cyber framework: a) evidence of ongoing CGI International Organisation for Standardisation (ISO) accreditation for all standards relevant to the technology services delivered by CGI (for example ISO27001). b) completion of an annual independent IT health check regardless of CGI ISO accreditation outcomes that will provide additional assurance in relation to security and ongoing compliance with the current Scottish Government Cyber Essentials Plus Accreditation and new cyber security framework requirements. It is acknowledged that this will likely incur additional cost for the Council, however this may be offset by reduced Internal and External audit assurance costs where reliance can be placed on completion of the independent health check. c) the requirement for CGI to address any assurance findings raised with evidence provided to the Council to confirm their resolution. 2. Management accepts this risk on the basis that it is not possible to change the terms of the contract to include an increased number of contractually free audits to support provision of ongoing independent internal and external audit assurance.</p> | <p>Estimated Date: 31/03/2021</p> <p>Revised Date:</p> <p>No of Revisions 0</p> | <p>Alison Roarty Heather Robb Jackie Galloway Layla Smith Michelle Vanhegan Nicola Harvey</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 16 | <p>CGI Partnership Management and Governance</p> <p>RE1904 Issue 1 - CGI Governance and performance management framework</p> <p>Stephen Moir, Executive Director of Resources</p> | Medium | <p>RES1904 - Rec 1.2 CGI governance framework</p> <p>Started</p> | <p>The governance framework has changed reflecting the Council's evolving technology needs and ongoing continuous feedback and improvement in delivery of CGI services, and some aspects of the governance framework detailed in the contract have become outdated. A governance document has been designed and agreed with CGI that includes all established partnership meetings and details their purpose; attendees; documents and information to be provided in advance of the meetings; and meeting agendas. The design of the current governance framework will be further considered as part of the next CGI contract refresh.</p> | <p>Estimated Date: 31/03/2021</p> <p>Revised Date:</p> <p>No of Revisions 0</p> | <p>Alison Roarty Heather Robb Jackie Galloway Layla Smith Michelle Vanhegan Nicola Harvey</p> |
| 17 | <p>CGI Partnership Management and Governance</p> <p>RE1904 Issue 1 - CGI Governance and performance management framework</p> <p>Stephen Moir, Executive Director of Resources</p> | Medium | <p>RES1904 - Rec 1.3 Key performance indicators</p> <p>Started</p> | <p>Accepted. A review will be performed to determine which KPIs can be refreshed within the terms of the current contract, and all existing KPIs will be reviewed as part of the next contract refresh.</p> | <p>Estimated Date: 31/03/2021</p> <p>Revised Date:</p> <p>No of Revisions 0</p> | <p>Alison Roarty Heather Robb Jackie Galloway Layla Smith Michelle Vanhegan Nicola Harvey</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 18 | <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 Revised Date: 01/05/2021 No of Revisions 2</p> | <p>Alison Roarty Heather Robb Layla Smith Michelle Vanhegan Mike Brown Nicola Harvey</p> |
| 19 | <p>Digital Services Change Initiation</p> <p>CW1901 Change Initiation: Issue 1 - Inconsistencies in the change management processes</p> <p>Stephen Moir, Executive Director of Resources</p> | Medium | <p>CW1901: Recommendation 1.2.1 - Review of service levels for CGI review and response to change requests</p> <p>Started</p> | <p>Service levels for CGI review of and responses to change requests will be reviewed and consideration given to implementing the following changes where this is possible within the terms of the current contract: creating bespoke service levels for individual complex change requests with any additional costs associated with bespoke service levels incorporated into the cost of the change request. Where bespoke service levels are agreed, a process will be established to ensure that these are communicated to both Digital Services and the change requestor. CGI and the Council will also consider and implement (if appropriate) an initial review of change requests to confirm that they are of an acceptable level of quality and include sufficient information to support an initial assessment of the requirement for a Data Privacy Impact Assessment prior to acceptance. Progress against delivery of both standard and bespoke service levels for CGI review of and response to change requests will continue to be monitored by both the Council and CGI via established governance processes.</p> | <p>Estimated Date: 31/12/2020 Revised Date: 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 | Contributors |
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| 20 | <p>Digital Services Incident and Problem Management</p> <p>RES1907 Incident and Problem Management: Issue 1 - Next steps for incident resolution</p> <p>Stephen Moir, Executive Director of Resources</p> | Low | <p>RES1907 Recommendation 1.1.1 - Incident Reports</p> <p>Started</p> | Agreed – updates will be provided into the problem management records that feed into the Problem Review Board. | <p>Estimated Date:31/12/2020</p> <p>Revised Date:</p> <p>No of Revisions 0</p> | <p>Alison Roarty</p> <p>Heather Robb</p> <p>Jackie Galloway</p> <p>Layla Smith</p> <p>Michelle Vanhegan</p> <p>Nicola Harvey</p> <p>Richard Burgess</p> |
| 21 | <p>Digital Services Incident and Problem Management</p> <p>RES1907 Incident and Problem Management: Issue 1 - Next steps for incident resolution</p> <p>Stephen Moir, Executive Director of Resources</p> | Low | <p>RES1907 Recommendation 1.1.2 - Partnership Board and Client Service Reports</p> <p>Started</p> | Agreed – the Client Service reports, and Partnership Board documents will be amended in relation to problem records to make reference to updates of the problem records being recorded in the Problem Review Board input. | <p>Estimated Date:</p> <p>31/12/2020</p> <p>Revised Date:</p> <p>No of Revisions</p> <p>0</p> | <p>Alison Roarty</p> <p>Heather Robb</p> <p>Jackie Galloway</p> <p>Layla Smith</p> <p>Michelle Vanhegan</p> <p>Nicola Harvey</p> <p>Richard Burgess</p> |

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| 22 | <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> | 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>Estimated Date: 01/02/2019</p> <p>Revised Date: 31/08/2021</p> <p>No of Revisions 4</p> | <p>Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Katy Miller Martin Young Nicole Fraser Scott Millar Steven Wright</p> |
| 23 | <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>Started</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>Estimated Date: 01/04/2019</p> <p>Revised Date: 30/06/2021</p> <p>No of Revisions 3</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> |
| 24 | <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> | 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>Estimated Date: 01/02/2019</p> <p>Revised Date: 31/10/2021</p> <p>No of Revisions 3</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 | Contributors |
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| 25 | <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 Revised Date: 01/12/2020 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> |
| 26 | <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>1.2 - Agreed Management Action – Establish an accurate population of Council drivers</p> <p>Started</p> | <p>1. An e mail will be prepared and issued by the Executive Director of Place. This will include an explanation of the requirement for Council vocational and grey fleet drivers to complete and return the DVLA driver licence check permissions forms to Fleet Services and include a date for completion. The e mail will also reinforce the escalation process to be applied where that driving permission forms are not received and will confirm that driver permits will be revoked where completed forms are not returned on time. 2. Fleet services will engage with the Business Hub team within Strategy and Communications and to determine what support can be provided to enable effective resolution of the current position and the nature of ongoing support required. 3. This action is already in progress as a number of leavers have now been removed from the Fleet Services Tranman driver database. Once all permission forms have been received, a full reconciliation will be performed. Subsequent reconciliations will then be performed monthly and will be moved to quarterly if no significant issues are experienced. 4. Reports are currently received monthly from the Business Hub (Strategy and Communications) and Per Temps for agency workers,</p> | <p>Estimated Date: 01/11/2020 Revised Date: 01/03/2021 No of Revisions 0</p> | <p>Alison Coburn David Givan Gareth Barwell George Gaunt Nicole Fraser Scott Millar</p> |

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| | | | | <p>but these include all leavers and do not specifically highlight those who are drivers. As part of our engagement with the Strategy and Communications Business Hub, we will determine whether leaver reports can be provided that include details of vocational and grey fleet drivers. If this is not possible, we will engage with Continuous Improvement to determine whether it is possible to design and implement an electronic process that compares the employee data in the leavers reports with the data retained in the Fleet Services Tranman driver database to identify those leavers who are drivers. If this is not possible, a manual comparison will continue to be performed and leavers who are drivers will be removed from the Tranman database and advised to Davis 5 and 6 - Once the data cleanse and reconciliation has been performed, the Council will have an accurate record of all known vocational, grey fleet, and agency drivers that details where checks have been performed and permits issued. The ongoing reconciliation to be performed at 2 above will ensure that this remains complete and accurate 7. E Davis will perform the licence checks as soon as permission forms are received by them. Davis also provides management information in relation to permissions that are due to expire. MI re permissions that are due to expire.</p> | | |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 27 | <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>Started</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: 29/01/2021</p> <p>No of Revisions 1</p> | <p>Alison Coburn David Givan Gareth Barwell George Gaunt Graeme Hume Nicole Fraser Scott Millar</p> |
| 28 | <p>Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management</p> <p>Risk and Supplier Performance Management</p> <p>Judith Proctor, Chief Officer - HSCP</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>Angela Ritchie David Williams Tony Duncan</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 29 | Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Key Person Dependency and Process Documentation Judith Proctor, Chief Officer - HSCP | 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 | Angela Ritchie David Williams Tony Duncan |
| 30 | Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer - HSCP | Medium | CW1806 Issue 1.1(2): ATEC 24 Review of Operational Processes - Call Prioritisation Implemented | 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. | Estimated Date: 29/11/2019 Revised Date: 01/02/2021 No of Revisions 2 | Andy Jones Angela Ritchie Tom Cowan |
| 31 | Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework | Medium | CW1806 Issue 1.2(3): ATEC 24 Service Level Agreements - Partnership Protocol Implemented | 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 Tom Cowan |

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| | Judith Proctor, Chief Officer - HSCP | | | | | |
| 32 | Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer - HSCP | Medium | CW1806 Issue 1.1(6): ATEC 24 Review of Operational Processes - Response Recording Implemented | 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 Tom Cowan |
| 33 | Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer - HSCP | Medium | CW1806 Issue 1.4(1): ATEC 24 Quality Assurance Framework - Methodology Implemented | 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 2 | Andy Jones Angela Ritchie Tom Cowan |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 34 | <p>Emergency Prioritisation & Complaints</p> <p>CW1806 Issue 1: ATEC 24 Operational Framework</p> <p>Judith Proctor, Chief Officer - HSCP</p> | Medium | <p>CW1806 Issue 1.4(2): ATEC 24 Quality Assurance Framework - Application</p> <p>Implemented</p> | <p>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.</p> | <p>Estimated Date: 30/04/2020 Revised Date: 01/02/2021 No of Revisions 2</p> | <p>Andy Jones Angela Ritchie Tony Duncan</p> |
| 35 | <p>Emergency Prioritisation & Complaints</p> <p>CW1806 Issue 1: ATEC 24 Operational Framework</p> <p>Judith Proctor, Chief Officer - HSCP</p> | Medium | <p>CW1806 Issue 1.4(3): ATEC 24 Quality Assurance Framework - Review</p> <p>Pending</p> | <p>3. Where systemic themes or trends are identified from quality assurance reviews, management will consider whether existing operational processes should be revisited.</p> | <p>Estimated Date: 30/04/2020 Revised Date: 01/05/2021 No of Revisions 1</p> | <p>Andy Jones Angela Ritchie Tom Cowan</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 36 | <p>Emergency Prioritisation & Complaints</p> <p>CW1806: Issue 2: Third Party Service Provision - Health & Social Care Partnership</p> <p>Judith Proctor, Chief Officer - HSCP</p> | Medium | <p>CW1806: Issue 2(1): SLAs - Third Party Service Provision</p> <p>Started</p> | <p>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.</p> | <p>Estimated Date: 30/11/2019</p> <p>Revised Date: 31/08/2021</p> <p>No of Revisions 4</p> | <p>Angela Ritchie Brian Henderson Colin Beck Tony Duncan</p> |
| 37 | <p>Emergency Prioritisation & Complaints</p> <p>CW1806: Issue 2: Third Party Service Provision - Health & Social Care Partnership</p> <p>Judith Proctor, Chief Officer - HSCP</p> | Medium | <p>CW1806: Issue 2(2): Partnership Protocol HSCP/Contact Centre</p> <p>Started</p> | <p>Agreed, once the SLA is finalised, a Partnership Protocol will be developed in conjunction with Customer Contact Centre colleagues.</p> | <p>Estimated Date: 28/02/2020</p> <p>Revised Date: 30/09/2021</p> <p>No of Revisions 3</p> | <p>Alison Roarty Angela Ritchie Brian Henderson Colin Beck Lisa Hastie Tom Cowan</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 38 | H&SC Care Homes - Corporate Report A1.1: Care Homes Self Assurance Framework Judith Proctor, Chief Officer - HSCP | Medium | A1.1: Care Homes Self Assurance Framework Implemented | 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 | Angela Ritchie Jacqui Macrae |
| 39 | H&SC Care Homes - Corporate Report A2.3: Welfare Fund and Outings Funds Judith Proctor, Chief Officer - HSCP | Medium | A2.3(2) Establishment of welfare fund committees Implemented | 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 | Angela Ritchie Jacqui Macrae |
| 40 | H&SC Care Homes - Corporate Report A3.1: Training Judith Proctor, Chief Officer - HSCP | Medium | A3.1(1) Manager review of training Implemented | 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 | Angela Ritchie Jacqui Macrae |
| 41 | H&SC Care Homes - Corporate Report A3.3: Performance & Attendance Management | Medium | A3.3(2) Health & Social Care Teams - 6 monthly and annual performance conversations | 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 | Angela Ritchie Jacqui Macrae |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| | Judith Proctor, Chief Officer - HSCP | | Implemented | | Revisions 5 | |
| 42 | H&SC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer - HSCP | Medium | A3.3(4) Health & Social Care Teams - quarterly review of absence and performance management Implemented | 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 | Angela Ritchie Jacqui Macrae |
| 43 | H&SC Care Homes - Corporate Report A3.4: Agency Staffing Judith Proctor, Chief Officer - HSCP | Medium | A3.4(2) Analysis of the agency staff and hours worked charges Implemented | 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 | Angela Ritchie Jacqui Macrae |
| 44 | H&SC Care Homes - Corporate Report A3.5: Adequacy of Resources Judith Proctor, Chief Officer - HSCP | Medium | A3.5(1) Care Inspectorate Dependency Assessments requirements Implemented | 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 | Angela Ritchie Jacqui Macrae |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 45 | H&SC Care Homes - Corporate Report A2.3: Welfare Fund and Outings Funds Judith Proctor, Chief Officer - HSCP | 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 | Angela Ritchie Jacqui Macrae |
| 46 | HMO Licensing PL1803 Issue 1 Licensing system - Data Integrity and Performance Issues Paul Lawrence, Executive Director of Place and SRO | High | PL1803 Issue 1.2 Escalation of system issues Implemented | 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 | Estimated Date: 31/03/2020 Revised Date: 31/03/2021 No of Revisions 1 | Alison Coburn Andrew Mitchell David Givan George Gaunt Grace McCabe Isla Burton Michael Thain Sandra Harrison |
| 47 | HMO Licensing PL1803 Issue 2 - Collection and processing of HMO licence fees Paul Lawrence, Executive Director of Place and SRO | High | PL1803 Issue 2.1 BACs payment reference Started | It should be noted that measure are 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 | Estimated Date: 30/03/2020 Revised Date: 05/10/2020 No of Revisions 1 | Alison Coburn Andrew Mitchell David Givan George Gaunt Grace McCabe Isla Burton Michael Thain Sandra Harrison |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| | | | | 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. | | |
| 48 | HMO Licensing PL1803 Issue 3 - Operational Performance and Reporting Paul Lawrence, Executive Director of Place and SRO | Medium | PL1803 Issue 3.6 HMO Key Performance Indicators and Performance Reporting Started | 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 Licencing 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. | Estimated Date: 31/01/2020 Revised Date: 01/06/2020 No of Revisions 0 | Alison Coburn Andrew Mitchell David Givan George Gaunt Grace McCabe Isla Burton Michael Thain Sandra Harrison |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 49 | Homelessness Services CW1808 Issue 3: Provision of homelessness advice and information Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities | Medium | CW1801 Recommendation 3.1.2: Updating homelessness information on website Implemented | 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. | Estimated Date: 30/04/2020 Revised Date: 31/03/2021 No of Revisions 3 | Debbie Herbertson Nichola Dadds Nicky Brown |
| 50 | Homelessness Services CW1808 Issue 2: Homelessness data quality and performance reporting Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities | High | CW1808 Recommendation 2.2.3 - Performance Reporting Started | 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. | Estimated Date: 31/01/2020 Revised Date: 31/08/2021 No of Revisions 3 | Emma Morgan Nichola Dadds Nicky Brown |
| 51 | Homelessness Services CW1808 Issue 3: Provision of homelessness | Medium | CW1801 Recommendation 3.1.3: Homelessness information leaflet | 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 | Estimated Date:30/04/2020 Revised Date:30/06/2021 | Debbie Herbertson Nichola Dadds Nicky Brown |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| | advice and information Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities | | Started | centres, Citizen Advice Bureaus, charities and other local support and advice agencies. | No of Revisions1 | |
| 52 | Life Safety CW1910 - Life safety: Issue 4 Housing Property Services – fire and water safety processes Paul Lawrence, Executive Director of Place and SRO | Low | CW1910 Rec. 4.1.2 Housing Property Services – fire safety inspections in low rise properties Implemented | Housing Property Services will investigate the feasibility of implementing a technology solution to enable recording of the outcomes of fire inspections in low rise buildings where the Council has responsibility with Digital Services. If a solution is feasible, a change request for implementation of the new system will be prepared and submitted to CGI, the Council's technology partner. | Estimated Date: 18/12/2020 Revised Date: No of Revisions 0 | Alison Coburn Alistair Latona Michael Thain Patricia Blore Willie Gilhooly |
| 53 | Life Safety CW1910 - Life safety: Issue 4 Housing Property Services – fire and water safety processes Paul Lawrence, Executive Director of Place and SRO | Low | CW1910 Rec. 4.1.1 Housing Property Services – water risk assessments Started | 1. The Scientific Services team have reviewed the comment above against current legislation and will implement the following refreshed approach: Rather than a rolling programme covering all 20,000 Housing Property Services (HPS) properties equally, different types of property are classed in different priority risk categories. The Council has responsibility for 44 multi storey blocks and 33 Sheltered Housing complexes. These properties are all classed as high risk and assessments will be carried out within the stated two-year period currently specified in the Council's water policy, and then every two years going forward. The remaining properties on the Housing estate are considered low level priority and legislation states that | Estimated Date: 31/12/2020 Revised Date: No of Revisions 0 | Alison Coburn Gareth Barwell Jemma Tennant Robbie Beattie |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| | | | | these surveys should be undertaken over a five-year period. Risk assessments will be carried out on sample properties for these low risk properties. For example, in a street of 100 homes with 20 different house types, only 20 surveys would be required. 2. Providing that Housing Property Services as the risk owner allocate sufficient budget resource, Scientific Services are comfortable that this work will not put a strain on their current resources and as the approach adopted is in line with the Council's Water Safety Policy and applicable regulations, there is no need to record completion in relevant divisional and directorate risk registers. | | |
| 54 | Local Development Plan Financial Modelling Paul Lawrence, Executive Director of Place and SRO | High | Funding Started | 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 Givan George Gaunt Kate Hopper Michael Thain Sandra Harrison |
| 55 | Local Development Plan Governance arrangements over infrastructure appraisals Paul Lawrence, Executive Director of Place and SRO | Medium | Infrastructure Governance arrangements Started | 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 Givan George Gaunt Kate Hopper Michael Thain Sandra Harrison |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
|-----|---|------------|---|---|--|---|
| 56 | Localities Operating Model 1. Localities Governance and Operating Model Gillie Severin, Strategic Change Delivery Manager | High | 1.1 Recommendation - Localities Operating Model Post Implementation Review 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: 31/03/2023 No of Revisions 2 | Alison Coburn David Givan Donna Rodger Evelyn Kilmurry George Gaunt Jackie Irvine Nichola Dadds Ruth Currie Sarah Burns |
| 57 | Localities Operating Model 1. Localities Governance and Operating Model Gillie Severin, Strategic Change Delivery Manager | High | 1.2 Recommendation – Development and Delivery of Council Locality Improvement Plan Actions 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 | Estimated Date: 31/03/2020 Revised Date: 31/03/2023 No of Revisions 2 | Alison Coburn Alison Henry David Givan Donna Rodger Evelyn Kilmurry George Gaunt Michele Mulvaney Paul Lawrence |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| | | | | 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. | | Paula McLeay Sarah Burns |
| 58 | Localities Operating Model 1. Localities Governance and Operating Model Gillie Severin, Strategic Change Delivery Manager | 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 | Estimated Date:31/03/2020 Revised Date:31/03/2023 No of Revisions2 | Alison Coburn Donna Rodger Evelyn Kilmurry Michele Mulvaney Paula McLeay Sarah Burns |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| | | | | that new management actions will be raised at that time to track implementation progress. | | |
| 59 | Localities Operating Model 1. Localities Governance and Operating Model Gillie Severin, Strategic Change Delivery Manager | High | 1.4 Recommendation - Engagement with Council centralised divisions 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: 31/03/2023 No of Revisions 2 | Alison Coburn David Givan Donna Rodger Evelyn Kilmurry George Gaunt Sarah Burns |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
|-----|---|------------|---|---|--|--|
| 60 | Localities Operating Model 1. Localities Governance and Operating Model Gillie Severin, Strategic Change Delivery Manager | High | PL1801 1.5 Recommendation - Locality budget planning and financial management 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: 31/03/2020 No of Revisions 2 | Alison Coburn Annette Smith Donna Rodger Evelyn Kilmurry Hugh Dunn John Connarty Michelle Vanhegan Sarah Burns Susan Hamilton |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 61 | Localities Operating Model 1. Localities Governance and Operating Model Gillie Severin, Strategic Change Delivery Manager | High | 1.6 Recommendation - Risk Management 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: 31/03/2023 No of Revisions 2 | Alison Coburn David Givan Donna Rodger Evelyn Kilmurry George Gaunt Sarah Burns |
| 62 | Localities Operating Model 1. Localities Governance and Operating Model Gillie Severin, Strategic Change | High | 1.7 Recommendation - Succession Planning 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 | Estimated Date:31/03/2020 Revised Date:31/03/2023 No of Revisions2 | Alison Coburn David Givan Donna Rodger Evelyn Kilmurry George Gaunt Sarah Burns |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| | Delivery Manager | | | 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. | | |
| 63 | Lone working HSC1902: Lone working - Development of detailed action plan Judith Proctor, Chief Officer - HSCP | High | HSC1902 Lone working - Issue 1: Development of detailed action plan Implemented | The Partnership working group will be established by the Head of Operations and a detailed action plan which covers all the recommendations within the report produced by 31 December 2020. The detailed plan will be reviewed by internal audit to confirm that it addresses all findings raised in this report, and individual management actions raised to support subsequent follow-up by internal audit to ensure that the control gaps identified have been effectively addressed. The implementation date of 28 February 2021 reflects time to work collaboratively with internal audit to agree this. | Estimated Date: 28/02/2021 Revised Date: No of Revisions 0 | Angela Lindsay Mike Massaro- Mallinson Nikki Conway |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 64 | <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>RES1814 - 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>Audrey Dutton</p> <p>Gohar Khan</p> <p>Layla Smith</p> <p>Mark Stenhouse</p> <p>Michelle Vanhegan</p> <p>Peter Watton</p> |
| 65 | <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</p> <p>Gohar Khan</p> <p>Layla Smith</p> <p>Mark Stenhouse</p> <p>Michelle Vanhegan</p> <p>Peter Watton</p> |
| 66 | <p>Out of Support Technology and Public Sector Network</p> | Low | <p>RES1807 - 1.1 Public Services Network governance</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</p> | <p>Estimated Date: 31/01/2020</p> <p>Revised Date:</p> | <p>Alison Roarty</p> <p>Heather Robb</p> <p>Julie Rosano</p> <p>Layla Smith</p> |

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| | <p>Accreditation</p> <p>RES1807 - Issue 1: Public Services Network governance framework</p> <p>Stephen Moir, Executive Director of Resources</p> | | <p>arrangements</p> <p>Started</p> | <p>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>30/06/2021</p> <p>No of Revisions</p> <p>2</p> | <p>Michelle Vanhegan</p> <p>Mike Brown</p> <p>Nicola Harvey</p> |
| 67 | <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> | <p>Medium</p> | <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:</p> <p>20/12/2019</p> <p>Revised Date:</p> <p>01/05/2020</p> <p>No of Revisions</p> <p>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> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 68 | <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>Started</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</p> <p>David Givan</p> <p>Gavin Brown</p> <p>Gavin Graham</p> <p>George Gaunt</p> <p>Michael Thain</p> <p>Sandra Harrison</p> |
| 69 | <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>Started</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</p> <p>David Givan</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 | Contributors |
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| 70 | <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</p> <p>Revised Date: 30/06/2021</p> <p>No of Revisions 3</p> | <p>Annette Smith Dougie Linton Gavin Graham Hugh Dunn John Connarty Layla Smith Michelle Vanhegan Susan Hamilton</p> |
| 71 | <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>PL1802 Iss 2 Rec 2.2 Quality Assurance</p> <p>Started</p> | <p>Planning has made significant progress on specific parts of the contributions process and will deliver other improvements to this process to address the recommendations. The capture and tracking of the financial contributions will be performed using the Council's PPSL accounts receivable system. The Planning team's existing quality assurance process will be extended to include the end to end developer contributions process to be designed and applied as per recommendation 1. The quality assurance process will cover the areas recommended by Internal Audit at 1 to 4 above, including use of the Council's PPSL accounts receivable system to record and monitor financial contributions received ISO accreditors will also be requested to include the Developer contributions quality assurance process within the scope of their review which is scheduled for completion by October 2020.</p> | <p>Estimated Date: 31/12/2020</p> <p>Revised Date: 01/05/2021</p> <p>No of Revisions 0</p> | <p>Alison Coburn Alison Henry Annette Smith Ben Wilson David Givan George Gaunt Graham Nelson Hugh Dunn Kevin McKee Kevin Ryan Michael Thain Michelle Vanhegan Nick Smith Rebecca Andrew</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 72 | <p>Policy Management Framework</p> <p>CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register</p> <p>Gavin King, Democracy, Governance and Resilience Senior Manager</p> | High | <p>CE1902 - 1.2c Policy Register review: Ongoing review of policy register – Strategy and Communications</p> <p>Implemented</p> | <p>A working group led by Strategy and Communications with representation from Internal Audit and each Directorate will be established to identify and implement a process to support timely review and upload of approved policies, and Integrated Impact Assessments (IIA) for inclusion within the online register. Following this, further actions to meet the recommendations will be communicated to all Directorates and Divisions.</p> | <p>Estimated Date: 30/11/2020 Revised Date: 31/12/2020 No of Revisions 1</p> | <p>Chris Peggie Donna Rodger Laura Callender Ross Murray</p> |
| 73 | <p>Policy Management Framework</p> <p>CE1902 Policy Management Framework Issue 3: Policy framework guidance</p> <p>Gavin King, Democracy, Governance and Resilience Senior Manager</p> | Medium | <p>CE1902 3.1a Policy framework – definitions for policies, procedures, and guidance</p> <p>Implemented</p> | <p>Clear definitions will be established for policies; procedures; and guidance and will reflect that policies outline the Council's response to legislation; regulations and statutory requirements, specifying what the Council will do to ensure compliance, whilst procedures and guidance detail how policy objectives will be achieved. The definitions will be agreed by the Corporate Leadership Team and The Policy and Sustainability Committee and will be communicated across all Council Directorates and Divisions.</p> | <p>Estimated Date: 31/10/2020 Revised Date: 01/03/2021 No of Revisions 0</p> | <p>Beth Hall Donna Rodger Kevin Wilbraham Laura Callender Ross Murray</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
|-----|--|------------|--|---|---|---|
| 74 | <p>Policy Management Framework</p> <p>CE1902 Policy Management Framework Issue 3: Policy framework guidance</p> <p>Gavin King, Democracy, Governance and Resilience Senior Manager</p> | Medium | <p>CE1902 3.1b Policy framework - First- and second-lines roles and responsibilities</p> <p>Implemented</p> | <p>Following the outcomes of the Working Group (see recommendation 1.2c), First line (directorates) and second line (Strategy and Communications) roles and responsibilities in relation to the policy management framework and confirmation of its ongoing application will be communicated across Directorates and Divisions and included in the guidance published on the Orb.</p> | <p>Estimated Date: 31/10/2020 Revised Date: 01/03/2021 No of Revisions 0</p> | <p>Donna Rodger Laura Callender Ross Murray</p> |
| 75 | <p>Policy Management Framework</p> <p>CE1902 Policy Management Framework Issue 3: Policy framework guidance</p> <p>Gavin King, Democracy, Governance and Resilience Senior Manager</p> | Medium | <p>CE1902 3.1c Policy framework - review of guidance, templates and orb pages</p> <p>Pending</p> | <p>Guidance and supporting templates on the Orb will be reviewed and refreshed to include links to agreed policy definitions and templates and the policy register and checks performed to confirm that these can be accessed.</p> | <p>Estimated Date: 31/10/2020 Revised Date: 01/03/2021 No of Revisions 0</p> | <p>Laura Callender Ross Murray</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
|-----|--|-------------|--|---|--|---|
| 76 | <p>Policy Management Framework</p> <p>CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register</p> <p>Paul Lawrence, Executive Director of Place and SRO</p> | High | <p>CE1902 - 1.2b Policy Register review: Initial review of online policy register – Place</p> <p>Started</p> | <p>Following receipt of the Directorate policy register extract provided by Strategy and Communications, each Directorate will perform an initial review of their section of the policy register to identify out of date and draft documents. A status update will be provided to Strategy and Communications for each document currently published online, to confirm whether the published version is the most up to date approved version and no immediate action is required. is out of date but has been recently reviewed and reported to Committee in the annual policy assurance statement – a copy of the most recent version held by the Directorate or Division will then be sent to by Strategy and Communications for publication on the current online register. is out of date or in draft with no recently approved version available. Strategy and Communications will then remove the current online version from the online policy register and note that the document is being reviewed. Strategy and Communications will update the current online policy register on the basis of returns and Directorates will commence their wider policy review set out at 1.2d.</p> | <p>Estimated Date:31/01/2021</p> <p>Revised Date:31/05/2021</p> <p>No of Revisions1</p> | <p>Alison Coburn</p> <p>David Givan</p> <p>Gareth Barwell</p> <p>George Gaunt</p> <p>Karl Chapman</p> <p>Lindsay Robertson</p> <p>Michael Thain</p> <p>Veronica Wishart</p> |
| 77 | <p>Portfolio Governance Framework</p> <p>CE1801 Issue 1: Project and portfolio management and scrutiny</p> <p>Gillie Severin,</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</p> <p>Revised Date: 01/10/2020</p> <p>No of Revisions 0</p> | <p>Alison Henry</p> <p>Annette Smith</p> <p>Donna Rodger</p> <p>Hugh Dunn</p> <p>Rebecca Andrew</p> <p>Simone Hislop</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| | Strategic Change Delivery Manager | | | | | |
| 78 | <p>PVG and Disclosures</p> <p>CF1904: Issue 2 - PVG processes and guidance</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p> | Medium | <p>CF1904: Rec 2.1a - Updating PVG requirements for all roles</p> <p>Implemented</p> | All divisions will be requested to review and update lists of PVG related posts. Managers will also be reminded that PVG requirements for any new roles should be assessed and recorded on the divisional list. | <p>Estimated Date: 31/03/2021</p> <p>Revised Date:</p> <p>No of Revisions 0</p> | <p>Bernadette Oxley Claire Thompson Jackie Irvine Laura Zanotti Nichola Dadds Nickey Boyle</p> |
| 79 | <p>Records Management - LAAC</p> <p>CW1705 Issue 2: Review of additional files</p> <p>Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities</p> | Medium | <p>CW1705 Issue 2.1: Review of additional files</p> <p>Implemented</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>Estimated Date: 31/03/2020</p> <p>Revised Date: 31/03/2021</p> <p>No of Revisions 3</p> | <p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
|-----|--|------------|---|---|---|---|
| 80 | <p>Records Management - LAAC</p> <p>CW1705 Issue 2: Review of additional files</p> <p>Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities</p> | Medium | <p>CW1705 Issue 2.2: Impact analysis</p> <p>Implemented</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: 31/03/2021</p> <p>No of Revisions 4</p> | <p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir</p> |
| 81 | <p>Records Management - LAAC</p> <p>CW1705 Issue 1: Project file review process</p> <p>Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities</p> | Medium | <p>CW1705 Issue 1.1: Review and Refresh of the project file review process.</p> <p>Implemented</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>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
|-----|--|------------|---|---|---|---|
| 82 | <p>Records Management - LAAC</p> <p>CW1705 Issue 1: Project file review process</p> <p>Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities</p> | Medium | <p>CW1705 Issue 1.2: Process communication and training</p> <p>Implemented</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>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Louise McRae Nickey Boyle Nicola Harvey Stephen Moir</p> |
| 83 | <p>Records Management - LAAC</p> <p>CW1705 Issue 1: Project file review process</p> <p>Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities</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</p> | <p>Estimated Date: 31/03/2020</p> <p>Revised Date: 31/03/2022</p> <p>No of Revisions 4</p> | <p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| | | | | 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. | | |
| 84 | <p>Records Management – LAAC</p> <p>CW1705 Issue 3: Pre destruction business as usual file review process</p> <p>Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities</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:30/06/2021</p> <p>No of Revisions 5</p> | <p>Alison Roarty</p> <p>Ani Barclay</p> <p>Donna Rodger</p> <p>Freeha Ahmed</p> <p>John Arthur</p> <p>Louise McRae</p> <p>Nickey Boyle</p> <p>Nicola Harvey</p> <p>Ruth Currie</p> <p>Stephen Moir</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
|-----|--|------------|---|--|---|---|
| 85 | <p>Records Management - LAAC</p> <p>CW1705 Issue 3: Pre destruction business as usual file review process</p> <p>Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities</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 Revised Date: 31/08/2021 No of Revisions 3</p> | <p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Louise McRae Nickey Boyle Nicola Harvey Stephen Moir</p> |
| 86 | <p>Records Management - LAAC</p> <p>CW1705 Issue 3: Pre destruction business as usual file review process</p> <p>Judith Proctor, Chief Officer - HSCP</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 Revised Date: 31/08/2021 No of Revisions 1</p> | <p>Alison Roarty Angela Ritchie Louise McRae</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 87 | <p>Records Management - LAAC</p> <p>CW1705 Issue 3: Pre destruction business as usual file review process</p> <p>Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities</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: 31/08/2021</p> <p>No of Revisions 1</p> | <p>Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir</p> |
| 88 | <p>Records Management - LAAC</p> <p>CW1705 Issue 3: Pre destruction business as usual file review process</p> <p>Judith Proctor, Chief Officer - HSCP</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: 31/08/2021</p> <p>No of Revisions 1</p> | <p>Alison Roarty Angela Ritchie Louise McRae</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 89 | Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Judith Proctor, Chief Officer - HSCP | High | Rec 6.1c H&SC - Review of third-party contracts to confirm appropriate resilience arrangements Implemented | 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 | Angela Ritchie Jacqui Macrae |
| 90 | Resilience BC Resilience responsibilities Judith Proctor, Chief Officer - HSCP | High | Rec 3.3 H&SC - Defining and allocating operational resilience duties Started | 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. | Estimated Date: 20/12/2018 Revised Date: 30/06/2021 No of Revisions 6 | Angela Ritchie Jacqui Macrae |
| 91 | Resilience BC Resilience responsibilities Judith Proctor, Chief Officer - HSCP | 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 | Estimated Date: 31/07/2019 Revised Date: 30/06/2021 No of Revisions 2 | Angela Ritchie Jacqui Macrae |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| | | | | Directorate and Council's annual governance statements. | | |
| 92 | <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 3.1 a) Place - 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</p> <p>Revised Date:31/12/2022</p> <p>No of Revisions1</p> | <p>Alison Coburn</p> <p>Claire Duchart</p> <p>David Givan</p> <p>Gareth Barwell</p> <p>Gavin King</p> <p>George Gaunt</p> <p>Karl Chapman</p> <p>Lindsay Robertson</p> <p>Mary-Ellen Lang</p> <p>Michael Thain</p> |
| 93 | <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 3.1b Resources - 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</p> <p>Revised Date: 31/12/2022</p> <p>No of Revisions 1</p> | <p>Annette Smith</p> <p>Gavin King</p> <p>Hugh Dunn</p> <p>Katy Miller</p> <p>Layla Smith</p> <p>Mary-Ellen Lang</p> <p>Michelle Vanhegan</p> <p>Nick Smith</p> <p>Nicola Harvey</p> <p>Peter Watton</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 94 | <p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Judith Proctor, Chief Officer - HSCP</p> | High | <p>Rec 3.1c H&SC - 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</p> <p>Revised Date: 31/12/2022</p> <p>No of Revisions 1</p> | <p>Angela Ritchie</p> <p>Jacqui Macrae</p> |
| 95 | <p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities</p> | High | <p>Rec 3.1d C&F - 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</p> <p>Revised Date: 31/12/2022</p> <p>No of Revisions 1</p> | <p>Donna Rodger</p> <p>Gavin King</p> <p>Laura Zanotti</p> <p>Mary-Ellen Lang</p> <p>Michelle McMillan</p> <p>Nichola Dadds</p> <p>Nickey Boyle</p> <p>Ruth Currie</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 96 | <p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Gavin King, Democracy, Governance and Resilience Senior Manager</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>Donna Rodger Mary-Ellen Lang</p> |
| 97 | <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>Alison Coburn Annette Smith Claire Duchart David Givan Gareth Barwell George Gaunt Hugh Dunn Iain Strachan Karl Chapman Lindsay Robertson Mary-Ellen Lang Michael Thain Mollie Kerr</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
|-----|--|------------|---|---|---|---|
| 98 | <p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities</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 Revised Date: 31/03/2021 No of Revisions 2</p> | <p>Annette Smith Hugh Dunn Iain Strachan Mary-Ellen Lang Michelle McMillan Mollie Kerr Nichola Dadds Nickey Boyle Ruth Currie</p> |
| 99 | <p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Gavin King, Democracy, Governance and Resilience Senior Manager</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 Revised Date: 31/03/2021 No of Revisions 2</p> | <p>Annette Smith Donna Rodger Hugh Dunn Iain Strachan Mary-Ellen Lang Mollie Kerr</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
|-----|---|-------------|--|---|---|--|
| 100 | <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 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 Revised Date:31/03/2022 No of Revisions3</p> | <p>Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Karl Chapman Lindsay Robertson Mary-Ellen Lang Michael Thain</p> |
| 101 | <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. Date revised to reflect that following receipt of initial</p> | <p>Estimated Date: 28/06/2019 Revised Date: 31/03/2022 No of Revisions 2</p> | <p>Annette Smith Hugh Dunn Iain Strachan Katy Miller Layla Smith Mary-Ellen Lang Michelle Vanhegan Mollie Kerr Nick Smith Nicola Harvey Peter Watton</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| | | | | assurance by 31 March 2021, annual assurance should be obtained by 31 March 2022. | | |
| 102 | <p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Judith Proctor, Chief Officer - HSCP</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 Revised Date: 31/03/2022 No of Revisions 2</p> | <p>Angela Ritchie Jacqui Macrae</p> |
| 103 | <p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities</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. Date revised to reflect that following receipt of</p> | <p>Estimated Date: 28/06/2019 Revised Date: 31/03/2022 No of Revisions 2</p> | <p>Anna Gray Laura Zanotti Mary-Ellen Lang Michelle McMillan Nichola Dadds Nickey Boyle</p> |

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| | | | | initial assurance by 31 March 2021, annual assurance should be obtained by 31 March 2022. | | |
| 104 | <p>Resilience BC</p> <p>Completion and adequacy of service area business impact assessments and resilience arrangements</p> <p>Gavin King, Democracy, Governance and Resilience Senior Manager</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>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. 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>Donna Rodger</p> <p>Mary-Ellen Lang</p> |
| 105 | <p>Resilience BC</p> <p>Adequacy, maintenance and approval of Council wide resilience plans</p> <p>Gavin King, Democracy, Governance and Resilience Senior Manager</p> | Medium | <p>Rec 4) Update of Council Business Continuity Plan to include key elements from Business Area Resilience Plans/Protocols</p> <p>Started</p> | <p>The Council Business Continuity Plan (BCP) was developed and signed off the Chief Executive in May 2019. Following Directorate review and update of Business Area Resilience Plans and protocols, the Council BCP will be updated to include key elements of Directorate plans.</p> | <p>Estimated Date: 18/12/2020</p> <p>Revised Date: 31/03/2024</p> <p>No of Revisions 1</p> | <p>Donna Rodger</p> <p>Mary-Ellen Lang</p> |

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| 106 | <p>Risk Management</p> <p>RES1910 Risk Management: Issue 1 Risk Management Framework and 1st Line of Defence training</p> <p>Stephen Moir, Executive Director of Resources</p> | Medium | <p>RES1910 Rec 1.2: Communicating operational risk management arrangements and updating training materials</p> <p>Implemented</p> | <p>The operational aspects of the risk management framework will be shared across Council divisions and directorates and also incorporated into current training activities and materials (March 2021).</p> | <p>Estimated Date:31/03/2021</p> <p>Revised Date: No of Revisions 0</p> | <p>Layla Smith Lesley Newdall Michelle Vanhegan Nick Smith Rebecca Tatar</p> |
| 107 | <p>Risk Management</p> <p>RES1910 Risk Management: Issue 1 Risk Management Framework and 1st Line of Defence training</p> <p>Andrew Kerr, Chief Executive</p> | Medium | <p>RES1910 Rec 1.3: Identification of first line employees requiring risk management training</p> <p>Implemented</p> | <p>Directorates and divisions will be requested to identify all first line employees who should attend risk management training, with refreshed training delivered and training attendance recorded. Where there has been no attendance, this will be escalated to heads of divisions and directors.</p> | <p>Estimated Date: 28/02/2021</p> <p>Revised Date: No of Revisions 0</p> | <p>Angela Ritchie Judith Proctor</p> |
| 108 | <p>Risk Management</p> <p>RES1910 Risk Management: Issue 7 Risk appetite</p> <p>Stephen Moir, Executive Director of Resources</p> | Medium | <p>RES1910: Rec 7.1 Operational guidance for risk appetite</p> <p>Implemented</p> | <p>The new risk management operational processes will include guidance on how to determine (where relevant) and score an assessment of target risk that will be used as a proxy for risk appetite.</p> | <p>Estimated Date: 31/03/2021</p> <p>Revised Date: No of Revisions 0</p> | <p>Layla Smith Lesley Newdall Michelle Vanhegan Nick Smith Rebecca Tatar</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 109 | <p>Risk Management</p> <p>RES1910 Risk Management: Issue 3 First line management of risk</p> <p>Stephen Moir, Executive Director of Resources</p> | Medium | <p>RES1910 Rec 3.2 Corporate Risk Team - Quarterly risk matters newsletter</p> <p>Implemented</p> | <p>A quarterly risk matters newsletter sharing the outcomes of ongoing horizon scanning will also be created and published by the corporate risk management team.</p> | <p>Estimated Date: 31/03/2021</p> <p>Revised Date:</p> <p>No of Revisions 0</p> | <p>Layla Smith Lesley Newdall Michelle Vanhegan Nick Smith</p> |
| 110 | <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>Implemented</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 Jordan Walker Nicole Fraser Sean Gilchrist</p> |
| 111 | <p>Road Services Improvement Plan</p> <p>PL1808 Issue 2. Roads services performance monitoring and quality assurance</p> <p>Paul Lawrence,</p> | High | <p>PL1808 - 2.2 Roads services quality assurance framework</p> <p>Implemented</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</p> | <p>Estimated Date: 30/06/2020</p> <p>Revised Date: 31/03/2021</p> <p>No of Revisions 1</p> | <p>Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| | Executive Director of Place and SRO | | | 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. | | |
| 112 | Road Services Improvement Plan PL1808 Issue 3. Roads inspection, defect categorisation, and repairs Paul Lawrence, Executive Director of Place and SRO | Low | PL1808 - 3.2a) Inspector training and qualifications Implemented | 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 Jordan Walker Nicole Fraser Sean Gilchrist |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 113 | <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 - 1.1 Roads Service Improvement Plan review (including financial operating model)</p> <p>Started</p> | <p>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.</p> | <p>Estimated Date: 30/04/2020</p> <p>Revised Date: 01/06/2021</p> <p>No of Revisions: 1</p> | <p>Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist</p> |
| 114 | <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 - 1.3 Roads Service Improvement Plan project governance</p> <p>Started</p> | <p>Accepted. The re-based plan will be managed in line with the Project Management Toolkit for Major Projects. The plan will be managed by the Roads service Performance Coordinator once appointed in the revised structure.</p> | <p>Estimated Date: 20/12/2020</p> <p>Revised Date: 01/05/2021</p> <p>No of Revisions: 0</p> | <p>Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
|-----|---|------------|---|---|--|---|
| 115 | 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 - 1.4 Post implementation reviews Started | A post implementation review of both the new organisational structure (31 March 2020) and completed Roads Service Improvement Plan (the Plan) actions (March 2021) will take place to assess the effectiveness of the new service and any requirements for change, and the impact of the changes delivered through the Plan. | Estimated Date: 31/03/2021 Revised Date: 01/08/2022 No of Revisions 1 | Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist |
| 116 | Road Services Improvement Plan PL1808 Issue 2. Roads services performance monitoring and quality assurance Paul Lawrence, Executive Director of Place and SRO | High | PL1808 - 2.1 Service Delivery Performance Monitoring Started | 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. | Estimated Date: 31/07/2020 Revised Date: 30/09/2021 No of Revisions 2 | Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist |
| 117 | Road Services Improvement Plan PL1808 Issue 3. Roads inspection, defect categorisation, and repairs | Low | PL1808 - 3.2b) Inspector training and qualifications Started | 2. Ensure all relevant Inspectors are accredited by an appropriately accredited professional body. | Estimated Date: 31/08/2020 Revised Date: 01/01/2021 No of Revisions 0 | Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| | Paul Lawrence, Executive Director of Place and SRO | | | | | Nicole Fraser Sean Gilchrist |
| 118 | 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: 30/06/2021 No of Revisions 4 | Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist |
| 119 | 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 Started | 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: 31/12/2020 No of Revisions 1 | 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 | Contributors |
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| 120 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p> | High | <p>CF1901: Issue 1.1(b) - Review of Admissions Operational Procedures</p> <p>Implemented</p> | <p>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.</p> | <p>Estimated Date: 31/08/2020 Revised Date: 22/02/2021 No of Revisions 1</p> | <p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p> |
| 121 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p> | High | <p>CF1901: Issue 1.1(c) - Placing Appeals Procedures</p> <p>Implemented</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 Revised Date: 22/02/2021 No of Revisions 1</p> | <p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 122 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p> | High | <p>CF1901: Issue 1.2 - Review & Update of School Websites</p> <p>Implemented</p> | <p>A communication will be issued to all schools to request a review of their school website to ensure: current academic year handbooks are published; links to relevant content on the Council website remain current; only standard approved Council forms are published; and all privacy notices published on School websites are directly linked to the Council's statement.</p> | <p>Estimated Date: 31/12/2020</p> <p>Revised Date: 01/05/2021</p> <p>No of Revisions 0</p> | <p>Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie</p> |
| 123 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p> | High | <p>CF1901 Issue 2.1(a): Committee on Pupil Student Support Recording of Officer Review</p> <p>Implemented</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>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett 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 | Contributors |
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| 124 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals</p> <p>Gavin King, Democracy, Governance and Resilience Senior Manager</p> | High | <p>CF1901 Issue 2.1(b): Committee on Pupil Student Support Remit, Review & Recording of Outcomes</p> <p>Implemented</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 Revised Date: 30/11/2020 No of Revisions 1</p> | <p>Andy Gray Arran Finlay Donna Rodger Hayley Barnett Lesley Birrell Nickey Boyle Ruth Currie</p> |
| 125 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 3: Process Documentation & Delivery Responsibilities</p> <p>Andy Gray, Head of</p> | Medium | <p>CF1901 Issue 3.1(a): Development & Communication of end to end processes and role/responsibilities</p> <p>Implemented</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>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie</p> |

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| | Schools & Lifelong Learning | | | | | Sheila Haig Stephen Moir |
| 126 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 3: Process Documentation & Delivery Responsibilities</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p> | Medium | <p>CF1901 Issue 3.1(d): Roles & Responsibilities Outwith Annual Process</p> <p>Implemented</p> | <p>The working group will review the roles and responsibilities for any tasks performed outwith 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 Revised Date: 22/02/2021 No of Revisions 3</p> | <p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p> |
| 127 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 4: Data Access, Security & Retention</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p> | Medium | <p>CF1901: Issue 4.1: Access to Personal Data</p> <p>Implemented</p> | <p>Files and shared folders will be reviewed, and appropriate access permissions and password controls Implemented.</p> | <p>Estimated Date: 31/07/2020 Revised Date: 22/02/2021 No of Revisions 1</p> | <p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p> |

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| 128 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 4: Data Access, Security & Retention</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p> | Medium | <p>CF1901: Issue 4.4(a): Document Retention & Disposal; All Services</p> <p>Implemented</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 outwith 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>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p> |
| 129 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 4: Data Access, Security & Retention</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p> | Medium | <p>CF1901: Issue 4.4(b): Document Retention & Disposal; Schools</p> <p>Implemented</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>Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 130 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 5: Provision of Training & Support</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p> | Medium | <p>CF1901 Issue 5: Induction and annual refresher training programme</p> <p>Implemented</p> | <p>Following conclusion of the working group, Communities and Families will develop a programme of training which includes input across all services areas involved will be designed and delivered to schools' senior leadership teams to ensure that they are aware of and understand: Revised policy and procedures where relevant Applicable legislative and regulatory requirements and Council policies The end to end capacity planning, admissions and appeals process, including management of waiting lists Roles, responsibilities and accountabilities of all teams involved in the process Data access, security, and retention requirements Conflicts of interest requirements Parent and carer engagement guidance Details of ongoing support and information available to manage capacity planning in relation to late placing requests and upheld appeals, including timetabling and accommodation adjustments</p> | <p>Estimated Date: 31/10/2020 Revised Date: 01/03/2021 No of Revisions 0</p> | <p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p> |
| 131 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p> | High | <p>CF1901: Issue 1.3(a) - Review of Operational Forms</p> <p>Pending</p> | <p>The remit of the working group led by the Communities and Families Senior Education Officer will include a review of all admissions forms published on the Council website and Orb to ensure that they remain fit for purpose and include all necessary accessibility and privacy statements.</p> | <p>Estimated Date: 31/12/2020 Revised Date: 01/05/2021 No of Revisions 0</p> | <p>Alison Roarty Arran Finlay 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 | Contributors |
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| 132 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p> | High | <p>CF1901: Issue 1.3(c) - Issue of 'Request Granted' Letters</p> <p>Pending</p> | <p>The working group remit led by the Communities and Families Senior Education Officer will include consideration of continued need for formal 'request granted template letters or whether an email to parents / guardians is an acceptable alternative option. Where emails are the preferred option, guidance will be provided to schools to ensure that the terms and limitations of the placement offer are included.</p> | <p>Estimated Date: 31/12/2020</p> <p>Revised Date: 01/05/2021</p> <p>No of Revisions 0</p> | <p>Alison Roarty Arran Finlay Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p> |
| 133 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p> | High | <p>CF1901: Issue 1.3(d) - Issuing Standard Letters & Forms</p> <p>Pending</p> | <p>A communication will be issued by Schools and Life Long Learning management to all schools reminding them to comply with placing request processes as outlined on the Orb, including the requirement to: issue a standard request refusal letter for all application refusals which includes all required paragraphs and is supported by a copy of the frequently asked questions document; and use standard Council forms only. The communication will advise schools to provide feedback where standard forms are not considered to meet the needs of the school, for example, if an additional section for course subjects studied at secondary school is required. Feedback from schools will be considered as part of the working group's review of operational forms.</p> | <p>Estimated Date: 31/12/2020</p> <p>Revised Date: 01/05/2021</p> <p>No of Revisions 0</p> | <p>Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
|-----|---|-------------|--|---|---|--|
| 134 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals</p> <p>Andy Gray, Head of Schools & Lifelong Learning</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 Revised Date: 22/02/2021 No of Revisions 1</p> | <p>Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie</p> |
| 135 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals</p> <p>Andy Gray, Head of Schools & Lifelong Learning</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 Revised Date: 22/02/2021 No of Revisions 1</p> | <p>Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
|-----|---|---------------|--|--|---|--|
| 136 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals</p> <p>Andy Gray, Head of Schools & Lifelong Learning</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 Revised Date: 22/02/2021 No of Revisions 1</p> | <p>Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie</p> |
| 137 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 4: Data Access, Security & Retention</p> <p>Andy Gray, Head of Schools & Lifelong Learning</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 Revised Date: 01/02/2021 No of Revisions 0</p> | <p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p> |

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| 138 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p> | High | <p>CF1901: Issue 1.1(d)/(e) - Communicating 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 Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p> |
| 139 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p> | High | <p>CF1901 Issue 2.5: Placing Request Appeals - key resource dependencies</p> <p>Started</p> | <p>The working group led by the Communities and Families Senior Education Officer, will establish key dependencies and resource planning requirements. This will include interdependencies and resources required to support preparation of key reports. Changes will be trialed in the current year and the updated process Implemented for 2021.</p> | <p>Estimated Date: 31/03/2021</p> <p>Revised Date: 01/08/2021</p> <p>No of Revisions 0</p> | <p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p> |

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| 140 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 3: Process Documentation & Delivery Responsibilities</p> <p>Andy Gray, Head of Schools & Lifelong Learning</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>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p> |
| 141 | <p>School admissions, appeals and capacity planning</p> <p>CF1901: School admissions, appeals and capacity planning - Issue 3: Process Documentation & Delivery Responsibilities</p> <p>Andy Gray, Head of Schools & Lifelong Learning</p> | Medium | <p>CF1901 Issue 3.1(c): Annual Process - Debrief & Lessons Learned</p> <p>Started</p> | <p>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> | <p>Estimated Date: 31/08/2020 Revised Date: 22/02/2021 No of Revisions 1</p> | <p>Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir</p> |

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| 142 | <p>Social Media - Controls over access to SM Accounts</p> <p>2. Social media operational security and privacy issues</p> <p>Michael Pinkerton, Media Manager</p> | Medium | <p>CE1901 Rec 2.3 Communications team - operational security and privacy issues</p> <p>Implemented</p> | <p>The Communications team will address points 1; 2; 3; 5; and 9 in advance of finalising the social media operational framework. It is important to note that the recommendation to provide unique user profiles and passwords for all Sprout social users could potentially be cost prohibitive, however the feasibility of this option will be assessed, and the risks associated with sharing user profiles and passwords reduced as far as possible.</p> | <p>Estimated Date: 12/02/2021</p> <p>Revised Date:</p> <p>No of Revisions 0</p> | David Ure |
| 143 | <p>Social Media - Controls over access to SM Accounts</p> <p>1. Social media operational framework</p> <p>Michael Pinkerton, Media Manager</p> | High | <p>CE1901 Rec1.5 Social Media Risks</p> <p>Pending</p> | <p>The risks associated with the ongoing use of social media that are highlighted in this report will be assessed and recorded in the Strategy and Communications risk register together with details of mitigating actions to ensure that they are addressed.</p> | <p>Estimated Date: 30/10/2020</p> <p>Revised Date:</p> <p>No of Revisions 0</p> | David Ure Donna Rodger |
| 144 | <p>Social Media - Controls over access to SM Accounts</p> <p>3. Social media training</p> <p>Michael Pinkerton, Media Manager</p> | Medium | <p>CE1901 Rec3.1 Social media training needs assessment</p> <p>Pending</p> | <p>1. A training needs assessment for social media account owners and users will be developed as part of the social media operational framework and supporting guidance with support (where required) from Human Resources. The training needs assessment will be provided to all Council directorates and divisions with a request that it is completed for all new social media account owners and users. 2. Directorates and divisions will be requested to ensure that social media training is classified as an essential learning activity within their</p> | <p>Estimated Date: 16/04/2021</p> <p>Revised Date:</p> <p>No of Revisions 0</p> | David Ure Donna Rodger |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| | | | | essential learning programmes for those roles that include a social media remit / responsibility. | | |
| 145 | <p>Social Media - Controls over access to SM Accounts</p> <p>3. Social media training</p> <p>Michael Pinkerton, Media Manager</p> | Medium | <p>CE1901 Rec3.2 Refresh of social media training materials</p> <p>Pending</p> | <p>1. Existing training materials and the e learning module content will be reviewed and refreshed with support from Human Resources (where required) to ensure that it is aligned with applicable legislation and regulations.</p> <p>2. The e learning module will be updated to ensure that sufficient information is provided prior to testing and that correct answers are provided to incorrect responses.</p> <p>3. Ownership of the content of the social media e learning model will be agreed between Strategy and Communications and Human Resources.</p> | <p>Estimated Date: 25/01/2021</p> <p>Revised Date:</p> <p>No of Revisions 0</p> | <p>David Ure</p> <p>Donna Rodger</p> |
| 146 | <p>Social Work Centre Bank Account Reconciliations</p> <p>Corporate Appointee Client Fund Management</p> <p>Judith Proctor, Chief Officer - HSCP</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>Alison Roarty</p> <p>Angela Ritchie</p> <p>Colin Beck</p> <p>Louise McRae</p> <p>Tony Duncan</p> |

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| 147 | Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer - HSCP | High | 2.2. Updating procedures to include an annual review of Corporate Appointee contracts Started | 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. | Estimated Date: 30/04/2018 Revised Date: 01/08/2021 No of Revisions 2 | Alison Roarty Angela Ritchie Colin Beck Louise McRae Tony Duncan |
| 148 | Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer - HSCP | High | Rec. 8 Business Support and Senior Social Worker - refresher training closing and reallocation of client fund accounts Started | 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. | Estimated Date: 31/05/2018 Revised Date: 01/08/2021 No of Revisions 3 | Alison Roarty Angela Ritchie Colin Beck Louise McRae Tony Duncan |
| 149 | Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer - HSCP | High | Rec 1b - Business Support - review of Corporate Appointee processes Started | 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 | Estimated Date: 31/05/2018 Revised Date: 01/08/2021 No of Revisions 2 | Alison Roarty Angela Ritchie Colin Beck Louise McRae Tony Duncan |

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| | | | | 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 | | |
| 150 | <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>Rebased as at 30/03/2021 Clear processes will be designed, recorded (in the Street Lighting Operational guide), and Implemented to ensure that following completion of wards in the EESLP:- progress with electrical testing is monitored and actioned; and- checks are performed over the completeness and accuracy of all inventory data held on Confirm (e.g. routine sample testing across the wards). Following the completion of further wards in the EESLP, Internal Audit will perform sample testing to ensure the data held on Confirm is accurate and complete, and that electrical testing outcomes are being recorded. IA will also confirm that the inventory checks have been designed and Implemented. It is expected that the EESLP will complete in late 2021, and therefore an implementation date of 31/03/2022 has been agreed with IA.</p> | <p>Estimated Date: 20/12/2019 Revised Date: 31/03/2022 No of Revisions 4</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> |
| 151 | <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 Revised Date: 31/05/2021 No of Revisions 4</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> |

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| 152 | <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>Started</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: 30/06/2021</p> <p>No of Revisions 7</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> |
| 153 | <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> | <p>Processes for the completion and retention of the checklist to be included in appropriate Operational Guide.</p> | <p>Estimated Date: 31/03/2020</p> <p>Revised Date: 31/05/2021</p> <p>No of Revisions 4</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> |

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| 154 | <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 Issue 2.2: Contract Management Compliance Reviews</p> <p>Implemented</p> | <p>The C&GM team will design and implement a rolling programme of compliance reviews, focused on the Tier 1 and 2 contracts, this programme to take account of the limited resources in the team, and other ongoing work. The scope of these reviews will, as appropriate, include the recommendations above. Again, this work will be dependent upon active service area engagement and responsiveness, including for service areas to implement identified actions. It is to be noted, however, that the staffing resources in the C&GM team may not be sufficient to include all aspects referred to above, including follow-up and monitoring of implementation.</p> | <p>Estimated Date: 31/12/2020</p> <p>Revised Date: 01/05/2021</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> |
| 155 | <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 1.2(3): Supplier management quality assurance - Place</p> <p>Pending</p> | <p>Place This will be incorporated into the Place regular monitoring reports on procurement to provide assurance that risk assessments are happening, especially for tier 1 and 2 contracts and that appropriate action is taken. This will be undertaken in conjunction with the Contracts and Grants Management and Commercial Partner team in procurement to ensure consistency of approach and shared learning.</p> | <p>Estimated Date: 31/03/2021</p> <p>Revised Date: 01/08/2021</p> <p>No of Revisions 0</p> | <p>Alison Coburn</p> <p>David Givan</p> <p>Gareth Barwell</p> <p>George Gaunt</p> <p>Karl Chapman</p> <p>Lindsay Robertson</p> <p>Michael Thain</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 156 | <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> | Place This recommendation is accepted, and this will be added as appropriate to the Place mandatory training matrix at the next review. | <p>Estimated Date: 31/08/2020</p> <p>Revised Date: 01/01/2021</p> <p>No of Revisions 0</p> | <p>Alison Coburn</p> <p>David Givan</p> <p>Gareth Barwell</p> <p>George Gaunt</p> <p>Karl Chapman</p> <p>Lindsay Robertson</p> <p>Michael Thain</p> |
| 157 | <p>Supplier Management Framework and CIS Payments</p> <p>RES1809 Issue 1: Contract Management by Directorates and Service Areas</p> <p>Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities</p> | High | <p>RES1809 Issue 1.4(3): Review of contract waivers - C&F</p> <p>Started</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>Estimated Date: 27/03/2020</p> <p>Revised Date: 01/11/2020</p> <p>No of Revisions 1</p> | <p>Anna Gray</p> <p>Claire Thompson</p> <p>David Hoy</p> <p>Michelle McMillan</p> <p>Nichola Dadds</p> <p>Nickey Boyle</p> |

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| 158 | <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 Issue 2.3: Project Governance supporting implementation of the Public Contracts Scotland Tendering technology system</p> <p>Started</p> | <p>This system is already well-established in other public sector partners, and supported by the Scottish Government, and has been identified by Scotland Excel as an appropriate e-solutions system to support contract and supplier management. Training sessions have already been held, including a day session focussed entirely on contract management functionality. All members of the team have had access to the system for a suitable period of time, to allow for learning on a test system and have built up a thorough knowledge of the system's capability to upload contract documentation. The mass upload of contract documentation is a key factor in the successful roll out of the system, and the team continues to get support from contemporary teams in Scottish Government and other public sector partners who have carried this out. Training sessions have been held with a number of contract managers across 4 directorates, focussing on 6 Tier 1 contracts, some with cross-directorate delivery. 40 suppliers have also been involved in the trial to date. The team are continuing to monitor the trial, with regular updates from contract managers and will use all lessons learned to prepare the project plan for full roll out of the system. The C&GM team will design and apply a suitable project management and governance framework to support PCS-T implementation. This will include additional suitable system testing, and training for service area contract managers who would be using the system to store and access contract documentation. As stated above, the team is already also working with public sector partners, to identify best practice to assist the successful roll out the contract management module. Commercial and Procurement Services are already considering the possible adoption of PCS-T as the Council's eProcurement system, bringing an end to</p> | <p>Estimated Date: 31/12/2020</p> <p>Revised Date: 31/12/2021</p> <p>No of Revisions 1</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> |

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| | | | | end approach to procurement and management of contracts. This work is continuing, and the PCS-T Working Group which has been established within Commercial and Procurement Services will take forward both aspects. If it is decided to adopt PCS-T for the Council's actual procurement processes, and not just contract management, then it is noted that the actual implementation of that would take longer, as there would be a greater direct impact upon other Council services. | | |
| 159 | <p>Unsupported Technology (Shadow IT) and End User Computing</p> <p>CW1914 Issue 1: Digital strategy and governance</p> <p>Stephen Moir, Executive Director of Resources</p> | Medium | <p>CW1914 Rec 1.1 - Digital strategy development</p> <p>Started</p> | The Council's digital strategy is currently being refreshed as part of the Adaptation and Renewal Programme and will include consideration of use of both networked and cloud-based systems solutions that are aligned with the Council's strategic and service delivery objectives and applicable security and compliance requirements. A separate cloud strategy will also be prepared as part of the overarching digital strategy that outlines the opportunities and risks associated with ongoing and future use of cloud-based shadow IT systems. The digital strategy will be developed following engagement and consultation with Council directorates; divisions; citizens; and other organisations (where required). | <p>Estimated Date: 31/12/2020</p> <p>Revised Date: 30/06/2021</p> <p>No of Revisions 1</p> | <p>Alison Roarty</p> <p>Heather Robb</p> <p>Layla Smith</p> <p>Michelle Vanhegan</p> <p>Nicola Harvey</p> |

| Ref | Project/Owner | Issue Type | Issue/Status | Agreed Management Action | Dates | Contributors |
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| 160 | <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>Started</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> |