Governance, Risk and Best Value Committee

10:00am, Tuesday, 13 August 2019

Internal Audit: Overdue Findings and Late Management Responses as at 1 July 2019

Item number	
Executive/routine	
Wards	
Council Commitments	

1. Recommendations

1.1 It is recommended that the Corporate Leadership Team notes:

1.1.1 the status of the overdue Internal Audit (IA) findings as at 1 July 2019; and

1.1.2 progress with delivery of the 2019/20 IA plan.

Lesley Newdall

Chief Internal Auditor

Legal and Risk Division, Resources Directorate

E-mail: lesley.newdall@edinburgh.gov.uk | Tel: 0131 469 3216

Report

Internal Audit: Overdue Findings and Late Management Responses as at 1 July 2019

2. Executive Summary

Open and overdue Internal Audit findings

2.1   Significant progress is evident with resolution of the 26 historic overdue findings reopened in June 2018, as evidence has now been provided to IA to support closure of all 7 remaining findings. If IA confirms that these have been effectively implemented and sustained and can be closed, the full population of the Council's historic overdue findings will have been effectively addressed.

2.2   Whilst there has been significant progress in addressing historic overdue findings, continued focus is required to address current population of overdue IA findings and reduce their ageing profile.

2.3   A total of 76 open IA findings remain to be addressed across the Council as at 1 July 2019. This includes the remaining 7 of the 26 historic Council findings that are currently with IA for validation and excludes open and overdue Internal Audit findings for the Edinburgh Integration Joint Board and the Lothian Pension Fund.

2.4   Of the 76 currently open IA findings:

2.4.1   a total of 29 (42%) are open, but not yet overdue, in comparison to 40% as at 5 June 2019;

2.4.2   47 (62%) are currently reported as overdue as they have missed the final agreed implementation dates. This number of overdue findings remains unchanged from June.

2.4.3   evidence in relation to 12 (25%) of the 47 overdue findings is currently being reviewed by IA to confirm that it is sufficient to support their closure;

2.4.4   35 (88%) of residual current overdue findings still require to be addressed, reflecting an increase in comparison to the June position (76%).

2.5   The number of overdue findings where completion dates for supporting management actions have been revised more than once has decreased from 40 (as at 5 June 2019) to 39.

2.6   IA also continues to face challenges when engaging with services to begin 2019/20 planned reviews.   Details of the proposed timeframes for these reviews have already been shared in advance with Directors and Heads of Service.

3.   Background

3.1   Overdue findings arising from IA reports and late management responses to draft IA reports are reported monthly to the 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 Risk Committee and the Pensions Audit Sub Committee respectively.

3.3   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.

3.4   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' on the IA follow-up system. When IA has reviewed the evidence provided, the management action will either be 'closed' or 'rejected', with supporting rationale provided to explain what further evidence is required to enable closure.

3.5   The IA Journey Map and Key Performance Indicators details the agreed requirement for receipt of management responses to draft IA findings within 10 working days from receipt of the draft report. Where management responses are not received within this timeframe, details are included within this report.

4.   Main report

4.1   The 76 open IA findings across the Council have been split into the following two categories to enable separate monitoring and reporting of the historic findings that were reopened in June 2018:

   4.1.1   Current findings (69 in total) shows progress with findings raised, tracked, and reported on as part of the routine IA assurance cycle; and

   4.1.2   Historic overdue findings (7 in total) highlight progress with closure of the 26 historic findings that were reopened.

4.2   A total of 47 open IA findings (40 current; and 7 historic) are overdue.

4.3   The movement in open and overdue IA findings during the period 5 June to 1 July 2019 is as follows:

Analysis of changes between 05/06/19 and 01/07/19				Analysis at 01/07/19	
	Position 05/06/19	Added	Closed	Position 01/07/19	Current	Historic reopened
Open	74	5	(3)	76	69	7
Overdue	47	3	(3)	47	40	7

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

Current Overdue Findings

4.4 Of the 69 currently open findings, 40 (58%) comprising 12 High; 25 Medium; and 3 Low rated findings are now 'overdue'.

4.5 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 35 overdue findings (10 High; 23 Medium; and 2 Low) still requiring to be addressed.
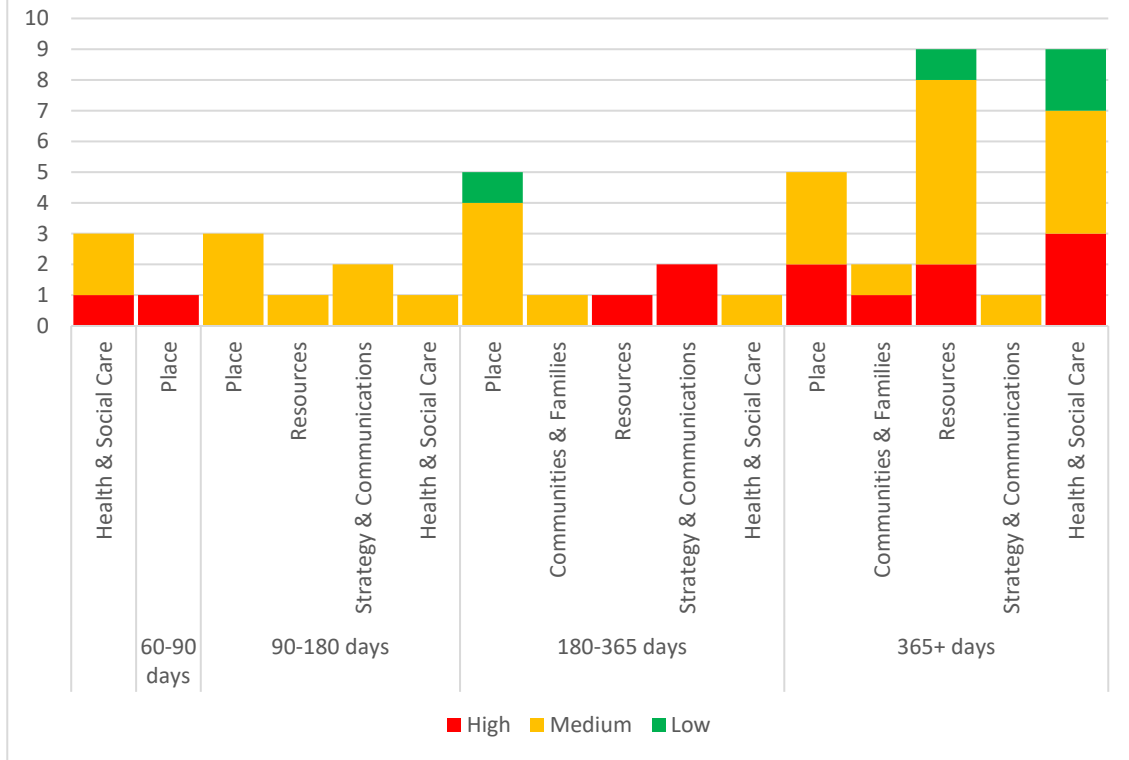
Historic Overdue Findings

4.6 Significant progress is evident with regard to the closure of the 26 historic findings that were reopened in June 2018, as 19 (7 High and 12 Medium) have now been closed across all Directorates, and IA is currently reviewing evidence provided to support closure of the remaining 7 historic findings.

Overdue findings ageing analysis

4.7 Figure1 illustrates the ageing profile of all 47 current and historic overdue findings by rating across directorates.

Fig 1: Aged Overdue Findings by Ratings across Directorates

4.8 This analysis highlights that of the 47 overdue findings:

- 4 (9%) are less than 3 months (90 days) overdue in comparison to June (17%);
- 7 (15%) are between 3 and 6 months (90 and 180 days) overdue in comparison to June (9%);
- 10 (21%) are between 6 months and one year (180 and 365 days) overdue in comparison to June (23%); and
- 26 (56%) are more than one year overdue in comparison to June (51%)

It should be noted that findings more than 180 days old include the remaining 7 historic findings to be closed that are currently being reviewed by IA (see 4.6 above).

Agreed Management Actions Analysis

4.9 The 76 open IA findings are supported by a total of 182 agreed management actions. Of these, 118 (65%) are overdue, reflecting an increase in comparison to the June position (53%).

Appendix 2 provides an analysis of these overdue management actions highlighting:

- their current status;
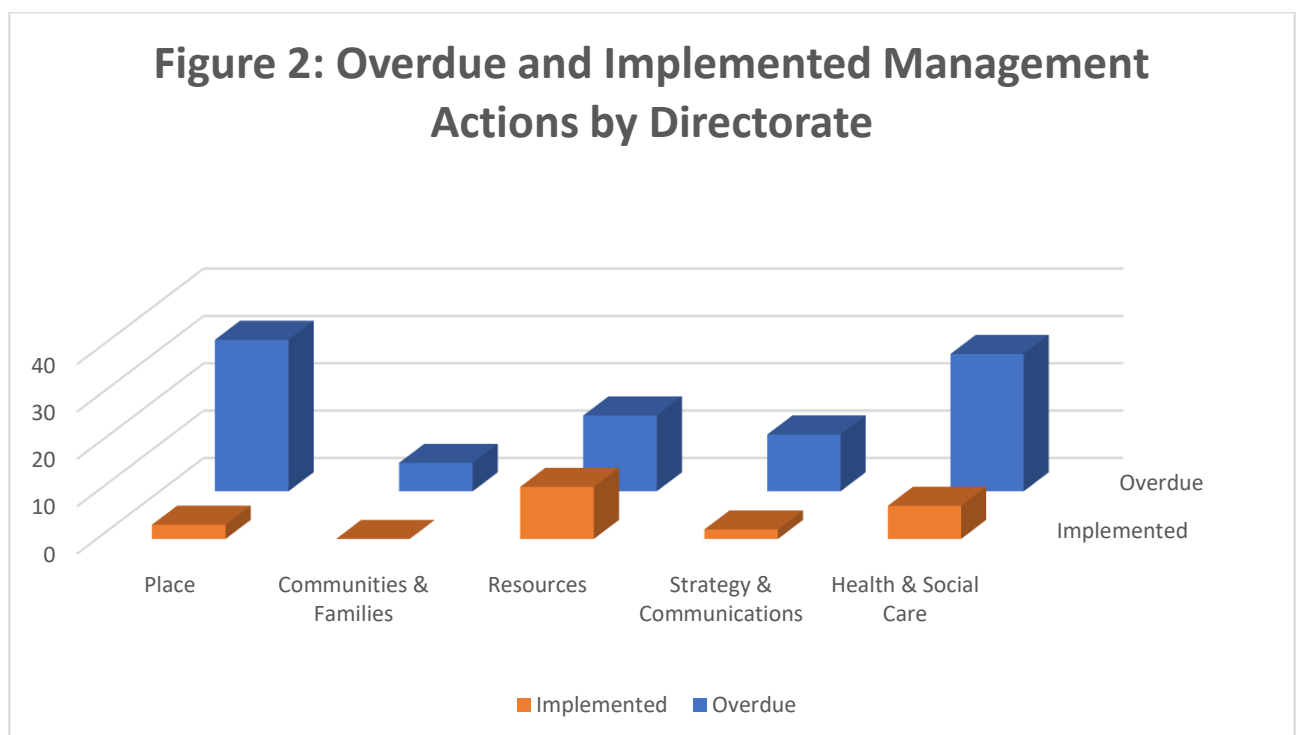- overdue management actions that are resulting in overdue findings;

- instances where the latest implementation date has been missed; and

- instances where the implementation date has been revised more than once.

Implemented findings and management actions with IA for action

4.10   A total 12 overdue findings (5 current and 7 historic) and 23 associated management actions are currently with IA for review to confirm whether they can be closed, leaving a balance of 95 overdue management actions to be addressed.

Overdue management actions

4.11   Figure 2 illustrates the allocation of the 118 overdue management actions between the those where action is required (95) and the 23 that have been passed to IA for review across the directorates.


Figure 2: Overdue and Implemented Management Actions by Directorate

Revised Implementation Dates

4.12   Figure 3 illustrates that there are currently 39 open management actions (including those that are overdue) across directorates where completion dates have been revised more than once since July 2018.

4.13   This highlights a net decrease of 1 in comparison to the position as at 5 June.

4.14   Of these 39 management actions,10 are associated with High rated findings (a decrease of 3 from June); 27 Medium (an increase of 2 from June); and 2 Low (consistent with June).

Figure 3 - management actions with more than one revised completion date since July 2018
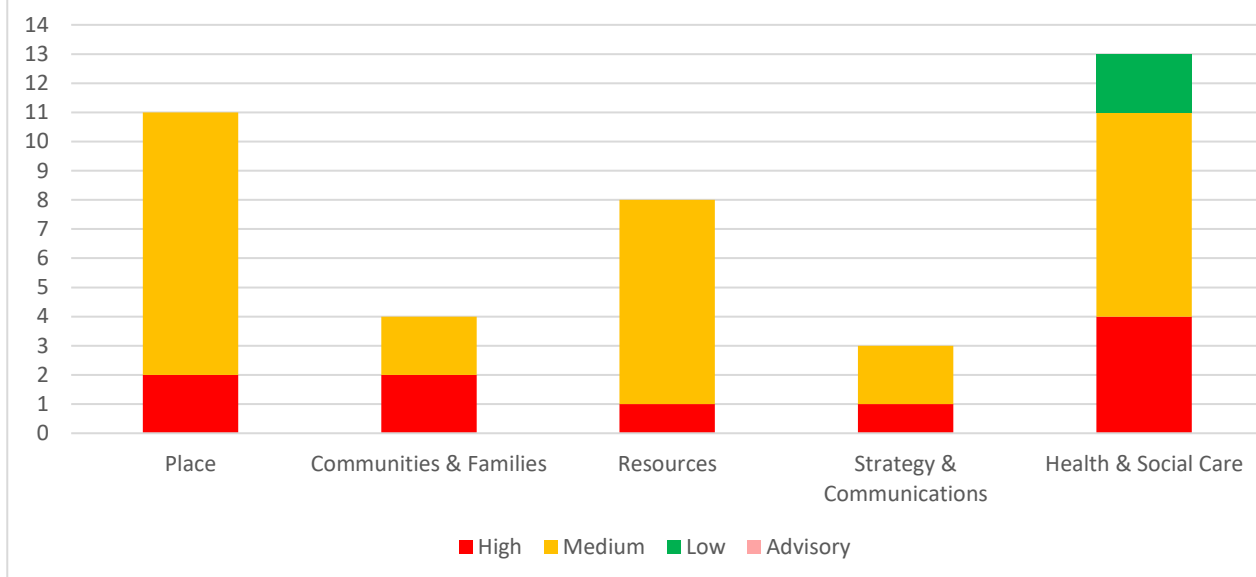
2019/20 Internal Audit Plan progress

4.15   Internal Audit has also started work on delivery of the 2019/20 Internal Audit plan, but has met with a number of challenges when trying to arrange time with services to plan these reviews. Whilst some change is to be expected and accommodated where possible due to unexpected circumstances, IA is often receiving challenges in relation to the need for the review, despite the 2019/20 plan having been agreed and approved by both the CLT and GRBV; shared with Heads of Services; and details provided to Directors and Heads of Service in relation to the reviews that were due to commence.   IA will continue to engage with services to progress the agreed plan.

5.   Next Steps

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

5.2   IA will continue to focus on 2019/20 IA plan delivery.

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.

6.2   Inability to commence planned 2019/20 IA reviews could result in delayed completion of the 2019/20 IA plan and the requirement for additional co-source support to support delivery.

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.

7.2 If Internal Audit cannot deliver the agreed annual plan, it will be unable to provide assurance regarding how effectively the Council is managing its most significant risks.
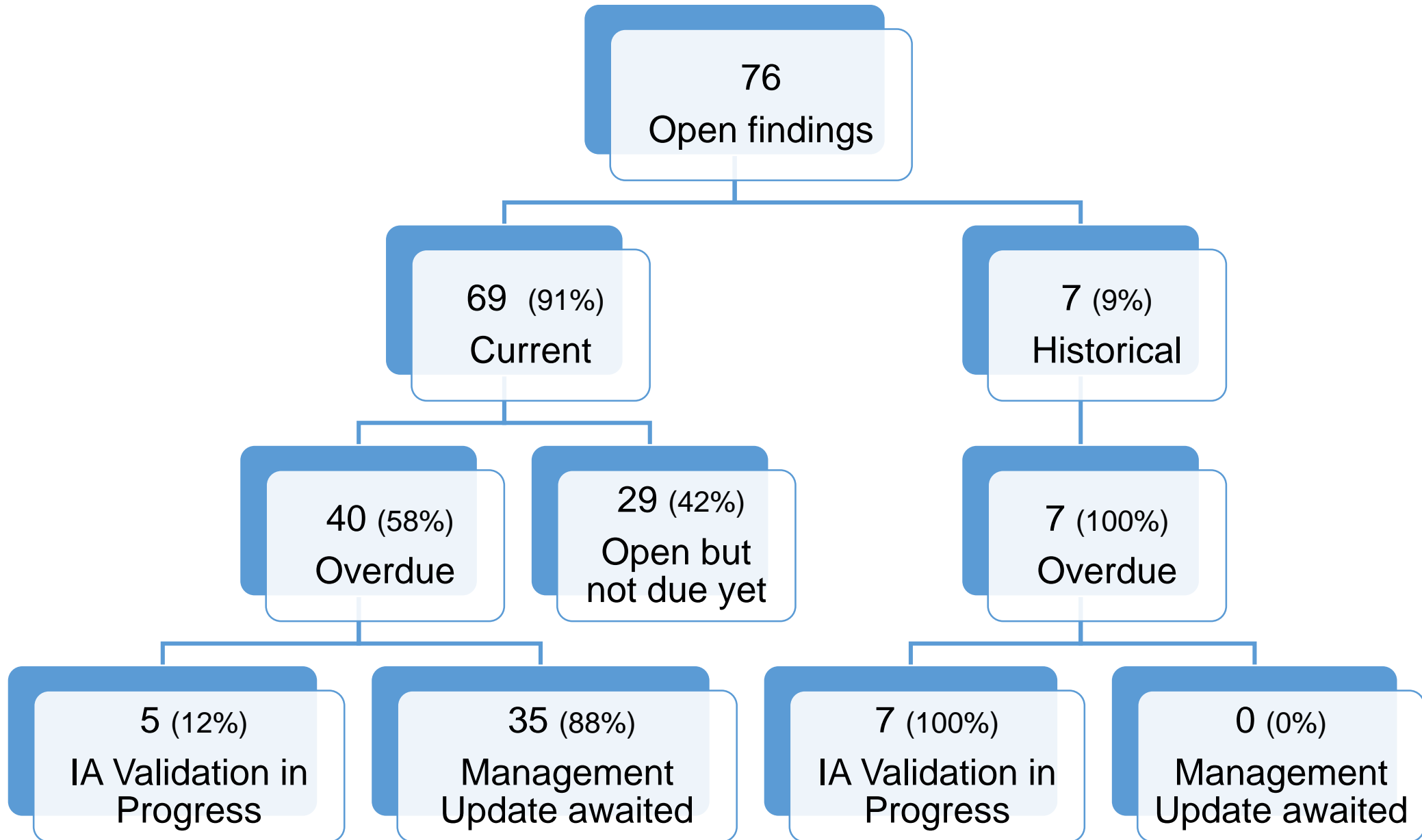
8. Background reading/external references

8.1 Internal Audit report - Historic Internal Audit Findings - Item 7.3

8.2 Internal Audit Journey Map and Key Performance Indicators

9. Appendices

9.1 Appendix 1 – Graphic of Open and Overdue IA Findings

9.2 Appendix 2 – Open and Overdue Management Actions Detailed Analysis

Appendix 1 - Internal Audit Open and Overdue findings position as at the 1st of July

- 76 Open findings
  - 69 (91%) Current
    - 40 (58%) Overdue
      - 5 (12%) IA Validation in Progress
      - 35 (88%) Management Update awaited
    - 29 (42%) Open but not due yet
  - 7 (9%) Historical
    - 7 (100%) Overdue
      - 7 (100%) IA Validation in Progress
      - 0 (0%) Management Update awaited

Appendix 2 - Internal Audit Open and Overdue Management Actions Detailed Analysis

Glossary of terms

- Project – This is the name of the audit report.
- Owner – The Executive Director responsible for implementation of the action.
- Issue Type – This is the priority of the audit finding, categorised as Critical, High, Medium, Low and Advisory.
- Issue – This is the name of the finding.
- 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), Implemented (the service area believe the action has been implemented and this is with Internal Audit for validation).
- Agreed Management action – This is the action agreed between Internal Audit and Management to address the finding.
  Estimated date – the original agreed implementation date.
- Revised date – the current revised date. Red formatting in the dates field indicates the latest revised date is overdue.
- Number of revisions – the number of times the date has been revised post implementation of TeamCentral. Amber formatting in the dates field indicates the date has been revised more than once.
  Contributor – Officers involved in implementation of an agreed management action.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
1	Asset Management Strategy Issue 1: Visibility and Security of Shared Council Property Stephen Moir, Executive Director of Resources	Medium	Review of existing shared property Started	A review of the office estate is underway by the Operational Estates team to identify third party users and approach them to seek appropriate leases or licences to allow them to occupy the premises and ensure the Council is appropriately reimbursed.	Estimated Date: 31/10/2018 Revised Date: 31/08/2019 No of Revisions 2	Audrey Dutton Gohar Khan Layla Smith Linda Murray Lindsay Glasgow Peter Watton

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
2	Asset Management Strategy Issue 1: Visibility and Security of Shared Council Property Stephen Moir, Executive Director of Resources	Medium	Formalised rental agreements Started	The Operational Estates team are also reviewing third sector tenancies across the Operational Estate. This will require the collation of information directly from establishments (who have traditionally made direct arrangements with third parties), to capture all instances and formalise these arrangements. Given the size and complexity of this task, it is envisaged that this will take around two years to complete.	Estimated Date: 31/10/2018 Revised Date: 31/10/2019 No of Revisions 2	Audrey Dutton Gohar Khan Layla Smith Linda Murray Lindsay Glasgow Peter Watton

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
3	CCTV Infrastructure CCTV Operations Stephen Moir, Executive Director of Resources	High	Recommendation 1 Implemented	1. The server hardware at New Parliament House (NPH) has been updated and is now secured behind constructed partition with air conditioning. Access is restricted by controlled entry, and the installation of air conditioning should now negate the need to leave the door open in summer to support ventilation. NPH is a 24/7 facility and would not normally be unstaffed. Security of downloaded images has been addressed with a lockable filing cabinet. All procedures have been reviewed with policy guidance updated. These will be included in the ongoing work of the Procedures Sub group of the CCTV Working Group. From a Disaster Recovery perspective currently, all NPH alarms can be manually transferred to Waverley Court in the event of a catastrophic failure / loss of service. An upgrade CCTV viewing capability at Waverley Court (WC) is currently being scoped. The existing WC server will also be afforded better protection to future proof and prolong service life. This will include an upgrade to the capacity and capability of the default processes providing limited CCTV monitoring capability at Waverley Court.	Estimated Date: 27/04/2018 Revised Date: No of Revisions 0	Audrey Dutton Gohar Khan Layla Smith Linda Murray2 Mark Stenhouse Miranda Matoshi Peter Watton

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
4	CCTV Infrastructure CCTV Operations Alistair Gaw, Executive Director of Communities and Families	High	Recommendation 5 Pending	5. The roll out of the new policies and procedures to be applied across all CCTV operations will be supported by employee briefings and training. The new policies and procedures will also include the requirement for induction training for all new employees and ongoing refresher training (to be delivered by each respective Service Area lead). Properties and Facilities Management has prepared a training matrix. A training provider has been also identified and training course dates established throughout 2018 for service users. A security information page is also being prepared for publishing on the Orb.	Estimated Date: 30/11/2018 Revised Date: 31/07/2019 No of Revisions 2	Gohar Khan Jackie Irvine Jennifer Douglas Miranda Matoshi Nichola Dadds Nickey Boyle Rona Fraser Ruth Currie Shirley McLaren
5	Complaints Process Complaints Software Laurence Rockey, Head of Strategy & Communications	Medium	Complaints Software Pending	The procurement of a new Customer Resource Management (CRM) system to record customer contacts is part of the new CGI contract. This is a medium- to long- term solution, and the project plan and implementation timetable have not yet been developed.	Estimated Date: 31/03/2019 Revised Date: No of Revisions 0	Donna Rodger Frances Smith

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
6	Cyber Security - Public Sector Action Plan RES1808: Issue 1: Critical Operational Cyber Security Controls Stephen Moir, Executive Director of Resources	High	RES1808: Issue 1: Recommendation 4.1 - User access controls Implemented	CGI indicated that the full recommendations made by the external auditor could not be implemented without significant change to the contract and at a notable additional cost. CGI provided the Council and the External Auditors with details of the current oversight of the CGI Wintel and UNIX password policies. Current ongoing evidence of this oversight via the Security Working Group will be provided to external audit, a statement confirming the risk acceptance by the Executive Director of Resources will be prepared, approved, signed, and provided to Scott Moncrieff.	Estimated Date: 31/05/2019 Revised Date: No of Revisions 0	Alison Roarty Carolann Miller Neil Dumbleton Nicola Harvey
7	Drivers Recording and addressing driving incidents Paul Lawrence, Executive Director of Place and SRO	Medium	Recording and addressing driving incidents Rec 2 Pending	A monthly reconciliation between the incidents reported to Fleet Services and those recorded on Safety Health and Environment (SHE) will be performed, with line managers advised re any gaps on the SHE system that need to be addressed;	Estimated Date: 01/04/2019 Revised Date: 30/04/2019 No of Revisions:	Adam Fergie Alison Coburn Claire Duchart Gareth Barwell Katy Miller Martin Young Scott Millar

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
8	Drivers Recording and addressing driving incidents Paul Lawrence, Executive Director of Place and SRO	Medium	Recording and addressing driving incidents Rec 3 Pending	Quarterly analysis of driving incidents will be performed and provided to Service Areas with a request that any recurring themes or root causes are incorporated into ongoing driver training;	Estimated Date: 01/02/2019 Revised Date: 30/04/2019 No of Revisions 1	Adam Fergie Alison Coburn Claire Duchart Gareth Barwell Katy Miller Martin Young Nicole Fraser Scott Millar Steven Wright Susan Tannahill
9	Drivers Driving Assessments and Training Paul Lawrence, Executive Director of Place and SRO	Medium	Driving Assessments and Training Rec 2 Started	The decision will be approved by the Corporate Leadership Team and the Corporate Policy and Strategy Committee; and the draft Driving policy and supporting procedures will be updated and implemented;	Estimated Date: 29/03/2019 Revised Date: 10/06/2019 No of Revisions 2	Alison Coburn Claire Duchart Gareth Barwell Nicole Fraser Scott Millar Susan Tannahill
10	Drivers Management and use of Driver Permits and fuel FOB cards Paul Lawrence, Executive Director of Place and SRO	Medium	Management and use of Driver Permits and Fuel FOB cards Rec 3 Started	On a driver's last working day, the line manager will recover the leavers driving permit and fuel FOB and return those to Fleet Services, driving permits will be cancelled and destroyed, with details removed from the system;	Estimated Date: 01/04/2019 Revised Date: No of Revisions 0	Alison Coburn Claire Duchart Gareth Barwell Katy Miller Martin Young Nicole Fraser Scott Millar Steven Wright

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
11	Drivers Management and use of Driver Permits and fuel FOB cards Paul Lawrence, Executive Director of Place and SRO	Medium	Management and use of Driver Permits and Fuel FOB cards Rec 4 Started	Fleet Services will perform an exercise to remove all historic leavers from their database and advise the external third party who performs the annual licence checks to ensure that no subsequent checks are performed on former employees;	Estimated Date: 01/02/2019 Revised Date: 28/06/2019 No of Revisions 1	Alison Coburn Claire Duchart Gareth Barwell Katy Miller Martin Young Nicole Fraser Scott Millar Steven Wright
12	Drivers Ongoing compliance with driving hours regulations Paul Lawrence, Executive Director of Place and SRO	Medium	Ongoing compliance with driving hours regulations Rec 4 Started	Fleet Services will reconcile its records of Council/agency drivers and their line managers with HR records on a quarterly basis to ensure that it is complete and accurate;	Estimated Date: 01/02/2019 Revised Date: No of Revisions 0	Adam Fergie Alison Coburn Claire Duchart Gareth Barwell Katy Miller Martin Young Nicole Fraser Scott Millar Steven Wright Susan Tannahill
13	Drivers Pre-employment and ongoing checks - Council Drivers Stephen Moir, Executive Director of Resources	Medium	Pre-employment and ongoing checks - Council Drivers Rec 2 Started	Potential options in relation to enhanced pre-employment screening medical checks will be investigated for specific categories of drivers. This will consider the recommendations from the Glasgow bin lorry fatal accident inquiry and benchmark against existing practice in other organisations.	Estimated Date: 29/03/2019 Revised Date: No of Revisions 0	Adam Fergie Katy Miller Layla Smith Linda Murray Martin Young Steven Wright Susan Tannahill

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
14	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Risk and Supplier Performance Management Judith Proctor, Chief Officer	High	Rec 3 - Performance Expectations Implemented	The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the Edinburgh Alcohol and Drug Partnership core group by January 2018.	Estimated Date: 31/01/2018 Revised Date: 31/05/2019 No of Revisions 2	Angela Ritchie Cathy Wilson Colin Beck David Williams Debbie Adams Helen Elder Jay Sturgeon Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
15	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Risk and Supplier Performance Management Judith Proctor, Chief Officer	High	Rec 4 - Timeframes Implemented	The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the Edinburgh Alcohol and Drug Partnership core group by January 2018.	Estimated Date: 31/01/2018 Revised Date: 31/05/2019 No of Revisions 2	Angela Ritchie Cathy Wilson Colin Beck David Williams Debbie Adams Helen Elder Jay Sturgeon Tom Cowan
16	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Risk and Supplier Performance Management Judith Proctor, Chief Officer	High	Rec 1 - Risk Management Pending	A contracts management risk register will be developed describing, prioritising, and addressing risks to delivery. The risk register will be shared with and approved by the Core group by January 2018. The risk register will be refreshed quarterly and reviewed by the Core Group.	Estimated Date: 30/03/2018 Revised Date: 31/07/2019 No of Revisions 3	Angela Ritchie Cathy Wilson Colin Beck David Williams Debbie Adams Helen Elder Jay Sturgeon Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
17	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Key Person Dependency and Process Documentation Judith Proctor, Chief Officer	Medium	Rec 2 - Contract Management Processes Started	The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the Edinburgh Alcohol and Drug Partnership core group by January 2018.	Estimated Date: 31/01/2018 Revised Date: 31/05/2019 No of Revisions 2	Angela Ritchie Cathy Wilson Colin Beck David Williams Debbie Adams Helen Elder Jay Sturgeon Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
18	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Key Person Dependency and Process Documentation Judith Proctor, Chief Officer	Medium	Rec 4 - Key Supplier Contracts Started	The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the Edinburgh Alcohol ad Dug Partnership core group by January 2018.	Estimated Date: 31/01/2018 Revised Date: 31/05/2019 No of Revisions 2	Cathy Wilson Colin Beck David Williams Debbie Adams Helen Elder Jay Sturgeon Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
19	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Key Person Dependency and Process Documentation Judith Proctor, Chief Officer	Medium	Rec 5 - Records Management Policy Started	Records retention policy: Direction will be requested from the Information Governance team in relation to Records Management Policy requirements and how they should be applied to retention, archiving and destruction of contract management information. Any lessons learned will be shared with the Health and Social Care contracts management team.	Estimated Date: 30/03/2018 Revised Date: 31/05/2019 No of Revisions 2	Angela Ritchie Cathy Wilson Colin Beck David Williams Debbie Adams Helen Elder Tom Cowan
20	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Supplier Sustainability Judith Proctor, Chief Officer	Medium	Rec 2 - Contingency Plans Started	Contingency plans will be developed, discussed with existing suppliers, and approved by the Core Group.	Estimated Date: 31/01/2018 Revised Date: 31/05/2019 No of Revisions 1	Angela Ritchie Cathy Wilson Colin Beck David Williams Debbie Adams Helen Elder Tom Cowan
21	Fleet Review Project management and governance framework Paul Lawrence, Executive Director of Place and SRO	High	4. Recommendation - Stakeholder Engagement Pending	An internal/ external stakeholder engagement plan will be developed; approved by the project Board and applied throughout the project. Any key stakeholder engagement actions will also be reflected in the project plan.	Estimated Date: 28/06/2019 Revised Date: No of Revisions 0	Alison Scott Claire Duchart Gareth Barwell Nicole Fraser Scott Millar Veronica Wishart

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
22	Fleet Review Project management and governance framework Paul Lawrence, Executive Director of Place and SRO	High	2. Recommendation - Project Governance Framework Started	Project board to be finalised and evidence submitted indicating terms of reference, meeting scheduling and meeting notes	Estimated Date: 29/03/2019 Revised Date: No of Revisions 0	Alison Scott Claire Duchart Gareth Barwell Nicole Fraser Scott Millar Veronica Wishart
23	Fleet Review Project management and governance framework Paul Lawrence, Executive Director of Place and SRO	High	3. Recommendation - Project Management Framework Started	Agreed. The guidance designed by Strategy and Insight will be applied to support the Fleet project management framework; Agreed – all documentation noted above will be prepared to support the project; Project documentation will be approved by the Project Board. Status reporting will be provided to Strategy and Insight for inclusion in the Corporate Leadership Team Change Board pack; and agreed – actions will be documented; allocated; and monitored to confirm their completion.	Estimated Date: 28/06/2019 Revised Date: No of Revisions 0	Alison Scott Claire Duchart Gareth Barwell Nicole Fraser Scott Millar Veronica Wishart

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
24	Foster Care Review Foster & Kinship Care Vetting, Approval, and Agreements Alistair Gaw, Executive Director of Communities and Families	Medium	6. Kinship Carer Agreements Started	6.1 Procedures to be reviewed and updated to specify that a Carer Agreement must be signed by the carer and the Council, a copy provided to the carer and the original held on file.6.2 Formal checks will be implemented (prior to placements being offered) to ensure that all foster and kinship carer agreements have been signed by both the carer and the Council, and that a copy of the signed agreement has been issued to the carer and securely retained by the Council.	Estimated Date: 30/09/2018 Revised Date: 29/11/2019 No of Revisions 3	Andy Jeffries Bernadette Oxley Nickey Boyle Russell Sutherland Ruth Currie Sean Bell
25	Garden Waste Bin Collection MIS1801: Issue 2 Garden Waste Registration Process Laurence Rockey, Head of Strategy & Communications	Medium	MIS1801: Issue 2.3 Communicating cessation of outbound calls Started	The change will also be: Communicated via the Orb; Managers News; and the Chief Executive's blog; Reinforced at the Wider Leadership Team Meeting; and Communicated via other social media channels used by the Council. Additionally, all CLT members will be requested to reinforce the decision with their direct reports	Estimated Date: 29/03/2019 Revised Date: No of Revisions 0	Chris Wilson Donna Rodger

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
26	H&SC Care Homes - Corporate Report A1.2: Gylemuir Judith Proctor, Chief Officer	High	A1.2(1) Care Inspectorate Findings Implemented	Refreshed Action as per re-based action plan presented to Governance Risk and Best Value committee May 2019. Proposal to close down Gylemuir was presented to the IJB on 29 March 2019. Progress on this item will be paused pending further information/development of closure plans. Previous Action: Action plan developed in discussion with Care Inspectorate. Gylemuir action group set up with monthly meetings to monitor outputs and outcomes	Estimated Date: 28/02/2018 Revised Date: 31/05/2019 No of Revisions 1	Angela Ritchie Cathy Wilson Debbie Adams Helen Elder Pat Wynne Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
27	H&SC Care Homes - Corporate Report A1.2: Gylemuir Judith Proctor, Chief Officer	High	A1.2(5) Management & oversight of NHS staff Implemented	Refreshed Action as per re-based action plan presented to Governance Risk and Best Value May 2019. Proposal to close down Gylemuir was presented to the IJB on 29 March 2019. Progress on this item will be paused pending further information/development of closure plans. Previous Management Action: The staffing model at Gylemuir house has been reviewed, a Senior Charge Nurse has been seconded in to support direct management and professional support of NHS staff while the recruiting process continues to identify a substantive Senior Charge Nurse. NHS staff continue to operate under NHS governance and are professionally accountable through the nursing line. It is expected that this post will be permanently filled by April 2018 Nursing staff remain under NHS terms and conditions. The Senior Charge Nurse is directly managed by the Care Home manager and professionally accountable to the professional lead in North West locality	Estimated Date: 30/04/2018 Revised Date: 31/05/2019 No of Revisions 1	Angela Ritchie Cathy Wilson Debbie Adams Helen Elder Pat Wynne Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
28	H&SC Care Homes - Corporate ReportA2.7: Resident's Assets on DeathJudith Proctor, Chief Officer	Low	A2.7(1)Implemented	Form 309 to be reviewed. Assigned to Business Support Officers to review and update in liaison with Unit Managers.	Estimated Date: 28/02/2018 Revised Date: 30/04/2019 No of Revisions 2	Angela Ritchie Cathy Wilson Debbie Adams Helen Elder Tom Cowan
29	H&SC Care Homes - Corporate Report A1.1: Care Homes Self Assurance Framework Judith Proctor, Chief Officer	Medium	A1.1: Care Homes Self Assurance Framework Implemented	A self assurance framework will be designed and implemented that will validate effective operation of controls in place to manage these risks. The Health and Social Care Partnership Operations Manager will be accountable for development; implementation and ongoing operation of the framework. Development and implementation support will be requested from Business Support and Quality Assurance and Compliance.	Estimated Date: 30/06/2019 Revised Date: No of Revisions 0	Angela Ritchie Cathy Wilson Debbie Adams Helen Elder Jean Inglis Julie Rosano Tom Cowan
30	H&SC Care Homes - Corporate Report A3.5: Adequacy of Resources Judith Proctor, Chief Officer	Medium	A3.5(1) Pending	Unit managers submit monthly reports to Cluster manager and Locality management team. Locality management team responsible for ensuring resource meets the demand based on dependency scoring.	Estimated Date: 31/01/2019 Revised Date: 30/06/2019 No of Revisions 1	Angela Ritchie Cathy Wilson Debbie Adams Helen Elder Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
31	H&SC Care Homes - Corporate Report A2.3: Welfare Fund and Outings Funds Judith Proctor, Chief Officer	Medium	A2.3(2) Started	A working group has been established that will focus on welfare. The remit of the group will focus on welfare committees; constitutions; accounts; criteria and donations. 2 officers from the working group have been assigned responsibility to write and implement welfare guidelines.	Estimated Date: 31/07/2018 Revised Date: 31/07/2019 No of Revisions 3	Angela Ritchie Cathy Wilson Debbie Adams Helen Elder Tom Cowan
32	H&SC Care Homes - Corporate Report A2.3: Welfare Fund and Outings Funds Judith Proctor, Chief Officer	Medium	A2.3(3) Started	A working group has been established that will focus on welfare. The remit of the group will focus on welfare committees; constitutions; accounts; criteria and donations. 2 officers from the working group have been assigned responsibility to write and implement welfare guidelines Task assigned to Business Officer for annual accounts and daily bookkeeping. Guidelines to be written for consistency.	Estimated Date: 31/07/2018 Revised Date: 31/07/2019 No of Revisions 2	Angela Ritchie Cathy Wilson Debbie Adams Helen Elder Tom Cowan
33	H&SC Care Homes - Corporate Report A3.1: Training Judith Proctor, Chief Officer	Medium	A3.1(1) Started	This will be included as part of a new monthly controls process to be implemented and monitored via completion of a monthly spreadsheet. A working group has been established to document all processes to be included.	Estimated Date: 30/06/2019 Revised Date: 30/08/2019 No of Revisions 1	Angela Ritchie Cathy Wilson Debbie Adams Helen Elder Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
34	H&SC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(2) Health & Social Care Teams Started	Health and Social Care Teams will ensure that annual performance conversations (once completed) are recorded on the iTrent system.	Estimated Date: 30/06/2018 Revised Date: 31/07/2019 No of Revisions 1	Angela Ritchie Cathy Wilson Debbie Adams Helen Elder Tom Cowan
35	H&SC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(3) HSCP - Managing Attendance Training Started	Refreshed Action as per re-based action plan presented to Governance Risk and Best Value May 2019The Council suspended its 'Managing Attendance Workshop' while it was reviewing its policy which caused delays in implementing this item. The Partnership currently has a project manager who has been actively working with Care home Managers for absence management through the workforce planning strategy stream. Aiming to have new CeCil Online Module completed by February 2019 with evidence provided to IA for validation by end May. Previous Management Action: Will ensure that managing attendance workshops have been attended by all H&SC line managers in Care Homes.	Estimated Date: 30/06/2018 Revised Date: 31/05/2019 No of Revisions 3	Angela Ritchie Cathy Wilson Debbie Adams Helen Elder Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
36	H&SC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(4) Health & Social Care Teams Started	This is the responsibility of the Unit manager for their direct reports. The Business Support Officer will ensure that the Unit Manager is aware on a monthly basis for Domestics and Handymen reporting to them The Business Support Officer is required to monitor and report through the Customer process on a monthly basis. The staff nurse / charge nurse to be appointed at Gylemuir will ensure that this is performed for all NHS staff.	Estimated Date: 30/06/2018 Revised Date: 31/07/2019 No of Revisions 1	Angela Ritchie Cathy Wilson Debbie Adams Helen Elder Tom Cowan
37	H&SC Care Homes - Corporate Report A3.4: Agency Staffing Judith Proctor, Chief Officer	Medium	A3.4(2) Started	The Business Support Officer will assist the Unit Manager (See A2.1). A paper is being presented to the Health and Social Care Senior Management Team week commencing 15th January 2018 that proposes a solution where information will be provided to Locality Managers who will prepare reports for Care Homes. If this solution is agreed, it will be implemented immediately.	Estimated Date: 31/03/2018 Revised Date: 30/04/2019 No of Revisions 2	Angela Ritchie Cathy Wilson Colin Beck Debbie Adams Florence Miller Jay Sturgeon

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
38	Historic Unimplemented Findings CG1513 - Issue 1. Data architecture management Stephen Moir, Executive Director of Resources	High	Recommendation 1a Implemented	The Computer Aided Facilities Management (CAFM) system delivery is now part of the scope for the Asset Management Strategy (AMS) approved by Finance and Resources in September 2015. It is accepted that closing out Phase 1 of the implementation plan must be a priority for the Division and therefore additional resources within the Council and Technology Forge are required to be put in place as a matter of urgency in order to help progress with implementation. The AMS proposes that the CAFM implementation is fully resourced and prioritised, as part of the delivery of the wider programme. In this context, new oversight and direction has been introduced to ensure robust project management to accelerate delivery.	Estimated Date: 31/03/2016 Revised Date: 30/06/2016 No of Revisions 2	Andrew Field Audrey Dutton Gohar Khan Layla Smith Linda Murray Mark Stenhouse Peter Watton
39	Historic Unimplemented FindingsHSC1502 - issue 1 lack of routine monitoring of users Judith Proctor, Chief Officer	Low	Recommendation 1c Started	It is proposed that an online training module is developed to provide a mixture of operational guidance and system controls which would be mandatory for all Swift users to complete. Staff would be expected to undertake an annual refresher.	Estimated Date: 30/04/2016 Revised Date: 30/09/2019 No of Revisions 3	Alison Roarty Angela Ritchie Carolann Miller Cathy Wilson Debbie Adams Dougal Allan Helen Elder Julie Rosano Nicola Harvey Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
40	Historic Unimplemented Findings MIS1601 - issue 1 Budgetary Impact Stephen Moir, Executive Director of Resources	Medium	Recommendation 1 - Budgetary Impact Implemented	The Repairs and Maintenance budget for 2016/17 will be closely monitored as services are now procured direct from suppliers and an imbedded due diligence process has been developed. This will inform the budget setting process, but it should, however, be noted that this has historically been based on availability and not need.	Estimated Date: 31/03/2017 Revised Date: 29/06/2018 No of Revisions 1	Audrey Dutton Gohar Khan Layla Smith Linda Murray Murdo MacLeod Peter Watton
41	Historic Unimplemented Findings CG1513 - issue 2 Data Quality Stephen Moir, Executive Director of Resources	Medium	Recommendation 2d Implemented	Action Tracker now in place within the Strategic Asset Management team which is reviewed and monitored on a weekly basis.	Estimated Date: 31/03/2016 Revised Date: No of Revisions 0	Andrew Field Audrey Dutton Brendan Tate Gohar Khan Layla Smith Linda Murray Mark Stenhouse Peter Watton
42	Historic Unimplemented Findings CG1513 - issue 2 Data Quality Stephen Moir, Executive Director of Resources	Medium	Recommendation 2e Implemented	Data Quality Manager to be recruited within Corporate Property for Computer Aided Facilities Management (CAFM).	Estimated Date: 31/03/2016 Revised Date: No of Revisions 0	Andrew Field Audrey Dutton Brendan Tate Gohar Khan Layla Smith Linda Murray Mark Stenhouse Peter Watton

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
43	Historic Unimplemented Findings CG1513 - Issue 3 Management Information Production Stephen Moir, Executive Director of Resources	Medium	Recommendation 3b Implemented	Identify and assess current key Performance Indicator's (PI's) and implement regular reporting on energy, water and waste PI's, identifying performance improvements and delivering against key actions.	Estimated Date: 30/06/2016 Revised Date: 30/06/2016 No of Revisions 2	Andrew Field Audrey Dutton Brendan Tate Gohar Khan Layla Smith Linda Murray Mark Stenhouse Peter Watton
44	Historic Unimplemented Findings CG1513 - Issue 3 Management Information Production Stephen Moir, Executive Director of Resources	Medium	Recommendation 3c Implemented	Formalise arrangements as to the production of such Performance Indicator's. The creation of performance specific roles and responsibilities will form part of the Asset Management Strategy Review which is currently in progress.	Estimated Date: 30/06/2016 Revised Date: 30/06/2016 No of Revisions 2	Andrew Field Audrey Dutton Brendan Tate Gohar Khan Layla Smith Linda Murray Mark Stenhouse Peter Watton

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
45	Historic Unimplemented Findings

RES1617 - issue 2 Information Governance Readiness

Laurence Rockey, Head of Strategy & Communications | Medium | Recommendation 2c - Identification of data issues

Started | Refreshed Action as per re-based action plan presented to Govrnence Risk and Best Value May 2019. At a strategic level, data quality issues will be identified and communicated to services through the Information Board that has now been established (March 2019). At a tactical level, services will be supported through the introduction of a data warehouse (implementation date to be confirmed) that will identify specific data quality risks and issues within core systems that will be shared with the Information Board and services as appropriate for action. A Project Initiation Document for the Data Warehouse to be created by March 2019.Until the data warehouse is implemented, management is prepared to accept this risk. Previous management action: The establishment of data services under the new Strategy & Insight Division will help to identify data quality issues from source systems. Data Services will feed back to services and Data Council. | Estimated Date: 31/07/2016 Revised Date: 01/10/2018 No of Revisions 1 | Donna Rodger Gavin King Kevin Wilbraham Sarah Hughes-Jones |

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
46	Historic Unimplemented Findings RES1617 - issue 2 Information Governance Readiness Laurence Rockey, Head of Strategy & Communications	Medium	Recommendation 2d - Data quality Started	Refreshed Action as per re-based action plan presented to Governance Risk and Best Value May 2019. At a strategic level, data quality issues will be identified and communicated to services through the Information Board that has now been established (March 2019). At a tactical level, services will be supported through the introduction of a data warehouse (implementation date to be confirmed) that will identify specific data quality risks and issues within core systems that will be shared with the Information Board and services as appropriate for action. A Project Initiation Document for the Data Warehouse to be created by March 2019.Until the data warehouse is implemented, management is prepared to accept this risk. Previous recommendation: Information Governance Strategy already references data quality. Data Quality Policy will be revised to include more detailed data collation elements, and to confirm structural changes and responsibilities. A central reference point for key information will be provided by the Data Services.	Estimated Date: 31/08/2016 Revised Date: 01/10/2018 No of Revisions 1	Donna Rodger Gavin King Kevin Wilbraham Sarah Hughes-Jones

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
47	Historic Unimplemented Findings ED1501 Issue 1 Resource risk with delivering the SEAP programme Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 1a Started	(i) The Communications Plan will be rolled out.	Estimated Date: 31/01/2016 Revised Date: 31/12/2019 No of Revisions 4	Alison Coburn Claire Duchart Donna O'Donnell Janice Pauwels Michael Thain Sandra Harrison
48	Historic Unimplemented Findings ED1501 Issue 1 Resource risk with delivering the SEAP programme Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 1b Started	(ii) A risk register will be developed as part of the reporting to Committee. Resourcing the Sustainable Energy Action Plan (SEAP) is still an ongoing concern. As the Council Transformation Programme progresses, it will be crucial to ensure existing resources are in place (as far as possible) to ensure delivery of the Sustainable Energy Action Plan (SEAP)	Estimated Date: 30/04/2016 Revised Date: 31/12/2019 No of Revisions 4	Alison Coburn Claire Duchart Donna O'Donnell Janice Pauwels Michael Thain Sandra Harrison
49	Local Development Plan Financial Modelling Paul Lawrence, Executive Director of Place and SRO	High	Funding Started	Challenge of infrastructure proposals will be performed at the Local Development Plan Action Programme oversight group. Complete and agree Financial Model of 2018 Local Development Plan Action Programme Annual Report to Corporate Leadership Team and Finance and Resources Committees. Prepare update to Financial Model in line with next Local Development Plan project plan.	Estimated Date: 31/03/2018 Revised Date: 29/05/2020 No of Revisions 2	Alison Coburn Ben Wilson Claire Duchart David Leslie John Inman Michael Thain Sandra Harrison

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
50	Local Development PlanGovernance arrangements over infrastructure appraisals Paul Lawrence, Executive Director of Place and SRO	Medium	Infrastructure Governance arrangementsStarted	Establish and agree appropriate roles, resources and the responsibilities for delivery the above matters as an early action in the project plan for LDP 2. Oversight will be provided by the Project Board to ensure that all individual appraisals performed across Service Areas have applied these recommendations.	Estimated Date: 31/03/2018 Revised Date: 29/05/2020 No of Revisions 2	Alison Coburn Ben Wilson Claire Duchart David Leslie John Inman Michael Thain Sandra Harrison
51	Mortuary Services Risk Register Mitigating Controls Paul Lawrence, Executive Director of Place and SRO	Medium	Risk Register Mitigating Controls Implemented	Work with Environment Service and Place Directorate to update the risk register post transformation review. A mortuary plan is under development and should be completed before the end of December 2016. Implementation by 31/01/2017 is anticipated.	Estimated Date: 31/03/2017 Revised Date: 30/06/2018 No of Revisions 2	Alison Coburn Claire Duchart Gareth Barwell Nicole Fraser Robbie Beattie
52	Non-Housing Invoices Schedule of Rates Stephen Moir, Executive Director of Resources	Medium	New non-housing contractor framework Implemented	The non-Housing contractor framework will be re-tendered during 2017. The inclusion of detailed best-value and due-diligence options will be considered as part of the process. This may include schedule of rates, gain share, penalties etc or a combination.	Estimated Date: 31/08/2017 Revised Date: 31/03/2019 No of Revisions 3	Audrey Dutton Gohar Khan Layla Smith Linda Murray Mark Stenhouse Murdo MacLeod Peter Watton

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
53	Non Housing Invoices Availability of documentation Stephen Moir, Executive Director of Resources	Medium	CAFM Implemented	It is anticipated that Computer Aided Facilities Management will be in operational use (services being implemented on a rolling programme thereafter) in early 2017 with a non-Housing Repairs and Maintenance implementation process in place for FY 2017/18	Estimated Date: 01/04/2017 Revised Date: 31/08/2018 No of Revisions 2	Audrey Dutton Gohar Khan Layla Smith Linda Murray Murdo MacLeod Peter Watton
54	Planning and S75 Developer Contributions Backlog of Legacy Developer Contributions Paul Lawrence, Executive Director of Place and SRO	High	PL 1802 Recommendation 1.2 Retrospective review of historic developer contribution legal agreements Pending	Planning has worked with Finance to identify the status of legacy contributions identified in 2015. Planning accepts that the status of the remaining £2.3 million backlog needs to be identified, and any associated actions identified and recorded. Whilst an agreed implementation date of 30 September 2020 is noted below, priority will be given to completing these actions as quickly as possible.1. The audit recommendations detailed above will be implemented. Finance and planning will work together to determine the risk-based sample to be included in the review, for the sample selected, Planning will determine whether or not the terms of the agreement have been fulfilled where agreements have been fulfilled, Finance will determine whether developer contributions have been received and applied. Where agreements have not been fulfilled and the Council is holding	Estimated Date: 31/01/2016 Revised Date: 30/09/2020 No of Revisions 1	Alison Henry David Leslie Graham Nelson Hugh Dunn John Inman Kevin McKee Michael Thain Nick Smith Rebecca Andrew

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
				developer funds, the management action specified at 2.3 below will be applied.2. An internal record will be maintained of agreements that have not been fulfilled to prevent services from drawing down contributions to support any development work. Developers will not be advised that agreements are void and no longer applicable, as (under legislation) only developers can seek to discharge the agreement; and3. and 4 where agreements have not been fulfilled and funds are held by the Council, the developer will be contacted (where they can be traced) to ascertain whether they would accept reimbursement of funds. Where this is the case, a value should be agreed between the Council and the developer that reflects interest and indexation (where applicable) and reimbursed.		
55	Planning and S75 Developer Contributions

Backlog of Legacy Developer Contributions

Stephen Moir, Executive Director of Resources | High | PL 1802 Recommendation 1.1 Review of developer contributions held in the Finance database

Pending | A full review of all developer contributions held in the Finance database will be performed, and all entries reconciled to amounts held on deposit and/or in the general ledger. | Estimated Date: 31/01/2016 Revised Date: 30/09/2020 No of Revisions 1 | Alison Henry David Leslie Hugh Dunn John Inman Michael Thain Rebecca Andrew |

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
56	Planning Control - Building Standards

Implementation of The Building Standards Continuous Improvement Programme

Paul Lawrence, Executive Director of Place and SRO | High | Shared services

Implemented | Due to its own workload pressures, Aberdeen City Council, have had to withdraw from the shared services arrangement temporarily. The quantity of work being allocated to Argyll and Bute Council has been increased accordingly. This is being kept closely monitored to ensure any issues arising from the additional work are resolved. Management are finding out whether arrangements could be put in place with other councils to improve resilience and to help free up more time for staff to be trained and to allow staff more time concentrate on the delivery transformation plan. Initial workload review for Q4 is complete. Ongoing workload review will be completed on a quarterly basis. | Estimated Date: 30/04/2019 Revised Date:

No of Revisions 0 | Alison Coburn Claire Duchart David Givan Jade Sutherland Michael Thain Nancy Brown Sandra Harrison |

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
57	Planning Control - Building Standards Workload Allocation and Management Paul Lawrence, Executive Director of Place and SRO	High	Management Reports - Caseload Allocation Implemented	Management reports have been developed using Microsoft Access and Microsoft Excel. These enable managers to accurately track their team's work and ensure they can see allocations, workload and progress of particular cases. These reports have been adapted for individual members of staff. Both sets of reports are proving successful and allowing all staff to better monitor workload. As with quarterly reporting of Key Performance Objectives stats, because of the success of the Microsoft Access and Excel reports, the delivery of these reports on Enterprise is not considered essential at this time, however it is intended to implement these by End 2018. A skills matrix is to be developed and implemented to allocate cases to appropriately skilled staff.	Estimated Date: 29/06/2018 Revised Date: 30/04/2019 No of Revisions 1	Alison Coburn Claire Duchart David Givan Jade Sutherland Michael Thain Nancy Brown Sandra Harrison
58	Planning Control - Building Standards Implementation of The Building Standards Continuous Improvement Programme Paul Lawrence, Executive Director of Place and SRO	High	Document and resource management system Started	ICT are working closely with the Council's IT provided, CGI, to deliver an up-to-date version of the document management and case management systems (Idox and Uniform) and their associated software systems and will ensure that these are delivered in Quarter 2 2018/19.	Estimated Date: 28/09/2018 Revised Date: 30/09/2019 No of Revisions 2	Alison Coburn Claire Duchart David Givan Jade Sutherland Michael Thain Nancy Brown Sandra Harrison

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
59	Port Facility Security Plan PL1808 Issue: 2 Resilience and Risk Management Paul Lawrence, Executive Director of Place and SRO	Low	PL1808 Issue: 2.1 Risk Register Pending	The most appropriate risk register to record and manage the specific risks associated with the operation of Hawes Pier will be identified; and the risks will be recorded; rated; and matched to the established controls.	Estimated Date: 31/05/2019 Revised Date: 30/11/2019 No of Revisions 1	Chris Spence Cliff Hutt David Strachan Gareth Barwell Gordon McOmish
60	Project Benefits RealisationBenefits Realisation Laurence Rockey, Head of Strategy & Communications	High	Consolidated Benefits Realisation Plan Started	Recommendation agreed. However, responsibility for Benefits Realisation will remain responsibility of the agreed Benefit Owners.	Estimated Date: 28/09/2018 Revised Date: 30/09/2019 No of Revisions 3	Donna Rodger Gillie Severin Scott Robertson Simone Hislop

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
61	Property Maintenance Monitoring of outstanding jobs Stephen Moir, Executive Director of Resources	Medium	Monitoring of outstanding jobs Started	The AS400 system does not allow recoding or reporting on completion until invoice stage. Contractors are already confirming when jobs complete to agreed Service Level Agreements (Mechanical and Electrical in particular). This includes outstanding jobs. New contracts being procured will require all contracts to report on performance but this is not anticipated to be complete until end 2017 by which time Computer Aided Facilities Management (CAFM) will also be in place. CAFM will support monitoring of outstanding works orders. In the meantime, as noted in Finding 2, an interim monitoring/tracking process has been developed for condition survey high risk/urgent items	Estimated Date: 31/12/2017 Revised Date: 31/05/2019 No of Revisions 4	Audrey Dutton Gohar Khan Layla Smith Linda Murray Mark Stenhouse Murdo MacLeod Peter Watton

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
62	Resilience BC Resilience responsibilities Laurence Rockey, Head of Strategy & Communications	High	Rec 3.5 S&C - Defining and Allocating Operational Resilience responsibilities Implemented	Operational resilience responsibilities for completion and ongoing maintenance of Directorate and Service Area Business Impact Assessments; Resilience plans; and coordination of resilience tests in conjunction with the Resilience team will be clearly defined and allocated. The total number of employees with operational resilience responsibilities will be determined with reference to the volume of business impact assessments and resilience plans that require to be completed and maintained to support recovery of critical services.	Estimated Date: 20/12/2018 Revised Date: No of Revisions 0	Donna Rodger Gavin King Mary-Ellen Lang
63	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Laurence Rockey, Head of Strategy & Communications	High	Rec 11 Corporate Resilience - Documenting review frequencies for statutory and business area resilience plans Implemented	Resilience will, on the basis of risk assessment and in conjunction with key internal stakeholders, document the review and testing frequency for all statutory and business area resilience plans. Relevant exercise actions for Resilience will be recorded and significant lessons learned incorporated into resilience plans, pending approval by multi-agency partners and the Corporate Resilience Group/Corporate Leadership Team	Estimated Date: 28/06/2019 Revised Date: No of Revisions 0	Donna Rodger Gavin King Mary-Ellen Lang

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
64	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Alistair Gaw, Executive Director of Communities and Families	High	Rec 12.4 C&F - Annual assurance from Third Party Providers Started	Assurance should 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 should be recorded in Service Area and Directorate risk registers.	Estimated Date: 28/06/2019 Revised Date: No of Revisions 0	Nickey Boyle Ruth Currie
65	Resilience BC Resilience responsibilities Judith Proctor, Chief Officer	High	Rec 3.3 H&SC - Defining and allocating operational resilience duties Started	Operational resilience responsibilities for completion and ongoing maintenance of Directorate and Service Area Business Impact Assessments; Resilience plans; and coordination of resilience tests in conjunction with the Resilience team will be clearly defined and allocated. The total number of employees with operational resilience responsibilities will be determined with reference to the volume of business impact assessments and resilience plans that require to be completed and maintained to support recovery of critical services.	Estimated Date: 20/12/2018 Revised Date: 31/07/2019 No of Revisions 2	Cathy Wilson Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
66	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Judith Proctor, Chief Officer	High	Rec 12.3 H&SC - Annual assurance from Third Party Providers Started	Assurance will be obtained annually for statutory and critical services from third party service providers that their resilience plans remain adequate and effective; and have been tested to confirm that the recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved. Where this assurance cannot be provided, this will be recorded in Service Area and Directorate risk registers.	Estimated Date: 21/06/2019 Revised Date: No of Revisions 0	Cathy Wilson Tom Cowan
67	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Laurence Rockey,Head of Strategy & Communications	High	Rec 3 - Methodology, protocols and templates for BIAs, call trees and resilience plans Started	Resilience to develop and provide appropriate methodology, protocols and templates for Business Impact Assessments (BIA), call trees and resilience plans. Resilience will oversee and coordinate the completion and maintenance of all BIAs and emergency call trees, providing support, review and challenge to service areas and ensuring consistency of approach.	Estimated Date: 29/03/2019 Revised Date: No of Revisions 0	Donna Rodger Gavin King Mary-Ellen Lang

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
68	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Laurence Rockey, Head of Strategy & Communications	High	Rec 12.5 S&C - Annual assurance from Third Party Providers Started	Assurance should 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 should be recorded in Service Area and Directorate risk registers.	Estimated Date: 28/06/2019 Revised Date: No of Revisions 0	Donna Rodger Mary-Ellen Lang
69	Resilience BC Resilience responsibilities Paul Lawrence, Executive Director of Place and SRO	High	Rec 3.1 Place - Defining and Allocating Operational Resilience responsibilities Started	Operational resilience responsibilities for completion and ongoing maintenance of Directorate and Service Area Business Impact Assessments; Resilience plans; and coordination of resilience tests in conjunction with the Resilience team will be clearly defined and allocated. The total number of employees with operational resilience responsibilities will be determined with reference to the volume of business impact assessments and resilience plans that require to be completed and maintained to support recovery of critical services.	Estimated Date: 20/12/2018 Revised Date: 11/12/2020 No of Revisions 1	Alison Coburn Claire Duchart Mary-Ellen Lang

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
70	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Paul Lawrence, Executive Director of Place and SRO	High	Rec 12.1 Place - Annual assurance from Third Party Providers Started	Assurance should 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 should be recorded in Service Area and Directorate risk registers.	Estimated Date: 28/06/2019 Revised Date: No of Revisions 0	Alison Coburn Claire Duchart
71	Resilience BC Adequacy, maintenance and approval of Council wide resilience plans Laurence Rockey,Head of Strategy & Communications	Medium	Rec 1 a) Notification and escalation processes for essential activity areas Started	a) Resilience will issue a communication to Corporate Leadership Team requesting that their essential activity areas have appropriate notification and escalation processes in place should an incident occur affecting the area. This information will be included in business area resilience plans.	Estimated Date: 29/03/2019 Revised Date: 31/10/2019 No of Revisions 2	Donna Rodger Gavin King Mary-Ellen Lang

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
72	Resilience BC Adequacy, maintenance and approval of Council wide resilience plans Laurence Rockey, Head of Strategy & Communications	Medium	Rec 1b) Provision of support and guidance for developing incident management processes Started	b) An agreed and validated Council Resilience Incident Notification and Escalation procedure is in place for resilience incidents. In line part A of the recommendation guidance will be offered to business areas through Corporate Leadership Team to share good practice and support provided where required, to assist in the development of business area notification and escalation processes.	Estimated Date: 29/03/2019 Revised Date: 31/10/2019 No of Revisions 3	Donna Rodger Gavin King Mary-Ellen Lang
73	Review of the General Data Protection Regulations Readiness Programme Programme Progress and Information Governance Capacity Laurence Rockey, Head of Strategy & Communications	High	Programme Progress and Information Governance Capacity - Issue 1 rec 1b Started	Operational activities will be subject to review and a report made to Corporate Leadership Team on longer term resource impacts for the Information Governance Unit and service areas in meeting statutory requirements;	Estimated Date: 28/09/2018 Revised Date: 31/01/2019 No of Revisions 1	Donna Rodger Kevin Wilbraham Sarah Hughes-Jones

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
74	Service Level Agreements with Outside Entities Service Level Agreements Stephen Moir, Executive Director of Resources	Low	Service Level Agreements Res Implemented	Directors will ensure that a service level agreement (SLA) has been established with all arms level organisations (ALEOs) that they support. The SLA should set out all services provided and received by the Council, key activities and deliverables, and the respective roles and responsibilities of the Council and the counterparty. The agreements should be for a one year period and refreshed annually to ensure that agreed services and charges remain appropriate.	Estimated Date: 30/11/2017 Revised Date: 29/06/2018 No of Revisions 1	Layla Smith Linda Murray
75	Short Term Homelessness Provision Inaccurate Data on Homeless Information System (HIS) Database Alistair Gaw, Executive Director of Communities and Families	Medium	Data held on HIS should be audited and cleansed Started	Work is ongoing to migrate Homeless Information System (HIS) to Northgate by 31 March 2018. Prior to the system migration, a full data cleanse will take place. Data retention guidelines will be applied fully once Northgate is in place. Currently there is no facility to cleanse HIS and the time and costs to deliver this would prohibitive.	Estimated Date: 31/03/2018 Revised Date: 30/09/2020 No of Revisions 4	Brian Stewart Jackie Irvine Jennifer Douglas Nichola Dadds Nickey Boyle Nicky Brown Ruth Currie

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
76	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer	High	Recommendation 1a - Health & Social Care Started	1. Health and Social Care: Given the considerable business support and social worker resources implications, the above recommendations will take time to design, implement and maintain. Business Support is resolving problem appointee arrangements as we go along, however, the backlog of reviews will need a programme management approach to rectify errors and support the governance required. In the meantime, associated risks will be added to the Partnership's risk register to monitor controls and progress on a monthly basis, given its high finding rating. Following the Care Home Assurance Review, the Partnership is developing a self-assurance control framework. Locality Managers have agreed for corporate appointee arrangements to be included in the assurance framework – which if found to be successful and useful, can be mirrored by the other applicable services in this report. Business Support is working on new guidelines for the administration of Corporate Appointeeship (e.g. new procedures, monthly checklists, etc.), which will support the effective delivery of the framework.	Estimated Date: 28/06/2019 Revised Date: No of Revisions 0	Angela Ritchie Cathy Wilson Debbie Adams Helen Elder Ian Waitt Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
77	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer	High	Recommendation 2 Started	2. New guidelines will be written to ensure clarity of responsibilities. Sections will be included detailing Social Work; Business Support; and Transactions team responsibilities. The objective is to create and implement an end to end process that includes eligibility criteria, Department of Work and Pensions processes and a full administrative process that will be applied centrally and across Locality offices; clusters; and hubs.	Estimated Date: 30/04/2018 Revised Date: 28/06/2019 No of Revisions 1	Cathy Wilson Colin Beck Ian Waitt
78	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer	High	Recommendation 8 Started	8. Refresher training will be offered as part of the implementation of the new guidelines to all staff involved in the process, and recorded on staff training records. The training will also be incorporated into the new staff induction process.	Estimated Date: 31/05/2018 Revised Date: 28/06/2019 No of Revisions 1	Cathy Wilson Emma Pemberton Ian Waitt Layla Smith Linda Dodgson Mary McIntosh Robert Smith Tony Duncan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
79	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer	High	Recommendation 1b - Business Support Started	1. Business Support: Business Support will enable the review of current processes and guidelines in conjunction with Hub and Cluster Managers with sign off at the Locality Managers Forum. Business support will review all Corporate Appointee accounts and contact the relevant social worker, support worker or hub where the funds are over £16K for immediate review. Business support will advise social work when the funds exceed £16K where there is not a valid reason (for example, client deceased and social worker discussing estate with solicitor). Clarity on contact with Department of Work and Pensions 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 Health and Social Care management	Estimated Date: 31/05/2018 Revised Date: 28/06/2019 No of Revisions 1	Cathy Wilson Ian Waitt Julie Rosano Layla Smith Louise McRae Marian Gray Nicola Harvey Tom Cowan Tony Duncan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
80	Street Lighting and Traffic Signals Traffic Signals: UTC system access controls Paul Lawrence, Executive Director of Place and SRO	Medium	PL1810 Issue 1: Rec 3 - UTC annual system health checks Pending	Dynniq to be instructed to undertake an annual Urban Traffic Control (UTC) system health check prior to the end of the current support contract. Evidence of annual health check to be recorded on InView, and a management review performed annually to ensure that all health check actions have been completed and recorded on InView.	Estimated Date: 31/05/2019 Revised Date: 31/07/2019 No of Revisions 1	Alan Simpson Alison Coburn Claire Duchart Cliff Hutt Gareth Barwell Lindsey McPhillips Nicole Fraser Robert Mansell Tony Booth
81	Validation of Management Actions 2018/19 Validation Audit CW1810 reopened finding - HSC1513: Management structure and business support arrangements Judith Proctor, Chief Officer	High	Validation Audit CW1810 - Issue 2.2 HSC1503: Business Support Arrangements Implemented	Focus Groups to review and discuss current Partnership and Edinburgh Integrated Joint Board business support arrangements will be established. Senior Partnership Managers will nominate a Partnership Officer aligned to a business support service to provide insight on role expectations and key statutory and non-statutory functions for each business support function. Business Support Senior Managers will also nominate relevant officers to participate in Focus Groups.	Estimated Date: 31/12/2015 Revised Date: 30/06/2019 No of Revisions 1	Alison Roarty Cathy Wilson John Arthur Layla Smith Louise McRae Nicola Harvey Stephen Moir

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
82	Validation of Management Actions 2018/19

Validation Audit CW1810 reopened finding - CF1513: Use of unsupported technology devices in schools

Alistair Gaw, Executive Director of Communities and Families | High | Validation Audit CW1810 - Issue 1.1 CF1513: Guidance for use of non-hosted devices

Started | A new protocol has been developed to accompany the Acceptable Use Policy. This will be emailed to all school offices in May ready for the new school year. | Estimated Date: 31/03/2016 Revised Date: 30/09/2019 No of Revisions 1 | Andy Gray Lorna Sweeney Nickey Boyle Richard Burgess |
| 83 | Validation of Management Actions 2018/19

Validation Audit CW1810 reopened finding - CF1513: Use of unsupported technology devices in schools

Alistair Gaw, Executive Director of Communities and Families | High | Validation Audit CW1810 - Issue 1.2 CF1513: Application of guidance by employees

Started | Staff will be asked to read and sign annually that they will adhere to the guidance, particularly the use of passwords and minimum operating requirements. | Estimated Date: 31/03/2016 Revised Date: 30/09/2019 No of Revisions 1 | Andy Gray Lorna Sweeney Nickey Boyle Richard Burgess |

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
84	Validation of Management Actions 2018/19 Validation Audit CW1810 reopened finding - HSC1513: Management structure and business support arrangements Judith Proctor, Chief Officer	High	Validation Audit CW1810 - Issue 2.1 HSC1503: Partnership Management Structure Started	The Partnership's organisational management structure will be finalised, implemented, and embedded. The revised structure does not need to be approved by the Edinburgh Integrated Joint Board (EIJB) because it is an operational matter. It will however be presented to the EIJB for information. The revised implementation date of April 2020 will allow completion of Partnership budget and transformation Programmes.	Estimated Date: 31/12/2015 Revised Date: 30/04/2020 No of Revisions 1	Cathy Wilson
85	Validation of Management Actions 2018/19 Validation Audit CW1810 reopened finding - HSC1513: Management structure and business support arrangements Judith Proctor, Chief Officer	High	Validation Audit CW1810 - Issue 2.3 HSC1503: Business Support Service Level Agreements Started	The Partnership and Business Support Service will jointly establish Service Level Agreements (SLAs) for business support outwith the organisational management structure. Regular meetings between relevant senior managers in the Partnership and Business Support will be established to ensure performance against SLAs is monitored. Any performance issues will be escalated to the Partnership's Executive Team for consideration and resolution.	Estimated Date: 31/12/2015 Revised Date: 31/10/2019 No of Revisions 1	Alison Roarty Cathy Wilson John Arthur Layla Smith Louise McRae Nicola Harvey Stephen Moir

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
86	Waste & Cleansing Health & Safety Health and safety metrics Paul Lawrence, Executive Director of Place and SRO	Low	Recommendation 5.1 Started	Request reporting training for Waste & Cleansing Managers on reporting functions within Safety Health and Environment (SHE) and include monthly Health and Safety performance and trend reports on Operations and Senior Management Team meeting agendas	Estimated Date: 31/07/2018 Revised Date: 30/04/2019 No of Revisions 1	Alison Coburn Andy Williams Claire Duchart Gareth Barwell Nicole Fraser
87	Waste & Cleansing Health & Safety Health and safety metrics Paul Lawrence, Executive Director of Place and SRO	Low	Recommendation 5.2 Started	Health and Safety performance to be included within Looking Ahead conversations	Estimated Date: 31/07/2018 Revised Date: 30/04/2019 No of Revisions 1	Alison Coburn Andy Williams Claire Duchart Gareth Barwell Nicole Fraser
88	Waste & Cleansing Health & Safety Significant incident / emergency procedure Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 1.1 Pending	Arrange workshop with Resilience to understand the requirements of significant incident and escalation procedures. Develop the procedure and arrange tool box talks with staff to cascade the procedure;	Estimated Date: 28/09/2018 Revised Date: No of Revisions 0	Alison Coburn Claire Duchart Gareth Barwell Nicole Fraser
89	Waste & Cleansing Health & Safety Significant incident / emergency procedure Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 1 2 Started	In conjunction with colleagues in Resilience develop an emergency procedure, to include a specific bomb threat procedure, for Waste and Cleansing Services. Once developed to ensure that procedures are communicated to all staff via toolbox talks;	Estimated Date: 28/09/2018 Revised Date: No of Revisions 0	Alison Coburn Andy Williams Claire Duchart Gareth Barwell Nicole Fraser

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
90	Waste & Cleansing Health & SafetyOperational health and safety roles and responsibilities Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 2 1 and 2.2 Started	1. and 2 - In conjunction with Property and Facilities Management produce list of site and equipment checks to be carried out and agree responsibilities;	Estimated Date: 31/07/2018 Revised Date: 31/05/2019 No of Revisions 3	Alison Coburn Andy Williams Claire Duchart Mark Stenhouse
91	Waste & Cleansing Health & Safety Operational health and safety roles and responsibilities Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 2.3 and 2.4 Started	3. and 4 - Co-develop Health and Safety Roles and Responsibilities for each site and provide to relevant Managers on site.	Estimated Date: 31/10/2018 Revised Date: 31/05/2019 No of Revisions 2	Alison Coburn Andy Williams Claire Duchart Gareth Barwell Mark Stenhouse Nicole Fraser
92	Waste & Cleansing Health & Safety Supervisory assurance Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 3.1 Started	To hold briefings with all Drivers / Crew Leaders to reinforce Health and Safety roles and responsibilities;	Estimated Date: 31/07/2018 Revised Date: 30/04/2019 No of Revisions 1	Alison Coburn Andy Williams Claire Duchart Gareth Barwell Nicole Fraser

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributor
93	Waste & Cleansing Health & Safety Supervisory assurance Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 3.3 Started	To ensure that a suitable checklist is developed to coincide with mobile supervisor roll out.	Estimated Date: 21/12/2018 Revised Date: No of Revisions 0	Alison Coburn Andy Williams Claire Duchart Gareth Barwell Nicole Fraser
94	Waste & Cleansing Health & Safety Health and safety training Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 4.1 Started	Develop Business Case for training officer roles and, if approved, recruit;	Estimated Date: 28/09/2018 Revised Date: 28/06/2019 No of Revisions 2	Alison Coburn Andy Williams Claire Duchart Gareth Barwell Nicole Fraser
95	Waste & Cleansing Health & Safety Health and safety training Paul Lawrence, Executive Director of Place and SRO	Medium	Recommendation 4.4 Started	Review training delivered to substantive Supervisors against the induction package for Trainee Supervisors. Develop and carry out plan to fill knowledge/training gaps for substantive supervisors	Estimated Date: 31/10/2018 Revised Date: No of Revisions 0	Alison Coburn Andy Williams Claire Duchart Gareth Barwell Nicole Fraser