Transport and Environment Committee

10am, Thursday, 14 October 2021

Internal Audit: Overdue Findings and Key Performance Indicators as at 11 August 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 Transport and Environment Committee for information.

Stephen S. Moir
Executive Director of Corporate Services

Contact: Emily Traynor, Assistant Committee Officer
Legal and Assurance Division, Corporate Services
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Referral Report

Internal Audit: Overdue Findings and Key Performance Indicators as at 11 August 2021 – referral from the Governance, Risk and Best Value Committee

2. Terms of Referral

2.1 On 21 September 2021, the Governance, Risk and Best Value Committee considered a report on the outcome of the Internal Audit: Overdue Findings and Key Performance Indicators as at 11 August 2021.

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 11 August 2021;

2.2.2 To approve that a further three-month extension date is applied to all open IA findings, recognising the ongoing impacts of Covid-19 and other priorities and challenges currently faced by the Council;

2.2.3 To note management commitment to implementation of the governance and assurance model and ensuring appropriate ongoing focus on closure of all high rated findings, and all findings that are more than one year overdue; and,

2.2.4 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.

3. Background Reading/ External References

3.1 Minute of the Governance, Risk and Best Value Committee – 21 September 2021

4. Appendices

Appendix 1 – report by the Head of Audit and Risk / Chief Internal Auditor

Governance, Risk and Best Value Committee

10:00am, Tuesday, 21 September 2021

Internal Audit: Overdue Findings and Key Performance Indicators as at 11 August 2021

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 11 August 2021;

1.1.2 approves the recommendation that a further six-month extension date is applied to all open IA findings, recognising the ongoing impacts of Covid-19 and other priorities and challenges currently faced by the Council;

1.1.3 notes management commitment to implementation of the governance and assurance model and ensuring appropriate ongoing focus on closure of all high rated findings, and all findings that are more than one year overdue; and,

1.1.4 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

Head of Audit and Risk / Chief Internal Auditor

Legal and Assurance Division, Corporate Services Directorate

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Report

Internal Audit: Overdue Findings and Key Performance Indicators as at 11 August 2021

2. Executive Summary

Progress with Closure of Open and overdue Internal Audit findings

2.1 The overall progress status for closure of overdue IA findings remains amber (stable with limited change).

2.2 This is supported by closure of an increased number of IA findings and management actions in the current period, with 24 findings (3 open and 21 overdue) and 95 management actions closed following review by IA in comparison to 18 findings (5 open and 13 overdue) and 68 management actions closed in the previous quarter (10 February to 27 April 2021).

2.3 This is further supported by a decreasing trend in the proportion of open IA findings that are overdue (KPI 3 in Appendix 1); improvement in the proportion of findings between three and six months overdue (KPI 9); and a decrease in the proportion of overdue management actions (KPI 14).

2.4 This progress is offset by a decrease in the proportion of findings and management actions submitted to IA by management for review and closure (KPIs 4 and 15); an increasing trend in findings less that are less than three months and more than six months overdue; and an increase in the number of management actions where the latest implementation date has been missed.

2.5 This confirms that ongoing focus is required on closure of findings that are more than one year overdue, and ensuring that open findings and supporting management actions do not miss their agreed implementation dates.

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

Current position as at 11 August 2021

2.7 A total of 96 open IA findings remain to be addressed across the Council as at 11 August 2021. This excludes open and overdue Internal Audit findings for the Edinburgh Integration Joint Board and the Lothian Pension Fund.

2.8 Of the 96 currently open IA findings:

2.8.1 a total of 45 (47%) are open, but not yet overdue;

2.8.2 51 (53%) are currently reported as overdue as they have missed the final agreed implementation dates. This reflects an increase of 4% in comparison to the April 2021 position (63%).

2.8.3 78% of the overdue findings are more than six months overdue, reflecting an increase of 8% in comparison to April 2021 (70%) with 25% aged between six months and one year and 53% more than one year overdue.

2.8.4 evidence in relation to 3 of the 51 overdue findings is currently being reviewed by IA to confirm that it is sufficient to support closure; and,

2.8.5 48 overdue findings still require to be addressed.

2.9 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 48, reflecting a decrease of 16 when compared to the April 2021 position. This excludes the four-month date extension that was applied to reflect the impact of Covid-19.

Proposed Solutions

2.10 Whilst a four month extension date was applied to all open IA findings and supporting management actions reflecting the initial impacts of Covid-19, management has subsequently confirmed that this was not sufficient to fully reflect the ongoing impacts of the pandemic.

2.11 It is therefore proposed that a further six month extension is applied to all open IA findings and actions, reflecting the ongoing impacts of the Covid-19 and current Council priorities and challenges as services resume; new ways of working are defined and implemented; and senior leadership review outcomes are implemented.

2.12 The impact of the six-month extension is that completion dates for all 45 open findings that are not currently overdue will be extended by six months, and the eleven findings that are currently less than six months overdue will revert to open with completion dates extended by six months.

2.13 In the interim, management has committed to ensuring appropriate ongoing focus on closure of all high rated findings, and all findings that are more than six months overdue.

2.14 This approach should also provide sufficient time for effective implementation of the new governance and assurance model that was discussed at the August Committee in response to the 2020/21 IA annual opinion.

Key Performance Indicators

2.15 The IA key performance indicator (KPI) dashboard was not applied during the 2020/21 plan year as the Council continued to focus on its Covid-19 resilience response.

2.16 As advised in the June 2021 Committee paper, ongoing monitoring of IA key performance indicators (KPIs) supported by monthly reporting to the Corporate Leadership Team (CLT) and quarterly reporting has been reinstated to support delivery of the 2021/22 IA annual plan.

2.17 Reintroduction of ongoing monitoring of KPIs should also address the Committee request to ensure that audits are carried out in line with the timescales set out in the agreed audit plan.

2.18 Reintroduction of KPIs has confirmed that action is required to ensure that services are aware of the KPIs that apply to the audit process and engage proactively with IA to ensure that any potential impacts that could cause delays are identified and effectively managed.

3. Background

Overdue IA Findings and Management Actions

3.1 Overdue findings arising from IA reports are reported monthly to the Corporate Leadership Team (CLT) and quarterly to the GRBV Committee.

3.2 This report specifically excludes open and overdue findings that relate to the Edinburgh Integration Joint Board (EIJB) and the Lothian Pension Fund (LPF). These are reported separately to the EIJB Audit and Assurance Committee and the Pensions Audit Sub-Committee respectively.

3.3 Findings raised by IA in audit reports typically include more than one agreed management action to address the risks identified. IA methodology requires all agreed management actions to be closed in order to close the finding.

3.4 The IA definition of an overdue finding is any finding where all agreed management actions have not been evidenced as implemented by management and validated as closed by IA by the date agreed by management and IA and recorded in relevant IA reports.

3.5 The IA definition of an overdue management action is any agreed management action supporting an open IA finding that is either open or overdue, where the individual action has not been evidenced as implemented by management and validated as closed by IA by the agreed date.

3.6 Where management considers that actions are complete and sufficient evidence is available to support IA review and confirm closure, the action is marked as ‘implemented’ by management on the IA follow-up system. When IA has reviewed the evidence provided, the management action will either be ‘closed’ or will remain open and returned to the relevant owner with supporting rationale provided to explain what further evidence is required to enable closure.

3.7 A ‘started’ status recorded by management confirms that the agreed management action remains open and that implementation progress ongoing.

3.8 A ‘pending’ status recorded by management confirms that the agreed management action remains open with no implementation progress evident to date.

IA Key Performance Indicators

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 (KPI) document that was designed to monitor progress of both management and Internal Audit with delivery of the Internal Audit annual plan.

3.10 A motion and addendum agreed at Committee in August 2021 requested that audits should be carried out in line with the timescales set out in the agreed audit plan.

4. Main report

4.1 As at 11 August 2021, there are a total of 96 open IA findings across the Council with 51 findings (53%) now overdue.

4.2 The movement in open and overdue IA findings during the period 27 April (reported to GRBV in June 2021) to 11 August 2021 is as follows:

Analysis of changes between 27/04/2021 and 11/08/2021				
	Position at 27/04/21	**Added**	**Closed**	**Position at 11/08/21**
Open	100	20	24	96
Overdue	63	9	21	51

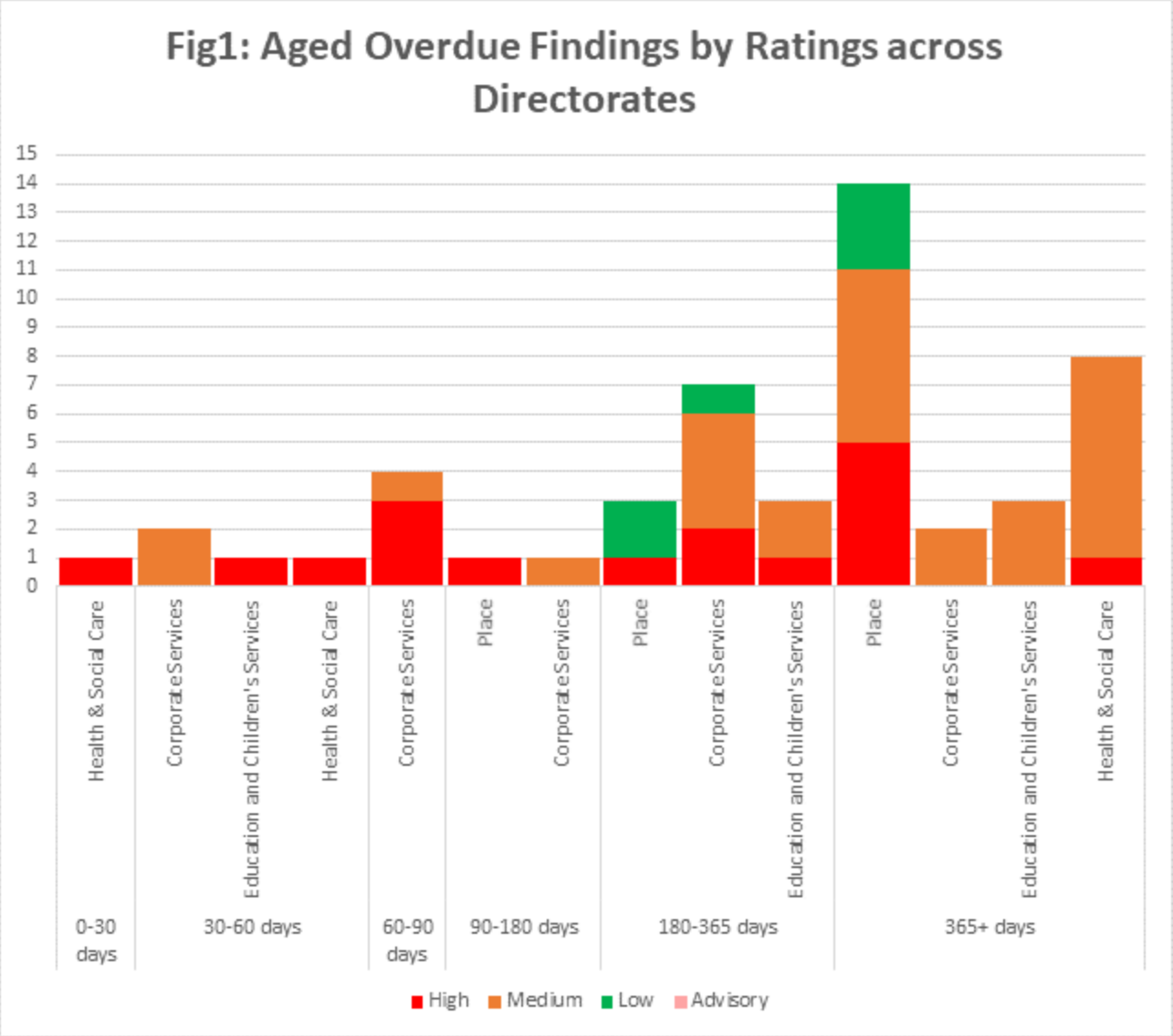
Overdue Findings

4.3 The 51 overdue findings comprise 17 High; 28 Medium; and 6 Low rated findings.

4.4 However, IA is currently reviewing evidence to support closure of 3 of these findings (1 High and 2 Medium), leaving a balance of 48 overdue findings (16 High; 26 Medium; and 6 Low) still to be addressed.

Overdue findings ageing analysis

4.5 Figure 1 illustrates the ageing profile of all 51 overdue findings by rating across directorates as at 11 August 2021:



4.6 This analysis of the ageing of the 51 overdue findings outlined below highlights that Directorates made good progress in the last quarter with resolving findings overdue between three and six months, as the proportion of those findings has significantly decreased. However, this is offset by an increase in the proportion of findings overdue for less than three months; overdue between six months and one year; and findings overdue for more than one year.

- 9 (18%) are less than 3 months (90 days) overdue, in comparison to 10% as at April 2021;
- 2 (4%) are between 3 and 6 months (90 and 180 days) overdue, in comparison to 20% as at April 2021;
- 13 (25%) are between 6 months and one year (180 and 365 days) overdue, in comparison to 19% as at April 2021; and,
- 27 (53%) are more than one year overdue, in comparison to 51% as at April 2021.

Management Actions Closed Based on Management's Risk Acceptance

4.7 During the period 27 April 2021 to 11 August 2021 eight 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:

4.7.1 Corporate Services - Communications - Controls over access to Social Media Accounts (Medium) - Management has explored the feasibility of allocating unique user ID and profiles to operate social media accounts and discounted it as it was cost prohibitive. Management has therefore accepted the risks associated with the use of generic shared user IDs, making it difficult to trace any potentially adverse social media content or activity to a particular employee.

4.7.2 Health and Social Care - Emergency Prioritisation & Complaints (Medium) - Management has accepted the residual risk of potential manual errors when recording response times. The process is semi-automated via the Jontek application which records the time of the call and the responder's call from the citizen's home and is supported by paper-based records completed by responders.

4.7.3 Corporate Services - Customer and Digital Services - Digital Services Change Initiation (Medium) - Management has accepted the risks associated with not implementing bespoke service levels for complex change requests, as this is not possible within the terms of the CGI partnership agreement.

4.7.4 Corporate Services - Customer and Digital Services - CGI Partnership Management and Governance (Medium) - Management has accepted the risks associated with the limited change and security key performance indicators included in the CGI partnership agreement as it is not possible to change these under the terms of the existing contract.

4.7.5 Corporate Services - Customer and Digital Services - Council oversight of CGI subcontract management (Medium) - Management has accepted the residual risk that sub-contractors providing critical high value services for the Council are not identified and reclassified by CGI; that no formal supplier management arrangements are applied by CGI across these sub-contractors; and that poor supplier performance in relation to critical services is not proactively managed. A quarterly report will be sourced from CGI detailing any changes to sub-contractor services that will inform any category change required to key sub-contractors.

4.7.6 Corporate Services - Customer and Digital Services - Ongoing Dacoll supplier management (Low) - Management has accepted this risk until April 2023 which is when the next discussion regarding a contract extension is due. Additionally, there are no guarantees that Dacoll (a key sub-contractor responsible for the Council's local area networks and end user infrastructure)

supplier performance arrangements will be enhanced as part of these discussions. Current supplier performance issues with Dacoll have been escalated by Digital Services to CGI.

4.7.7 Corporate Services - Customer and Digital Services - Out of Support Technology and Public Sector Network Accreditation: Public Services Network governance arrangements (Low) - Management has accepted the residual risk associated with this finding that security risks (that could potentially impact both PSN and Cyber Essentials plus accreditation) identified, recorded, and managed by CGI on behalf of the Council are not currently flowing through into the Council's risk management process. Digital Services has confirmed that this will be addressed in future through the Council's Cyber and Information Security Steering Group risk register. The risk has been closed on the basis the residual risk is low; is within appetite; and that PSN and Cyber Essentials plus accreditation has been received, although this will need to be addressed in future to support implementation of the refreshed operational risk management framework.

4.7.8 Place - Waste and Cleansing Services - Performance Management Framework (Low) - Management has accepted the residual risk of not providing a clear link to the Scottish Government's Code of Practice on Litter and Refuse guidance on all customer street cleansing communications. The link has been made available via the Council's website; however management has advised that no direct street cleansing communications issued to customers.

Agreed Management Actions Analysis

4.8 The 96 open IA findings are supported by a total of 233 agreed management actions. Of these, 130 (56%) are overdue as the completion timeframe agreed with management when the report was finalised has not been achieved. This reflects a 3% decrease from the April 2021 position (59%).

4.9 Of the 130 overdue management actions, 17 have a status of 'implemented' and are currently with IA for review to confirm whether they can be closed, leaving a balance of 113 to be addressed.

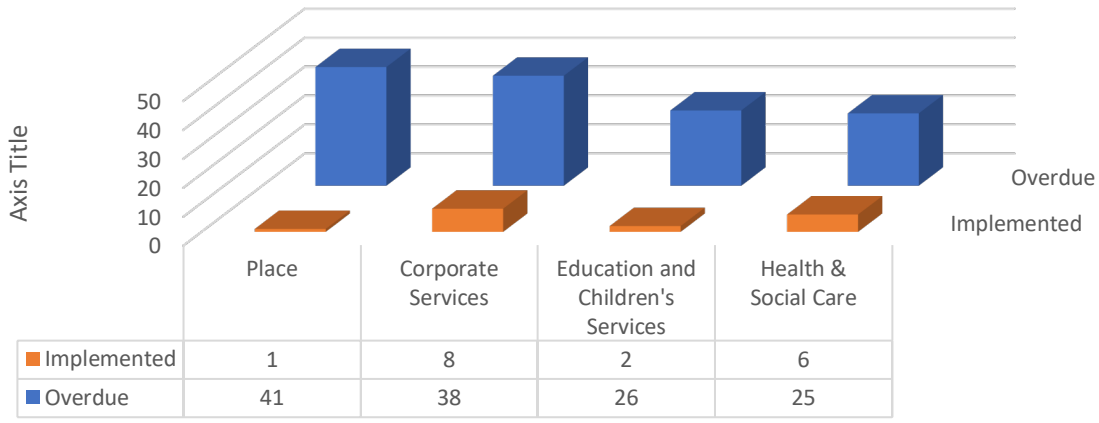
4.10 Appendix 2 provides an analysis of the 130 overdue management actions highlighting:

- their current status as at 11 August 2021 with:
  - 17 implemented actions where management believe the action has been completed and it is now with IA for validation;
  - 108 started where the action is open, and implementation is ongoing; and
  - 5 pending where the action is open with no implementation progress evident to date.
- 70 instances (54%) where the latest implementation date has been missed; and

- 48 instances (37%) where the implementation date has been revised more than once.

4.11 Figure 2 illustrates the allocation of the 130 overdue management actions across Directorates, and the 17 that have been passed to IA for review to confirm whether they can be closed.

Figure 2: Overdue and Implemented Management Actions by Directorate



	Place	Corporate Services	Education and Children's Services	Health & Social Care
Implemented	1	8	2	6
Overdue	41	38	26	25

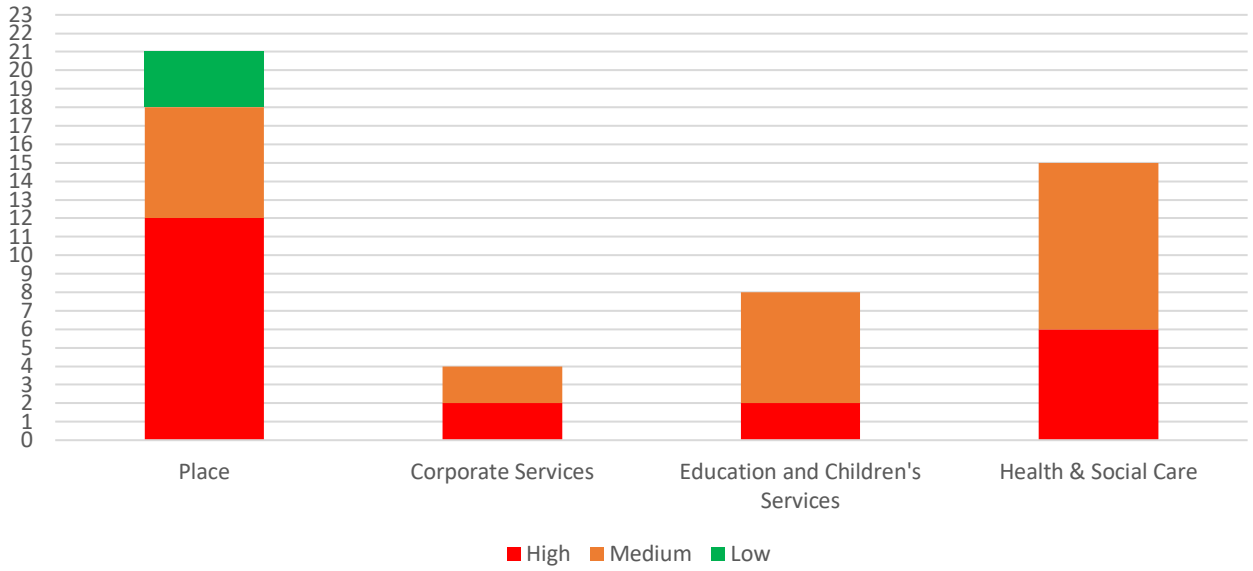
Revised Implementation Dates

4.12 Figure 3 illustrates that there are currently 48 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.

4.13 This reflects a decrease of 16 in comparison to the position reported in April 2021(64).

4.14 Of these 48 management actions, 22 are associated with High rated findings; 23 Medium; and 3 Low, with the majority of date revisions in the Place Directorate.

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



Key Performance Themes Identified from the IA Dashboard

4.15 The IA key performance indicator dashboard was not applied during the 2020/21 plan year as the Council continued to focus on its Covid-19 resilience response.

4.16 The dashboard has now been reinstated for 2021/22 as advised in the June report presented to Committee, to support smooth delivery of the 2021/22 IA annual plan and prevent delayed completion of audits and finalisation of reports shortly before finalisation of the IA annual opinion.

4.17 Reintroduction of the KPIs supported by monthly reporting to the Corporate Leadership Team and quarterly to the Committee will highlight any significant delays that could potentially impact on delivery of the annual plan, and is aligned with the requirements of both the motion and addendum agreed at Committee in August 2021 requesting that audits will be carried out in line with the timescales set out in the agreed audit plan.

4.18 For the 10 audits currently in progress across the Council where a terms of reference has been issued the dashboard at Appendix 3 highlights that:

4.18.1 8 service responses have been received within agreed KPI timeframes;

4.18.2 Executive Director responses are generally within agreed timeframes;

4.18.3 Agreement on the Digital and Smart City terms of reference with Digital Services involved extensive engagement and was impacted by annual leave;

4.18.4 Service responses on the terms of reference for the Fraud and Serious Organised Crime audit have not yet been received from all services included in the scope of the review;

4.18.5 Finalisation of the report and workshop with management for the Planning and Performance Framework review was significantly impacted by the timing of annual leave; and,

4.18.6 The Elections in the Covid-19 environment audit was completed effectively with management and IA working closely to provide assurance in advance of the May 2021 Scottish parliament elections.

5. Next Steps

5.1 IA will continue to monitor the open and overdues findings position and delivery against key performance indicators, 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: Overdue Findings and Key Performance Indicators at 27 April 2021 – Paper 8.2

8.2 First Line Governance and Assurance Model – Paper 8.3

8.3 Internal Audit Journey Map and Key Performance Indicators - Paper 7.6 Appendix 3

9. Appendices

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

9.2 Appendix 2 – Internal Audit Overdue Management Actions as at 11 August 2021

9.3 Appendix 3 – Internal Audit Key Performance Indicators as at 11 August 2021

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

Stable with limited change

	Key Performance Indicator (KPI)	22/03/2021		27/04/2021		11/06/2021		07/07/2021		11/08/2021		Trend
	IA Findings											
1	Open findings	107	100%	100	100%	89	100%	85	100%	96	100%	Not applicable
2	Not yet due	43	40%	37	37%	34	38%	32	38%	45	47%	Not applicable
3	Overdue findings	64	60%	63	63%	55	62%	53	62%	51	53%	
4	Overdue - IA reviewing	18	28%	13	21%	12	22%	8	15%	3	6%	
5	High Overdue	17	27%	18	29%	18	33%	18	34%	17	33%	
6	Medium Overdue	38	59%	37	59%	30	55%	29	55%	28	55%	
7	Low Overdue	9	14%	8	13%	7	13%	6	11%	6	12%	
8	<90 days overdue	11	17%	6	10%	7	13%	9	17%	9	18%	
9	90-180 days overdue	10	16%	13	21%	8	15%	3	6%	2	4%	
10	180-365 days overdue	16	25%	12	19%	10	18%	15	28%	13	25%	
11	>365 days overdue	27	42%	32	51%	30	55%	26	49%	27	53%	
	Management Actions											
12	Open actions	296	100%	269	100%	236	100%	218	100%	233	100%	Not applicable
13	Not yet due	120	41%	109	41%	96	41%	83	38%	103	44%	Not applicable
14	Overdue actions	176	59%	160	59%	140	59%	135	62%	130	56%	
15	Overdue - IA reviewing	61	35%	51	32%	40	29%	28	21%	17	13%	
16	Latest date missed	95	54%	82	51%	77	55%	43	32%	70	54%	
17	Date revised > once	71	40%	64	40%	60	43%	51	38%	48	37%	

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 11 August 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	Contributor
1	Asset Management Strategy Issue 1: Visibility and Security of Shared Council Property Paul Lawrence, Executive Director of Place and SRO	**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**	Alison Coburn Audrey Dutton Gohar Khan Layla Smith Michelle Vanhegan Peter Watton
2	Asset Management Strategy and CAFM system 18/19	**High**	3.1 Ensuring Data Completeness, Accuracy, and	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	**Estimated Date: 31/03/2016**	Alan Chim Alison Coburn Andrew Field

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	RES1813 Asset Management Strategy and CAFM: Issue 3 - Property and Facilities Management Data Completeness; Accuracy; and Quality Paul Lawrence, Executive Director of Place and SRO		Quality Started	data. Whilst the vision is to have all property data in CAFM, the volume of property data that could be captured and recorded is near infinite, therefore property data that will retained in CAFM has to be focused on the effort and cost to collect versus the value it provides. The CAFM Business Case includes requirement for a Data Quality Manager, who will be the responsible data steward for Property and Facilities Management (P&FM) data. Their role is not necessarily to collect the data but to ensure rigor and control over it. This will involve ensuring regular reviews of data within the system and ensuring that data is managed and maintained in line with the established CAFM data hierarchy and agreed Council information management policies and procedures. Sharing data steward responsibilities across services is problematic, as they hold responsibility and accountability for the data under their remit. It would be highly unlikely that a data steward from another service would want to take on the additional accountability of data from P&FM. We recommend that P&FM establish their own data steward. The CAFM Business Case includes the delivery of a Data Quality Strategy for P&FM. The objective of the data quality strategy is to attribute risk and value to the data maintained in the system. Additionally: data change processes and procedures that capture data processing and management in CAFM will be designed and implemented. processes for reviewing data quality, for example, review of condition survey data run in tandem with review of property data every five years, will be designed and implemented. data validation controls within CAFM will be applied; and data quality audit controls for individual data fields available in CAFM will be applied, and audit reports	**Revised Date: 01/08/2022 No of Revisions 1**	Audrey Dutton Brendan Tate Gohar Khan Peter Watton

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
				run at an appropriate frequency to identify any significant changes to key data.		
3	Asset Management Strategy and CAFM system 18/19 RES1813 Asset Management Strategy and CAFM: Issue 3 - Property and Facilities Management Data Completeness; Accuracy; and Quality Paul Lawrence, Executive Director of Place and SRO	**High**	3.2 Resolution of known data quality issues Started	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.	**Estimated Date: 31/03/2016 Revised Date: 01/08/2022 No of Revisions 2**	Alan Chim Alison Coburn Andrew Field Audrey Dutton Brendan Tate Gohar Khan Graeme McGartland Peter Watton
4	Assurance Actions and Annual Governance Statements CW1903 Issue 1: Assurance Management Framework Stephen Moir, Executive Director, Corporate Services	**High**	CW1903 Issue 1.1c: Develop and implement an assurance management framework Started	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 annual governance statement for inclusion in the Council's 31 March 2022 annual financial statements.	**Estimated Date: 31/12/2020 Revised Date: 30/09/2021 No of Revisions 3**	Chris Peggie Gavin King Hayley Barnett Laura Callender Layla Smith Michelle Vanhegan Mirka Vybiralova Nick Smith

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
5	Brexit impacts - supply chain management CW1905 Issue 1: Divisional and Directorate Brexit supply chain management risks Julien Kramer, Interim Director of Communities and Families	**Medium**	CW1905 Rec. 1.1c: Education and Children's Services - Divisional and directorate supply chain management Started	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.	**Estimated Date: 30/10/2020 Revised Date: No of Revisions 0**	Andy Gray Crawford McGhie Jackie Irvine Liz Harrison Lorna French Michelle McMillan Nichola Dadds Nickey Boyle
6	Budget Setting and Management RES 1903 Issue 2: Budget setting and management processes Stephen Moir, Executive Director, Corporate Services	**Medium**	RES 1903 Issue 2.1: Budget setting and management processes and timetable Started	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.	**Estimated Date:31/12/2020 Revised Date:01/05/2021 No of Revisions0**	Alison HenryAnnette SmithEmma BakerHugh DunnJohn ConnartyLayla SmithMichelle Vanhegan
7	Budget Setting and Management RES 1903 Issue 2: Budget setting and management processes Stephen Moir, Executive Director, Corporate Services	**Medium**	RES 1903 Issue 2.2: Clarity of roles and responsibilities Started	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.	**Estimated Date: 31/12/2020 Revised Date: 01/05/2021 No of Revisions 0**	Alison Henry Annette Smith Emma Baker Hugh Dunn John Connarty Layla Smith Michelle Vanhegan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
8	Budget Setting and Management RES 1903 Issue 3: Continuous improvement: Lessons learned and customer feedback. Stephen Moir, Executive Director, Corporate Services	**Medium**	RES 1903 Issue 3.1: Annual budget setting lessons learned methodology Started	A methodology for the lessons learned process will be developed and stated in a procedure document. This work will be performed through liaison between the Change Strategy Team and Finance. The methodology will include the requirements stated above.	**Estimated Date: 31/05/2020 Revised Date: 31/05/2021 No of Revisions 1**	Alison Henry Annette Smith Donna Rodger Emma Baker Hugh Dunn John Connarty Layla Smith Michelle Vanhegan
9	Budget Setting and Management RES 1903 Issue 3: Continuous improvement: Lessons learned and customer feedback. Stephen Moir, Executive Director, Corporate Services	**Medium**	RES 1903 Issue 3.2: Finance customer and staff feedback surveys Started	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.	**Estimated Date: 31/12/2020 Revised Date: 01/05/2021 No of Revisions 0**	Alison Henry Annette Smith Hugh Dunn John Connarty Layla Smith Michelle Vanhegan

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10	Budget Setting and Management RES 1903 Issue 4: Training for budget managers Stephen Moir, Executive Director, Corporate Services	**Medium**	RES 1903 Issue 4.1: Training for budget managers Started	Finance is not currently responsible for providing training for budget managers as this was centralised into, Learning and Development in 2016. However, following discussions earlier this year, it has been agreed that responsibility for budget managers training will transfer back from Learning and Development to Finance. Once these responsibilities have been transferred, Finance will establish a process to ensure that all first line budget managers have completed the two training modules with supporting checks performed to ensure that the training has been completed. Please note that the 'Evidence required to close' listed above is for indicative purposes only. During Internal Audit's review of any evidence submitted, further supporting evidence may be required to close the action. Evidence should be uploaded to TeamCentral as actions progress and no later than 10 working days before agreed implementation date. This will allow Internal Audit sufficient time to review the evidence.	**Estimated Date: 30/09/2020 Revised Date: 31/12/2021 No of Revisions 1**	Alison Henry Annette Smith David Camilleri Hugh Dunn John Connarty Layla Smith Lesley Tait Michelle Vanhegan
11	CGI Partnership Management and Governance RE1904 Issue 1 - CGI Governance and performance management framework Stephen Moir, Executive Director, Corporate Services	**Medium**	RES1904 - Rec 1.2 CGI governance framework **Implemented**	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.	**Estimated Date: 31/03/2021 Revised Date: 31/05/2021 No of Revisions 1**	Alison Roarty Heather Robb Jackie Galloway Layla Smith Michelle Vanhegan Nicola Harvey

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12	Cyber Security - Public Sector Action Plan RES1808: Issue 1: Critical Operational Cyber Security Controls Stephen Moir, Executive Director, Corporate Services	**Medium**	RES1808: Issue 1: Recommendation 1.2 - Cyber Essentials Accreditation Started	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.	**Estimated Date: 30/09/2019 Revised Date: 31/12/2022 No of Revisions 3**	Alison Roarty Heather Robb Layla Smith Michelle Vanhegan Mike Brown Nicola Harvey
13	Digital Services Incident and Problem Management RES1907 Incident and Problem Management: Issue 1 - Next steps for incident resolution Stephen Moir, Executive Director, Corporate Services	**Low**	RES1907 Recommendation 1.1.1 - Incident Reports Started	Agreed – updates will be provided into the problem management records that feed into the Problem Review Board.	**Estimated Date: 31/12/2020 Revised Date: 31/08/2021 No of Revisions 1**	Alison Roarty Heather Robb Jackie Galloway Layla Smith Michelle Vanhegan Nicola Harvey Richard Burgess
14	Digital Services Incident and Problem Management RES1907 Incident and Problem Management: Issue 1 - Next steps for incident resolution Stephen Moir, Executive Director, Corporate Services	**Low**	RES1907 Recommendation 1.1.2 - Partnership Board and Client Service Reports Started	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.	**Estimated Date: 31/12/2020 Revised Date: 31/08/2021 No of Revisions 1**	Alison Roarty Heather Robb Jackie Galloway Layla Smith Michelle Vanhegan Nicola Harvey Richard Burgess

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
15	Drivers Management and use of Driver Permits and fuel FOB cards Paul Lawrence, Executive Director of Place and SRO	**Medium**	Management and use of Driver Permits and Fuel FOB cards Rec 4 Started	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;	**Estimated Date:01/02/2019 Revised Date:31/08/2021 No of Revisions: 4**	Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Katy Miller Martin Young Nicole Fraser Scott Millar Steven Wright
16	Drivers Recording and addressing driving incidents Paul Lawrence, Executive Director of Place and SRO	**Medium**	Recording and addressing driving incidents Rec 2 Started	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;	**Estimated Date: 01/04/2019 Revised Date: 30/06/2021 No of Revisions 3**	Adam Fergie Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Katy Miller Martin Young Nicole Fraser Scott Millar Steven Wright
17	Drivers Recording and addressing driving incidents Paul Lawrence, Executive Director of Place and SRO	**Medium**	Recording and addressing driving incidents Rec 3 Started	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;	**Estimated Date: 01/02/2019 Revised Date: 31/10/2021 No of Revisions 3**	Adam Fergie Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Katy Miller Martin Young Nicole Fraser Scott Millar Steven Wright

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
18	Drivers Recording and addressing driving incidents Paul Lawrence, Executive Director of Place and SRO	**Medium**	Recording and addressing driving incidents Started	Six monthly reporting will be provided to the Corporate Leadership Team together with details of relevant actions taken.	**Estimated Date: 01/10/2019 Revised Date: 31/07/2021 No of Revisions 2**	Adam Fergie Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Katy Miller Martin Young Nicole Fraser Scott Millar Steven Wright
19	Drivers - findings only report 1: Completion of Driver Licence checks Paul Lawrence, Executive Director of Place and SRO	**High**	1.2 - Agreed Management Action – Establish an accurate population of Council drivers Started	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 ad 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	**Estimated Date: 01/11/2020 Revised Date: 01/03/2021 No of Revisions 0**	Alison Coburn David Givan Gareth Barwell George Gaunt Nicole Fraser Scott Millar

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
				agency workers, 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.		

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
20	Drivers - findings only report 1: Completion of Driver Licence checks Paul Lawrence, Executive Director of Place and SRO	**High**	1.3 - Driver permit revocation Started	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.	**Estimated Date: 04/05/2020 Revised Date: 29/01/2021 No of Revisions 1**	Alison Coburn David Givan Gareth Barwell George Gaunt Graeme Hume Nicole Fraser Scott Millar
21	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
22	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer - HSCP	**Medium**	CW1806 Issue 1.2(3): ATEC 24 Service Level Agreements - Partnership Protocol Started	3. A partnership protocol will be approved and implemented for the Fallen Uninjured Person Service to reflect the current operations, funding arrangements and any planned process improvements.	**Estimated Date: 29/11/2019 Revised Date: 01/03/2021 No of Revisions 3**	Andy Jones Angela Ritchie Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
23	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer - HSCP	**Medium**	CW1806 Issue 1.4(3): ATEC 24 Quality Assurance - Outcomes, supervision and key themes/improvements Started	1) Quality assurance outcomes will be linked to supervision and training and performance objectives, with regular one to ones scheduled to ensure action is taken to address any competence issues or gaps identified.2)Where systemic themes or trends are identified from quality assurance reviews, management will consider whether existing operational processes should be revisited.	**Estimated Date: 30/04/2020 Revised Date: 31/12/2021 No of Revisions 2**	Andy Jones Angela Ritchie Tom Cowan
24	Emergency Prioritisation & ComplaintsCW1806: Issue 2: Third Party Service Provision - Health & Social Care PartnershipJudith Proctor, Chief Officer - HSCP	**Medium**	CW1806: Issue 2(1): SLAs - Third Party Service Provision Started	A review of the SLA for the ESCS is underway. It is likely the detail of the arrangements will differ considerably from what is currently included within the SLA. The review will, however, take into consideration the points noted above. The review of the SLA will include contributions from City of Edinburgh Council, Midlothian Council and East Lothian Council, and will be presented to the Edinburgh Health and Social Care Partnership Executive Management Team for review and approval.	**Estimated Date:30/11/2019 Revised Date:31/08/2021** **No of Revisions** **4**	Angela RitchieBrian HendersonColin BeckTony Duncan
25	Emergency Prioritisation & Complaints CW1806: Issue 2: Third Party Service Provision - Health & Social Care Partnership Judith Proctor, Chief Officer - HSCP	**Medium**	CW1806: Issue 2(2): Partnership Protocol HSCP/Contact Centre Started	Agreed, once the SLA is finalised, a Partnership Protocol will be developed in conjunction with Customer Contact Centre colleagues.	**Estimated Date: 28/02/2020 Revised Date: 30/09/2021 No of Revisions 3**	Alison Roarty Angela Ritchie Brian Henderson Colin Beck Lisa Hastie Tom Cowan

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26	First Line Project Governance MP1902 First line project governance: Issue 1 Directorate portfolio governance Stephen Moir, Executive Director, Corporate Services	**High**	MP1902 - Rec. 1.1: Project definition, identification, and methodology Started	Project governance, management, and methodology is currently being reviewed holistically across the Council as part of the design of the Council's Adaptation and Renewal Programme. This process will involve ensuring that there is sufficient capacity and capability to support any projects that will continue to be delivered by first line directorates and divisions, and will also involve development and implementation of a first line programme management framework that will ensure effective ongoing identification, governance, resourcing, and oversight of first line projects. The first line programme management framework will address all of the recommendations raised by Internal Audit in this report.	**Estimated Date: 31/05/2021 Revised Date:** **No of Revisions 0**	Emma Baker Gillie Severin Layla Smith Michelle Vanhegan Simone Hislop
27	First Line Project Governance MP1902 First line project governance: Issue 1 Directorate portfolio governance Stephen Moir, Executive Director, Corporate Services	**High**	MP1902 - Rec. 1.2: Directorate project portfolio governance Started	Project governance, management, and methodology is currently being reviewed holistically across the Council as part of the design of the Council's Adaptation and Renewal Programme. This process will involve ensuring that there is sufficient capacity and capability to support any projects that will continue to be delivered by first line directorates and divisions, and will also involve development and implementation of a first line programme management framework that will ensure effective ongoing identification, governance, resourcing, and oversight of first line projects. The first line programme management framework will address all of the recommendations raised by Internal Audit in this report.	**Estimated Date: 31/05/2021 Revised Date:** **No of Revisions 0**	Emma Baker Gillie Severin Layla Smith Michelle Vanhegan Nick Smith Simone Hislop

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
28	First Line Project Governance MP1902 First line project governance: Issue 1 Directorate portfolio governance Stephen Moir, Executive Director, Corporate Services	**High**	MP1902 - Rec. 1.3: Project risk identification and management Started	Project governance, management, and methodology is currently being reviewed holistically across the Council as part of the design of the Council's Adaptation and Renewal Programme. This process will involve ensuring that there is sufficient capacity and capability to support any projects that will continue to be delivered by first line directorates and divisions, and will also involve development and implementation of a first line programme management framework that will ensure effective ongoing identification, governance, resourcing, and oversight of first line projects. The first line programme management framework will address all of the recommendations raised by Internal Audit in this report.	**Estimated Date: 31/05/2021 Revised Date:** **No of Revisions 0**	Emma Baker Gillie Severin Layla Smith Michelle Vanhegan Nick Smith Simone Hislop
29	First Line Project Governance MP1902 First line project governance: Issue 2 Project management skills, experience, and training Stephen Moir, Executive Director, Corporate Services	**High**	MP1902 - Rec. 2.1: Project management training Started	Project governance, management, and methodology is currently being reviewed holistically across the Council as part of the design of the Council's Adaptation and Renewal Programme. This process will involve ensuring that there is sufficient capacity and capability to support any projects that will continue to be delivered by first line directorates and divisions, and will also involve development and implementation of a first line programme management framework that will ensure effective ongoing identification, governance, resourcing, and oversight of first line projects. The first line programme management framework will address all of the recommendations raised by Internal Audit in this report.	**Estimated Date: 31/05/2021 Revised Date:** **No of Revisions 0**	Emma Baker Gillie Severin Layla Smith Michelle Vanhegan Nick Smith Simone Hislop

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
30	First Line Project Governance MP1902 First line project governance: Issue 2 Project management skills, experience, and training Stephen Moir, Executive Director, Corporate Services	**High**	MP1902 - Rec. 2.2: Project management skills matrix – all directorates Started	Project governance, management, and methodology is currently being reviewed holistically across the Council as part of the design of the Council's Adaptation and Renewal Programme. This process will involve ensuring that there is sufficient capacity and capability to support any projects that will continue to be delivered by first line directorates and divisions, and will also involve development and implementation of a first line programme management framework that will ensure effective ongoing identification, governance, resourcing, and oversight of first line projects. The first line programme management framework will address all of the recommendations raised by Internal Audit in this report.	**Estimated Date:31/05/2021 Revised Date: No of Revisions0**	Emma Baker Gillie Severin Layla Smith Michelle Vanhegan Nick Smith Simone Hislop
31	H&SC Care Homes - Corporate Report A3.5: Adequacy of Resources Judith Proctor, Chief Officer - HSCP	**Medium**	A3.5(1) Intervals of need dependency tool - resource allocation and budgets **Implemented**	Intervals of need dependency tool and Issac and Neville reporting are used on a monthly basis or as needs change (admission; or deterioration) to establish resource requirements for safe staffing levels by the Unit Manager. Monthly reports are provided to the Senior Care Home Manager, with escalation to Chief Nurse as required.	**Estimated Date: 31/01/2019 Revised Date: 01/05/2021 No of Revisions 5**	Angela Ritchie Jacqui Macrae Jane Brown
32	H&SC Care Homes - Corporate Report A3.1: Training Judith Proctor, Chief Officer - HSCP	**Medium**	A3.1(1) Manager review of training Started	As per audit recommendation: · Care home managers should perform a six-monthly review to confirm that all employees have completed mandatory, induction and refresher training and that completion has been recorded on the iTrent human resources system. Where training has not been completed, this should be discussed with employees and reflected (where	**Estimated Date: 30/06/2019 Revised Date: 01/05/2021 No of Revisions 3**	Angela Ritchie Jacqui Macrae Jane Brown

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				appropriate) in their annual performance discussions.		
33	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 Started	This is the responsibility of the Unit manager for their direct reports. The Business Support Officer will ensure that the Unit Manager is aware on a monthly basis for Domestics and Handymen reporting to them The Business Support Officer is required to monitor and report through the Customer process on a monthly basis. The staff nurse / charge nurse to be appointed at Gylemuir will ensure that this is performed for all NHS staff. (No longer relevant as Gylemuir is now closed).	**Estimated Date: 30/06/2018 Revised Date: 01/05/2021 No of Revisions 3**	Angela Ritchie Jacqui Macrae
34	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 Started	The BSO will assist the UM (See A2.1). A paper is being presented to the Health and Social Care Senior Management Team week commencing 15th January 2018 that proposes a solution where information will be provided to Locality Managers who will prepare reports for Care Homes. If this solution is agreed, it will be implemented immediately.	**Estimated Date: 31/03/2018 Revised Date: 01/05/2021 No of Revisions 4**	Angela Ritchie Jacqui Macrae
35	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 Started	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
36	HMO Licensing PL1803 Issue 2 - Collection and processing of HMO licence fees	**High**	PL1803 Issue 2.1 BACs payment reference Started	It should be noted that measures 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	**Estimated Date: 30/03/2020 Revised Date: 05/10/2020 No of**	Alison Coburn Andrew Mitchell David Givan George Gaunt

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	Paul Lawrence, Executive Director of Place and SRO			payment has not been made. There is no evidence from directorate monitoring the level of income from HMOs licence applications which would demonstrate that fees are not being collected. Any unmatched fee not identified will in effect contribute to the Council's general revenue account and therefore there is no financial loss to the Council. The Internal Audit recommendation outlined above is not accepted as it not believed to be achievable. Therefore Licencing; Customer; and Finance will investigate potential solutions re the BACS issue, (including any potential scope for a technology solution) to address this risk. These options will be reviewed with Internal Audit and a longer-term solution identified and implemented. It has been agreed with Internal Audit that (once the solution has been identified) another audit finding will be raised that will monitor implementation of the solution to confirm that it is operating effectively. In the meantime, a statement will be added to the Licencing pages on the Council's external website and application forms advising customers of what reference must be used to successfully make a BACs payment.	**Revisions 1**	Grace McCabe Isla Burton
37	HMO LicensingPL1803 Issue 3 - Operational Performance and ReportingPaul 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 Licensing Fees for 2020/21 in early 2020. The Directorate will include within that report relevant performance data and	**Estimated Date:31/01/2020 Revised Date:01/06/2020 No of Revisions0**	Alison CoburnAndrew MitchellDavid GivanGeorge GauntGrace McCabeIsla Burton

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				make recommendations for approval for performance targets ongoing performance targets.		
38	Homelessness Services CW1808 Issue 3: Provision of homelessness advice and information Julien Kramer, Interim Director of Communities and Families	**Medium**	CW1801 Recommendation 3.1.2: Updating homelessness information on website Started	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: 29/07/2021 No of Revisions 4**	Debbie Herbertson Jackie Irvine Liz Harrison Nichola Dadds

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39	Life Safety CW1910 - Life safety: Issue 1 Life safety systems and reporting Stephen Moir, Executive Director, Corporate Services	**High**	CW1910 Rec 1.3 Life safety incident identification, escalation, and reporting **Implemented**	Corporate Health and Safety will: 1. Issue guidance to establish relevant criteria to determine the significance of life safety incidents, for approval by the Council Health and Safety Group.2. Send out a communication to all Council employees about the importance of reporting all incident types on the SHE system and the statutory nature of RIDDOR. This will be highlighted when opening SHE and the forthcoming HS policy review and will include a procedure for reporting incidents through management in addition to SHE.3. Send out a communication to all staff about the importance of reporting and the statutory nature of RIDDOR. This will be highlighted when opening SHE and the forthcoming HS policy review.4. Consider whether incidents and near misses are being consistently recorded and escalated in line with policy as part of the ongoing health and safety assurance programme.	**Estimated Date: 30/06/2021 Revised Date:** **No of Revisions 0**	Chris Lawson Layla Smith Michelle Vanhegan Nick Smith
40	Life Safety CW1910 - Life safety: Issue 5 Corporate Health and Safety Stephen Moir, Executive Director, Corporate Services	**Low**	CW1910 Rec. 5.1 Review of life safety policies and procedures **Implemented**	Corporate Health and Safety will consider the need for additional policies (including any requirement for recommendations in relation to competence and assurance re gas and electricity compliance) covering Gas and Electricity or whether this should continue to reside as procedures within the appropriate directorate. CHS will ensure that H&S audits cover these areas.	**Estimated Date: 30/07/2021 Revised Date:** **No of Revisions 0**	Chris Lawson Layla Smith Michelle Vanhegan Nick Smith

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41	Life Safety CW1910 - Life safety: Issue 5 Corporate Health and Safety Stephen Moir, Executive Director, Corporate Services	**Low**	CW1910 Rec. 5.2 Technical guidance and support **Implemented**	1. The preparation of the skills matrix is currently underway and will be finalised. 2. The issue of capacity will be considered as recruitment increases the size of the team and, recognising that capacity will change from time to time within the team, will plan in capacity for providing technical advice to services. 3. CHS will endeavour to provide support where requested by services. 4. Where this is not possible, CHS will advise teams to engage external consultants.	**Estimated Date: 30/06/2021 Revised Date:** **No of Revisions 0**	Chris Lawson Layla Smith Michelle Vanhegan Nick Smith
42	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 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	**Estimated Date: 31/12/2020 Revised Date:** **No of Revisions 0**	Alison Coburn Gareth Barwell Jemma Tennant Robbie Beattie

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				need to record completion in relevant divisional and directorate risk registers.		
43	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 Started	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 Patricia Blore Willie Gilhooly
44	Localities Operating Model 1. Localities Governance and Operating Model Paul Lawrence, Executive Director of Place and SRO	**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	**Estimated Date: 31/03/2020 Revised Date: 31/03/2023** **No of Revisions 2**	Alison Coburn David Givan Evelyn Kilmurry George Gaunt Sarah Burns

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
				that new management actions will be raised at that time to track implementation progress.		
45	Localities Operating Model 1. Localities Governance and Operating Model Paul Lawrence, Executive Director of Place and SRO	**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 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 Alison Henry David Givan Evelyn Kilmurry George Gaunt Michele Mulvaney Paula McLeay Sarah Burns
46	Localities Operating Model 1. Localities Governance and Operating Model	**High**	1.3 Recommendation - Locality Service Delivery Performance Measures	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	**Estimated Date: 31/03/2020 Revised Date: 31/03/2023 No of**	Alison Coburn Evelyn Kilmurry Michele Mulvaney Paula McLeay Sarah Burns

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	Paul Lawrence, Executive Director of Place and SRO		Started	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.	**Revisions 2**	
47	Localities Operating Model 1. Localities Governance and Operating Model Paul Lawrence, Executive Director of Place and SRO	**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	**Estimated Date: 31/03/2020 Revised Date: 31/03/2023 No of Revisions 2**	Alison Coburn David Givan Evelyn Kilmurry George Gaunt Sarah Burns

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				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.		
48	Localities Operating Model 1. Localities Governance and Operating Model Paul Lawrence, Executive Director of Place and SRO	**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 Evelyn Kilmurry Hugh Dunn John Connarty Michelle Vanhegan Sarah Burns Susan Hamilton

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49	Localities Operating Model 1. Localities Governance and Operating Model Paul Lawrence, Executive Director of Place and SRO	**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 Evelyn Kilmurry George Gaunt Sarah Burns

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50	Localities Operating Model 1. Localities Governance and Operating Model Paul Lawrence, Executive Director of Place and SRO	**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 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 Evelyn Kilmurry George Gaunt Sarah Burns
51	Payments and Charges CW1803 Payments and Charges Issue 4: Processing and recording Licensing Fees Paul Lawrence, Executive Director of Place and SRO	**Medium**	CW1803 Rec. 4.1 - Procedures supporting processing and recording licencing fees Started	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	**Estimated Date: 20/12/2019 Revised Date: 01/05/2020 No of Revisions 0**	Alison Coburn Andrew Mitchell David Givan Gavin Brown George Gaunt Michael Thain Sandra Harrison

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				capability with mandatory sections for each licence type processed.		
52	Payments and Charges CW1803 Payments and Charges Issue 5: Processing and recording of Parking Permit fees Stephen Moir, Executive Director, Corporate Services	**Medium**	CW1803 Rec. 5.4 - NSL income reconciliation Started	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.	**Estimated Date: 28/02/2020 Revised Date: 30/06/2021 No of Revisions 3**	Annette Smith Dougie Linton Gavin Graham Hugh Dunn John Connarty Layla Smith Michelle Vanhegan Susan Hamilton
53	Policy Management Framework CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register Judith Proctor, Chief Officer - HSCP	**High**	CE1902 - 1.2d Policy Register review: Full Policy review – Edinburgh Health & Social Care Partnership Pending	Following Corporate Leadership Team approval of revised definitions of policies; procedures; guidance and templates (as per recommendations at 3.1), all Directorates will review their existing policies, procedures and guidance and reclassify as appropriate. A risk-based approach will be adopted across Directorates to determine how regularly individual policies will be reviewed, based on the expected frequency of changes in applicable legislation, regulations and statutory requirements. The agreed frequency for review will be recorded on the policy template and included in the published policy register. All policies will be then be reviewed regularly in line with the agreed frequency. Policy documents on individual Orb pages for Divisions will be removed and links included to the Council's published policy register which will be the single source of truth for all Council policies.	**Estimated Date:31/07/2021 Revised Date:31/10/2021 No of Revisions1**	Angela Ritchie Moira Pringle Tom Cowan Tony Duncan

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54	Policy Management Framework CE1902 Policy Management Framework Issue 2: Completion of Integrated Impact Assessments (IIAs) Judith Proctor, Chief Officer - HSCP	**High**	CE1902 - 2.2 Completion and publication of Integrated Impact Assessments - Edinburgh Health & Social Care Partnership Pending	Directorates will review all new and revised policies prior to submission for approval by Committee to confirm that all IIA requirements outlined in the recommendation above have been completed, with evidence of review and approval by the Head of Division retained. Responsibility for monitoring progress with implementation of IIA action plans will be allocated to an appropriate senior responsible officer within each division to confirm that known gaps are being effectively addressed.	**Estimated Date: 31/07/2021 Revised Date: 31/10/2021 No of Revisions 0**	Angela Ritchie Moira Pringle Tom Cowan Tony Duncan
55	Policy Management Framework CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register Judith Proctor, Chief Officer - HSCP	**High**	CE1902 - 1.2e Policy Register review: Review of Health & Social Care directories within the Orb **Implemented**	The Communities and Families and Health and Social Care policy and procedures directories on the Orb will be reviewed and linked to policies within the approved policy register. All other policies will be reclassified in line with the definitions provided at recommendation 3.1a.	**Estimated Date: 31/07/2021 Revised Date: No of Revisions 0**	Angela Ritchie Moira Pringle Tom Cowan Tony Duncan
56	Policy Management Framework CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register	**High**	CE1902 - 1.2b Policy Register review: Initial review of online policy register – Place Started	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	**Estimated Date: 31/01/2021 Revised Date: 30/09/2021 No of Revisions 3**	Alison Coburn Audrey Dutton David Givan Gareth Barwell George Gaunt Karl Chapman Lindsay Robertson Peter Watton Veronica Wishart

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	Paul Lawrence, Executive Director of Place and SRO			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.		
57	Policy Management Framework CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register Julien Kramer, Interim Director of Communities and Families	**High**	CE1902 - 1.2e Policy Register review: Review of Communities and Families directories within the Orb Started	The Communities and Families and Health and Social Care policy and procedures directories on the Orb will be reviewed and linked to policies within the approved policy register. All other policies will be reclassified in line with the definitions provided at recommendation 3.1a.	**Estimated Date: 30/06/2021 Revised Date: 31/12/2021 No of Revisions 1**	Crawford McGhie Jackie Irvine Liz Harrison Lorna French Nichola Dadds Nickey Boyle

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58	Records Management - LAAC CW1705 Issue 1: Project file review process Julien Kramer, Interim Director of Communities and Families	**Medium**	CW1705 Issue 1.3: Quality assurance checks Started	Project management information will be monitored weekly to identify the volume of files that have been reviewed by the project team and an independent risk based quality assurance approach developed and implemented that focuses on files that have not been 'split' by the project team, to confirm that they have been accurately classified as files that have not been merged prior to their return to Iron Mountain for archiving. Quality assurance sample sizes will be selected at the start of each week and will depend on the volumes of files reviewed by the project team and the relevant proportion of non-merged and merged files. Where merged files have been identified and split by the project team, a lighter touch approach involving peer reviews will be adopted to ensure that the project file review process has been consistently applied and appropriate actions implemented. Quality assurance outcomes will be recorded and all significant errors (for example failure to identify merged files), areas of good practices, and areas for improvement will be shared with the project team. Availability of quality resource will be monitored throughout the project to ensure that it remains adequate to complete an appropriate number of QA reviews based on file outcomes. A retrospective sample of cases already reviewed by the project team will also be selected for retrospective review based on the approach outlined above. The project team will work to an end of February date for implementation of quality assurance within the project team with an end of March date for Internal Audit to review the process applied.	**Estimated Date: 31/03/2020** **Revised Date: 31/03/2022** **No of Revisions 4**	Alison Roarty Ani Barclay Freeha Ahmed Jackie Irvine John Arthur Liz Harrison Louise McRae Nichola Dadds Nickey Boyle Nicola Harvey Stephen Moir

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59	Records Management - LAAC CW1705 Issue 3: Pre destruction business as usual file review process Julien Kramer, Interim Director of Communities and Families	**Medium**	CW1705 Issue 3.2a (ECS): Communication and training Started	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.	**Estimated Date:** **30/06/2020** **Revised Date:** **31/08/2021** **No of Revisions 3**	Alison Roarty Ani Barclay Freeha Ahmed Jackie Irvine John Arthur Liz Harrison Louise McRae Nichola Dadds Nickey Boyle Nicola Harvey Stephen Moir
60	Records Management - LAAC CW1705 Issue 3: Pre destruction business as usual file review process Judith Proctor, Chief Officer - HSCP	**Medium**	CW1705 Issue 3.2b (H&SCP): Communication and training Started	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.	**Estimated Date: 30/06/2020 Revised Date: 31/08/2021 No of Revisions 1**	Alison Roarty Angela Ritchie Louise McRae
61	Records Management - LAAC CW1705 Issue 3: Pre destruction business as usual file review process Julien Kramer, Interim Director of Communities and Families	**Medium**	CW1705 Issue 3.3a (ECS): Quality assurance process Started	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.	**Estimated Date: 30/06/2020 Revised Date: 31/08/2021 No of Revisions 1**	Alison Roarty Ani Barclay Freeha Ahmed Jackie Irvine John Arthur Liz Harrison Louise McRae Nichola Dadds Nickey Boyle Nicola Harvey Stephen Moir

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62	Records Management - LAAC CW1705 Issue 3: Pre destruction business as usual file review process Judith Proctor, Chief Officer - HSCP	**Medium**	CW1705 Issue 3.3b (H&SCP): Quality Assurance Process Started	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.	**Estimated Date: 30/06/2020 Revised Date: 31/08/2021 No of Revisions 1**	Alison Roarty Angela Ritchie Louise McRae
63	Resilience BC Review of resilience templates and approach Stephen Moir, Executive Director, Corporate Services	**High**	CW1702 Rec 1.c - Review and communication of revised resilience templates and approach **Implemented**	Resilience will review Business Impact Assessment (BIA) templates and Business Area Resilience Plan / Protocol templates and approach, incorporating concurrent risk planning. These will be communicated to Directorates who will then be required to complete refreshed BIAs, followed by resilience plans/protocols.	**Estimated Date: 31/05/2021 Revised Date: No of Revisions 0**	Gavin King Mary-Ellen Lang
64	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Paul Lawrence, Executive Director of Place and SRO	**High**	Rec 3.1 a) Place - Development of resilience protocols for statutory and critical services Started	In line with the approach agreed by the Council's Policy and Sustainability Committee in October 2020, the Council has shifted from a plan-based resilience approach to a protocol-based approach. Resilience protocols will be developed for high risk services as required, with support from Corporate Resilience. All Directorates will aim to have this complete by 31 December 2022.	**Estimated Date: 19/06/2020 Revised Date: 31/12/2022 No of Revisions 1**	Alison Coburn Audrey Dutton Claire Duchart David Givan Gareth Barwell Gavin King George Gaunt Karl Chapman Lindsay Robertson Mary-Ellen Lang Peter Watton

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
65	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Stephen Moir, Executive Director, Corporate Services	**High**	Rec 3.1b Corporate Services - Development of Resilience Plans/protocols for statutory and critical services Started	Rebased action October 2020Following a refresh of Business Impact Assessments and the new organisational structure, resilience plans/protocols will be developed, with support and training from Resilience, for high-risk essential services. A list of these services is to be provided by Resilience for approval by CLT. Date revised to 31 December 2022.	**Estimated Date: 19/06/2020 Revised Date: 31/12/2022 No of Revisions 1**	Annette Smith Gavin King Hugh Dunn Katy Miller Layla Smith Mary-Ellen Lang Michelle Vanhegan Nick Smith Nicola Harvey
66	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Judith Proctor, Chief Officer - HSCP	**High**	Rec 3.1c H&SC - Development of Resilience Plans/protocols for statutory and critical services Started	Rebased action October 2020Following a refresh of Business Impact Assessments and the new organisational structure, resilience plans/protocols will be developed, with support and training from Resilience, for high-risk essential services. A list of these services is to be provided by Resilience for approval by CLT. Date revised to 31 December 2022.	**Estimated Date: 19/06/2020 Revised Date: 31/12/2022 No of Revisions 1**	Angela Ritchie Jacqui Macrae
67	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Julien Kramer, Interim Director of Communities and Families	**High**	Rec 3.1d Education and Children's Services - Development of Resilience Plans/protocols for statutory and critical services Started	Rebased action October 2020Following a refresh of Business Impact Assessments and the new organisational structure, resilience plans/protocols will be developed, with support and training from Resilience, for high-risk essential services. A list of these services is to be provided by Resilience for approval by CLT. Date revised to 31 December 2022.	**Estimated Date: 19/06/2020 Revised Date: 31/12/2022 No of Revisions 1**	Gavin King Jackie Irvine Laura Zanotti Liz Harrison Lorna French Mary-Ellen Lang Michelle McMillan Nichola Dadds Nickey Boyle

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
68	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Paul Lawrence, Executive Director of Place and SRO	**High**	Rec 6.1a Place - Review of third-party contracts to confirm appropriate resilience arrangements Started	Existing third-party contracts supporting critical services should be reviewed by Directorates in consultation with contract managers / owners to confirm that they include appropriate resilience arrangements. Where gaps are identified, Procurement Services should be engaged to support discussions with suppliers regarding inclusion of appropriate resilience clauses requiring third parties to establish adequate resilience arrangements for both services and systems that are tested (at least annually) with the outcomes shared with / provided to the Council. Where these changes cannot be incorporated into existing contracts, they should be included when the contracts are re tendered.	**Estimated Date:20/12/2019 Revised Date:31/10/2021** **No of Revisions 4**	Alison Coburn Annette Smith Audrey Dutton Claire Duchart David Givan Gareth Barwell George Gaunt Hugh Dunn Iain Strachan Karl Chapman Lindsay Robertson Mary-Ellen Lang Mollie Kerr Peter Watton
69	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 Started	Existing third-party contracts supporting critical services should be reviewed by Directorates in consultation with contract managers / owners to confirm that they include appropriate resilience arrangements. Where gaps are identified, Procurement Services should be engaged to support discussions with suppliers regarding inclusion of appropriate resilience clauses requiring third parties to establish adequate resilience arrangements for both services and systems that are tested (at least annually) with the outcomes shared with / provided to the Council. Where these changes cannot be incorporated into existing contracts, they should be included when the contracts are re tendered.	**Estimated Date: 20/12/2019 Revised Date: 30/11/2021** **No of Revisions 3**	Angela Ritchie Jacqui Macrae

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70	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Paul Lawrence, Executive Director of Place and SRO	**High**	Rec 6.2a Place - Annual assurance from Third Party Providers Started	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.	**Estimated Date: 28/06/2019 Revised Date: 31/03/2022 No of Revisions 3**	Alison Coburn Audrey Dutton Claire Duchart David Givan Gareth Barwell George Gaunt Karl Chapman Lindsay Robertson Mary-Ellen Lang Peter Watton
71	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Stephen Moir, Executive Director, Corporate Services	**High**	Rec 6.2b Corporate Services - Annual assurance from Third Party Providers Started	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	**Estimated Date: 28/06/2019 Revised Date: 31/03/2022 No of Revisions 2**	Annette Smith Hugh Dunn Iain Strachan Katy Miller Layla Smith Mary-Ellen Lang Michelle Vanhegan Mollie Kerr Nick Smith Nicola Harvey Peter Watton

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
				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.		
72	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Judith Proctor, Chief Officer - HSCP	**High**	Rec 6.2c H&SC - Annual assurance from Third Party Providers Started	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.	**Estimated Date: 21/06/2019 Revised Date: 31/03/2022 No of Revisions 2**	Angela Ritchie Jacqui Macrae
73	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Julien Kramer, Interim Director of Communities and Families	**High**	Rec 6.2d Education and Children's Services - Annual assurance from Third Party Providers Started	Following receipt of initial assurance from all third partyproviders for statutory and critical services (as per rec 6.1), annualassurance that provider resilience plans remain adequate and effective should beobtained. This should includeconfirmation from the provider that they have tested these plans and recoverytime objectives for systems and recovery time and point objectives fortechnology systems agreed with the Council were achieved. It is recommended that contract managers include thisrequirement as part on ongoing contract management arrangements. Where this assurance cannot be provided, this should berecorded in Service Area and Directorate risk registers. Date revised to reflect that following receipt of initialassurance by 31 March 2021, annual assurance should be obtained by 31 March 2022.	**Estimated Date:** **28/06/2019** **Revised Date:** **31/03/2022** **No of Revisions 2**	Anna Gray Jackie Irvine Laura Zanotti Liz Harrison Lorna French Mary-Ellen Lang Michelle McMillan Nichola Dadds Nickey Boyle

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
74	Resilience BC Adequacy, maintenance and approval of Council wide resilience plans Stephen Moir, Executive Director, Corporate Services	**Medium**	Rec 4) Update of Council Business Continuity Plan to include key elements from resilience protocols Started	The Council Business Continuity Plan (BCP) was developed and signed off the Chief Executive in May 2019.Following Directorate review and update of resilience protocols, the Council BCP will be updated to include key elements of Directorate plans.	**Estimated Date: 18/12/2020 Revised Date: 31/03/2024 No of Revisions 1**	Gavin King Mary-Ellen Lang
75	Risk Management RES1910 Risk Management: Issue 6 Completion of risk registers Stephen Moir, Executive Director, Corporate Services	**Medium**	RES1910 Rec 6.1 Completion of Risk registers within Directorates **Implemented**	The Council's Directors will ensure that directorate and the Corporate Leadership Team risk registers are updated on an ongoing basis to reflect all relevant and new and emerging risks escalated from divisions and directorates and more widely across the Council, and in line with refreshed operational risk management processes, with the most recent versions used as the basis for discussion at both directorate and CLT risk and assurance committees.	**Estimated Date: 30/06/2021 Revised Date: No of Revisions 0**	Lesley Newdall Michelle Vanhegan Nick Smith
76	Risk Management RES1910 Risk Management: Issue 7 Risk appetite Stephen Moir, Executive Director, Corporate Services	**Medium**	RES1910: Rec 7.3 Directorate application of risk appetite **Implemented**	Directors and heads of divisions will ensure that target risk is consistently identified, considered and assessed as part of ongoing first line risk management responsibilities.	**Estimated Date: 30/06/2021 Revised Date: No of Revisions 0**	Angela Ritchie Judith Proctor Layla Smith Michelle Vanhegan Nick Smith

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77	Risk Management RES1910 Risk Management: Issue 3 First line management of risk Stephen Moir, Executive Director, Corporate Services	**Medium**	RES1910 Rec 3.1a Directorate identification and recording of new or emerging significant risks (Corporate Services) **Implemented**	An agenda item will be included in risk management group meetings to agree which new and emerging significant risks should be communicated across divisions and directorates and by which attendees, and which risks will be escalated for consideration at/to divisional and directorate risk committees.	**Estimated Date: 30/06/2021 Revised Date:** **No of Revisions 0**	Annette Smith Hugh Dunn Layla Smith Lesley Newdall Michelle Vanhegan Nick Smith Nicola Harvey Peter Watton
78	Risk Management RES1910 Risk Management: Issue 3 First line management of risk Paul Lawrence, Executive Director of Place and SRO	**Medium**	RES1910 Rec 3.1b Directorate identification and recording of new or emerging significant risks (Place) **Implemented**	An agenda item will be included in risk management group meetings to agree which new and emerging significant risks should be communicated across divisions and directorates and by which attendees, and which risks will be escalated for consideration at/to divisional and directorate risk committees.	**Estimated Date: 30/06/2021 Revised Date:** **No of Revisions 0**	Alison Coburn Audrey Dutton Gareth Barwell George Gaunt Karl Chapman Lesley Newdall Lindsay Robertson Peter Watton
79	Risk Management RES1910 Risk Management: Issue 3 First line management of risk Julien Kramer, Interim Director of Communities and Families	**Medium**	RES1910 Rec 3.1c Directorate identification and recording of new or emerging significant risks (Education and Children's Services) **Implemented**	An agenda item will be included in risk management group meetings to agree which new and emerging significant risks should be communicated across divisions and directorates and by which attendees, and which risks will be escalated for consideration at/to divisional and directorate risk committees.	**Estimated Date: 30/06/2021 Revised Date:** **No of Revisions 0**	Andy Gray Jackie Irvine Lesley Newdall Liz Harrison Lorna French Michelle McMillan Nichola Dadds Nickey Boyle

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80	Risk Management RES1910 Risk Management: Issue 3 First line management of risk Judith Proctor, Chief Officer - HSCP	**Medium**	RES1910 Rec 3.1d Directorate identification and recording of new or emerging significant risks (Health and Social Care) Pending	An agenda item will be included in risk management group meetings to agree which new and emerging significant risks should be communicated across divisions and directorates and by which attendees, and which risks will be escalated for consideration at/to divisional and directorate risk committees.	**Estimated Date: 30/06/2021 Revised Date:** **No of Revisions 0**	Angela Ritchie
81	Risk Management RES1910 Risk Management: Issue 9 Identification of Health and Social Care & ALEO risks Judith Proctor, Chief Officer - HSCP	**High**	RES1910 Rec 9.1 HSCP Chief officer representation at CLT risk committees Started	The Chief Officer of the HSCP will be requested to attend all CLT risk Committees or send an appropriate delegate to ensure that all significant HSCP risks are discussed and included in the CLT risk register (where relevant).	**Estimated Date: 30/05/2021 Revised Date:** **No of Revisions 0**	Angela Ritchie
82	Risk Management RES1910 Risk Management: Issue 9 Identification of Health and Social Care & ALEO risks Stephen Moir, Executive Director, Corporate Services	**High**	RES1910 Rec 9.3 Ongoing risk assurance activities for HSCP and ALEOs Started	The Health and Social Care Partnership will be included in the scope of ongoing sample-based assurance activities to be performed by corporate risk management (refer 6.1 above) to confirm that all relevant adult social care risks are being considered, assessed, and recorded in relevant risk registers. This process will also confirm that all relevant arm's length external organisation (ALEO) risks have been considered and included in directorate risk registers (where appropriate.	**Estimated Date: 30/06/2021 Revised Date:** **No of Revisions 0**	Angela Ritchie Judith Proctor Lesley Newdall Michelle Vanhegan

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83	Risk Management RES1910 Risk Management: Issue 9 Identification of Health and Social Care & ALEO risks Stephen Moir, Executive Director, Corporate Services	**High**	RES1910 Rec 9.2 Corporate Risk Team representation at HSCP Risk committees Started	The Council's corporate risk team will also be invited to attend Health and Social Care Partnership Risk Committees to confirm that all relevant adult social care risks are being identified; assessed; recorded; managed and escalated (where appropriate) for discussion at the Corporate Leadership Team risk and assurance committee with relevant risks recorded in the Council's corporate risk register.	**Estimated Date:30/05/2021 Revised Date:31/03/2022 No of Revisions 1**	Angela Ritchie Judith Proctor Michelle Vanhegan
84	Road Services Improvement Plan PL1808 Issue 1. Roads Improvement Plan financial operating model and project governance Paul Lawrence, Executive Director of Place and SRO	**High**	PL1808 - 1.1 Roads Service Improvement Plan review (including financial operating model) Started	Accepted. The Roads Service Improvement Plan (the Plan) will be reviewed following completion of the organisational restructure and will consider the points noted in the recommendation. A review of the financial operating model will also be undertaken with the aim of embedding a new budget structure for the service. Once completed the Plan business case will be refreshed to reflect any significant changes.	**Estimated Date: 30/04/2020 Revised Date: 01/06/2021 No of Revisions 1**	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist
85	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 - 1.3 Roads Service Improvement Plan project governance Started	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.	**Estimated Date: 20/12/2020 Revised Date: 01/05/2021 No of Revisions 0**	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist

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86	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
87	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
88	Road Services Improvement Plan PL1808 Issue 2. Roads services performance monitoring and quality assurance Paul Lawrence, Executive Director of Place and SRO	**High**	PL1808 - 2.2 Roads services quality assurance framework Started	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	**Estimated Date: 30/06/2020 Revised Date: 31/03/2021 No of Revisions 1**	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist

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				categorised properly. This process will be designed and implemented by the Team Leader for Safety Inspections to be appointed as part of the ongoing restructure. 3. A sampling regime will be designed and embedded for road defect repairs to ensure that repairs are fit for purpose and effective. 4. Key performance indicators for each team will be included in the target setting for each 4th tier manager and their direct reports to ensure focus on these measures. Emerging themes from Team Plans and quality assurance reviews will also be shared with Roads teams, and individual and team training needs will be considered based on the themes identified. This process will be designed and implemented by the Service Performance Coordinator to be appointed as part of the ongoing restructure.		
89	Road Services Improvement Plan PL1808 Issue 3. Roads inspection, defect categorisation, and repairs Paul Lawrence, Executive Director of Place and SRO	**Low**	PL1808 - 3.2b) Inspector accreditation 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 Nicole Fraser Sean Gilchrist
90	Road Services Improvement Plan PL1808 Issue 3. Roads inspection, defect categorisation, and repairs	**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**	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker

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	Paul Lawrence, Executive Director of Place and SRO				**Revisions 4**	Nicole Fraser Sean Gilchrist
91	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
92	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance Julien Kramer, Interim Director of Communities and Families	**High**	CF1901: Issue 1.1(b) - Review of Admissions Operational Procedures **Implemented**	A working group led by the Communities and Families Senior Education Officer with representation from all service areas involved in school admissions, appeals and capacity planning, will be established to undertake a review of all procedural documents. This will include consideration of amalgamation of existing procedures where appropriate and implementation of a review schedule and version control.	**Estimated Date:31/08/2020 Revised Date:22/02/2021 No of Revisions1**	Alison Roarty Arran Finlay Gavin King Hayley Barnett Layla Smith Liz Harrison Lorna French Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Sheila Haig Stephen Moir

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93	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals Julien Kramer, Interim Director of Communities and Families	**High**	CF1901 Issue 2.4: Managing Conflicts of Interest Pending	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.	**Estimated Date: 30/06/2020 Revised Date: 31/10/2021 No of Revisions 2**	Arran Finlay Claire Thompson Liz Harrison Lorna French Michelle McMillan Nickey Boyle
94	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance Julien Kramer, Interim Director of Communities and Families	**High**	CF1901: Issue 1.1(c) - Placing Appeals Procedures Started	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.	**Estimated Date: 31/08/2020 Revised Date: 22/02/2021 No of Revisions 1**	Alison Roarty Arran Finlay Gavin King Hayley Barnett Layla Smith Liz Harrison Lorna French Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Sheila Haig Stephen Moir
95	School admissions, appeals and capacity planning CF1901: School admissions, appeals and	**High**	CF1901: Issue 1.1(d)/(e) - Communicating Guidance on Website & Orb	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.	**Estimated Date: 30/09/2020 Revised Date: 31/10/2021 No of**	Alison Roarty Arran Finlay Gavin King Hayley Barnett Layla Smith Liz Harrison

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	capacity planning - Issue 1: Policies, Procedures & Guidance Julien Kramer, Interim Director of Communities and Families		Started		**Revisions 1**	Lorna French Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Sheila Haig Stephen Moir
96	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance Julien Kramer, Interim Director of Communities and Families	**High**	CF1901: Issue 1.2 - Review & Update of School Websites Started	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.	**Estimated Date: 31/12/2020 Revised Date: 01/05/2021 No of Revisions 0**	Arran Finlay Claire Thompson Liz Harrison Lorna French Michelle McMillan Nickey Boyle
97	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance Julien Kramer, Interim	**High**	CF1901: Issue 1.3(a) - Review of Operational Forms Started	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.	**Estimated Date: 31/12/2020 Revised Date: 01/05/2021 No of Revisions 0**	Alison Roarty Arran Finlay Layla Smith Liz Harrison Lorna French Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey

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	Director of Communities and Families					Sheila Haig Stephen Moir
98	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance Julien Kramer, Interim Director of Communities and Families	**High**	CF1901: Issue 1.3(d) - Issuing Standard Letters & Forms Started	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.	**Estimated Date: 31/12/2020 Revised Date: 31/10/2021 No of Revisions 1**	Arran Finlay Claire Thompson Liz Harrison Lorna French Michelle McMillan Nickey Boyle
99	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals Julien Kramer, Interim Director of Communities and Families	**High**	CF1901 Issue 2.2: Waiting List Management Started	The remit of the working group led by the Communities and Families Senior Education Officer, will include a review of waiting list management. The working group will consider the risks outlined in this report and should the creation of a centralised system not be feasible, alternative arrangements will be developed to improve customer experience, and the effectiveness and efficiency of waiting list management. The review will consider if the new SEEMIS schools system currently under development will improve current processes.	**Estimated Date: 30/06/2021 Revised Date: 01/11/2021 No of Revisions 0**	Arran Finlay Claire Thompson Liz Harrison Lorna French Michelle McMillan Nickey Boyle

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100	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals Julien Kramer, Interim Director of Communities and Families	**High**	CF1901 Issue 2.3(b): Quality Assurance Checks in Schools Started	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.	**Estimated Date:** **30/06/2020** **Revised Date:** **22/02/2021** **No of Revisions** **1**	Arran Finlay Claire Thompson Liz Harrison Lorna French Michelle McMillan Nickey Boyle
101	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals Julien Kramer, Interim Director of Communities and Families	**High**	CF1901 Issue 2.5: Placing Request Appeals - key resource dependencies Started	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 trialled in the current year and the updated process implemented for 2021.	**Estimated Date:** **31/03/2021** **Revised Date:** **01/08/2021** **No of Revisions** **0**	Alison Roarty Arran Finlay Gavin King Hayley Barnett Layla Smith Liz Harrison Lorna French Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Sheila Haig Stephen Moir

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102	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 3: Process Documentation & Delivery Responsibilities Julien Kramer, Interim Director of Communities and Families	**Medium**	CF1901 Issue 3.1(b): Internal Partnership Protocols Started	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.	**Estimated Date: 31/08/2020 Revised Date: 22/02/2021 No of Revisions 1**	Alison Roarty Arran Finlay Gavin King Hayley Barnett Layla Smith Liz Harrison Lorna French Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Sheila Haig Stephen Moir
103	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 3: Process Documentation & Delivery Responsibilities Julien Kramer, Interim Director of Communities and Families	**Medium**	CF1901 Issue 3.1(d): Roles & Responsibilities Out with Annual Process Started	The working group will review the roles and responsibilities for any tasks performed out with the annual P1/S1 admissions, appeals and capacity planning process. These will be documented and communicated to all teams involved in the process. The review will include identifying key contacts for common non-annual admissions queries, for example, home schooling; private schooling; dealing with refugees; and requests for current or future capacity information, to ensure that they can be appropriately redirected and resolved.	**Estimated Date: 31/08/2020 Revised Date: 22/02/2021 No of Revisions 3**	Alison Roarty Arran Finlay Gavin King Hayley Barnett Layla Smith Liz Harrison Lorna French Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Sheila Haig Stephen Moir

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104	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 4: Data Access, Security & Retention Julien Kramer, Interim Director of Communities and Families	**Medium**	CF1901: Issue 4.4(a): Document Retention & Disposal; All Services Started	The Information Governance Unit will be engaged to confirm data retention and disposal requirements. Where necessary the data retention schedule will be updated. Document retention and disposal requirements will be reinforced across all services processing admissions and appeals including schools. All appeals information currently retained out with the relevant period will be destroyed in line with the Council's disposal guidelines and a retention schedule and destruction log maintained.	**Estimated Date: 30/06/2020 Revised Date: 30/09/2021 No of Revisions 2**	Alison Roarty Arran Finlay Gavin King Hayley Barnett Layla Smith Liz Harrison Lorna French Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Sheila Haig Stephen Moir
105	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 4: Data Access, Security & Retention Julien Kramer, Interim Director of Communities and Families	**Medium**	CF1901: Issue 4.4(b): Document Retention & Disposal; Schools Started	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.	**Estimated Date: 30/06/2020 Revised Date: 30/09/2021 No of Revisions 2**	Arran Finlay Claire Thompson Liz Harrison Lorna French Michelle McMillan Nickey Boyle
106	Social Media - Access Controls 1. Social media operational framework Stephen Moir, Executive	**High**	CE1901 Rec1.1 Social media operational framework Started	1. A social media operational framework will be developed to be used and followed be service areas across the Council. The content of the framework will cover all of the points noted at 1 above with the following exceptions: whilst an enterprise social media tool would be the optimal solution to manage and report on ongoing use of social media across the council, implementation of Sprout Social for	**Estimated Date: 31/05/2021 Revised Date: No of**	Layla Smith Michael Pinkerton Michelle Vanhegan

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	Director, Corporate Services			every social media account across the council would be prohibitive from a cost perspective. Instead, an appropriate risk-based threshold will be applied to determine the Council's most significant social media accounts (for example, number of followers and / or usage volumes), and account owners will be requested to manage these accounts through the Sprout Social platform. it is not always possible to obtain validation from platform providers; however social media account owners will be encouraged to achieve this where possible.2. Second line ownership of the framework together with any cross Council support requirements (for example support required from Digital Services and / or Human Resources) will be defined and agreed, and first line divisions and directorates will be requested to confirm their ongoing compliance with framework requirements within their annual governance statement responses.3. Once designed, the framework will be reviewed and approved by the Corporate Leadership Team (CLT) to ensure that all directorates are aware of and agree with the framework content.4. Once approved by the CLT, the framework will be communicated across all Council divisions and directorates and published on the Orb.	**Revisions 0**	

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107	Social Media - Access Controls 1. Social media operational framework Stephen Moir, Executive Director, Corporate Services	**High**	CE1901 Rec1.2 Social Media Guidance Started	1. The operational framework will include a section on social media guidance and will seek to cover all the issues set out above. Further detailed guidance will be produced and circulated if required 2. The guidance will include details of the recommended management oversight to confirm that the guidance is being consistently applied. 3. The operational framework and guidance will be shared across divisions and directorates with a request that any existing local procedures should no longer be applied. The guidance will also be published on the Orb and linked to the social media operational framework.	**Estimated Date:31/05/2021 Revised Date: No of Revisions 0**	David Ure Layla Smith Michael Pinkerton Michelle Vanhegan
108	Social Media - Access Controls 2. Social media operational security and privacy issues Stephen Moir, Executive Director, Corporate Services	**Medium**	CE1901 Rec 2.1 Operational framework -Social media guidance on operational security and privacy issues Started	To prevent potential recurrence, these points will also be included in the operational framework and supporting guidance to be developed (refer finding 1).	**Estimated Date: 28/05/2021 Revised Date: No of Revisions 0**	David Ure Layla Smith Michael Pinkerton Michelle Vanhegan

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109	Social Media - Access Controls 2. Social media operational security and privacy issues Stephen Moir, Executive Director, Corporate Services	**Medium**	CE1901 Rec 2.2b Corporate DPIAs for social media channels Started	Corporate DPIAs will be prepared to support the Council's use of social media, with one DPIA completed for each social media channel used. The corporate DPIA will be prepared by Communications with support from Information Governance and will define the requirements to support ongoing compliance with data protection regulations for ongoing social media use across the Council. The corporate DPIAs will be shared with all social media account owners with a request that they confirm that their social media accounts will be managed in line with the framework set out in the DPIA. Where account owners confirm that this is not possible, they will be requested to engage with Information Governance to complete separate DPIAs for the relevant social media accounts.	**Estimated Date: 28/05/2021 Revised Date:** **No of Revisions 0**	David Ure Layla Smith Michael Pinkerton Michelle Vanhegan
110	Social Media - Access Controls 2. Social media operational security and privacy issues Stephen Moir, Executive Director, Corporate Services	**Medium**	CE1901 Rec 2.2a Communicating initial requirements to social media account users - operational security and privacy issues Started	The outcomes detailed in this finding will be shared with all social media account users across the Council with a request that they action points 4; 6; and 8 immediately (where possible) and advising that these areas will be a future ongoing requirement of the social media operational framework that is currently being designed.	**Estimated Date: 28/05/2021 Revised Date:** **No of Revisions 0**	David Ure Layla Smith Michael Pinkerton Michelle Vanhegan

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111	Social Media - Access Controls 3. Social media training Stephen Moir, Executive Director, Corporate Services	**Medium**	Rec 3.1 - Social media training needs assessment Started	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 essential learning programmes for those roles that include a social media remit / responsibility.	**Estimated Date: 30/06/2021 Revised Date:** **No of Revisions 0**	David Ure Layla Smith Michael Pinkerton Michelle Vanhegan
112	Social Media - Access Controls 3. Social media training Stephen Moir, Executive Director, Corporate Services	**Medium**	Rec 3.2 - Refresh of social media training materials Started	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. 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. 3. Ownership of the content of the social media e learning model will be agreed between Strategy and Communications and Human Resources.	**Estimated Date: 30/06/2021 Revised Date:** **No of Revisions 0**	David Ure Layla Smith Michael Pinkerton Michelle Vanhegan
113	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 **Implemented**	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

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114	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 **Implemented**	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
115	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 **Implemented**	1. Business Support: Business Support will enable the review of current processes and guidelines in conjunction with Hub and Cluster Managers with sign off at the Locality Managers Forum. Business support will review all Corporate Appointee accounts and contact the relevant social worker, support worker or hub where the funds are over £16K for immediate review. Business support will advise social work when the funds exceed £16K where there is not a valid reason (for example, client deceased and social worker discussing estate with solicitor). Clarity on contact with DWP is being progressed and will be written into the new guidelines. Regular reporting will be introduced from the revised systems being implemented. This will be provided monthly at Senior Social Work level and annually for H&SC management	**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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116	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer - HSCP	**High**	Recommendation 1a - Health & Social Care Started	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.	**Estimated Date: 28/06/2019 Revised Date: 01/11/2021 No of Revisions 3**	Alison Roarty Angela Ritchie Colin Beck Louise McRae Tony Duncan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
117	Street Lighting and Traffic Signals Street Lighting - Inventory and Maintenance Paul Lawrence, Executive Director of Place and SRO	**Medium**	PL1810 Issue 2: Rec 1 - Street lighting inventory completeness and electrical testing results Started	Rebased as at 30/03/2021Clear 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.	**Estimated Date: 20/12/2019 Revised Date: 31/03/2022 No of Revisions 4**	Alan Simpson Alison Coburn Claire Duchart Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Lindsey McPhillips Nicole Fraser Robert Mansell Tony Booth
118	Street Lighting and Traffic Signals Street Lighting and Traffic Signals: Process and quality assurance documentation and training Paul Lawrence, Executive Director of Place and SRO	**Low**	PL1810 Issue 3 - Rec 1 Operation and maintenance procedures Started	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.	**Estimated Date: 30/09/2019 Revised Date: 31/08/2021 No of Revisions 6**	Alan Simpson Alison Coburn Claire Duchart David Givan Gareth Barwell Gavin Brown George Gaunt Lindsey McPhillips Mark Love Nicole Fraser Robert Mansell Tony Booth

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
119	Street Lighting and Traffic Signals Traffic Signals: Evidence of pre installation design and acceptance testing Paul Lawrence, Executive Director of Place and SRO	**Low**	PL1810 Issue4: Rec 3 - Checklist retention procedures Started	Processes for the completion and retention of the checklist to be included in appropriate Operational Guide.	**Estimated Date: 31/03/2020 Revised Date: 31/08/2021 No of Revisions 6**	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
120	Supplier Management Framework and CIS Payments RES1809 Issue 1: Contract Management by Directorates and Service Areas Judith Proctor, Chief Officer - HSCP	**High**	RES1809 Issue 1.2(1): Supplier management quality assurance - H&SCP Pending	Health and Social Care Partnership Quality assurance monitoring is performed over the two Partnership contracts included in the Internal Audit sample, through the Multi Agency Quality Assurance meetings held every two months – one for care at home/care and support, and another one for care homes and adult residential. The terms of reference of this enhanced monitoring arrangement include care inspectorate grades and care service feedback complaints. There are also areas of excellent practice with some weekly supplier meetings and ongoing monitoring, and some suppliers have payment terms that are linked to quarterly performance (for example the Sustainable Community Support Programme). These recommendations are accepted and will be implemented following implementation of the refreshed Contracts management framework (that includes an enhanced contract risk assessment matrix for the Partnership), and refresh of the Partnership contracts register.	**Estimated Date: 29/06/2021 Revised Date: 01/11/2021 No of Revisions 0**	Angela Ritchie Moira Pringle Tony Duncan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
121	Supplier Management Framework and CIS Payments RES1809 Issue 1: Contract Management by Directorates and Service Areas Julien Kramer, Interim Director of Communities and Families	**High**	RES1809 Issue 1.2(2): Supplier management quality assurance - Education and Children's Services Started	Education and Children's Services Recommendations are accepted and will be implemented. A quality assurance process will be put in place taking into account the contract management toolkit and the council contract standing orders. We will continue to have regular supplier meetings as are already in place. This has been strengthened in recent months in relation to the commissioning of out of council residential placements and suppliers are being held to account in relation to the achievement of agreed outcomes for children and young people.	**Estimated Date: 29/06/2021 Revised Date: 01/11/2021 No of Revisions 0**	David Hoy Jackie Irvine Liz Harrison Lorna French Michelle McMillan Nichola Dadds Nickey Boyle
122	Supplier Management Framework and CIS Payments RES1809 Issue 1: Contract Management by Directorates and Service Areas Paul Lawrence, Executive Director of Place and SRO	**High**	RES1809 Issue 1.2(3): Supplier management quality assurance - Place Started	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.	**Estimated Date: 31/03/2021 Revised Date: 30/09/2021 No of Revisions 1**	Alison Coburn Audrey Dutton David Givan Gareth Barwell George Gaunt Karl Chapman Lindsay Robertson Peter Watton
123	Supplier Management Framework and CIS Payments RES1809 Issue 1: Contract Management by Directorates and Service Areas	**High**	RES1809 Issue 1.3(3): Contract manager support and guidance - Place Started	Place This recommendation is accepted, and this will be added as appropriate to the Place mandatory training matrix at the next review.	**Estimated Date: 31/08/2020 Revised Date: 30/09/2021 No of Revisions 1**	Alison Coburn Audrey Dutton David Givan Gareth Barwell George Gaunt Karl Chapman Lindsay Robertson Peter Watton

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	Paul Lawrence, Executive Director of Place and SRO					
124	Supplier Management Framework and CIS Payments RES1809 Issue 1: Contract Management by Directorates and Service Areas Julien Kramer, Interim Director of Communities and Families	**High**	RES1809 Issue 1.4(3): Review of contract waivers - Education and Children's Services Started	Education and Children's Services 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.	**Estimated Date: 27/03/2020 Revised Date: 01/11/2020 No of Revisions 1**	Anna Gray Claire Thompson Crawford McGhie David Hoy Jackie Irvine Liz Harrison Lorna French Michelle McMillan Nichola Dadds Nickey Boyle

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
125	Supplier Management Framework and CIS Payments RES1809 Issue 2: Contracts and Grants Management Strategic Direction Stephen Moir, Executive Director, Corporate Services	**High**	RES1809 Issue 2.3: Project Governance supporting implementation of the Public Contracts Scotland Tendering technology system Started	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	**Estimated Date: 31/12/2020 Revised Date: 31/12/2021 No of Revisions 1**	Annette Smith Gavin Brown Hugh Dunn Iain Strachan Layla Smith Michelle Vanhegan Mollie Kerr

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
				the possible adoption of PCS-T as the Council's eProcurement system, bringing an end to 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.		
126	Unsupported Technology (Shadow IT) and End User Computing CW1914 Issue 2: Ongoing shadow IT and end user computing management Stephen Moir, Executive Director, Corporate Services	**High**	CW1914 Rec 2.1 - Shadow IT and end user computing system owner responsibilities Started	1. A detailed cloud based / shadow IT framework will also be designed and implemented across the Council. This will consolidate and include links to procurement requirements; the new user access management framework; and the existing externally hosted ICT services protocol, ensuring that all existing requirements that apply to ongoing use of Shadow IT systems are consolidated and reflected in one place. 2. Where the points above are not included in the existing frameworks or protocols, they will be reflected in the new shadow IT framework document. 3. The new framework will be communicated across all divisions and directorates and published on the Orb.	**Estimated Date: 30/07/2021 Revised Date: 28/02/2022 No of Revisions 1**	Alison Roarty Heather Robb Layla Smith Michelle Vanhegan Mike Brown Nicola Harvey
127	Unsupported Technology (Shadow IT) and End User Computing CW1914 Issue 2: Ongoing shadow IT and end user computing management	**High**	CW1914 Rec 2.1a - Second line assurance and oversight (Corporate Services)	The following actions were discussed and agreed by the Council's Corporate Leadership Team and will be applied by all first line divisions and directorates. 1. divisions and directorates will confirm whether they are consistently applying shadow IT framework and meet the requirements of the Council's externally hosted ICT services protocol in their annual assurance statements, and	**Estimated Date: 30/07/2021 Revised Date: 31/05/2022 No of**	Alison Roarty Annette Smith Hugh Dunn Katy Miller Layla Smith Michelle Vanhegan Mike Bell

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
	Stephen Moir, Executive Director, Corporate Services		Started	with any gaps or instances of non-compliance disclosed; 2. reliance will be placed on third line oversight by Internal Audit (IA), acknowledging that the assurance provided in relation to the ongoing management of shadow IT technology applications across the Council will be considered as part of IA's ongoing risk based assurance proposals, with assurance unlikely to be provided on an ongoing basis.	**Revisions 1**	Nick Smith Nicola Harvey Peter Watton
128	Unsupported Technology (Shadow IT) and End User Computing CW1914 Issue 2: Ongoing shadow IT and end user computing management Paul Lawrence, Executive Director of Place and SRO	**High**	CW1914 Rec 2.1b - Second line assurance and oversight (Place) Started	The following actions were discussed and agreed by the Council's Corporate Leadership Team and will be applied by all first line divisions and directorates. 1. divisions and directorates will confirm whether they are consistently applying shadow IT framework and meet the requirements of the Council's externally hosted ICT services protocol in their annual assurance statements, and with any gaps or instances of non-compliance disclosed; 2. reliance will be placed on third line oversight by Internal Audit (IA), acknowledging that the assurance provided in relation to the ongoing management of shadow IT technology applications across the Council will be considered as part of IA's ongoing risk based assurance proposals, with assurance unlikely to be provided on an ongoing basis.	**Estimated Date: 30/07/2021 Revised Date: 30/09/2021 No of Revisions 1**	Alison Coburn Audrey Dutton Gareth Barwell Karl Chapman Lindsay Robertson Peter Watton

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
129	Unsupported Technology (Shadow IT) and End User Computing CW1914 Issue 2: Ongoing shadow IT and end user computing management Judith Proctor, Chief Officer - HSCP	**High**	CW1914 Rec 2.1d - Second line assurance and oversight (Health and Social Care) **Implemented**	The following actions were discussed and agreed by the Council's Corporate Leadership Team and will be applied by all first line divisions and directorates. 1. divisions and directorates will confirm whether they are consistently applying shadow IT framework and meet the requirements of the Council's externally hosted ICT services protocol in their annual assurance statements, and with any gaps or instances of non-compliance disclosed; 2. reliance will be placed on third line oversight by Internal Audit (IA), acknowledging that the assurance provided in relation to the ongoing management of shadow IT technology applications across the Council will be considered as part of IA's ongoing risk based assurance proposals, with assurance unlikely to be provided on an ongoing basis.	**Estimated Date: 30/07/2021 Revised Date:** **No of Revisions 0**	Angela Ritchie Moira Pringle Tom Cowan Tony Duncan
130	Unsupported Technology (Shadow IT) and End User Computing CW1914 Issue 2: Ongoing shadow IT and end user computing management Julien Kramer, Interim Director of Communities and Families	**High**	CW1914 Rec 2.1c - Second line assurance and oversight (Education and Children's Services) Started	The following actions were discussed and agreed by the Council's Corporate Leadership Team and will be applied by all first line divisions and directorates. 1. divisions and directorates will confirm whether they are consistently applying shadow IT framework and meet the requirements of the Council's externally hosted ICT services protocol in their annual assurance statements, and with any gaps or instances of non-compliance disclosed; 2. reliance will be placed on third line oversight by Internal Audit (IA), acknowledging that the assurance provided in relation to the ongoing management of shadow IT technology applications across the Council will be considered as part of IA's ongoing risk based assurance proposals, with assurance unlikely to be provided on an ongoing basis.	**Estimated Date: 30/07/2021 Revised Date:** **No of Revisions 0**	Crawford McGhie Jackie Irvine Liz Harrison Lorna French Michelle McMillan Nichola Dadds Nickey Boyle

Appendix 3 - Internal Audit Key Performance Indicators as at 11 August 2021

Directorate	Service	Review	Audit Status	Terms of ref Service Resps <= 5 days post issue	Terms of Ref Director Resps <= 5 days post issue	Close out mee <=5 days after fieldwork completed	Report Issued by IA <= 10 days post close out meeting	W/Shop <= 5 days after report issued	Mgt Resps Agreed <= 5 days post w/shop	Final Draft to to Directors <= 5 days post Mgt Resps	Director Approval <= 3 days from receipt	Final report issued by IA <= 5 days post director	Team Central Updated by IA <=5 days of final report	Comments
Corporate Services	Human Resources	Design of the Scottish Local Government Living Wage Requirements	Fieldwork	17	1	0	0	0	0	0	0	0	0	
Corporate Services	Human Resources	Employee Lifecycle Data and Compensation and Benefits Processes	Fieldwork	13	2	0	0	0	0	0	0	0	0	
Corporate Services	Legal and Assurance	Planning and Performance Framework design review	Reporting	26	2	3	35	15	0	0	0	0	0	Challenges with annual leave in service and IA for report and workshop timeframes
Corporate Services	Legal and Assurance	Elections in Covid Environment - design review	Complete	3	2	1	10	N/A	N/A	2	1	1	7	No workshops held - report agreed via e mail with management.
Council Wide	CHS; P&FM; HPS	Health and Safety - Implementation of asbestos recommendations	Fieldwork	6	9	0	0	0	0	0	0	0	0	No response from Exec Director of Place - only Executive Director of Resources
Council Wide	Council Wide	Fraud and Serious Organised Crime	Planning	0	0	0	0	0	0	0	0	0	0	Terms of reference to services 15/07/21 - awaiting responses from Procurement; Planning and Building Standards; Housing Property Services.
Place	Place Mgt, Transport	Parking and Traffic Regulations	Reporting	4	2	0	0	0	0	0	0	0	0	
Place	Place Mgt, Transport	Active Travel	Planning	9	0	0	0	0	0	0	0	0	0	Draft Tor to Director 26/07/21. Place has requested postponement as team members new
Corporate Services	Digital Services	Digital and Smart City Strategy	Planning	46	0	0	0	0	0	0	0	0	0	Agreement on Tor involved a number of meetings and was impacted by annual leave.
Corporate Services	Customer	Council Tax and Business Rates	Fieldwork	7	5	0	0	0	0	0	0	0	0	