Policy and Sustainability Committee

10.00am, Tuesday 22 February 2022

Internal Audit: Overdue Findings and Key Performance Indicators as at 5 November 2021 – referral from the Governance, Risk and Best Value Committee

Executive/routine	Executive
Wards	
Council Commitments	

1. For Decision/Action

1.1 The Governance, Risk and Best Value Committee has referred the attached report to the Policy and Sustainability Committee for ongoing scrutiny of relevant overdue management actions.

Andrew Kerr
Chief Executive

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EDINBVRGH
THE CITY OF EDINBURGH COUNCIL

Referral Report

Internal Audit: Overdue Findings and Key Performance Indicators as at 5 November 2021 – referral from the Governance, Risk and Best Value Committee

2. Terms of Referral

2.1 On 14 December 2021, the Governance, Risk and Best Value Committee considered a report on the Internal Audit: Overdue Findings and Key Performance Indicators as at 5 November 2021. The report confirmed the three-month completion date extension agreed by the GRBV Committee in September 2021 had been applied to all open and overdue agreed management actions, with revised dates reflected.

2.2 The Governance, Risk and Best Value Committee agreed:

2.2.1 To note the status of the overdue Internal Audit findings as at 5 November 2021;

2.2.2 To note that the three-month completion date extension agreed at the September 2021 Committee reflecting ongoing Covid-19 pressures across the Council had now been applied to all open and overdue agreed management actions;

2.2.3 To note the status of IA Key Performance Indicators for audits that were either completed or in progress as at 5 November 2021;

2.2.4 To refer the report to the relevant Council committees for ongoing scrutiny of their relevant overdue management actions;

2.2.5 To refer the report to the Edinburgh Integration Joint Board Audit and Assurance Committee for information in relation to the current Health and Social Care Partnership position.

2.3 Following requests for clarification on the specific Internal Audit overdue findings that parent executive committees should focus on, an exercise has been completed that maps the findings included in this report to the specific committee based on their responsibilities detailed in the Council's committee terms of reference.

2.4 This exercise has identified an anomaly as there is currently no linear relationship between individual audit reports and committees, as it is possible for scrutiny of the actions in one Internal Audit report to be allocated across a number of Committees.

For example, a review of Planning or Licensing could potentially result in operational service delivery actions being allocated to the Planning Committee and/or Regulatory Committee, with actions that relate to the ICT arrangements that these teams use being allocated to the Finance and Resources Committee.

2.5 As part of preparations for the new Council following the May 2022 Local Government elections, we will complete further work on this area to determine whether there is a more effective way of ensuring a more linear allocation of responsibility for executive committee and oversight of overdue IA actions.

2.6 In the meantime, the information provided to each committee is based upon the allocation of agreed management actions in line with each committee's current terms of reference. A copy of the full report is also available online, with a link include in the background section of this referred report for reference.

3. Background Reading/ External References

3.1 Minute of the Governance, Risk and Best Value Committee – 14 December 2021

3.2 Governance, Risk and Best Value Committee – 14 December 2021 webcast

3.3 Internal Audit: Overdue Findings and Key Performance Indicators as at 5 November 2021 – full report to GRBV Committee

4. Appendices

Appendix 1 – report by the Chief Internal Auditor

Governance, Risk and Best Value Committee

10:00am, Tuesday, 14 December 2021

Internal Audit: Overdue Findings and Key Performance Indicators as at 5 November 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 5 November 2021;

1.1.2 notes that the three-month completion date extension agreed at the September 2021 Committee reflecting ongoing Covid-19 pressures across the Council has now been applied to all open and overdue agreed management actions;

1.1.3 notes the status of IA Key Performance Indicators (KPIs) for audits that are either completed or in progress as at 5 November 2021;

1.1.4 refers this paper to the relevant Council Executive committees for ongoing scrutiny of their relevant overdue management actions; and,

1.1.5 refers this paper to the Edinburgh Integration Joint Board Audit and Assurance Committee for information in relation to the current Health and Social Care Partnership position.

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Report

Internal Audit: Overdue Findings and Key Performance Indicators as at 5 November 2021

2. Executive Summary

2.1 The three-month completion date extension agreed at the September 2021 Committee has now been applied to all open and overdue agreed management actions, with revised dates reflected in this report.

2.2 The impact of the extension is that completion dates for all open management actions that were not currently overdue in October (when the extension was applied) were extended by three months, and all overdue findings had their revised completion dates extended by three months. These revised dates are reflected in Appendix 2.

Progress with Closure of Open and overdue Internal Audit findings

2.3 The overall progress status for closure of overdue IA findings is currently amber (stable with limited change) as at 5 November 2021, based on the average position across the last three months.

2.4 Increasing trends in the proportion of open IA findings that are overdue (KPI 3 in Appendix 1); the proportion of low rated overdue findings (KPI 7); and the proportion of findings that are between 90 – 180 days overdue are evident in the last month, together with a decrease in the number of overdue findings currently being reviewed by IA to determine whether they can be closed (KPI 4).

2.5 These increasing trends in the last month are partially offset by improvement in the proportion of IA findings that are between six months and one year overdue.

2.6 Whilst progress with implementation of agreed management actions has remained relatively stable across the last quarter, there has been an increase in the proportion of overdue management actions in the last month.

2.7 Positive progress with management actions where the latest date has been missed, or the date revised more than once in the last month, is mainly attributable to application of the three month completion date extension.

2.8 These outcomes confirm that further sustained focus is required on closure of overdue findings, particularly those more than one year, and between three and six

months overdue. It is also important to ensure that open findings that are not overdue are closed by their originally agreed implementation dates.

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

Current position as at 5 November 2021

2.10 A total of 108 open IA findings remain to be addressed across the Council as at 5 November 2021. This excludes open and overdue Internal Audit findings for the Edinburgh Integration Joint Board and the Lothian Pension Fund.

2.11 Of the 108 currently open IA findings:

2.11.1 a total of 53 (49%) are open, but not yet overdue;

2.11.2 55 (51%) are currently reported as overdue as they have missed the final agreed implementation dates. This reflects a decrease of 2% in comparison to the August 2021 position (53%).

2.11.3 69% of the overdue findings are more than six months overdue, reflecting a decrease of 9% in comparison to August 2021 (78%) with 16% aged between six months and one year, and 53% more than one year overdue.

2.11.4 evidence in relation to 5 of the 55 overdue findings is currently being reviewed by IA to confirm that it is sufficient to support closure; and,

2.11.5 50 overdue findings still require to be addressed.

2.12 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 44, reflecting a decrease of 4 when compared to the August 2021 position (48). This excludes the two completion date extensions applied to reflect ongoing Covid-19 impacts across the Council.

Annual Plan Delivery and Key Performance Indicators

2.13 IA Key Performance Indicators (KPIs) to support effective delivery of the 2021/22 IA annual plan 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.

2.14 The KPIs also highlight areas where IA has not achieved their reporting delivery timeframes.

2.15 Reasons for delayed IA annual plan delivery that underpin KPI outcomes were discussed at the November 2021 Committee.

3. Background

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

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

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

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

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

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

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

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

3.9 An operational dashboard has been designed to track progress against the key performance indicators included in the IA Journey Map and Key Performance Indicators document that was designed to monitor progress of both management and Internal Audit with delivery of the Internal Audit annual plan. The dashboard is provided monthly to the Corporate Leadership Team and quarterly to the Committee to highlight any significant delays that could potentially impact on delivery of the annual plan.

4. Main report

4.1 As at 5 November 2021, there are a total of 108 open IA findings across the Council with 55 findings (51%) now overdue.

4.2 The movement in open and overdue IA findings during the period 11 August to 5 November 2021 is as follows:

Analysis of changes between 11/08/2021 and 05/11/2021				
	Position at 11/08/21	**Added**	**Closed**	**Position at 05/11/21**
Open	96	20	8	108
Overdue	51	8	4	55

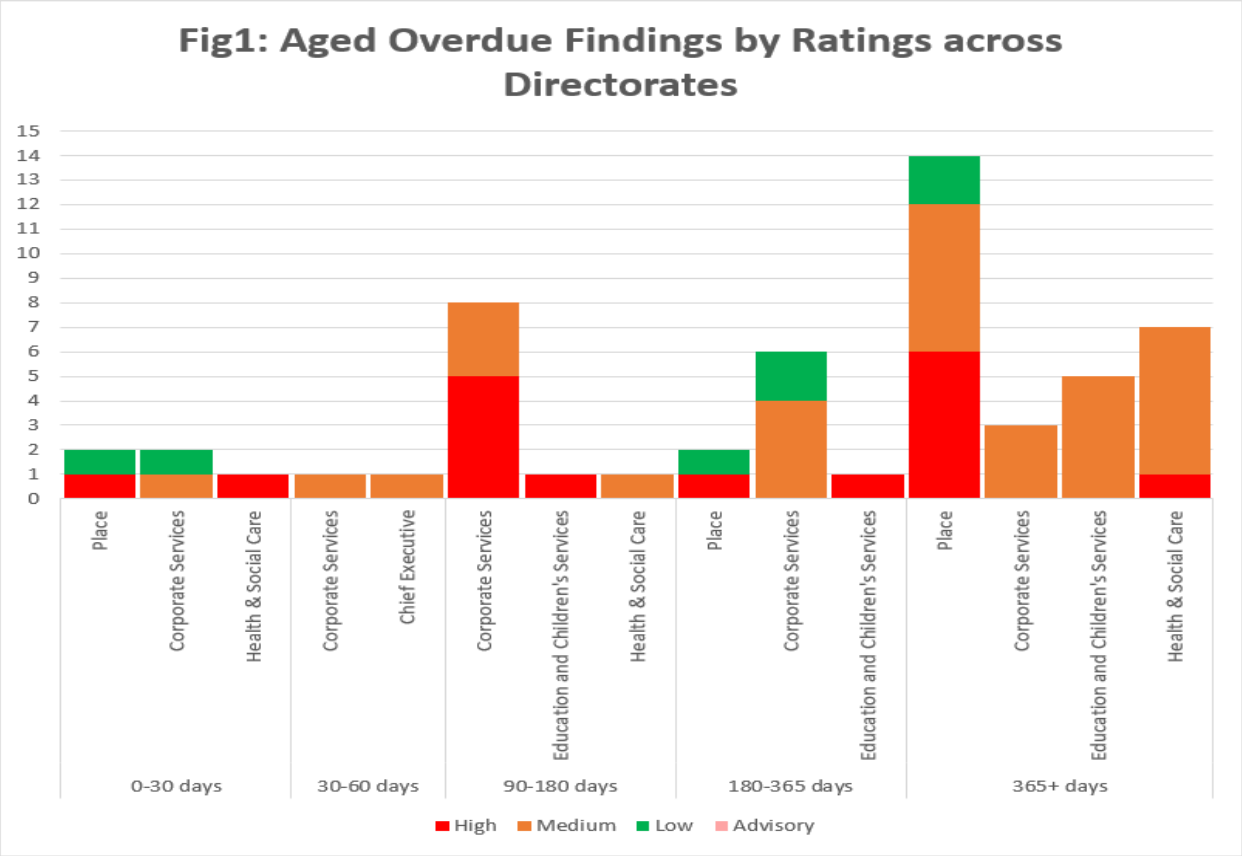
Overdue Findings

4.3 The 55 overdue findings comprise 17 High; 31 Medium; and 7 Low rated findings.

4.4 However, IA is currently reviewing evidence to support closure of 5 of these findings (2 High; 1 Medium; and 2 Low), leaving a balance of 50 overdue findings (15 High; 30 Medium; and 5 Low) still to be addressed.

Overdue findings ageing analysis

4.5 Figure 1 illustrates the ageing profile of all 55 overdue findings by rating across directorates as at 5 November 2021.



4.6 The analysis of the ageing of the 55 overdue findings outlined below highlights that Directorates made good progress last quarter with resolving findings less than three months and between six months and one year overdue, as the proportion of these findings has decreased. However, this is offset by an increase in the proportion of findings overdue between three and six months, and a consistent position with findings that are more than one year overdue.

- 7 (13%) are less than 3 months (90 days) overdue, in comparison to18% as at August 2021;
- 10 (18%) are between 3 and 6 months (90 and 180 days) overdue, in comparison to 4% as at August 2021;
- 9 (16%) are between 6 months and one year (180 and 365 days) overdue, in comparison to 25% as at August 2021; and,
- 29 (53%) are more than one year overdue, which remains the same as the position reported in August 2021.

Management Actions Closed Based on Management's Risk Acceptance

4.7 During the period 11 August to 5 November 2021, the following management action has been closed on the basis that management has retrospectively accepted either the full or residual elements of the risks highlighted by IA in the original audit report.

4.7.1 Council Wide (all Directorates) First Line Project Governance – Project Management Skills Matrix (medium) - management has accepted the risks associated with not implementing and maintaining a centralised project management skills matrix to ensure that employees with appropriate project management skills and experience are allocated to projects, as this would require resource from both the Strategic Change and Delivery and Human Resources teams. Management has advised that this additional resource is not available, and that existing Strategic Change and Delivery team resources should continue to focus on continuing to support teams across the Council to deliver change.

Agreed Management Actions Analysis

4.8 The 108 open IA findings are supported by a total of 259 agreed management actions. Of these, 141 (54%) are overdue as the completion timeframe agreed with management when the report was finalised has not been achieved. This reflects a 2% decrease from the August 2021 position (56%).

4.9 Of the 141 overdue management actions, 28 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 141 overdue management actions highlighting:

- their current status as at 5 November 2021 with:

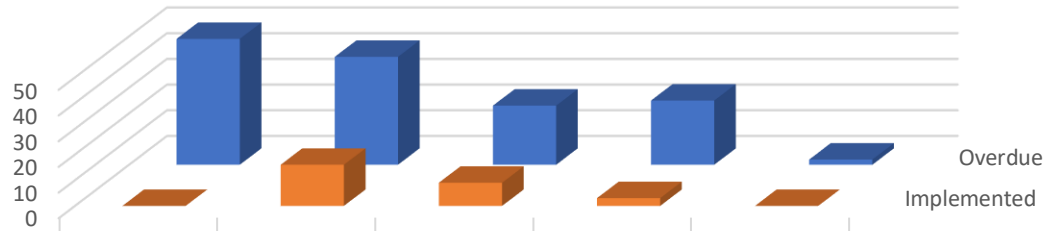
- 28 implemented actions where management believe the action has been completed and it is now with IA for validation;
- 101 started where the action is open, and implementation is ongoing; and
- 12 pending where the action is open with no implementation progress evident to date.

- 34 instances (24%) where the latest implementation date has been missed; and
- 44 instances (31%) where the implementation date has been revised more than once.

4.11 Appendix 2 has also been updated to reflect the relevant Executive Committees that should be responsible for ongoing scrutiny of the overdue management actions.

4.12 Figure 2 illustrates the allocation of the 141 overdue management actions across Directorates, and the 28 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	Chief Executive
Implemented	0	16	9	3	0
Overdue	49	42	23	25	2

4.13 IA has continued to achieve its established KPI for reviewing all implemented management actions within four weeks of the date they are proposed for closure by management.

4.14 Where implementation dates longer than four weeks occur, these are supported by feedback to management requesting either additional evidence or a discussion to explain the context of the evidence provided. Where this is not provided by services within a further four weeks, the status of the action is reverted to 'started' until the further information requested is provided.

More Than One Revised Implementation Date

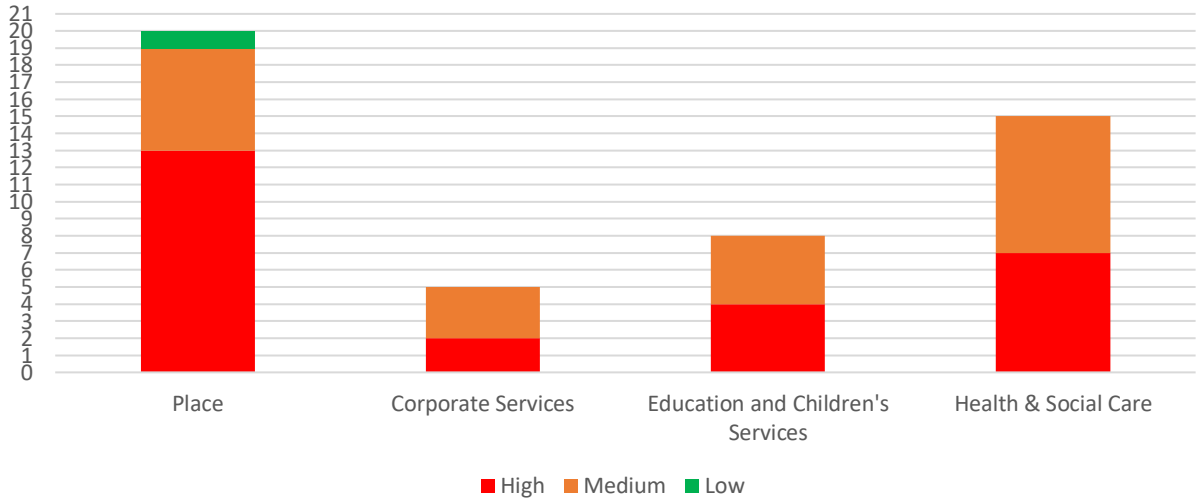
4.15 Figure 3 illustrates that there are currently 48 open management actions (including those that are overdue) across directorates where completion dates have been

revised between two and six times since July 2018. This number excludes the two automatic extensions applied by IA to reflect the impact of Covid-19.

4.16 This remains aligned with the position reported in August 2021 (48).

4.17 Of these 48 management actions, 26 are associated with High rated findings; 21 Medium; and 1 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

4.18 The IA key performance indicator dashboard has been reinstated for 2021/22 to support delivery of the annual plan by both services and the IA team; and prevent delays in completion of audits and finalisation of the IA annual opinion.

4.19 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.

4.20 Two audits that were included in the dashboard presented to the Committee in September (Health and Social Care Partnership: Management of Waiting Lists and Assessments; and Place: Active Travel) have been paused and carried forward into the 2022/23 IA annual plan following the rebase of the annual plan approved by the Committee in November 2021, and have now been remove from the dashboard.

4.21 The dashboard included at Appendix 3 reflects the current status for the 11 audits in progress where terms of reference detailing the scope of the planned reviews have been issued. This highlights that:

4.21.1 Services are consistently taking longer than the 5 day KPI for feedback on draft IA terms of reference, with feedback received within the 5 days for only 2 audits.

4.21.2 Executive Directors are generally providing feedback on draft terms of reference within the agreed 5 day response times. Delays are mainly attributable to Council wide audits where responses are not consistently received from all Executive Directors.

4.21.3 Internal Audit reporting delays for the Planning and Performance Framework and Health and Safety audits were highlighted in the report presented to Committee in September, and has experienced a further delay with preparing and issuing the Parking and Traffic Regulations audit report. This was mainly attributable to the timing of annual leave.

4.21.4 There have also been significant delays with receipt and finalisation of management responses for the Implementation of Asbestos Recommendations and Parking and Traffic Regulations audits, and a delay in finalising Executive Director approval of the Planning and Performance Framework report.

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 GRBV 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 as at 11 August 2021 – Paper 8.1

8.2 Capacity to Deliver the 2021/22 IA Annual Plan – 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 5 November 2021

9.3 Appendix 3 – Internal Audit Key Performance Indicators as at 5 November 2021

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

Stable with limited change **As at 5 November 2021**

	Key Performance Indicator (KPI)		11/06/2021			07/07/2021		11/08/2021		23/09/2021		05/11/2021		Trend
	IA Findings													
1	Open findings		89	100%		85	100%	96	100%	113	100%	108	100%	Not applicable
2	Not yet due		34	38%		32	38%	45	47%	64	57%	53	49%	Not applicable
3	Overdue findings		55	62%		53	62%	51	53%	49	43%	55	51%	
4	Overdue - IA reviewing		12	22%		8	15%	3	6%	9	18%	5	9%	
5	High Overdue		18	33%		18	34%	17	33%	16	33%	17	31%	
6	Medium Overdue		30	55%		29	55%	28	55%	29	59%	31	56%	
7	Low Overdue		7	13%		6	11%	6	12%	4	8%	7	13%	
8	<90 days overdue		7	13%		9	17%	9	18%	6	12%	7	13%	
9	90-180 days overdue		8	15%		3	6%	2	4%	6	12%	10	18%	
10	180-365 days overdue		10	18%		15	28%	13	25%	11	22%	9	16%	
11	>365 days overdue		30	55%		26	49%	27	53%	26	53%	29	53%	
	Management Actions													
12	Open actions		236	100%		218	100%	233	100%	277	100%	259	100%	Not applicable
13	Not yet due		96	41%		83	38%	103	44%	154	56%	118	46%	Not applicable
14	Overdue actions		140	59%		135	62%	130	56%	123	44%	141	54%	
15	Overdue - IA reviewing		40	29%		28	21%	17	13%	35	28%	28	20%	
16	Latest date missed		77	55%		43	32%	70	54%	52	42%	34	24%	
17	Date revised > once		60	43%		51	38%	48	37%	46	37%	44	31%	

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 Audt Overdue Management Actions as at 5 November 2021

Glossary of Terms

1. Executive Committee – This is the relevant Executive Committee that should have oversight of completion of agreed management actions
2. Project Name – This is the name of the audit report.
3. Issue Type – This is the priority of the audit finding, categorised as Critical; High; Medium; or Low
3. Issue Title - this is the titel of the issue in the Origina IA Report
4. Owner – The Executive Director responsible for implementation of the action.
5. Recommendation Title - this is the title of the recommendation in the original IA report
6. Agreed Management action – This is the action agreed between Internal Audit and Management to address the finding.
7. 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).
8. Estimated date – the original agreed implementation date.
9. Revised date – the current revised date. **Red** formatting in the dates field indicates the last revised date is overdue.
10. Number of revisions – the number of times the date has been revised since July 2018.
11. **Amber** formatting in the dates field indicates the date has been revised more than once.
12. Contributor – Officers involved in implementation of an agreed management action.

Executive Committee	Project Name	Issue Type	Issue Title	Owner	Recommendation Title	Agreed Management Action	Status	Estimated Implement Date	No of Revisions	Revised Implement Date	Contributors
Policy and Sustainability	Asset Management Strategy and CAFM system 18/19	High	RES1813 Asset Management Strategy and CAFM: Issue 3 - Property and Facilities Management Data Completeness; Accuracy; and Quality	Paul Lawrence, Executive Director of Place	3.2 Resolution of known data quality issues	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.	Started	31/03/16	2	01/11/22	Alan Chim Alison Coburn Andrew Field Audrey Dutton Brendan Tate Gohar Khan Graeme McGartland Matthew MacArthur Peter Watton Ross Murray
All Executive Committees	Assurance Actions and Annual Governance Statements	Medium	CW1903 Issue 1:Assurance Management Framework	Stephen Moir, Executive Director, Corporate Services	CW1903 Issue 1.1c: Develop and implement an assurance management framework	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.	Started	31/12/20	3	30/12/21	Chris Peggie Gavin King Hayley Barnett Laura Callender Layla Smith Michelle Vanhegan Mirka Vybiralova Nick Smith
Policy and Sustainability	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management	Medium	Key Person Dependency and Process Documentation	Judith Proctor, Chief Officer - HSCP	Rec 5 - Records Management Policy	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.	Started	30/03/18	6	28/02/22	Angela Ritchie David Williams Tony Duncan
Policy and Sustainability	Emergency Prioritisation & Complaints	Medium	CW1806 Issue 1: ATEC 24 Operational Framework	Judith Proctor, Chief Officer - HSCP	CW1806 Issue 1.2(3): ATEC 24 Service Level Agreements - Partnership Protocol	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.	Started	29/11/19	3	01/06/21	Angela Ritchie Sylvia Latona Tom Cowan Zac Dean
Policy and Sustainability	Emergency Prioritisation & Complaints	Medium	CW1806 Issue 1: ATEC 24 Operational Framework	Judith Proctor, Chief Officer - HSCP	CW1806 Issue 1.4(3): ATEC 24 Quality Assurance - Outcomes, supervision and key themes/improvements	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.	Started	30/04/20	2	31/03/22	Angela Ritchie Sylvia Latona Tom Cowan Zac Dean

Executive Committee	Project Name	Issue Type	Issue Title	Owner	Recommendation Title	Agreed Management Action	Status	Estimated Implement Date	No of Revisions	Revised Implement Date	Contributors
Policy and Sustainability	Emergency Prioritisation & Complaints	Medium	CW1806: Issue 2: Third Party Service Provision Health & Social Care Partnership	Judith Proctor, Chief Officer - HSCP	CW1806: Issue 2(1): SLAs - Third Party Service Provision	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.	Started	30/11/19	4	30/11/21	Angela Ritchie Brian Henderson Colin Beck Tony Duncan
Policy and Sustainability	Emergency Prioritisation & Complaints	Medium	CW1806: Issue 2: Third Party Service Provision Health & Social Care Partnership	Judith Proctor, Chief Officer - HSCP	CW1806: Issue 2(2): Partnership Protocol HSCP/Contact Centre	Agreed, once the SLA is finalised, a Partnership Protocol will be developed in conjunction with Customer Contact Centre colleagues.	Started	28/02/20	3	30/12/21	Alison Roarty Angela Ritchie Brian Henderson Colin Beck Lisa Hastie Tom Cowan
Policy and Sustainability	H&SC Care Homes - Corporate Report	Medium	A3.1: Training	Judith Proctor, Chief Officer - HSCP	A3.1(1) Manager review of training	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 Learning Hub system/supporting registers for other training. Where training has not been completed, this should be discussed with employees and reflected (where appropriate) in their annual performance discussions.	Started	30/06/19	4	31/03/22	Angela Ritchie Jacqui Macrae Jane Brown
Policy and Sustainability	H&SC Care Homes - Corporate Report	Medium	A3.3: Performance & Attendance Management	Judith Proctor, Chief Officer - HSCP	A3.3(4) Health & Social Care Teams - quarterly review of absence and performance management	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).	Started	30/06/18	4	31/10/22	Angela Ritchie Jacqui Macrae
Policy and Sustainability	H&SC Care Homes - Corporate Report	Medium	A3.4: Agency Staffing	Judith Proctor, Chief Officer - HSCP	A3.4(2) Analysis of the agency staff and hours worked charges	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.	Started	31/03/18	5	31/03/22	Angela Ritchie Jacqui Macrae
Policy and Sustainability	HSC Localities	High	HSC1901 Issue 1: Locality and Workforce Planning	Judith Proctor, Chief Officer - HSCP	HSC1901 Issue 1.1: Locality Operational Plans	The Partnership is currently developing a template and detailed action plan to support creation of Locality Operational Plans. Following this, development and delivery of the Locality Operational Plans will be overseen by the Partnership's newly established Strategic and Operational Planning Forum. This forum will ensure there is alignment and synergy between the Strategic Plan and the Local Operational Plans. The draft Locality Operational Plans will be presented to the EIJB Strategic Planning Group when this is re established. It would be intended to do this by end of July 2021.	Pending	31/10/21	0	01/06/22	Angela Lindsay Angela Ritchie Mike Massaro-Mallinson Nikki Conway
Policy and Sustainability	HSC Localities	High	HSC1901 Issue 1: Locality and Workforce Planning	Judith Proctor, Chief Officer - HSCP	HSC1901 Issue 1.2: Development of Locality Workforce Plans	The Partnership's Workforce Strategy is currently being developed and will be submitted to the Scottish Government for review in line with their timescales (31st March 2021 at the time of writing). This will include consideration of locality workforce requirements which will be incorporated into the Locality Operational Plans.	Pending	30/09/21	0	01/05/22	Angela Ritchie Moira Pringle Neil Wilson
Policy and Sustainability	Life Safety	High	CW1910 - Life safety: Issue 1 Life safety systems and reporting	Stephen Moir, Executive Director, Corporate Services	CW1910 Rec 1.3 Life safety incident identification, escalation, and reporting	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.	Implemented	30/06/21	0	30/09/21	Chris Lawson Layla Smith Michelle Vanhegan Nick Smith

Executive Committee	Project Name	Issue Type	Issue Title	Owner	Recommendation Title	Agreed Management Action	Status	Estimated Implement Date	No of Revisions	Revised Implement Date	Contributors
Policy and Sustainability	Life Safety	High	CW1910 - Life safety: Issue 2 Operational estate – fire, gas, electricity, and water risk management	Stephen Moir, Executive Director, Corporate Services	CW1901 Rec 2.1.2 Review of the Council's Fire policy in relation to Fire Risk Assessments	The Council's current fire policy will be reviewed to ensure alignment with the requirements of Scottish fire regulations in relation to Fire Risk Assessments (FRAs). This will include the need to review FRAs where a significant change been made to the premises or processes or operations within the premises. The requirement for completion of an annual review of FRAs will be removed and an appropriate review timeframe considered recognising the fire risk profile of the property. The policy will also be updated to reflect the revised approach adopted by the Council in relation to discharge of duty holder responsibilities for completion and ongoing review of FRAs.	Implemented	30/09/21	0	30/12/21	Chris Lawson Layla Smith Michelle Vanhegan Nick Smith
Policy and Sustainability	Life Safety	High	CW1910 - Life safety: Issue 2 Operational estate – fire, gas, electricity, and water risk management	Paul Lawrence, Executive Director of Place	CW1910 Rec 2.1.1 Responsibility for completion and ongoing review of fire risk assessments	The appropriateness of current support arrangements for duty holders who are responsible for completion and ongoing review of Fire Risk Assessments (FRAs) across the operational and investment property estates, and multi-let buildings with common parts leased by the Council was considered by the Corporate Leadership Team (CLT) and the following actions agreed: 1. External resources will be procured by Property and Facilities Management (P&FM) on behalf of Council divisions to assess the completeness and adequacy of fire risk assessments (FRAs) across the remainder of the Council's operational property estate; refresh FRAs where required; and enhance the current baseline position. The costs associated with this exercise will be advised to divisions for inclusion in relevant divisional / directorate budgets. 2. First line duty holders will remain responsible for ensuring that FRAs are reviewed and updated as required in line with the Council's fire policy.3. Property and Facilities Management will ensure that duty holders update their FRAs (where required) as part of their ongoing capital works programme across the operational property estate.4. Following consolidation of the second line Housing and Operational Property teams and resources that have life safety responsibilities, the compliance team responsible for assessing the completeness and quality of FRAs will be strengthened, to ensure adequate ongoing coverage across the operational estate. 5. The revised processes supporting completion and review of FRAs will be implemented and communicated across the Council, ensuring that duty holders in operational properties, and property and facilities management teams responsible for completion of capital works and oversight of fire risk compliance are clear on their respective roles and responsibilities.	Started	30/09/21	0	30/12/21	Alison Coburn Andrew Field Brendan Tate Gareth Barwell Gohar Khan Mark Stenhouse Matthew MacArthur Peter Watton Ross Murray
Policy and Sustainability	Life Safety	High	CW1910 - Life safety: Issue 3 Life safety – training, competence and assurance	Stephen Moir, Executive Director, Corporate Services	CW1910 Rec. 3.2 On site fire warden training	1. Training needs analysis will identify the frequency of Fire Warden training (fire evacuation training on site will be conducted by duty holders not less than twice per year).2. and 3. The best method of on-site fire training will be determined and entered into the training needs analysis and training event schedules.	Implemented	29/10/21	0	29/01/22	Chris Lawson Layla Smith Michelle Vanhegan Nick Smith
Policy and Sustainability	Life Safety	Low	CW1910 - Life safety: Issue 5 Corporate Health and Safety	Stephen Moir, Executive Director, Corporate Services	CW1910 Rec. 5.1 Review of life safety policies and procedures	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.	Implemented	30/07/21	0	30/10/21	Chris Lawson Layla Smith Michelle Vanhegan Nick Smith
Policy and Sustainability	Life Safety	Low	CW1910 - Life safety: Issue 5 Corporate Health and Safety	Stephen Moir, Executive Director, Corporate Services	CW1910 Rec. 5.2 Technical guidance and support	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.	Implemented	30/06/21	0	30/09/21	Chris Lawson Layla Smith Michelle Vanhegan Nick Smith
Policy and Sustainability	Life Safety	Low	CW1910 - Life safety: Issue 5 Corporate Health and Safety	Stephen Moir, Executive Director, Corporate Services	CW1910 Rec. 5.3 Safety Health and Environment (SHE) portal user and licence management	The processes supporting ongoing use of the Safety Health and Environment (SHE) system will be reviewed and the issues noted above addressed as part of this process.	Implemented	29/10/21	0	29/01/22	Chris Lawson Layla Smith Michelle Vanhegan Nick Smith

Executive Committee	Project Name	Issue Type	Issue Title	Owner	Recommendation Title	Agreed Management Action	Status	Estimated Implement Date	No of Revisions	Revised Implement Date	Contributors
Policy and Sustainability	Physical Distancing & Employee Protection (PDEP)	Medium	CW2008: Physical Distancing and Employee Protection - Issue 1: Process Design	Andrew Kerr, Chief Executive	CW2008: Rec 1.2 - Corporate Guidance and templates	It is not proposed to retrospectively review existing guidance, protocols, communications as we are now moving out of the phased lockdown and restrictions. New guidance published by Scottish Government will be reviewed and where required, guidance, protocols and communications will be updated. Once approved, this will be published and any out of date documentation will be removed. In addition, personal responsibility for compliance with guidance and protocols as services resume will be reinforced to all employees through senior officer communications and Managers' News.	Started	31/10/21	0	31/01/22	Alison Coburn Gareth Barwell Gavin King Mary-Ellen Lang Matthew MacArthur Michelle Vanhegan Nick Smith Ross Murray
Policy and Sustainability	Physical Distancing & Employee Protection (PDEP)	Medium	CW2008: Physical Distancing and Employee Protection - Issue 2: Compliance with Processes	Andrew Kerr, Chief Executive	CW2008: Recommendation 2.3 - Partnership protocols for shared use buildings	The above processes are already in place; therefore, it is proposed to send a reminder on the agreed process to NHS Lothian.	Pending	30/09/21	0	30/12/21	Alison Coburn Angela Ritchie Gareth Barwell Judith Proctor Mary-Ellen Lang Matthew MacArthur Ross Murray
Policy and Sustainability	Policy Management Framework	High	CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register	Paul Lawrence, Executive Director of Place	CE1902 - 1.2b Policy Register review: Initial review of online policy register – Place	Following receipt of the Directorate policy register extract provided by Strategy and Communications, each Directorate will perform an initial review of their section of the policy register to identify out of date and draft documents. A status update will be provided to Strategy and Communications for each document currently published online, to confirm whether the published version is: the most up to date approved version and no immediate action is required. is out of date but has been recently reviewed and reported to Committee in the annual policy assurance statement – a copy of the most recent version held by the Directorate or Division will then be sent to by Strategy and Communications for publication on the current online register. is out of date or in draft with no recently approved version available. Strategy and Communications will then remove the current online version from the online policy register and note that the document is being reviewed. Strategy and Communications will update the current online policy register on the basis of returns and Directorates will commence their wider policy review set out at 1.2d.	Started	31/01/21	3	30/12/21	Alison Coburn Audrey Dutton David Givan Gareth Barwell George Gaunt Karl Chapman Lindsay Robertson Matthew MacArthur Peter Watton Ross Murray Veronica Wishart
Policy and Sustainability	Policy Management Framework	High	CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register	Stephen Moir, Executive Director, Corporate Services	CE1902 - 1.2d Policy Register review: Full Policy review – Corporate Services	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. Human Resources policies are exempt from this requirement as the review frequency has been agreed by Committee). 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. (With the exception of Human Resources and Health and Safety policies which are Council wide and are included with content specific webpages).	Started	31/10/21	0	31/01/22	Adam Fergie Alison Roarty Annette Smith Hugh Dunn Katy Miller Layla Smith Michelle Vanhegan Nick Smith Nicola Harvey
Policy and Sustainability	Policy Management Framework	High	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	CE1902 - 1.2e Policy Register review: Review of Communities and Families directories within the Orb	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.	Started	30/06/21	1	31/03/22	Crawford McGhie Jackie Irvine Liz Harrison Lorna French Nichola Dadds Nickey Boyle

Executive Committee	Project Name	Issue Type	Issue Title	Owner	Recommendation Title	Agreed Management Action	Status	Estimated Implement Date	No of Revisions	Revised Implement Date	Contributors
Policy and Sustainability	Policy Management Framework	High	CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register	Paul Lawrence, Executive Director of Place	CE1902 - 1.2d Policy Register review: Full Policy review – Place	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.	Started	31/10/21	0	31/01/22	Alison Coburn Audrey Dutton David Givan Dorothy Gray Gareth Barwell George Gaunt Karl Chapman Lindsay Robertson Matthew MacArthur Nicole Fraser Peter Watton Ross Murray Veronica Wishart
Policy and Sustainability	Policy Management Framework	High	CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register	Judith Proctor, Chief Officer - HSCP	CE1902 - 1.2d Policy Register review: Full Policy review – Edinburgh Health & Social Care Partnership	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. For the HSCP - this action includes updating the HSCP policy directory on the Orb to ensure the policies and documents identified via gap analysis at action 1.2e have also been reviewed and updated as required.	Started	31/07/21	1	31/01/22	Angela Ritchie Moira Pringle Tom Cowan Tony Duncan
Policy and Sustainability	Policy Management Framework	High	CE1902 Policy Management Framework Issue 2: Completion of Integrated Impact Assessments (IIAs)	Judith Proctor, Chief Officer - HSCP	CE1902 - 2.2 Completion and publication of Integrated Impact Assessments - Edinburgh Health & Social Care Partnership	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.	Pending	31/07/21	0	31/01/22	Angela Ritchie Moira Pringle Tom Cowan Tony Duncan
Policy and Sustainability	Policy Management Framework	High	CE1902 Policy Management Framework Issue 2: Completion of Integrated Impact Assessments (IIAs)	Stephen Moir, Executive Director, Corporate Services	CE1902 - 2.2 Completion and publication of Integrated Impact Assessments - Corporate Services	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 Service Director 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.	Started	31/10/21	0	31/01/22	Adam Fergie Alison Roarty Annette Smith Gavin King Hugh Dunn Katy Miller Layla Smith Michelle Vanhegan Nick Smith Nicola Harvey
Policy and Sustainability	Policy Management Framework	High	CE1902 Policy Management Framework Issue 2: Completion of Integrated Impact Assessments (IIAs)	Paul Lawrence, Executive Director of Place	CE1902 - 2.2 Completion and publication of Integrated Impact Assessments - Place	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.	Started	31/10/21	0	31/01/22	Alison Coburn Audrey Dutton David Givan Dorothy Gray Gareth Barwell George Gaunt Karl Chapman Lindsay Robertson Matthew MacArthur Nicole Fraser Peter Watton Ross Murray

Executive Committee	Project Name	Issue Type	Issue Title	Owner	Recommendation Title	Agreed Management Action	Status	Estimated Implement Date	No of Revisions	Revised Implement Date	Contributors
Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Paul Lawrence, Executive Director of Place	Rec 3.1 a) Place - Development of resilience protocols for statutory and critical services	Inline 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.	Started	19/06/20	1	31/03/23	Alison Coburn Audrey Dutton Claire Duchart David Givan Eileen Cossar Gareth Barwell Gavin King Gavin Sharp George Gaunt Karl Chapman Kimberley Campbell Lindsay Robertson Mary-Ellen Lang Matthew MacArthur Paul Young Peter Watton Ross Murray Russell McLauchlan
Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Stephen Moir, Executive Director, Corporate Services	Rec 3.1b Corporate Services - Development of Resilience Plans/protocols for statutory and critical services	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.	Started	19/06/20	1	31/03/23	Annette Smith Eileen Cossar Gavin King Gavin Sharp Hugh Dunn Katy Miller Kimberley Campbell Layla Smith Mary-Ellen Lang Michelle Vanhegan Nick Smith Nicola Harvey Paul Young Russell McLauchlan
Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Judith Proctor, Chief Officer - HSCP	Rec 3.1c H&SC - Development of Resilience Plans/protocols for statutory and critical services	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.	Started	19/06/20	1	31/03/23	Angela Ritchie Eileen Cossar Gavin Sharp Jacqui Macrae Kimberley Campbell Mary-Ellen Lang Paul Young Russell McLauchlan
Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Julien Kramer, Interim Director of Communities and Families	Rec 3.1d Education and Children's Services - Development of Resilience Plans/protocols for statutory and critical services	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.	Started	19/06/20	1	31/03/23	Eileen Cossar Gavin King Gavin Sharp Jackie Irvine Kimberley Campbell Laura Zanotti Liz Harrison Lorna French Mary-Ellen Lang Michelle McMillan Nichola Dadds Nickey Boyle Paul Young Russell McLauchlan

Executive Committee	Project Name	Issue Type	Issue Title	Owner	Recommendation Title	Agreed Management Action	Status	Estimated Implement Date	No of Revisions	Revised Implement Date	Contributors
Policy and Sustainability	Resilience BC	Medium	Adequacy, maintenance and approval of Council wide resilience plans	Stephen Moir, Executive Director, Corporate Services	Rec 4) Update of Council Business Continuity Plan to include key elements from resilience protocols	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.	Started	18/12/20	1	30/06/24	Eileen Cossar Gavin King Gavin Sharp Kimberley Campbell Layla Smith Mary-Ellen Lang Michelle Vanhegan Paul Young Russell McLauchlan
Policy and Sustainability	Resilience BC	High	Review of resilience templates and approach	Stephen Moir, Executive Director, Corporate Services	CW1702 Rec 1.c - Review and communication of revised resilience templates and approach	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.	Implemented	31/05/21	0	31/08/21	Eileen Cossar Gavin King Gavin Sharp Kimberley Campbell Mary-Ellen Lang Michelle Vanhegan Paul Young Russell McLauchlan
Policy and Sustainability	Social Work Centre Bank Account Reconciliations	High	Corporate Appointee Client Fund Management	Judith Proctor, Chief Officer - HSCP	2.2. Updating procedures to include an annual review of Corporate Appointee contracts	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.	Implemented	30/04/18	2	01/11/21	Alison Roarty Angela Ritchie Colin Beck Louise McRae Tony Duncan
Policy and Sustainability	Social Work Centre Bank Account Reconciliations	High	Corporate Appointee Client Fund Management	Judith Proctor, Chief Officer - HSCP	Rec. 8 Business Support and Senior Social Worker - refresher training closing and reallocation of client fund accounts	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.	Implemented	31/05/18	3	01/11/21	Alison Roarty Angela Ritchie Colin Beck Louise McRae Tony Duncan
Policy and Sustainability	Social Work Centre Bank Account Reconciliations	High	Corporate Appointee Client Fund Management	Judith Proctor, Chief Officer - HSCP	Recommendation 1a - Health & Social Care	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.	Started	28/06/19	3	01/02/22	Alison Roarty Angela Ritchie Colin Beck Louise McRae Tony Duncan
Policy and Sustainability	Social Work Centre Bank Account Reconciliations	High	Corporate Appointee Client Fund Management	Judith Proctor, Chief Officer - HSCP	Rec 1b - Business Support - review of Corporate Appointee processes	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	Started	31/05/18	2	01/11/21	Alison Roarty Angela Ritchie Colin Beck Louise McRae Tony Duncan

Executive Committee	Project Name	Issue Type	Issue Title	Owner	Recommendation Title	Agreed Management Action	Status	Estimated Implement Date	No of Revisions	Revised Implement Date	Contributors
Policy and Sustainability	Unsupported Technology (Shadow IT) and End User Computing	Medium	CW1914 Issue 1: Digital strategy and governance	Judith Proctor, Chief Officer - HSCP	CW1914 Rec 1.4e - Review of existing shadow IT contracts (Health and Social Care)	The following actions were discussed and agreed by the Council's Corporate Leadership Team and will be applied by all Directorates following receipt of guidance from Commercial and Procurement Services as per recommendation 1.4a above. 1. The Directorate will complete a review of all contracts supporting the ongoing use of shadow IT / cloud based applications used within divisions in comparison to the guidance provided by Commercial and Procurement Services (CPS) to ensure identify any contracts that need to be refreshed or procured, with support from CPS and Digital Services. 2. Where inadequate contracts are identified, and the supplier is unable to support an immediate contract refresh, the criticality of the system and the service it supports will be assessed to determine whether the system is required, or whether an alternative system solution can be procured. 3. Where inadequate contracts support critical systems that cannot be immediately re-procured, the risks associated with ongoing use of these systems and their contracts will be recorded in divisional and directorate risk registers, and the contract re-procured at the earliest possible date.	Pending	30/09/21	0	30/12/21	Angela Ritchie Moira Pringle Tom Cowan Tony Duncan
Policy and Sustainability	Unsupported Technology (Shadow IT) and End User Computing	High	CW1914 Issue 2: Ongoing shadow IT and end user computing management	Judith Proctor, Chief Officer - HSCP	CW1914 Rec 2.1d - Second line assurance and oversight (Health and Social Care)	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.	Started	30/07/21	0	30/10/21	Angela Ritchie Moira Pringle Tom Cowan Tony Duncan

Appendix 3 - Internal Audit Key Performance Indicators as at 5 November 2021

Directorate	Department	Review	Audit Status	Terms of Ref Service Resps <=5 days post	Terms of Ref Director Resps <=5 days post issue	Close out meet <=5days after fieldwork complete	Report Issued by IA <=10 days post close out meeti	W/Shop <=5 days after report issued	Mgt Resps Agreed <=5days post w//shop	Final Draft to Directors <=5 days post Mgt Resps	Director Approval <= 3 days from receipt	Final Report issued by IA <= 5 days post Director Appr	Team Central Updated by IA <=5 days of final report	Comments
Corporate Services	Legal and Assurance	Elections in Covid Environment - design review	Complete	3	2	1	10	N/A	N/A	2	1	1	7	Final report issued to AK 31.5.21 Draft report comments requested by 21/05
Corporate Services	Human Resources	Scottish Local Govt Living Wage - design review	Complete	17	1	8	9	4	1	1	2	5	N/A	Final report issued on 28.10.21. Survey issued on 29.10.21.
Corporate Services	Human Resources	Employee Lifecycle and Data Management	Reporting	13	2	0	0	0	0	0	0	0	0	Fieldwork now complete. Waiting for responses from HR on fieldwork outcomes prior to drafting report.
Corporate Services	Strategic Change and Delivery	Planning and Performance Framework design review	Reporting	26	2	3	35	15	13	9	0	0	0	Report issued to Exec Director on 24th September; awaiting responses.
Council Wide	CHS; P&FM; HPS	Health and Safety - Implementation of asbestos recommendations	Reporting	6	6	34	17	4	0	0	0	0	0	Management responses were due 3 November - not all have been received.
Council Wide	Council Wide	Fraud and Serious Organised Gavin	Fieldwork	74	64	0	0	0	0	0	0	0	0	Draft Tor to Executive Directors 06.09.21, final responses received (Place) 20.10.21. No responses received from some services.
Council Wide	N/A	Implementation of Whistleblowing and Child Protection Recommendations	Fieldwork	7	4	0	0	0	0	0	0	0	0	Fieldwork in progress
Educ & Child Servs	Criminal Justice	Criminal Justice	Fieldwork	12	1	0	0	0	0	0	0	0	0	Fieldwork will commence 8/11/21 ToR updated to reflect Covid-19 and issued 21/9 - Key contact on leave until 4/10 so due back 8/10
Place	Place Mgt, Transport	Parking and Traffic Regulations	Reporting	4	2	3	24	2	0	0	0	0	0	Ongoing discusson re management responses since 18/10/21. Delay in issuing report was due to annual leave in service which delayed confirmation of factual accuracy of findings.
Corporate Services	Digital Services	Digital and Smart Cities Strategy	Fieldwork	49	4	0	0	0	0	0	0	0	0	Fieldwork in progress and ongoing engagement with Executive Director re terms of reference.
Corporate Services	Customer	Council Tax and Business Rates	Fieldwork	7	5	0	0	0	0	0	0	0	0	Fieldwork delayed due to time required to extract data from source systems to support data analytics work.