Governance, Risk and Best Value Committee

10:00am, Tuesday, 8 March 2022

Internal Audit: Overdue Findings and Key Performance Indicators as at 26 January 2022

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 26 January 2022;

1.1.2   notes the status of IA Key Performance Indicators (KPIs) for audits that are either completed or in progress as at 26 January 2022;

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

1.1.4   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 26 January 2022

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 is currently red (adverse trend with action required) as at 26 January 2022, based on the average position across the last three months.

2.2 Whilst the total number of open and overdue IA findings and associated management actions is decreasing (which is mainly attributable to delayed completion of the 2021/22 IA annual plan), increasing trends in the proportion of open IA findings that are overdue (KPI 3 in Appendix 1); the proportion of high rated overdue findings (KPI 7); and the proportion of findings that are less than 90 days overdue (KPI 8) are evident across the last three months, together with an increase in the number of overdue management actions (KPI 14).

2.3 These increasing trends in the last month are partially offset by improvement in the proportion of IA findings that are between three and six months overdue (KPI 10).

2.4 These outcomes confirm that further sustained focus is required on closure of overdue findings, with action required to ensure that open findings that are not overdue are closed by their originally agreed implementation dates.

2.5 Increased focus on closure of agreed management actions is evident following the secondment of two IA team members into the Place Directorate and Health and Social Care Partnership in October 2021. This is evident from increased levels of discussion and engagement on both open and overdue actions, and an increase in the volume of actions proposed for closure. However, as a number of the actions are historic and also complex to resolve, the full impact should be more apparent in the position at the end of February, with further progress evident by March 2022. Both secondments are currently scheduled to complete by 31 March 2022.

2.6 A reallocation of open and overdue findings and associated management actions has been performed across directorates and services to ensure alignment with the Council's refreshed organisational structure. This has resulted in an increased number of findings and actions for the Place Directorate.

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

Current position as at 26 January 2022

2.8 A total of 91 open IA findings remain to be addressed across the Council as 26 January 2022. This excludes open and overdue Internal Audit findings for the Edinburgh Integration Joint Board and the Lothian Pension Fund.

2.9 Of the 91 currently open IA findings:

2.9.1 a total of 42 (46%) are open, but not yet overdue;

2.9.2 49 (54%) are currently reported as overdue as they have missed the final agreed implementation dates. This reflects an increase of 3% in comparison to the November 2021 position (51%).

2.9.3 69% of the overdue findings are more than six months overdue, which remains aligned with the November 2021 position (69%), with 18% aged between six months and one year, and 51% more than one year overdue.

2.9.4 evidence in relation to 5 of the 49 overdue findings is currently being reviewed by IA to confirm that it is sufficient to support closure; and,

2.9.5 44 overdue findings still require to be addressed.

2.10 The number of overdue management actions associated with open and overdue findings where completion dates have been revised more than once since July 2018 is 39, reflecting a decrease of 5 when compared to the November 2021 position (44). This excludes the two completion date extensions applied to reflect ongoing Covid-19 impacts across the Council.

Annual Plan Delivery and Key Performance Indicators

2.11 IA Key Performance Indicators (KPIs) to support effective delivery of the 2021/22 IA annual plan confirm that action is required to ensure that services have greater awareness of the KPIs that apply to the audit process (these are included as an Appendix with each terms of reference) and engage proactively with IA to ensure that any potential impacts that could cause delays are identified and effectively managed. Four IA training sessions were delivered during December that covered these areas.

2.12 The KPIs also highlight areas where IA has not achieved their delivery timeframes. Some delays have been experienced, and these are mainly attributable to the time required to establish backfill support for IA secondments into Directorates, and unplanned sickness absence within the team.

3. Background

Open and Overdue IA Findings and Agreed 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.

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.

Key Performance Indicator Dashboard

3.10   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.

3.11   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.   Main report

4.1   As at 26 January 2022, there are a total of 91 open IA findings across the Council with 49 findings (54%) now overdue.

4.2   The movement in open and overdue IA findings during the period 5 November 2021 to 26 January 2022 is as follows:

Analysis of changes between 11/08/2021 and 05/11/2021			
	Position at 05/11/21	**Added**	**Closed**	**Position at 26/01/22**
Open	108	0	17	91
Overdue	55	9	15	49

Overdue Findings

4.3   The 49 overdue findings comprise 18 High; 27 Medium; and 4 Low rated findings.

4.4   However, IA is currently reviewing evidence to support closure of 5 of these findings (2 High; 2 Medium; and 1 Low), leaving a balance of 44 overdue findings (16 High; 25 Medium; and 3 Low) still to be addressed.

Overdue findings ageing analysis

4.5   Figure 1 illustrates the ageing profile of all 49 overdue findings by rating across directorates as at 26 January 2022.

Governance, Risk and Best Value Committee – 8 March 2022

Fig1: Aged Overdue Findings by Ratings across Directorates
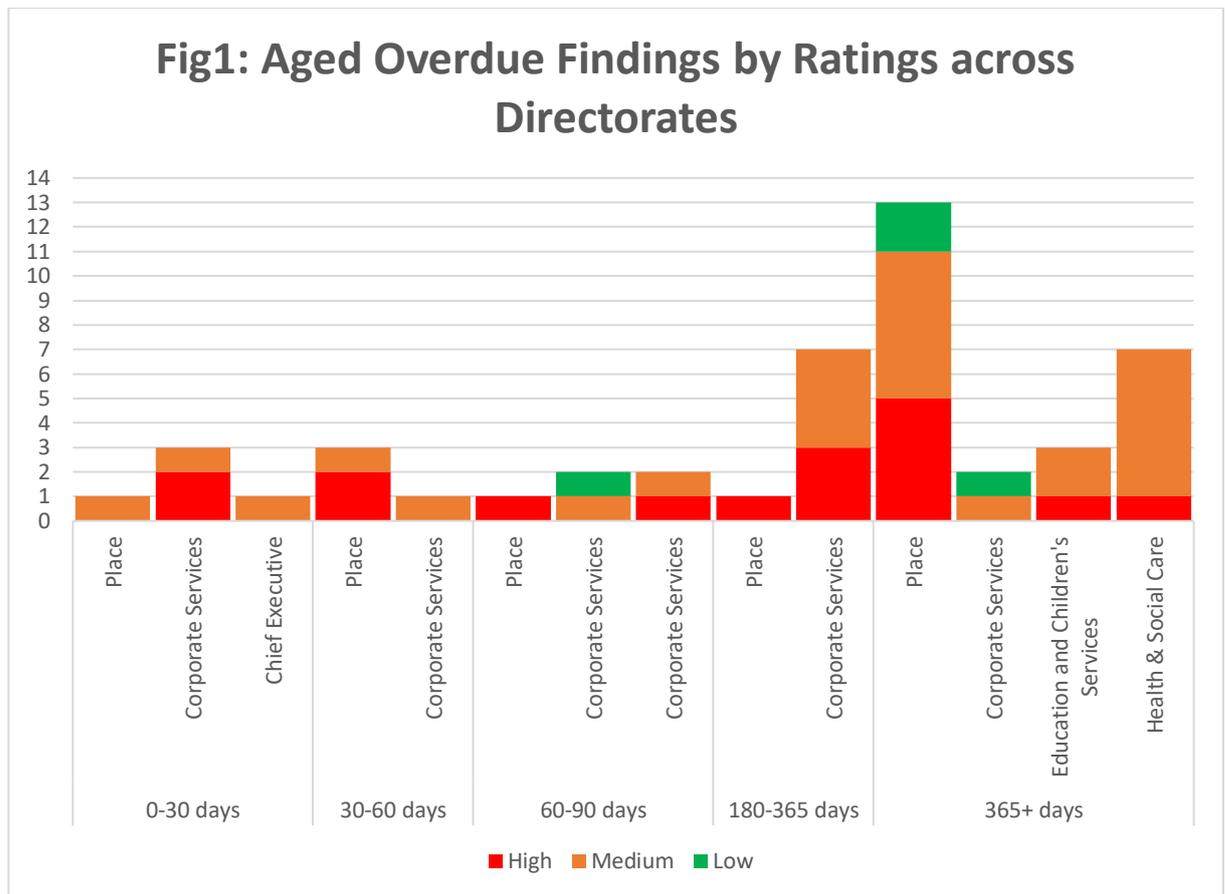
4.6 The analysis of the ageing of the 49 overdue findings outlined below highlights that Directorates made good progress last quarter with resolving findings between three and six months overdue, as the proportion of these findings has decreased. However, this is offset by limited improvement in the proportion of findings that are more than six months overdue; and a significant increase in the proportion of findings that are less than three months overdue.

- 13 (27%) are less than 3 months (90 days) overdue, in comparison to 13% as at November 2021;
- 2 (4%) are between 3 and 6 months (90 and 180 days) overdue, in comparison to 18% as at November 2021;
- 9 (18%) are between 6 months and one year (180 and 365 days) overdue, in comparison to 16% as at November 2021; and
- 25 (51%) are more than one year overdue, in comparison to 53% as at November 2021.

Agreed Management Actions Closed Based on Management's Risk Acceptance

4.7 During the period 6 November 2021 to 26 January 2022, three medium rated management actions were 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 Brexit Impacts Supply Chain Management – Divisional and Directorate Supply Chain Management Risks (medium)** – whilst evidence has been provided confirming that work to identify critical suppliers and supply chain risks and implement alternative supplier arrangements (where required) has been completed for the majority of the Education and Children's Services directorate, the Estates and Operational Support division has been unable to provide evidence to support implementation due to operational constraints. This service area has now transitioned from Education and Children's Services into the Place Sustainable Development division, who have confirmed that they are comfortable with this approach.

4.7.2 **Cyber Security – Pubic Sector Action Plan – Cyber Essentials Accreditation (medium)** - management has accepted the risk that whilst vulnerability scanning has now been implemented across all three Council networks, it is not currently possible to confirm that vulnerabilities identified are being effectively addressed by CGI.

Digital Services has not yet been able to provide evidence from CGI of actions taken to address a sample of vulnerabilities identified, and is currently relying on CGI updates included in reports provided to the Security Working Group that vulnerabilities identified are being effectively remediated.

Management is also comfortable that the independent testing performed to achieve Cyber Essentials plus accreditation provides adequate assurance on network security, however this provides only 'point in time' assurance and currently covers only the Corporate, and not the Learning and Teaching or Peoples networks.

This remaining point will now be carried forward into the Technology and Vulnerability Management audit included in the 2021/22 IA annual plan that is currently in progress.

4.7.3 **First Line Project Governance – Directorate Project Portfolio Governance (medium)** – this action included four points and three have been fully completed.

Whilst a tiered governance approach that is proportionate to project values and/or risks will be introduced across Directorates, with high profile projects that do not meet the criteria for inclusion in the major projects portfolio subject to governance at Directorate level; mid-tier projects by Heads of Divisions; and low tier projects by Service Managers level; management has risk accepted the risks associated with not establishing formal governance forums to support ongoing oversight of these projects.

Agreed Management Actions Analysis

4.8 The 91 open IA findings are supported by a total of 218 agreed management actions. Of these,132 (61%) are overdue as the completion timeframe agreed with
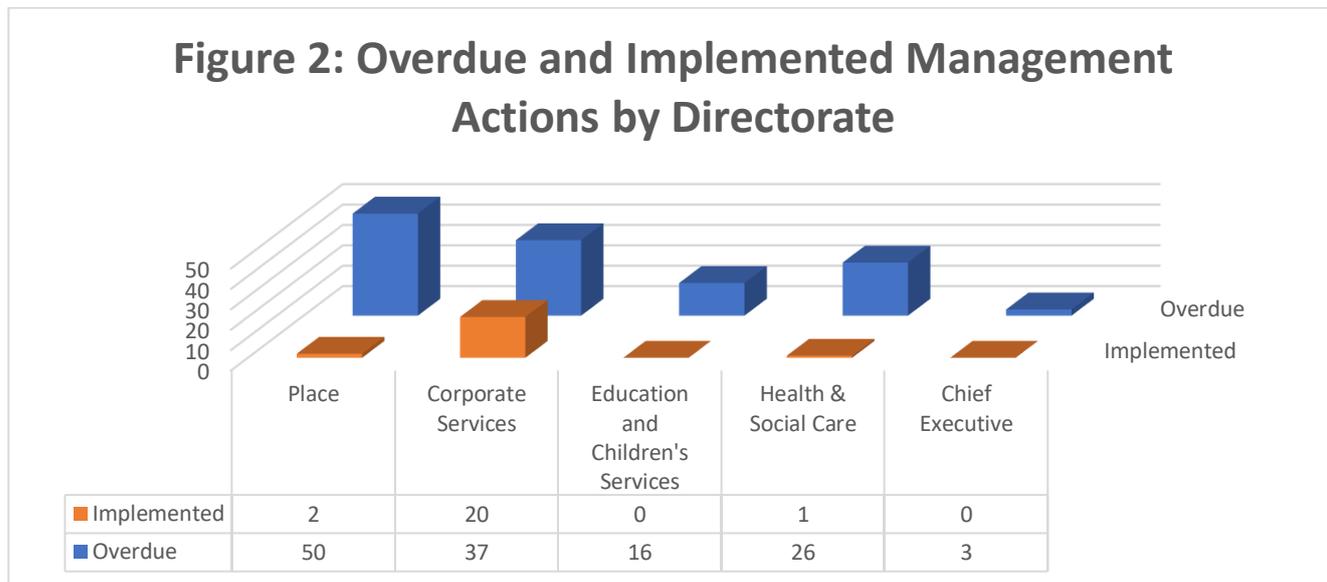
management when the report was finalised has not been achieved. This reflects a 7% decrease from the November 2021 position (54%).

4.9   Of the 132 overdue management actions, 23 have a status of 'implemented' and are currently with IA for review to confirm whether they can be closed, leaving a balance of 109 to be addressed.

4.10   Appendix 2 provides an analysis of the 132 overdue management actions highlighting their current status as at 26 January 2022 with:

- 23 implemented actions where management believe the action has been completed and it is now with IA for validation;

- 94 started where the action is open, and implementation is ongoing; and

- 15 pending where the action is open with no implementation progress evident to date.

- 31 instances (23%) where the latest implementation date has been missed and not revised; and,

- 39 instances (30%) where the implementation date has been revised more than once.

4.11   Figure 2 illustrates the allocation of the 132 overdue management actions across Directorates, and the 23 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	2	20	0	1	0
Overdue	50	37	16	26	3

IA Review of Agreed Management Actions

4.12   A total of five findings supported by 23 agreed management actions had been proposed for closure as at 26 January 2022 and are currently with IA for review to confirm whether they can be closed. Of these:

- 4 were proposed for closure in January 2022 and are currently being reviewed;

- 4 were proposed for closure between 14 and 31 December and are currently being reviewed by IA following return from Christmas leave.

Governance, Risk and Best Value Committee – 8 March 2022

- 6 relate to either the Risk Management audit (completed by Azets) and the GRBV Committee Effectiveness review (completed by the Institute of Internal Auditors), and closure will be confirmed by these external organisations.

- Of the remaining 8, there are 2 where further action is required by IA. One requires final IA management review and, an update to the service is due for the remaining action.

4.13 With these two exceptions, 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. Consequently, this KPI has been assessed as green (refer KPI18 in Appendix 1).

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 39 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 reflects a decrease of 9 in comparison to the position at November 2021 (48).

4.17 Of these 39 management actions, 23 are associated with High rated findings, and 16 Medium, with the majority of date revisions in the Place directorate.

Figure 3 - management actions with more than one revised completion date since July 2018
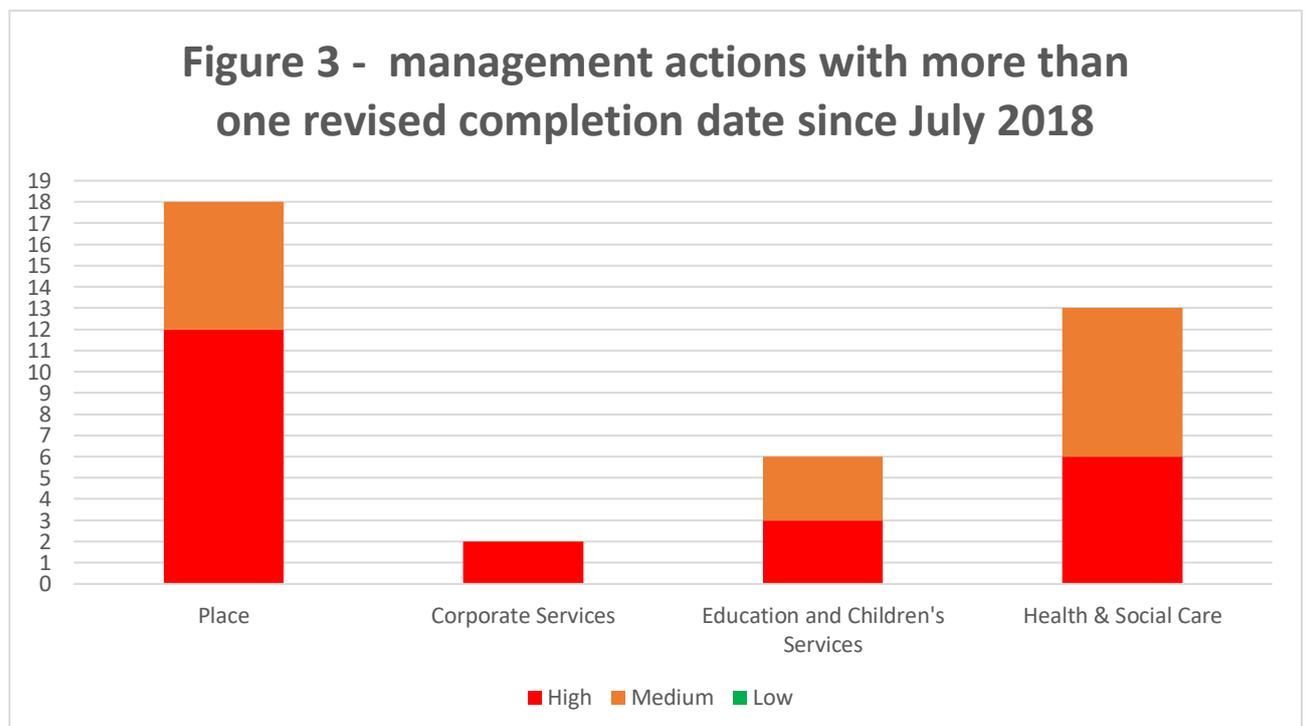
Key Performance Themes Identified from the IA Dashboard

4.18   The dashboard included at Appendix 3 reflects the current status for the 2 completed audits and the 20 audits in progress where terms of reference detailing the scope of the planned reviews have been issued. This highlights that:

4.18.1   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 7 of the 22 audits.

4.18.2   Executive Directors are generally providing feedback on draft terms of reference within the agreed 5-day response times. For Council wide audits responses are not consistently received from all Executive Directors.

4.18.3   Delays with final agreement on terms of reference often result in audit work commencing before the final terms of reference has been agreed and issued to ensure ongoing plan delivery.

4.18.4   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.

4.18.5   There have been significant delays in agreeing management responses for the Planning and Performance Framework Design; Implementation of Asbestos Recommendations; and Parking and Traffic Regulations draft audit reports. IA engaging with management to finalise these responses is ongoing. It is acknowledged that some of these delays have been attributable to handovers within the IA team following the secondment of IA team members into directorates, and unplanned sickness absence within the IA team.

4.18.6   Completion of the Council Tax and Business Rates and Management and Allocation of Covid-19 grant funding has been delayed reflecting service capacity challenges caused by the introduction of new Scottish Government Covid business grants.

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 26 January 2022

9.3   Appendix 3 – Internal Audit Key Performance Indicators as at 26 January 2021

Governance, Risk and Best Value Committee – 8 March 2022

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

	Key Performance Indicator (KPI)	07/07/2021		11/08/2021		23/09/2021		05/11/2021		06/12/2021		26/01/2022		Trend
	IA Findings													
1	Open findings	85	100%	96	100%	113	100%	108	100%	104	100%	91	100%	Not applicable
2	Not yet due	32	38%	45	47%	64	57%	53	49%	53	51%	42	46%	Not applicable
3	Overdue findings	53	62%	51	53%	49	43%	55	51%	51	49%	49	54%	🟥
4	Overdue - IA reviewing	8	15%	3	6%	9	18%	5	9%	6	12%	5	10%	🟧
5	High Overdue	18	34%	17	33%	16	33%	17	31%	16	31%	18	37%	🟥
6	Medium Overdue	29	55%	28	55%	29	59%	31	56%	29	57%	27	55%	🟧
7	Low Overdue	6	11%	6	12%	4	8%	7	13%	6	12%	4	8%	🟧
8	<90 days overdue	9	17%	9	18%	6	12%	7	13%	8	16%	13	27%	🟥
9	90-180 days overdue	3	6%	2	4%	6	12%	10	18%	5	10%	2	4%	🟩
10	180-365 days overdue	15	28%	13	25%	11	22%	9	16%	12	24%	9	18%	🟧
11	>365 days overdue	26	49%	27	53%	26	53%	29	53%	26	51%	25	51%	🟧
	Management Actions													
12	Open actions	218	100%	233	100%	277	100%	259	100%	245	100%	218	100%	Not applicable
13	Not yet due	83	38%	103	44%	154	56%	118	46%	117	48%	86	39%	Not applicable
14	Overdue actions	135	62%	130	56%	123	44%	141	54%	128	52%	132	61%	🟥
15	Overdue - IA reviewing	28	21%	17	13%	35	28%	28	20%	18	14%	23	17%	🟧
16	Latest date missed	43	32%	70	54%	52	42%	34	24%	35	27%	31	23%	🟧
17	Date revised > once	51	38%	48	37%	46	37%	44	31%	45	35%	39	30%	🟧
18	IA 4 week response time	N/A		N/A		N/A		N/A		N/A				🟩

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 6 December 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. **Amber** formatting in this field highlights where the date has been revised more than once.
11. Contributor – Officers involved in implementation of an agreed management action.

Ref	Executive Committee	Project Name	Issue Type	Issue Title	Owner	Recommendation Title	Agreed Management Action	Status	Esitmated Impement Date	No of Revisions	Revised Impl Date	Contributor
1	Finance and Resources	Asset Management Strategy	Medium	Issue 1 : Visibility and Security of Shared Council Property	Paul Lawrence, Executive Director of Place	Review of existing shared property	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.	Started	31/10/2018	3	01/06/2026	Alison Coburn Andrew Field Audrey Dutton Gareth Barwell Gohar Khan Matthew MacArthur Peter Watton Ross Murray
2	Finance and Resources	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	3.1 Ensuring Data Completeness, Accuracy, and Quality	Current CAFM users have access to the operational data they need in the system to perform their roles and are also updating the CAFM system with new data.Whilst the vision is to have all property data in CAFM, the volume of property data that could be captured and recorded is near infinite, therefore property data that will retained in CAFM has to be focused on the effort and cost to collect versus the value it provides.The CAFM Business Case includes requirement for a Data Quality Manager, who will be the responsible data steward for Property and Facilities Management (P&FM) data. Their role is not necessarily to collect the data but to ensure rigor and control over it. This will involve ensuring regular reviews of data within the system and ensuring that data is managed and maintained in line with the established CAFM data hierarchy and agreed Council information management policies and procedures.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:â€¢ data change processes and procedures that capture data processing and management in CAFM will be designed and implemented.â€¢ 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.â€¢ data validation controls within CAFM will be applied; andâ€¢ data quality audit controls for individual data fields available in CAFM will be applied, and audit reports run at an appropriate frequency to identify any significant changes to key data.	Started	31/03/2016	1	01/11/2022	Alan Chim Alison Coburn Andrew Field Audrey Dutton Gohar Khan Matthew MacArthur Peter Watton Ross Murray
3	Finance and Resources	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.â€¢ The viability of establishing a referencing system for concessionary lets in the CAFM system will be explored.â€¢ 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.â€¢ There is an ongoing work stream looking at vacant and disposed properties and the systems updates required.	Started	31/03/2016	2	01/11/2022	Alan Chim Alison Coburn Andrew Field Audrey Dutton Brendan Tate Gohar Khan Graeme McGartland Matthew MacArthur Peter Watton Ross Murray
4	Finance and Resources	Budget Setting and Management	Low	RES 1903 Issue 3: Continuous improvement: Lessons learned and customer feedback.	Stephen Moir, Executive Director, Corporate Services	RES 1903 Issue 3.2: Finance customer and staff feedback surveys	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.	Started	31/12/2020	1	31/12/2022	Alison Henry Annette Smith Hugh Dunn John Connarty Layla Smith Michelle Vanhegan Prarthana Lasure
5	Policy and Sustainability	COVID-19 Lessons Learned	High	CW2007 - Issue 1. Lessons learned processes and supporting documentation	Stephen Moir, Executive Director, Corporate Services	CW2007 - Rec 1.1 Corporate lessons learned guidance	It is proposed to create guidance and a standard template for lessons learnt exercises across directorates taking into account the recommendations above. The guidance and template will be taken through the Council Resilience Group to ensure its effectiveness, aid understanding and ensure buy-in from service areas. This guidance will also reflect that other public sector organisations will be conducting lessons learnt and the City of Edinburgh Council will be contributors to this.	Implemented	31/12/2021	0	31/03/2022	Emma Baker Gavin King Gavin Sharp Kimberley Campbell Layla Smith Michelle Vanhegan Nick Smith Paul Young Prarthana Lasure Russell McLauchlan

Ref	Executive Committee	Project Name	Issue Type	Issue Title	Owner	Recommendation Title	Agreed Management Action	Status	Esitmated Impement Date	No of Revisions	Revised Impl Date	Contributor
6	Finance and Resources	Drivers	Medium	Management and use of Driver Permits and fuel FOB cards	Paul Lawrence, Executive Director of Place	Management and use of Driver Permits and Fuel FOB cards Rec 4	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;	Started	01/02/2019	4	30/11/2021	Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Katy Miller Martin Young Matthew MacArthur Nicole Fraser Ross Murray Scott Millar Steven Wright
7	Finance and Resources	Drivers	Medium	Recording and addressing driving incidents	Paul Lawrence, Executive Director of Place	Recording and addressing driving incidents Rec 2	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;	Started	01/04/2019	3	30/09/2021	Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Jenny Robertson Katy Miller Martin Young Matthew MacArthur Nicole Fraser Prarthana Lasure Ross Murray Scott Millar Steven Wright
8	Finance and Resources	Drivers	Medium	Recording and addressing driving incidents	Paul Lawrence, Executive Director of Place	Recording and addressing driving incidents Rec 3	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;	Started	01/02/2019	5	31/05/2022	Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Jenny Robertson Katy Miller Martin Young Matthew MacArthur Nicole Fraser Prarthana Lasure Ross Murray Scott Millar Steven Wright
9	Finance and Resources	Drivers	Medium	Recording and addressing driving incidents	Paul Lawrence, Executive Director of Place	Recording and addressing driving incidents	Six monthly reporting will be provided to the Corporate Leadership Team together with details of relevant actions taken.	Started	01/10/2019	2	31/10/2021	Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Jenny Robertson Katy Miller Martin Young Matthew MacArthur Nicole Fraser Prarthana Lasure Ross Murray Scott Millar Steven Wright

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10	Finance and Resources	Drivers - findings only report	High	1: Completion of Driver Licence checks	Paul Lawrence, Executive Director of Place	1.2 - Agreed Management Action – Establish an accurate population of Council drivers	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 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.	Started	01/11/2020	0	01/06/2021	Alison Coburn David Givan Gareth Barwell George Gaunt Matthew MacArthur Nicole Fraser Ross Murray Scott Millar
11	Finance and Resources	Drivers - findings only report	High	1: Completion of Driver Licence checks	Paul Lawrence, Executive Director of Place	1.3 - Driver permit revocation	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.	Started	04/05/2020	1	29/04/2021	Alison Coburn David Givan Gareth Barwell George Gaunt Graeme Hume Matthew MacArthur Nicole Fraser Ross Murray Scott Millar
12	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	30/03/2018	6	28/02/2022	Angela Ritchie David Williams Rachael McLean Tony Duncan
13	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	30/04/2020	2	31/03/2022	Angela Ritchie Mike Massaro-Mallinson Rachael McLean Sylvia Latona Zac Dean
14	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	30/11/2019	4	30/11/2021	Angela Ritchie Brian Henderson Colin Beck Jackie Irvine Nichola Dadds Rachael McLean Tony Duncan
15	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	28/02/2020	3	30/12/2021	Alison Roarty Angela Ritchie Brian Henderson Colin Beck Lisa Hastie Michelle Vanhegan Mike Massaro-Mallinson Neil Jamieson Nicola Harvey Prarthana Lasure Rachael McLean Stephen Moir
16	Governance, Risk and Best Value	First Line Project Governance	Medium	MP1902 First line project governance: Issue 1 Directorate portfolio governance	Stephen Moir, Executive Director, Corporate Services	MP1902 - Rec. 1.3: Project risk identification and management	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.	Started	31/05/2021	1	30/06/2022	Emma Baker Gillie Severin Layla Smith Michelle Vanhegan Nick Smith Prarthana Lasure
17	Governance, Risk and Best Value	First Line Project Governance	Medium	MP1902 First line project governance: Issue 2 Project management skills, experience, and training	Stephen Moir, Executive Director, Corporate Services	MP1902 - Rec. 2.1: Project management training	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.	Started	31/05/2021	1	30/06/2022	Emma Baker Gillie Severin Layla Smith Michelle Vanhegan Nick Smith Prarthana Lasure

Ref	Executive Committee	Project Name	Issue Type	Issue Title	Owner	Recommendation Title	Agreed Management Action	Status	Esitmated Impement Date	No of Revisions	Revised Impl Date	Contributor
18	Governance, Risk and Best Value	GRBV Committee Effectiveness review	Medium	CW2005 Issue 1: GRBV Remit, responsibilities and workprogramme	Stephen Moir, Executive Director, Corporate Services	CW2005 Rec 1.2: GRBV Briefing Note on Scrutiny Arrangements	This links to the completion of the longer term action as at 1.1. In the interim, officers in consultation with relevant conveners will prepare a briefing note for all councillors setting out the Council's current scrutiny process.	Implemented	17/12/2021	0	17/03/2022	Gavin King Hayley Barnett Layla Smith Michelle Vanhegan Nick Smith Prarthana Lasure
19	Governance, Risk and Best Value	GRBV Committee Effectiveness review	Medium	CW2005 Issue 3: Training for GRBV Members	Stephen Moir, Executive Director, Corporate Services	CW2005 Rec 3.2: Interim GRBV Training Arrangements	This is linked to longer term completion of the action as at 3.1. In the interim, training will be arranged prior to the presentation of the Internal Audit annual opinion and the audited financial statements.	Implemented	29/10/2021	0	29/01/2022	Gavin King Hayley Barnett Layla Smith Michelle Vanhegan Nick Smith Prarthana Lasure
20	Governance, Risk and Best Value	GRBV Committee Effectiveness review	Medium	CW2005 Issue 6: GRBV Referral Process	Stephen Moir, Executive Director, Corporate Services	CW2005 Rec 6.1: GRBV Referral Protocol	A protocol for referred items will be drafted following discussions with relevant conveners. This will include provision of covering notes with referral reports that indicate what specific action is required by executive committees and details of any subsequent updates required by GRBV and take account of any additional resource impacts on the Internal Audit team.	Implemented	17/12/2021	0	17/03/2022	Gavin King Hayley Barnett Layla Smith Michelle Vanhegan Nick Smith Prarthana Lasure
21	Governance, Risk and Best Value	GRBV Committee Effectiveness review	Medium	CW2005 Issue 6: GRBV Referral Process	Stephen Moir, Executive Director, Corporate Services	CW2005 Rec 6.2: Review of GRBV Referral Protocol	A protocol for referred items will be drafted following discussions with relevant conveners.	Implemented	17/12/2021	0	17/03/2022	Gavin King Hayley Barnett Layla Smith Michelle Vanhegan Nick Smith Prarthana Lasure
22	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	30/06/2019	4	31/03/2022	Angela Ritchie Jacqui Macrae Jane Brown Rachael McLean
23	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	30/06/2018	4	31/10/2022	Angela Ritchie Jacqui Macrae Rachael McLean
24	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	31/03/2018	5	31/03/2022	Angela Ritchie Jacqui Macrae Rachael McLean
25	Education, Children and Families	Health and Safety – Managing Behaviours of Concern	Medium	CF2003 - Issue 3 - Governance and Management Information	Amanda Hatton, Executive Director of Education and Children's Services	CF2003 - Recommendation 3.1 - Committee Terms of Reference	Terms of reference will be refreshed for the Education and Children's Services (formerly C&F) Risk Committee and Health and Safety Group that clearly define: the roles and responsibilities of both committees; and the level of scrutiny to be performed on health and safety incidents (including problematic behaviour).	Started	30/09/2021	2	31/01/2022	Anna Gray Gillian Barclay Kirsty Spence Liz Harrison Lorna French Lynn Paterson Martin Gemmell Michelle McMillan Nickey Boyle
26	Education, Children and Families	Health and Safety – Managing Behaviours of Concern	Medium	CF2003 - Issue 3 - Governance and Management Information	Amanda Hatton, Executive Director of Education and Children's Services	CF2003 - Recommendation 3.3 - SHE Assurance Portal Training	The Corporate Health and Safety team are currently updating SHE training to provide information about the revisions to the portal, the new SHE app and how to extract meaningful reports. Further agreed actions are:This will be shared with headteachers; Business Managers and Quality Improvement and Education Officers; Quality Improvement Managers; Senior Education Managers at the start of the new session.	Started	30/09/2021	0	30/12/2021	Anna Gray Gillian Barclay Kirsty Spence Liz Harrison Lorna French Lynn Paterson Martin Gemmell Michelle McMillan Nickey Boyle
27	Regulatory Committee	HMO Licensing	High	PL1803 Issue 2 - Collection and processing of HMO licence fees	Paul Lawrence, Executive Director of Place	PL1803 Issue 2.1 BACs payment reference	It should be noted that measure are in place to ensure that no application is progressed without the required fee being reconciled. This reflects the statutory process and the need to ensure that the Council treats applications for a renewal lawfully unless the reconciliation process can evidence a payment has not been made. There is no evidence from directorate monitoring the level of income from HMOs licence applications which would demonstrate that fees are not being collected. Any unmatched fee not identified will in effect contribute to the Council's general revenue account and therefore there is no financial loss to the Council. The Internal Audit recommendation outlined above is not accepted as it not believed to be 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.	Started	30/03/2020	1	05/01/2021	Alison Coburn Andrew Mitchell David Givan George Gaunt Grace McCabe Isla Burton Matthew MacArthur Peter Watton Ross Murray

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28	Regulatory Committee	HMO Licensing	Medium	PL1803 Issue 3 - Operational Performance and Reporting	Paul Lawrence, Executive Director of Place	PL1803 Issue 3.6 HMO Key Performance Indicators and Performance Reporting	The Regulatory Committee were previously advised that HMO performance data would be excluded whilst the Licencing introduced the significant change of moving towards a three-year licensing system. Performance reports therefore only included Civic and Taxi data in the period 2015-2018. Licencing will be reporting to Regulatory Committee on the first cycle of three-year licencing for HMO's prior to the setting of Licensing Fees for 2020/21 in early 2020. The Directorate will include within that report relevant performance data and make recommendations for approval for performance targets ongoing performance targets.	Started	31/01/2020	0	01/09/2020	Alison Coburn Andrew Mitchell David Givan George Gaunt Grace McCabe Isla Burton Matthew MacArthur Peter Watton Ross Murray
29	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	31/10/2021	0	01/06/2022	Angela Lindsay Angela Ritchie Mike Massaro-Mallinson Nikki Conway Rachael McLean
30	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	30/09/2021	0	01/05/2022	Angela Ritchie Moira Pringle Neil Wilson Rachael McLean
31	Policy and Sustainability	HSC Localities	High	HSC1901 Issue 2: Locality Performance and Risk Management Frameworks	Judith Proctor, Chief Officer - HSCP	HSC1901 Issue 2.1: Locality Performance Framework	A Locality Performance Framework aligned to the Locality Operational Plans will be established. The framework will be developed with assistance from the Partnership Quality Hub and will take into consideration the points set out in the recommendation.	Pending	31/12/2021	0	01/08/2022	Angela Ritchie Rachael McLean Tony Duncan
32	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	30/07/2021	0	30/10/2021	Chris Lawson Layla Smith Michelle Vanhegan Nick Smith Prarthana Lasure
33	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	30/06/2021	0	30/09/2021	Chris Lawson Layla Smith Michelle Vanhegan Nick Smith Prarthana Lasure
34	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	29/10/2021	0	29/01/2022	Chris Lawson Layla Smith Michelle Vanhegan Nick Smith Prarthana Lasure
35	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	30/09/2021	0	30/12/2021	Alison Coburn Andrew Field Brendan Tate Gareth Barwell Gohar Khan Mark Stenhouse Matthew MacArthur Peter Watton Ross Murray
36	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. 3.1 Training and competence – Corporate Health and Safety	1. Relevant Council policies will be revised to include first line (divisional and directorate) and second line (Corporate Health and Safety) responsibilities for assessing and confirming the ongoing competence of duty holders; facility technicians; and third party external contractors (where these activities are outsourced) in relation to completion of their life safety responsibilities.2. Corporate Health and Safety will provide guidance to support completion of a training needs analysis by first line managers for all relevant staff that will reflect the direct role responsibilities of duty holders in the context of Property and Facilities Management support3. Following the training needs analysis being completed for relevant roles, consideration will be given to whether any changes are required to existing training programmes.4. All duty holders and facilities technicians requiring training on the SHE portal will be required to register and attend a training session.	Started	17/12/2021	0	17/03/2022	Chris Lawson Layla Smith Michelle Vanhegan Nick Smith Prarthana Lasure

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37	Policy and Sustainability	Life Safety	Low	CW1910 - Life safety: Issue 4 Housing Property Services – fire and water safety processes	Paul Lawrence, Executive Director of Place	CW1910 Rec. 4.1.1 Housing Property Services – water risk assessments	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 need to record completion in relevant divisional and directorate risk registers.	Started	31/12/2020	1	31/03/2023	Alison Coburn Gareth Barwell Jemma Tennant Mark Stenhouse Matthew MacArthur Nicky Brown Ross Murray Willie Gilhooly
38	Culture and Communities	Localities Operating Model	High	1. Localities Governance and Operating Model	Paul Lawrence, Executive Director of Place	1.1 Recommendation - Localities Operating Model Post Implementation Review	Management response from the Place Directorate and Strategy and CommunicationsIt 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.	Started	31/03/2020	2	30/06/2023	Alison Coburn David Givan Evelyn Kilmurry George Gaunt Matthew MacArthur Ross Murray Sarah Burns
39	Culture and Communities	Localities Operating Model	High	1. Localities Governance and Operating Model	Paul Lawrence, Executive Director of Place	1.2 Recommendation – Development and Delivery of Council Locality Improvement Plan Actions	Management response from the Place Directorate and Strategy and CommunicationsIt 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.	Started	31/03/2020	2	30/06/2023	Alison Coburn Alison Henry David Givan Evelyn Kilmurry George Gaunt Matthew MacArthur Michele Mulvaney Paula McLeay Ross Murray Sarah Burns
40	Culture and Communities	Localities Operating Model	High	1. Localities Governance and Operating Model	Paul Lawrence, Executive Director of Place	1.3 Recommendation - Locality Service Delivery Performance Measures	Management response from the Place Directorate and Strategy and CommunicationsIt 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.	Started	31/03/2020	2	30/06/2023	Alison Coburn Evelyn Kilmurry Matthew MacArthur Michele Mulvaney Paula McLeay Ross Murray Sarah Burns
41	Culture and Communities	Localities Operating Model	High	1. Localities Governance and Operating Model	Paul Lawrence, Executive Director of Place	1.4 Recommendation - Engagement with Council centralised divisions	Management response from the Place Directorate and Strategy and CommunicationsIt 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.	Started	31/03/2020	2	30/06/2023	Alison Coburn David Givan Evelyn Kilmurry George Gaunt Matthew MacArthur Ross Murray Sarah Burns
42	Culture and Communities	Localities Operating Model	High	1. Localities Governance and Operating Model	Paul Lawrence, Executive Director of Place	PL1801 1.5 Recommendation - Locality budget planning and financial management	Management response from the Place Directorate and Strategy and CommunicationsIt 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.	Started	31/03/2020	2	30/06/2020	Alison Coburn Annette Smith Evelyn Kilmurry Hugh Dunn John Connarty Matthew MacArthur Michelle Vanhegan Ross Murray Sarah Burns Stephen Moir Susan Hamilton

Ref	Executive Committee	Project Name	Issue Type	Issue Title	Owner	Recommendation Title	Agreed Management Action	Status	Esitmated Impement Date	No of Revisions	Revised Impl Date	Contributor
43	Culture and Communities	Localities Operating Model	High	1. Localities Governance and Operating Model	Paul Lawrence, Executive Director of Place	1.6 Recommendation - Risk Management	Management response from the Place Directorate and Strategy and CommunicationsIt 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.	Started	31/03/2020	2	30/06/2023	Alison Coburn David Givan Evelyn Kilmurry George Gaunt Matthew MacArthur Ross Murray Sarah Burns
44	Culture and Communities	Localities Operating Model	High	1. Localities Governance and Operating Model	Paul Lawrence, Executive Director of Place	1.7 Recommendation - Succession Planning	Management response from the Place Directorate and Strategy and CommunicationsIt 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.	Started	31/03/2020	2	30/06/2023	Alison Coburn David Givan Evelyn Kilmurry George Gaunt Matthew MacArthur Ross Murray Sarah Burns
45	Regulatory Committee	Payments and Charges	Medium	CW1803 Payments and Charges Issue 4: Processing and recording Licensing Fees	Paul Lawrence, Executive Director of Place	CW1803 Rec. 4.1 - Procedures supporting processing and recording licencing fees	The Licensing Service processes approximately 21,000 applications per annum and the Internal Audit sample reviewed represents approximately 1% of the overall number of applications.Internal procedures will be reviewed to ensure that that they adequately cover the issues raised and all staff will receive refresher training to reinforce the importance of consistent application of the procedures.Longer term upgrades to the APP Civica Licensing system should also offer enhanced capability with mandatory sections for each licence type processed.	Started	20/12/2019	0	01/08/2020	Alison Coburn Andrew Mitchell David Givan Gavin Brown George Gaunt Matthew MacArthur Nicky Brown Peter Watton Ross Murray Sandra Harrison
46	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 1.1 - Confirmation of roles and responsibilities	The role and responsibilities of the Data Working Group and Service Resumption Group will be reviewed and reported to Council Incident Management Team by end October 2021. Should the groups continue to be required, the representation on the groups will be reviewed and recommendations for future representation made.	Started	31/12/2021	0	31/03/2022	Alison Coburn Gareth Barwell Gavin King Gavin Sharp Kimberley Campbell Matthew MacArthur Michelle Vanhegan Nick Smith Paul Young Ross Murray Russell McLauchlan
47	Policy and Sustainability	Physical Distancing & Employee Protection (PDEP)	Medium	CW2008: Physical Distancing and Employee Protection - Issue 3: Assurance and Oversight of Processes	Andrew Kerr, Chief Executive	CW2008: Recommendation 3.2(a) - Monitoring Processes	The Service Resumption Group will consider this and will report the outcome of this discussion to the Council Incident Management Team.	Started	31/12/2021	0	31/03/2022	Alison Coburn Gareth Barwell Gavin King Gavin Sharp Kimberley Campbell Matthew MacArthur Michelle Vanhegan Nick Smith Paul Young Ross Murray Russell McLauchlan
48	Policy and Sustainability	Physical Distancing & Employee Protection (PDEP)	Medium	CW2008: Physical Distancing and Employee Protection - Issue 3: Assurance and Oversight of Processes	Andrew Kerr, Chief Executive	CW2008: Recommendation 3.2(b) - Staying Covid-Secure Signs	The Service Resumption Group will consider this and will report the outcome of this discussion to the Council Incident Management Team.	Started	31/12/2021	0	31/03/2022	Alison Coburn Gareth Barwell Matthew MacArthur Ross Murray
49	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).	Implemented	31/10/2021	0	31/01/2022	Alison Roarty Annette Smith Hugh Dunn Jenny Robertson Katy Miller Layla Smith Michelle Vanhegan Nick Smith Nicola Harvey Prarthana Lasure

Ref	Executive Committee	Project Name	Issue Type	Issue Title	Owner	Recommendation Title	Agreed Management Action	Status	Esitmated Impement Date	No of Revisions	Revised Impl Date	Contributor
50	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.	Implemented	31/10/2021	0	31/01/2022	Alison Roarty Annette Smith Gavin King Hugh Dunn Jenny Robertson Katy Miller Layla Smith Michelle Vanhegan Nick Smith Nicola Harvey Prarthana Lasure
51	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	31/07/2021	0	31/01/2022	Angela Ritchie Mike Massaro-Mallinson Moira Pringle Rachael McLean Tony Duncan
52	Policy and Sustainability	Policy Management Framework	High	CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register	Amanda Hatton, Executive Director of Education and Children's Services	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	30/06/2021	1	31/03/2022	Crawford McGhie Jackie Irvine Liz Harrison Lorna French Nichola Dadds Nickey Boyle
53	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	31/10/2021	0	31/01/2022	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
54	Policy and Sustainability	Policy Management Framework	High	CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register	Amanda Hatton, Executive Director of Education and Children's Services	CE1902 - 1.2d Policy Register review: Full Policy review – Education and Children's 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. 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	31/12/2021	0	31/03/2022	Crawford McGhie Jackie Irvine Jenny Robertson Liz Harrison Lorna French Nichola Dadds Nickey Boyle
55	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	31/07/2021	1	31/01/2022	Angela Ritchie Mike Massaro-Mallinson Moira Pringle Rachael McLean Tony Duncan
56	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	31/10/2021	0	31/01/2022	Alison Coburn Audrey Dutton David Givan Dorothy Gray Gareth Barwell George Gaunt Karl Chapman Lindsay Robertson Matthew MacArthur Nicole Fraser Peter Watton Ross Murray
57	Policy and Sustainability	Policy Management Framework	High	CE1902 Policy Management Framework Issue 2: Completion of Integrated Impact Assessments (IIAs)	Amanda Hatton, Executive Director of Education and Children's Services	CE1902 - 2.2 Completion and publication of Integrated Impact Assessments - Education and Children's 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	31/12/2021	0	31/03/2022	Crawford McGhie Jackie Irvine Jenny Robertson Liz Harrison Lorna French Nichola Dadds Nickey Boyle

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58	Finance and Resources	PPP/DBFM Schools & Services Contract Management	Medium	CW2004 Issue 1: PPP/DBFM Supplier Management Framework	Paul Lawrence, Executive Director of Place	CW2004 Rec 1.2: Review of AECOM and Amey performance reporting	Property and Facilities Management accept the findings and agree to action the recommendations made.	Pending	01/12/2021	0	01/03/2022	Alison Coburn Calum Gordon David Latimer Gareth Barwell Gohar Khan Mark Stenhouse Matthew MacArthur Ross Murray
59	Finance and Resources	PPP/DBFM Schools & Services Contract Management	Medium	CW2004 Issue 1: PPP/DBFM Supplier Management Framework	Paul Lawrence, Executive Director of Place	CW2004 Rec 1.3: Recording and monitoring outcomes from SFT/external reviews	Property and Facilities Management accept the findings and agree to action the recommendations made.	Pending	01/12/2021	0	01/03/2022	Alison Coburn Calum Gordon David Latimer Gareth Barwell Gohar Khan Mark Stenhouse Matthew MacArthur Ross Murray
60	Finance and Resources	PPP/DBFM Schools & Services Contract Management	Medium	CW2004 Issue 1: PPP/DBFM Supplier Management Framework	Paul Lawrence, Executive Director of Place	CW2004 Rec 1.4: Completion of Brexit impact questionnaire for PPP/DBFM contractors	Property and Facilities Management accept the findings and agree to action the recommendations made.	Pending	01/12/2021	0	01/03/2022	Alison Coburn Calum Gordon David Latimer Gareth Barwell Gohar Khan Mark Stenhouse Matthew MacArthur Ross Murray
61	Finance and Resources	PPP/DBFM Schools & Services Contract Management	Medium	CW2004 Issue 1: PPP/DBFM Supplier Management Framework	Paul Lawrence, Executive Director of Place	CW2004 Rec 1.1: Contract Management Plan for PPP school contracts	Property and Facilities Management accept the findings and agree to action the recommendations made.	Started	01/12/2021	0	01/03/2022	Alison Coburn Calum Gordon David Latimer Gareth Barwell Gohar Khan Mark Stenhouse Matthew MacArthur Ross Murray
62	Education, Children and Families	Records Management - LAAC	Medium	CW1705 Issue 1: Project file review process	Amanda Hatton, Executive Director of Education and Children's Services	CW1705 Issue 1.3: Quality assurance checks	Action rebased Nov 21 recognising that resourcing is currently only available from Business Support to complete QA review of 10 project files per month: 1. QA focus will be on current project team members, with appropriate focus onwhether merged files have been identified. 2. If there are any concerns with the outcomes for a current team member, the QA sample will be increased and they will be supported through training etc. 3. Business support will review 10 files per month (120 per year) and will provide feedback / outcomes to the Project Manager (Louise McRae). 4. Where the project team changes, there will be appropriate QA focus on new project team members. 5. If the project completes the review of all files (6,800 plus any others identified) before the QA process is complete, some project team members will be retained to complete QA (in addition to Business Support and ensuring that they're not reviewing their own files) and focus on remediation. 6. The CSWO will take (a future) request to retain project resources to CLT to ensure that an appropriate level of QA will be completed. 7. Files where errors were identified during the initial QA and were addressed will be subject to further QA to provide assurance that any significant concerns identified from the initial QA have been resolved. 8. The CSWO will determine the appropriate proportion of QA required (based on the total number of files reviewed) to give her a level of comfort as CSWO. 9.Internal Audit will review a sample of three months QA file reviews to confirm that the process outlined above is being consistently applied in practice.	Started	31/03/2020	4	30/06/2022	Alison Roarty Ani Barclay Freeha Ahmed Jackie Irvine John Arthur Liz Harrison Louise McRae Nichola Dadds Nickey Boyle Nicola Harvey Stephen Moir
63	Regulatory Committee	Registration and Bereavement Services	Medium	PL2003 Issue 1: Refresh and application of Policies and Procedures	Paul Lawrence, Executive Director of Place	PL2003 Recommendation 1.4: Review of Bereavement Services Operating and Administration Procedures	A review of 26 current Standard Operating and Administration Procedures is underway and is expected to by complete within 6 months. Once complete all Standard Operating and Administration Procedures will be reviewed on a three-year basis.	Pending	31/12/2021	0	31/03/2022	Alison Coburn Gareth Barwell Jane Matheson Matthew MacArthur Rik Corrigan Robbie Beattie Ross Murray
64	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	31/05/2021	0	31/08/2021	Eileen Cossar Gavin King Gavin Sharp Kimberley Campbell Layla Smith Michelle Vanhegan Paul Young Prarthana Lasure Russell McLauchlan

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65	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	19/06/2020	1	31/03/2023	Alison Coburn Audrey Dutton Claire Duchart David Givan Eileen Cossar Gareth Barwell Gavin King Gavin Sharp George Gaunt Karl Chapman Kimberley Campbell Lindsay Robertson Matthew MacArthur Paul Young Peter Watton Ross Murray Russell McLauchlan
66	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	19/06/2020	1	31/03/2023	Annette Smith Eileen Cossar Gavin King Gavin Sharp Hugh Dunn Katy Miller Kimberley Campbell Layla Smith Michelle Vanhegan Nick Smith Nicola Harvey Paul Young Prarthana Lasure Russell McLauchlan
67	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	19/06/2020	1	31/03/2023	Angela Ritchie Eileen Cossar Gavin Sharp Jacqui Macrae Kimberley Campbell Paul Young Rachael McLean Russell McLauchlan
68	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Amanda Hatton, Executive Director of Education and Children's Services	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	19/06/2020	1	31/03/2023	Eileen Cossar Gavin King Gavin Sharp Jackie Irvine Kimberley Campbell Laura Zanotti Liz Harrison Lorna French Michelle McMillan Nichola Dadds Nickey Boyle Paul Young Russell McLauchlan
69	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 6.1a Place - Review of third party contracts to confirm appropriate resilience arrangements	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.	Started	20/12/2019	4	31/01/2022	Alison Coburn Annette Smith Audrey Dutton Claire Duchart David Givan Eileen Cossar Gareth Barwell Gavin Sharp George Gaunt Hugh Dunn Karl Chapman Kimberley Campbell Lindsay Robertson Lynette Robertson Matthew MacArthur Mollie Kerr Paul Young Peter Watton Prarthana Lasure Ross Murray Russell McLauchlan

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70	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Judith Proctor, Chief Officer - HSCP	Rec 6.1c H&SC - Review of third party contracts to confirm appropriate resilience arrangements	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.	Started	20/12/2019	3	28/02/2022	Angela Ritchie Eileen Cossar Gavin Sharp Jacqui Macrae Kimberley Campbell Paul Young Prarthana Lasure Rachael McLean Russell McLauchlan
71	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 2.1a Place - Update of business impact assessments (BIAs) using refreshed template	Rebased action October 2020Following roll-out of the refreshed BIA template, all Directorates will complete an update of BIAs by 31 May 2022. Following this Directorates will input BIA data on Continuity2. These will be checked by Resilience for accuracy and completeness.An annual review of BIAs and update of Continuity2 will then be completed.Date revised to 31 May 2022.Update Jul 2021 as part of RES2006 Technology Resilience - finding 1 - Corporate Resilience and Directorates - Critical Systems Recovery Timeframes and Council Service Continuity PlansInclude the requirement for directorates to ensure that the 14 Priority 1 services system recovery times are either aligned with the existing CGI service levels; change requests initiated to request faster CGI recovery times; or alternative resilience arrangements established for these systems.	Started	21/12/2021	2	31/03/2023	Alison Coburn Audrey Dutton Claire Duchart David Givan Eileen Cossar Gareth Barwell Gavin King Gavin Sharp George Gaunt Karl Chapman Kimberley Campbell Lindsay Robertson Matthew MacArthur Paul Young Peter Watton Ross Murray Russell McLauchlan
72	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 2.1b Corporate Services - Update of business impact assessments (BIAs) using refreshed template	Rebased action October 2020Following roll-out of the refreshed BIA template, all Directorates will complete an update of BIAs by 31 May 2022. Following this Directorates will input BIA data on Continuity2. These will be checked by Resilience for accuracy and completeness.An annual review of BIAs and update of Continuity2 will then be completed.Date revised to 31 May 2022 Update Jul 2021 as part of RES2006 Technology Resilience - finding 1 - Corporate Resilience and Directorates - Critical Systems Recovery Timeframes and Council Service Continuity PlansInclude the requirement for directorates to ensure that the 14 Priority 1 services system recovery times are either aligned with the existing CGI service levels; change requests initiated to request faster CGI recovery times; or alternative resilience arrangements established for these systems.	Started	21/12/2021	2	31/03/2023	Annette Smith Eileen Cossar Gavin King Gavin Sharp Hugh Dunn Katy Miller Kimberley Campbell Layla Smith Michelle Vanhegan Nick Smith Nicola Harvey Paul Young Prarthana Lasure Russell McLauchlan
73	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Judith Proctor, Chief Officer - HSCP	Rec 2c H&SC - Update of business impact assessments (BIAs) using refreshed template	Rebased action October 2020Following roll-out of the refreshed BIA template, all Directorates will complete an update of BIAs by 31 May 2022. Following this Directorates will input BIA data on Continuity2. These will be checked by Resilience for accuracy and completeness.An annual review of BIAs and update of Continuity2 will then be completed.Date revised to 31 May 2022Update Jul 2021 as part of RES2006 Technology Resilience - finding 1 - Corporate Resilience and Directorates - Critical Systems Recovery Timeframes and Council Service Continuity PlansInclude the requirement for directorates to ensure that the 14 Priority 1 services system recovery times are either aligned with the existing CGI service levels; change requests initiated to request faster CGI recovery times; or alternative resilience arrangements established for these systems.	Started	21/12/2021	2	31/03/2023	Angela Ritchie Eileen Cossar Gavin Sharp Jacqui Macrae Kimberley Campbell Moira Pringle Paul Young Rachael McLean Russell McLauchlan
74	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Amanda Hatton, Executive Director of Education and Children's Services	Rec 2d Education and Children's Services - Update of business impact assessments (BIAs) using refreshed template	Rebased action October 2020Following roll-out of the refreshed BIA template, all Directorates will complete an update of BIAs by 31 May 2022. Following this Directorates will input BIA data on Continuity2. These will be checked by Resilience for accuracy and completeness.An annual review of BIAs and update of Continuity2 will then be completed.Date revised to 31 May 2022 Update Jul 2021 as part of RES2006 Technology Resilience - finding 1 - Corporate Resilience and Directorates - Critical Systems Recovery Timeframes and Council Service Continuity PlansInclude the requirement for directorates to ensure that the 14 Priority 1 services system recovery times are either aligned with the existing CGI service levels; change requests initiated to request faster CGI recovery times; or alternative resilience arrangements established for these systems.	Started	21/12/2021	2	31/03/2023	Anna Gray Eileen Cossar Gavin King Gavin Sharp Jackie Irvine Kimberley Campbell Laura Zanotti Liz Harrison Lorna French Michelle McMillan Nichola Dadds Nickey Boyle Paul Young Russell McLauchlan

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75	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 6.2a Place - Annual assurance from Third Party Providers	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.	Started	28/06/2019	3	30/06/2022	Alison Coburn Audrey Dutton Claire Duchart David Givan Eileen Cossar Gareth Barwell Gavin Sharp George Gaunt Karl Chapman Kimberley Campbell Lindsay Robertson Matthew MacArthur Paul Young Peter Watton Ross Murray Russell McLauchlan
76	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 6.2b Corporate Services - Annual assurance from Third Party Providers	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.	Started	28/06/2019	2	30/06/2022	Annette Smith Eileen Cossar Gavin King Gavin Sharp Gillie Severin Hugh Dunn Katy Miller Kimberley Campbell Layla Smith Lynette Robertson Michelle Vanhegan Mollie Kerr Nick Smith Nicola Harvey Paul Young Paula McLeay Prarthana Lasure Russell McLauchlan
77	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Judith Proctor, Chief Officer - HSCP	Rec 6.2c H&SC - Annual assurance from Third Party Providers	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.	Started	21/06/2019	2	30/06/2022	Angela Ritchie Eileen Cossar Gavin Sharp Jacqui Macrae Kimberley Campbell Paul Young Rachael McLean Russell McLauchlan
78	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Amanda Hatton, Executive Director of Education and Children's Services	Rec 6.2d Education and Children's Services - Annual assurance from Third Party Providers	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.	Started	28/06/2019	2	30/06/2022	Anna Gray Eileen Cossar Gavin Sharp Jackie Irvine Kimberley Campbell Laura Zanotti Liz Harrison Lorna French Michelle McMillan Nichola Dadds Nickey Boyle Paul Young Russell McLauchlan
79	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 3.2b Corporate Services - Completion of Resilience plans/protocols for essential activities	Rebased action October 2020 Following completion of resilience plans/protocols for high-risk essential services, plans/protocols will be developed for remaining essential activities, with support and training from Resilience.These will be checked by Resilience to ensure alignment with corporate plans and protocols.Date revised to 31 December 2023	Started	20/12/2021	1	31/03/2024	Annette Smith Eileen Cossar Gavin King Gavin Sharp Gillie Severin Hugh Dunn Katy Miller Kimberley Campbell Layla Smith Michelle Vanhegan Nick Smith Nicola Harvey Paul Young Paula McLeay Prarthana Lasure Russell McLauchlan

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80	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 3.2a Place - Completion of Resilience plans/protocols for essential activities	Rebased action October 2020Following completion of resilience plans/protocols for high-risk essential services, plans/protocols will be developed for remaining essential activities, with support and training from Resilience.\n\nThese will be checked by Resilience to ensure alignment with corporate plans and protocols.\n\nDate revised to 31 December 2023.	Started	20/12/2021	1	31/03/2024	Alison Coburn\nAudrey Dutton\nClaire Duchart\nDavid Givan\nEileen Cossar\nGareth Barwell\nGavin King\nGavin Sharp\nGeorge Gaunt\nKarl Chapman\nKimberley Campbell\nLindsay Robertson\nMatthew MacArthur\nNicky Brown\nPaul Young\nPeter Watton\nRoss Murray\nRussell McLauchlan
81	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Judith Proctor, Chief Officer - HSCP	Rec 3.2c H&SC - Completion of Resilience plans/protocols for essential activities	Rebased action October 2020Following completion of resilience plans/protocols for high-risk essential services, plans/protocols will be developed for remaining essential activities, with support and training from Resilience.These will be checked by Resilience to ensure alignment with corporate plans and protocols.Date revised to 31 December 2023	Started	20/12/2021	1	31/03/2024	Angela Ritchie\nEileen Cossar\nGavin Sharp\nJacqui Macrae\nKimberley Campbell\nPaul Young\nRachael McLean\nRussell McLauchlan
82	Policy and Sustainability	Resilience BC	High	Completion and adequacy of service area business impact assessments and resilience arrangements	Amanda Hatton, Executive Director of Education and Children's Services	Rec 3.2d Education and Children's Services - Completion of resilience plans/protocols for essential activities	Rebased action October 2020Following completion of resilience plans/protocols for high-risk essential services, plans/protocols will be developed for remaining essential activities, with support and training from Resilience.These will be checked by Resilience to ensure alignment with corporate plans and protocols.Date revised to 31 December 2023	Started	20/12/2021	1	31/03/2024	Anna Gray\nEileen Cossar\nGavin King\nGavin Sharp\nJackie Irvine\nKimberley Campbell\nLaura Zanotti\nLiz Harrison\nLorna French\nMichelle McMillan\nNichola Dadds\nNickey Boyle\nPaul Young\nRussell McLauchlan
83	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	18/12/2020	1	30/06/2024	Eileen Cossar\nGavin King\nGavin Sharp\nKimberley Campbell\nLayla Smith\nMichelle Vanhegan\nPaul Young\nPrarthana Lasure\nRussell McLauchlan
84	Governance, Risk and Best Value	Risk Management	Medium	RES1910 Risk Management: Issue 6 Completion of risk regsiters	Stephen Moir, Executive Director, Corporate Services	RES1910 Rec 6.1 Completion of Risk registers within Directorates	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.	Implemented	30/06/2021	0	30/09/2021	Layla Smith\nLesley Newdall\nMichelle Vanhegan\nNick Smith\nPrarthana Lasure
85	Governance, Risk and Best Value	Risk Management	Medium	RES1910 Risk Management: Issue 7 Risk appetite	Stephen Moir, Executive Director, Corporate Services	RES1910: Rec 7.3 Directorate application of risk appetite	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.	Implemented	30/06/2021	0	30/09/2021	Angela Ritchie\nJudith Proctor\nLayla Smith\nMichelle Vanhegan\nNick Smith\nPrarthana Lasure
86	Governance, Risk and Best Value	Risk Management	Medium	RES1910 Risk Management: Issue 6 Completion of risk regsiters	Stephen Moir, Executive Director, Corporate Services	RES1910 Rec 6.2 Ongoing assurance	Risk management will undertake ongoing assurance activities on a sample basis to confirm that divisional and directorate risk registers are being maintained, with an appropriate flow of risks from divisions into directorates. Any gaps identified will be raised at risk committees with follow up performed to ensure that they have been addressed by first line teams.	Started	31/10/2021	1	30/06/2023	Layla Smith\nLesley Newdall\nMichelle Vanhegan\nNick Smith\nPrarthana Lasure
87	Governance, Risk and Best Value	Risk Management	Medium	RES1910 Risk Management: Issue 7 Risk appetite	Stephen Moir, Executive Director, Corporate Services	RES1910: Rec 7.2 Second line assurance on application of risk appetite processes	This guidance will be included in refreshed training materials and the second line sample based risk management assurance activities will also assess how effectively this is being applied on an ongoing basis by first line divisions and directorates with feedback on areas for improvement (where required) provided.	Started	31/12/2021	0	31/03/2022	Layla Smith\nLesley Newdall\nMichelle Vanhegan\nNick Smith\nPrarthana Lasure\nTracey Kinloch
88	Governance, Risk and Best Value	Risk Management	High	RES1910 Risk Management: Issue 9 Identification of Health and Social Care & ALEO risks	Stephen Moir, Executive Director, Corporate Services	RES1910 Rec 9.3 Ongoing risk assurance activities for HSCP and ALEOs	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.	Started	30/06/2021	1	30/11/2022	Angela Ritchie\nJudith Proctor\nLayla Smith\nLesley Newdall\nMichelle Vanhegan\nPrarthana Lasure

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89	Governance, Risk and Best Value	Risk Management	Medium	RES1910 Risk Management: Issue 3 First line management of risk	Judith Proctor, Chief Officer - HSCP	RES1910 Rec 3.1d Directorate identification and recording of new or emerging significant risks (Health and Social Care)	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.	Started	30/06/2021	1	30/11/2022	Angela Ritchie Rachael McLean
90	Transport and Environment	Road Services Improvement Plan	High	PL1808 Issue 2. Roads services performance monitoring and quality assurance	Paul Lawrence, Executive Director of Place	PL1808 - 2.2 Roads services quality assurance framework	1. The existing Transport Design and Delivery quality framework will be revised to reflect the new Roads and Transport Infrastructure Service and rolled out across the service. As part of this review, the recommendations highlighted above will be considered and incorporated where appropriate. The Design, Structures and Flood Prevention Manager will be responsible for refreshing the quality framework once appointed. 2. A sampling regime will be designed and embedded for safety inspections to ensure that defects are being categorised properly. This process will be designed and implemented by the Team Leader for Safety Inspections to be appointed as part of the ongoing restructure. 3. A sampling regime will be designed and embedded for road defect repairs to ensure that repairs are fit for purpose and effective. 4. Key performance indicators for each team will be included in the target setting for each 4th tier manager and their direct reports to ensure focus on these measures. Emerging themes from Team Plans and quality assurance reviews will also be shared with Roads teams, and individual and team training needs will be considered based on the themes identified. This process will be designed and implemented by the Service Performance Coordinator to be appointed as part of the ongoing restructure.	Implemented	30/06/2020	1	30/06/2021	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Matthew MacArthur Nicole Fraser Ross Murray Sean Gilchrist
91	Transport and Environment	Road Services Improvement Plan	High	PL1808 Issue 1. Roads Improvement Plan financial operating model and project governance	Paul Lawrence, Executive Director of Place	PL1808 - 1.1 Roads Service Improvement Plan review (including financial operating model)	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.	Started	30/04/2020	1	01/09/2021	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Matthew MacArthur Nicole Fraser Ross Murray Sean Gilchrist
92	Transport and Environment	Road Services Improvement Plan	High	PL1808 Issue 1. Roads Improvement Plan financial operating model and project governance	Paul Lawrence, Executive Director of Place	PL1808 - 1.3 Roads Service Improvement Plan project governance	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.	Started	20/12/2020	0	01/08/2021	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Matthew MacArthur Nicole Fraser Ross Murray Sean Gilchrist
93	Transport and Environment	Road Services Improvement Plan	High	PL1808 Issue 1. Roads Improvement Plan financial operating model and project governance	Paul Lawrence, Executive Director of Place	PL1808 - 1.4 Post implementation reviews	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.	Started	31/03/2021	1	01/11/2022	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Matthew MacArthur Nicole Fraser Ross Murray Sean Gilchrist
94	Transport and Environment	Road Services Improvement Plan	High	PL1808 Issue 2. Roads services performance monitoring and quality assurance	Paul Lawrence, Executive Director of Place	PL1808 - 2.1 Service Delivery Performance Monitoring	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.	Started	31/07/2020	2	30/12/2021	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Matthew MacArthur Nicole Fraser Ross Murray Sean Gilchrist

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95	Transport and Environment	Road Services Improvement Plan	Low	PL1808 Issue 4. Roads - Management of public liability claims	Paul Lawrence, Executive Director of Place	PL1808 - 4.1 Management of public liability claims	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.	Started	28/05/2020	1	31/03/2021	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Matthew MacArthur Nicole Fraser Ross Murray Sean Gilchrist
96	Finance and Resources	Salary Overpayments - Findings only review	High	RES2009 Issue 1: Salary Overpayments	Stephen Moir, Executive Director, Corporate Services	RES2009 Rec 1.1: Human Resources management of overpayments	As at 13th April there are 290 employees/former who have not responded to overpayment letters. These employees/former require channelled into the debt recovery process and invoiced, however as these are historical debts cost centres need reopened for this process to be fulfilled. We also have 150 employees who still require an initial communication. It is our intention to have this piece of work completed by the end of June 2021. At this time and particularly in relation to the current pandemic situation and embedding different and flexible working practices across the Council it is not our intention to levy the £150 charge to service areas. We will however keep communicating with HOS and offering assistance where we see managers may need assistance with process. We will review how we manage the overpayment data and information that is relevant can be included.We can include the overpayment data as a key performance measure for directorates and the Council.The risks are logged on the HR risk register not just in relation to manager compliance but also associated with the reliance on manual processes and spreadsheets and process complexity.	Started	30/10/2021	0	31/01/2022	Debbie Adams Grant Craig Katy Miller Laura Manson Layla Smith Michelle Vanhegan Prarthana Lasure
97	Finance and Resources	Salary Overpayments - Findings only review	High	RES2009 Issue 1: Salary Overpayments	Judith Proctor, Chief Officer - HSCP	RES2009 Rec 1.2.2: Directorate management of salary overpayments (Health and Social Care Partnership)	The Partnership will continue (through its reporting structures) to remind line managers to advise HR of all payroll changes. The Partnership will ensure that the overpayments spreadsheet is reviewed and appropriate actions will be taken where recurrent instances are happening.	Started	31/12/2021	0	31/03/2022	Angela Ritchie Moira Pringle Rachael McLean
98	Finance and Resources	Salary Overpayments - Findings only review	High	RES2009 Issue 1: Salary Overpayments	Amanda Hatton, Executive Director of Education and Children's Services	RES2009 Rec 1.2.4: Directorate management of salary overpayments (Education and Children's Service)	Senior Managers will ensure that staff/workforce updates are included as a standing item at management team meetings and their service managers will oversee any changes within their team ensuring direct line managers are supported and aware of the Council's pay policy. Where there is reliance on colleagues from Resources who are aligned to divisions to provide support with HR functions, the responsibility for ensuring HR are advised of any changes sits with the service manager and line manager. A checklist, which includes timescales should be generated when a line manager is made aware by a direct report of anything which will impact on their pay, including notice to leave employment, these timescales will include dates for submitting information to HR to ensure payroll cut-off dates are taken into consideration. Senior Managers will ensure that any instances of failure to notify HR, noted on the overpayments spreadsheet, will be investigated by the service manager and performance management measures implemented if necessary. Any service area which has recurring instances of failure to comply with pay policy will be flagged to HOS and highlighted in Team Briefs, Risk Matters or other comms. In the event of recurring overpayments within a division or the directorate, this will be included within risk registers with appropriate controls and actions noted.	Started	31/08/2021	1	31/05/2022	Jackie Irvine Liz Harrison Lorna French Nichola Dadds Nickey Boyle
99	Education, Children and Families	School admissions, appeals and capacity planning	High	CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals	Amanda Hatton, Executive Director of Education and Children's Services	CF1901 Issue 2.3(b): Quality Assurance Checks in Schools	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.	Started	30/06/2020	2	28/02/2022	Arran Finlay Claire Thompson Liz Harrison Lorna French Michelle McMillan Nickey Boyle
100	Education, Children and Families	School admissions, appeals and capacity planning	Medium	CF1901: School admissions, appeals and capacity planning - Issue 3: Process Documentation & Delivery Responsibilities	Amanda Hatton, Executive Director of Education and Children's Services	CF1901 Issue 3.1(d): Roles & Responsibilities Outwith Annual Process	The working group will review the roles and responsibilities for any tasks performed outwith the annual P1/S1 admissions, appeals and capacity planning process. These will be documented and communicated to all teams involved in the process. The review will include identifying key contacts for common non-annual admissions queries, for example, home schooling; private schooling; dealing with refugees; and requests for current or future capacity information, to ensure that they can be appropriately redirected and resolved.	Started	31/08/2020	3	22/05/2021	Alison Roarty Arran Finlay Gavin King Hayley Barnett Liz Harrison Lorna French Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Prarthana Lasure Sheila Haig Stephen Moir

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101	Finance and Resources	Social Media - Access Controls	High	1. Social media operational framework	Stephen Moir, Executive Director, Corporate Services	CE1901 Rec1.1 Social media operational framework	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 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.	Implemented	31/05/2021	1	01/03/2022	David Ure Layla Smith Michael Pinkerton Michelle Vanhegan Prarthana Lasure
102	Finance and Resources	Social Media - Access Controls	High	1. Social media operational framework	Stephen Moir, Executive Director, Corporate Services	CE1901 Rec1.2 Social Media Guidance	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.	Implemented	31/05/2021	1	01/03/2022	David Ure Layla Smith Michael Pinkerton Michelle Vanhegan Prarthana Lasure
103	Finance and Resources	Social Media - Access Controls	Medium	2. Social media operational security and privacy issues	Stephen Moir, Executive Director, Corporate Services	CE1901 Rec 2.1 Operational framework - Social media guidance on operational security and privacy issues	To prevent potential recurrence, these points will also be included in the operational framework and supporting guidance to be developed (refer finding 1).	Implemented	28/05/2021	1	01/03/2022	David Ure Layla Smith Michael Pinkerton Michelle Vanhegan Prarthana Lasure
104	Finance and Resources	Social Media - Access Controls	Medium	2. Social media operational security and privacy issues	Stephen Moir, Executive Director, Corporate Services	CE1901 Rec 2.2b Corporate DPIAs for social media channels	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.	Implemented	28/05/2021	1	15/02/2022	David Ure Layla Smith Michael Pinkerton Michelle Vanhegan Prarthana Lasure
105	Finance and Resources	Social Media - Access Controls	Medium	2. Social media operational security and privacy issues	Stephen Moir, Executive Director, Corporate Services	CE1901 Rec 2.2a Communicating initial requirements to social media account users - operational security and privacy issues	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.	Implemented	28/05/2021	1	01/03/2022	David Ure Layla Smith Michael Pinkerton Michelle Vanhegan Prarthana Lasure
106	Finance and Resources	Social Media - Access Controls	Medium	3. Social media training	Stephen Moir, Executive Director, Corporate Services	Rec 3.1 - Social media training needs assessment	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 / responsibilities.	Implemented	30/06/2021	1	01/04/2022	David Ure Layla Smith Michael Pinkerton Michelle Vanhegan Prarthana Lasure
107	Finance and Resources	Social Media - Access Controls	Medium	3. Social media training	Stephen Moir, Executive Director, Corporate Services	Rec 3.2 - Refresh of social media training materials	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.	Started	30/06/2021	1	01/04/2022	David Ure Layla Smith Michael Pinkerton Michelle Vanhegan Prarthana Lasure
108	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	28/06/2019	3	01/02/2022	Alison Roarty Angela Ritchie Colin Beck Louise McRae Rachael McLean Tony Duncan
109	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.	Started	30/04/2018	3	18/02/2022	Alison Roarty Angela Ritchie Colin Beck Louise McRae Rachael McLean Tony Duncan

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110	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	31/05/2018	3	18/02/2022	Alison Roarty Angela Ritchie Colin Beck Louise McRae Rachael McLean Tony Duncan
111	Transport and Environment	Street Lighting and Traffic Signals	Medium	Street Lighting - Inventory and Maintenance	Paul Lawrence, Executive Director of Place	PL1810 Issue 2: Rec 1 - Street lighting inventory completeness and electrical testing results	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.	Started	20/12/2019	4	30/06/2022	Alan Simpson Alison Coburn Claire Duchart Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Lindsey McPhillips Matthew MacArthur Nicole Fraser Robert Mansell Ross Murray Tony Booth
112	Finance and Resources	Supplier Management Framework and CIS Payments	High	RES1809 Issue 1: Contract Management by Directorates and Service Areas	Paul Lawrence, Executive Director of Place	RES1809 Issue 1.3(3): Contract manager support and guidance - Place	Place This recommendation is accepted, and this will be added as appropriate to the Place mandatory training matrix at the next review.	Implemented - Audit Approved	31/08/2020	1	30/12/2021	Alison Coburn Audrey Dutton David Givan Gareth Barwell George Gaunt Karl Chapman Lindsay Robertson Matthew MacArthur Nicky Brown Peter Watton Ross Murray
113	Finance and Resources	Supplier Management Framework and CIS Payments	High	RES1809 Issue 1: Contract Management by Directorates and Service Areas	Judith Proctor, Chief Officer - HSCP	RES1809 Issue 1.2(1): Supplier management quality assurance - H&SCP	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.	Pending	29/06/2021	0	01/02/2022	Angela Ritchie Moira Pringle Rachael McLean Tony Duncan
114	Finance and Resources	Supplier Management Framework and CIS Payments	High	RES1809 Issue 1: Contract Management by Directorates and Service Areas	Judith Proctor, Chief Officer - HSCP	RES1809 Issue 1.3(1): Contract manager support and guidance - HSCP	Health and Social Care Partnership These recommendations have been accepted and will be implemented as recommended.	Pending	17/12/2021	0	01/08/2022	Angela Ritchie Moira Pringle Rachael McLean Tony Duncan
115	Finance and Resources	Supplier Management Framework and CIS Payments	High	RES1809 Issue 1: Contract Management by Directorates and Service Areas	Paul Lawrence, Executive Director of Place	RES1809 Issue 1.2(3): Supplier management quality assurance - Place	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.	Started	31/03/2021	1	30/12/2021	Alison Coburn Audrey Dutton David Givan Gareth Barwell George Gaunt Karl Chapman Lindsay Robertson Matthew MacArthur Nicky Brown Peter Watton Ross Murray
116	Finance and Resources	Supplier Management Framework and CIS Payments	High	RES1809 Issue 1: Contract Management by Directorates and Service Areas	Amanda Hatton, Executive Director of Education and Children's Services	RES1809 Issue 1.3(2): Contract manager support and guidance - Education and Children's Services	Education and Children's Services Recommendations accepted and will be implemented.	Started	17/12/2021	0	01/08/2022	Anna Gray Jackie Irvine Liz Harrison Lorna French Michelle McMillan Nichola Dadds Nickey Boyle
117	Finance and Resources	Technology Resilience	High	RES2006: Issue 2. Business (System) Impact Assessments	Stephen Moir, Executive Director, Corporate Services	RES2006 - Rec 2.1d Corporate Resilience – Refresh BIAs following Resilience Exercises or Major Incidents	Following completion of resilience exercises or after major incidents, and to address points 8 and 9 in the finding, the Corporate Resilience team will: include impact on system criticality as part of corporate debrief process and cascade to Directorates. Directorates to share any impacts identified during debriefs to Digital, copying in Resilience.request services to reassess system criticality where required and provide the consolidated outcomes to Digital Services and CGI (where services are provided by CGI and recovery timeframes are within the contractually agreed timeframe) for inclusion in technology resilience plans.	Started	31/12/2021	0	31/03/2022	Eileen Cossar Gavin King Gavin Sharp Kimberley Campbell Layla Smith Michelle Vanhegan Nick Smith Paul Young Prarthana Lasure Russell McLauchlan

Ref	Executive Committee	Project Name	Issue Type	Issue Title	Owner	Recommendation Title	Agreed Management Action	Status	Esitmated Impement Date	No of Revisions	Revised Impl Date	Contributor
118	Culture and Communities	Tree Management - H&S	High	PL1902 - Tree Management: Issue 1 Strategic direction and operational delivery	Paul Lawrence, Executive Director of Place	PL1902 Tree Management 1.1 - Review of Trees in the City	Parks and Greenspace management accept the internal audit recommendation made. A full review of "Trees in the City" will be undertaken as advised. Initial timescale for this work will be completion by 31 August 2021. The implementation date of 30 October 2021 should provide sufficient time for internal audit to review.	Pending	31/10/2021	0	31/01/2022	Alison Coburn David Givan David Jamieson Gareth Barwell George Gaunt Matthew MacArthur Ross Murray Steven Cuthill
119	Culture and Communities	Tree Management - H&S	High	PL1902 - Tree Management: Issue 1 Strategic direction and operational delivery	Paul Lawrence, Executive Director of Place	PL1902 Tree Management 1.2 - Capacity and workforce planning	Parks and Greenspace management accept the internal audit recommendation made. This piece of work will be completed in tandem with the review of the Trees in the City document. Initial timescale for this work will be completion by 31 August 2021. The implementation date of 30 October 2021 should provide sufficient time for internal audit to review.	Pending	31/10/2021	0	31/01/2022	Alison Coburn David Givan David Jamieson Gareth Barwell George Gaunt Matthew MacArthur Ross Murray Steven Cuthill
120	Culture and Communities	Tree Management - H&S	High	PL1902 - Tree Management: Issue 1 Strategic direction and operational delivery	Paul Lawrence, Executive Director of Place	PL1902 Tree Management 1.3a) - Review and evaluation of pilot survey programme	Parks and Greenspace management accept the internal audit recommendation made. This piece of work will be completed in tandem with the review of the Trees in the City document. Initial timescale for this work will be completion by 31 August 2021. The implementation date of 30 October 2021 should provide sufficient time for internal audit to review.	Pending	31/10/2021	0	31/01/2022	Alison Coburn David Givan David Jamieson Gareth Barwell George Gaunt Matthew MacArthur Ross Murray Steven Cuthill
121	Culture and Communities	Tree Management - H&S	High	PL1902 - Tree Management: Issue 1 Strategic direction and operational delivery	Paul Lawrence, Executive Director of Place	PL1902 Tree Management - 1.4 Performance Management and KPIs	Parks and Greenspace management accept the internal audit recommendation made. This piece of work will be completed in tandem with the review of the Trees in the City document. Initial timescale for this work will be completion by 31 August 2021. The implementation date of 30 October 2021 should provide sufficient time for internal audit to review.	Pending	31/10/2021	0	31/01/2022	Alison Coburn David Givan David Jamieson Gareth Barwell George Gaunt Matthew MacArthur Ross Murray Steven Cuthill
122	Culture and Communities	Tree Management - H&S	High	PL1902 - Tree Management: Issue 1 Strategic direction and operational delivery	Paul Lawrence, Executive Director of Place	PL1902 Tree Management 1.5 - Service Level Agreements	Parks and Greenspace management accept the internal audit recommendation made. Initial timescale for this work will be completion by 31 August 2021. The implementation date of 30 October 2021 should provide sufficient time for internal audit to review.	Pending	31/10/2021	0	31/01/2022	Alison Coburn David Givan David Jamieson Gareth Barwell George Gaunt Matthew MacArthur Ross Murray Steven Cuthill
123	Culture and Communities	Tree Management - H&S	High	PL1902 - Tree Management: Issue 1 Strategic direction and operational delivery	Paul Lawrence, Executive Director of Place	PL1902 Tree Management 1.3b) - Review and update of policies, procedures and guidance to reflect outcomes of pilot survey programme	Parks and Greenspace management accept the internal audit recommendation made. This piece of work will be completed in tandem with the review of the Trees in the City document. Initial timescale for this work will be completion by 31 August 2021. The implementation date of 30 October 2021 should provide sufficient time for internal audit to review.	Started	31/10/2021	0	31/01/2022	Alison Coburn David Givan David Jamieson Gareth Barwell George Gaunt Matthew MacArthur Ross Murray Steven Cuthill
124	3+A+C14421:A23	Unsupported Technology (Shadow IT) and End User Computing	Medium	CW1914 Issue 1: Digital strategy and governance	Stephen Moir, Executive Director, Corporate Services	CW1914 Rec 1.4b - Review of existing shadow IT contracts (Corporate Services)	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.	Implemented	30/09/2021	0	30/12/2021	Alison Roarty Annette Smith Hugh Dunn Layla Smith Lynette Robertson Michelle Vanhegan Nick Smith Nicola Harvey Prarthana Lasure
125	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.	Implemented	30/09/2021	0	30/12/2021	Angela Ritchie Mike Massaro-Mallinson Moira Pringle Rachael McLean Tony Duncan

Ref	Executive Committee	Project Name	Issue Type	Issue Title	Owner	Recommendation Title	Agreed Management Action	Status	Esitmated Impement Date	No of Revisions	Revised Impl Date	Contributor
126	Transport and Environment	Unsupported Technology (Shadow IT) and End User Computing	Medium	CW1914 Issue 1: Digital strategy and governance	Paul Lawrence, Executive Director of Place	CW1914 Rec 1.4c - Review of existing shadow IT contracts (Place)	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.	Started	30/09/2021	0	30/12/2021	Alison Coburn Audrey Dutton Gareth Barwell Karl Chapman Lindsay Robertson Matthew MacArthur Nicky Brown Peter Watton Ross Murray
127	Finance and Resources	Unsupported Technology (Shadow IT) and End User Computing	Medium	CW1914 Issue 1: Digital strategy and governance	Amanda Hatton, Executive Director of Education and Children's Services	CW1914 Rec 1.4d - Review of existing shadow IT contracts (Education and Children's Services)	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.	Started	30/09/2021	1	29/12/2023	Crawford McGhie Jackie Irvine Liz Harrison Lorna French Michelle McMillan Nichola Dadds Nickey Boyle
128	Finance and Resources	Unsupported Technology (Shadow IT) and End User Computing	High	CW1914 Issue 2: Ongoing shadow IT and end user computing management	Stephen Moir, Executive Director, Corporate Services	CW1914 Rec 2.1 - Shadow IT and end user computing system owner responsibilities	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.	Started	30/07/2021	1	28/05/2022	Alison Roarty Heather Robb Layla Smith Michelle Vanhegan Mike Brown Nicola Harvey Prarthana Lasure
129	Finance and Resources	Unsupported Technology (Shadow IT) and End User Computing	High	CW1914 Issue 2: Ongoing shadow IT and end user computing management	Stephen Moir, Executive Director, Corporate Services	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 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	30/07/2021	1	31/08/2022	Alison Roarty Annette Smith Gavin King Gillie Severin Hugh Dunn Katy Miller Layla Smith Michelle Vanhegan Mike Bell Nick Smith Nicola Harvey Paula McLeay Prarthana Lasure
130	Transport and Evironment / Homelessness Housing and Fair Work	Unsupported Technology (Shadow IT) and End User Computing	High	CW1914 Issue 2: Ongoing shadow IT and end user computing management	Paul Lawrence, Executive Director of Place	CW1914 Rec 2.1b - Second line assurance and oversight (Place)	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	30/07/2021	1	30/12/2021	Alison Coburn Audrey Dutton Gareth Barwell Karl Chapman Lindsay Robertson Matthew MacArthur Nicky Brown Peter Watton Ross Murray
131	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	30/07/2021	0	30/10/2021	Angela Ritchie Mike Massaro-Mallinson Moira Pringle Rachael McLean Tony Duncan
132	Education, Children and Families	Unsupported Technology (Shadow IT) and End User Computing	High	CW1914 Issue 2: Ongoing shadow IT and end user computing management	Amanda Hatton, Executive Director of Education and Children's Services	CW1914 Rec 2.1c - Second line assurance and oversight (Education and Children's 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 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	30/07/2021	1	31/08/2022	Crawford McGhie Jackie Irvine Liz Harrison Lorna French Michelle McMillan Nichola Dadds Nickey Boyle

Appendix 3 - Internal Audit Key Performance Indicators as at 26 January 2022

Directorate	Audit Title	Audit Progress	Terms of Reference Service Response <= 5 days post issue	Terms of Reference Director Response <= 5 days post issue	Close out meeting <= 5 days after fieldwork completed	Report issued by IA <= 10 days post close out meeting	Workshop <= 5 days after report issued	Date Mgt responses agreed <= 5 days post workshop	Final Draft to Directors <= 5 days post management response	Director approval <= 3 days from receipt	Final report issued by IA <= 5 days post director approval	Team Central updated by IA <= 5 days of final report	Comments
Corporate Services	Elections in Covid Environment - design review	Complete	3	2	1	10	0	0	2	n/a	n/a	7	Final report issued 31.5.21
Corporate Services	Design of the Scottish Local Government Living Wage Requirements	Complete	17	1	8	9	4	1	1	2	5	1	Final report issued on 28.10.21.
Corporate Services	Council Tax and Business Rates	Fieldwork	7	5	0	0	0	0	0	0	0	0	Fieldwork extended reflecting current resouring impacts on the Custmer team
Corporate Services	Cyber Security - technology vulnerability management	Planning	7	0	0	0	0	0	0	0	0	0	
Corporate Services	CGI performance reporting	Planning	7	0	0	0	0	0	0	0	0	0	
Corporate Services	Capital Budget Setting and Management	Planning	3	3	0	0	0	0	0	0	0	0	
Corporate Services	Payment Card Industry Data Security Standard Compliance	Planning	12	6	0	0	0	0	0	0	0	0	Delayed response on ToR was due to Christmas leave
Corporate Services	Employee Lifecycle Data and Compensation and Benefits Processes	Reporting	13	2	0	0	0	0	0	0	0	0	Fieldwork ongoing - awaiting information from HR
Corporate Services	Planning and Performance Framework design review	Reporting	26	2	3	35	15	13	9	0	0	0	Ongoing Engagement with Head of Service and Exec Direct on management responses.
Corporate Services	Digital and Smart City Strategy	Reporting	49	80	-2	5	14	0	0	0	0	0	Currently finalising management responses with the service.
Council Wide	Fraud and Serious Organised Crime	Fieldwork	74	64	0	0	0	0	0	0	0	0	Not all areas responded on draft ToR. Fieldwork delayed due to sickness absence in key team.
Council Wide	Implementation of Whistleblowing and Child Protection Recommendations	Fieldwork	7	4	0	0	0	0	0	0	0	0	In fieldwork
Council Wide	Employee wellbeing	Planning	2	0	0	0	0	0	0	0	0	0	
Council Wide	Complaints Management	Planning	6	5	0	0	0	0	0	0	0	0	
Council Wide	Management and Allocation of Covid-19 grant funding	Planning	7	34	0	0	0	0	0	0	0	0	Fieldwork completion will be delayed reflecting pressures on Customer with Business Grants
Council Wide	Health and Safety - Implementation of asbestos recommendations	Reporting	6	6	34	17	4	0	0	0	0	0	No response received from Exec Direct Place on ToR. Ongoing engagement with services on mgt responses.
Education & Childrens Svs	Criminal Justice	Fieldwork	12	1	0	0	0	0	0	0	0	0	In fieldwork
Education & Childrens Svs	Early Years Education and Alignment with End Poverty Delivery Plan	Planning	No response	0	0	0	0	0	0	0	0	0	Reminder sent 17/1/22 for ToR issued 7 December
Place	Planning - householder applications and use of Uniform system	Fieldwork	5	14	0	0	0	0	0	0	0	0	
Place	The Management of Development Funding	Fieldwork	10	16	0	0	0	0	0	0	0	0	Final ToR issued on 13.01.22. Delays with receipt of information from service due to sickness absence.
Place	Housing Property Services Repairs Management	Planning	Not yet due	0	0	0	0	0	0	0	0	0	Responses on Terms of Reference due 28/1/22
Place	Parking and Traffic Regulations	Reporting	4	2	3	24	2	0	0	0	0	0	Ongoing engagement with service re management responses

Governance, Risk and Best Value Committee – 8 March 2022