

# Governance, Risk and Best Value Committee

10.00am, Tuesday, 19 February 2019

## Edinburgh Health and Social Care Partnership: Internal Audit Update Report

Item number	7.1
Report number	
Executive/routine	
Wards	
Council Commitments	

### Executive Summary

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This report sets out affirmative actions that are underway to address internal audit assurance challenges and associated risks affecting health and social care services in Edinburgh.

## Edinburgh Health and Social Care Partnership: Internal Audit Update Report

### 1. Recommendations

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- 1.1 Committee is recommended to note:
  - 1.1.1 recent internal audit (IA) related activities across the Edinburgh Health and Social Partnership;
  - 1.1.2 governance arrangements for IJB internal audits; and
  - 1.1.3 status update for all overdue IA items for Health and Social Care Partnership.

### 2. Background

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- 2.1 On 15 January 2019, the Chief Internal Auditor presented a [report](#) which identified the City of Edinburgh Council's (the Council) overdue internal audit (IA) findings as of 23 November 2018. This report cited items for both the Partnership and the Edinburgh Integration Joint Board (IJB).

#### **IJB Internal Audit Plan and Governance**

- 2.2 The Council's Chief Internal Auditor provides IA support and independent third line assurance to the IJB under the terms of a secondment arrangement between the Council and the IJB. A separate IJB audit charter and annual plan have been established (and are approved annually by the IJB Audit and Risk Committee) to support delivery of the annual EIJB IA opinion.
- 2.3 Progress with implementation of agreed management actions to address control gaps raised in IJB IA findings is monitored by the Council's IA team, and reported to the IJB audit and risk committee at their quarterly meetings.
- 2.4 The annual plan comprises four IJB audits, based on the IJB risk register, that are designed to provide assurance on the most significant risks. Three audits are delivered by the Council's IA team, and one by the NHS Lothian. The outcomes of IJB audits performed by the Council are reported directly to the EIJB Audit and Risk Committee, and subsequently referred to the Council's Governance, Risk, and Best Value Committee (GRBV) on the recommendation of the Chief Internal Auditor. The remaining EIJB audit performed by NHS Lothian is currently subject to NHS Lothian governance (review and scrutiny by the NHS Lothian Audit and Risk

Committee) prior to referral to the IJB Audit and Risk Committee. Work is currently underway to better align these governance processes.

### 3. Main report

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- 3.1 A total of 50 items were identified for both the Partnership and IJB in the Chief Internal Auditor's GRBV report. 13 of those items originate from IJB IA and will therefore be referred to the IJB's next Audit and Risk Committee for scrutiny.
- 3.2 A large majority of the Partnership's IA overdue findings are not within the Partnership's sole gift to remediate. It's interesting to note that 72% (or 36 items) of the Partnership's overdue items rely on Council or NHS Lothian's services to take appropriate actions to mitigate risks and close IA findings.
- 3.3 Whilst maintaining final ownership of the its IA findings, the Partnership is faced with the unique challenge to monitor progress against these actions and ensure that the right level of accountability is in place for business partners (e.g ICT, Business Support, HR, Finance, Change and Delivery, etc.) responsible for the delivery of the Partnership's wider internal audit programme.

#### **GRBV IA Workshop**

- 3.4 In response to the outstanding items, the Chief Officer conducted an IA workshop with her Executive Team for GRBV members on 25 January 2019. The Chief Officer provided an overview of the Partnership's IA monitoring programme, which included:
  - Current Open IA items
  - Ongoing monitoring of closed items
  - Historic items
  - Full summary of all overdue items and associated action plan
- 3.5 The workshop also included a deep-dive case study for one of the overdue items to further highlight the complexity of working with different business partners. The case study was useful in identifying reoccurring issues which have now led to the application of 'lessons learned' for all future IA risk findings response.
- 3.6 Risk comprehension, clear ownership, collaborative working and realistic timescales are part of the core values used by staff when agreeing new IA management actions. This change in culture, along with training and workshop/support sessions by the Council's IA Team, have been incremental in improving the quality in the Partnership's response. The hurdle however remains in revisiting long standing overdue items, rectifying and aligning them to this new way of working.
- 3.7 GRBV members found the workshop to be useful and although only Council IA items were fully discussed at the GRBV workshop, the Chief Officer has taken a note to also host a similar workshop for IJB Audit and Risk Committee members.

## **Assurance Oversight Group**

- 3.8 The Chief Officer chaired an Assurance Oversight Group (AOG) on 22 January 2019. The AOG is composed of the Partnership's Executive Team, the Chief Internal Audit Officer and relevant Council Head of Service whose officers are accountable for the delivery of IA actions.
- 3.9 An ownership protocol was agreed by the AOG for all IJB and Partnership internal audits. The protocol enables the Partnership to retain overall ownership of risk findings, while holding to account contributing officers outside of the organisation through regular tracking and assurance from their respective Head of Service until completion.
- 3.10 Where it was feasible to do, the AOG set realistic and achievable revised due dates for the majority of the overdue items (see Appendix 1). The remaining few are to be examined in further detail through a themed IA workshop. These workshops will be hosted by a member of the Executive Team to clarify the problem and explore potential solutions. IA officers will also be invited to attend to provide insight on the identified risk and evidence requirement.

## **Historic Internal Audits**

- 3.11 Nine historic IA risks were re-opened for health and social care following the IA self-validation exercise in May 2018. This equated to 22 agreed management actions. To date:
- 13 agreed management actions have been closed
  - 4 agreed management actions have been implemented. (relevant evidence is being validated by IA for closure)
  - 4 are pending (not yet due)
  - 1 is overdue (with a new revised date of April 2019)
- 3.12 The Council Leadership Team has asked for each directorate to prepare a paper addressing historic overdue IA findings. In its response, the Partnership will also consider ongoing IA items which were not re-opened but remain ongoing/overdue for a significant period.
- 3.13 This exercise will be an opportunity to revisit original risk findings and ensure that they are still current and valid.

## **IA Closures**

- 3.14 Between October 2018 and January 2019, an additional 22 IA recommendations were successfully closed by IA team bringing total to 60 since May 2018.
- 3.15 Once closed, the Partnership continues to monitor their progress to ensure that risk mitigating controls remain sustained. The Partnership is repeating the self-validation attestation exercise of historic IA audits to ensure that all actions have indeed been properly closed and sustained.

## **Overdue Internal Audit Items**

- 3.16 Appendix 1 provides a summary of all overdue Partnership overdue IA items (as of 23 November 2018) and includes a current January update and/or action plan for each item.
- 3.17 Please note that IJB IA items will be discussed at the next IJB Audit and Risk Committee.

## **4. Measures of success**

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- 4.1 Continued improvement on governance and assurance over all IA recommendations and relevant risk findings.
- 4.2 An increase in effective implementation and closure of IA findings within their agreed dates.

## **5. Financial impact**

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- 5.1 Although there are no direct financial implications arising from the consideration of this report, delivering the recommended audit actions will have a positive impact by strengthening financial control in audited Partnership service areas.

## **6. Risk, policy, compliance and governance impact**

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- 6.1 If IA findings and associated management actions are not implemented, the Partnership will be exposed to the risks set out in the relevant detailed IA reports. IA 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. Equalities impact**

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- 7.1 Recommendations arising from IA reports for health and social care services in Edinburgh promote improvements which have an impact on protected characteristics groups.

## **8. Sustainability impact**

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- 8.1 Not applicable.

## 9. Consultation and engagement

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9.1 Not applicable.

## 10. Background reading/external references

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10.1 None.

### **Judith Proctor**

Chief Officer  
Edinburgh Health and Social Care Partnership

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## 11. Appendices

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Appendix 1: Health and Social Care Partnership – Overdue IA Items – January Update

# Appendix 1: Health and Social Care Partnership – Chief Officer Update

## Overdue IA Items (Partnership Only) - January 2019



### Summary Table

No	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	January Comments
1	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: 31/05/2019  No of Revisions 2	A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by IA in October 2018. They returned the document with comments which needs to be reviewed by the EADP Officer and a Contract Officer.  Improvement Plan in place with regular updates to Interim Head of Strategic Planning
2	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management  Supplier Sustainability  Judith Proctor, Chief Officer	Medium	Rec 1- Supplier Sustainability Risk  Pending	A supplier sustainability risk will be recorded in the risk register to be developed by March and implemented by March 2018.	Estimated Date: 30/03/2018  Revised Date: 31/05/2019  No of Revisions 2	A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by IA in October 2018. They returned the document with comments which needs to be reviewed by the EADP Officer and a Contract Officer.  Improvement Plan in place with regular updates to Interim Head of Strategic Planning
3	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management  Supplier Sustainability  Judith Proctor, Chief Officer	Medium	Rec 2 - Contingency Plans  Pending	Contingency plans will be developed, discussed with existing suppliers, and approved by the Core Group.	Estimated Date: 31/05/2019  Revised Date: 31/05/2019  No of Revisions 1	A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by IA in October 2018. They returned the document with comments which needs to be reviewed by the EADP Officer and a Contract Officer.  Improvement Plan in place with regular updates to Interim Head of Strategic Planning

4	<p>Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management</p> <p>Key Person Dependency and Process Documentation</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>Rec 2 - Contract Management Processes</p> <p>Started</p>	<p>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 (EADP) core group by January 2018.</p>	<p>Estimated Date: 31/01/2018</p> <p>Revised Date: 31/05/2019</p> <p>No of Revisions 2</p>	<p>A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by IA in October 2018. They returned the document with comments which needs to be reviewed by the EADP Officer and a Contract Officer.</p> <p>Improvement Plan in place with regular updates to Interim Head of Strategic Planning</p>
5	<p>Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management</p> <p>Risk and Supplier Performance Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Rec 2 - Escalation Process</p> <p>Pending</p>	<p>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 EADP core group by January 2018.</p>	<p>Estimated Date: 31/01/2018</p> <p>Revised Date: 31/05/2019</p> <p>No of Revisions 2</p>	<p>A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by IA in October 2018. They returned the document with comments which needs to be reviewed by the EADP Officer and a Contract Officer.</p> <p>Improvement Plan in place with regular updates to Interim Head of Strategic Planning</p>
6	<p>Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management</p> <p>Key Person Dependency and Process Documentation</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>Rec 3 - Document of Escalation Process</p> <p>Pending</p>	<p>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 EADP core group by January 2018.</p>	<p>Estimated Date: 31/01/2018</p> <p>Revised Date: 31/05/2019</p> <p>No of Revisions 2</p>	<p>A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by IA in October 2018. They returned the document with comments which needs to be reviewed by the EADP Officer and a Contract Officer.</p> <p>Improvement Plan in place with regular updates to Interim Head of Strategic Planning</p>

7	<p>Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management</p> <p>Risk and Supplier Performance Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Rec 3 - Performance Expectations</p> <p>Pending</p>	<p>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 EADP core group by January 2018.</p>	<p>Estimated Date: 31/01/2018</p> <p>Revised Date: 31/05/2019</p> <p>No of Revisions 2</p>	<p>A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by IA in October 2018. They returned the document with comments which needs to be reviewed by the EADP Officer and a Contract Officer.</p> <p>Improvement Plan in place with regular updates to Interim Head of Strategic Planning</p>
8	<p>Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management</p> <p>Key Person Dependency and Process Documentation</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>Rec 4 - Key Supplier Contracts</p> <p>Pending</p>	<p>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 EADP core group by January 2018.</p>	<p>Estimated Date: 31/01/2018</p> <p>Revised Date: 31/05/2019</p> <p>No of Revisions 2</p>	<p>A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by IA in October 2018. They returned the document with comments which needs to be reviewed by the EADP Officer and a Contract Officer.</p> <p>Improvement Plan in place with regular updates to Interim Head of Strategic Planning</p>
9	<p>Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management</p> <p>Risk and Supplier Performance Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Rec 4 - Timeframes</p> <p>Pending</p>	<p>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 EADP core group by January 2018.</p>	<p>Estimated Date: 31/01/2018</p> <p>Revised Date: 31/05/2019</p> <p>No of Revisions 2</p>	<p>A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by IA in October 2018. They returned the document with comments which needs to be reviewed by the EADP Officer and a Contract Officer.</p> <p>Improvement Plan in place with regular updates to Interim Head of Strategic Planning</p>

10	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management  Risk and Supplier Performance Management  Judith Proctor, Chief Officer	High	Rec 5 - Independent Validation  Pending	The HSC (HSC) quality assurance (QA) team will be approached to discuss the potential for an annual audit review that may reduce our dependence on provider generated data. They will provide an options paper to the Core group by January 2018 confirming whether this is possible. Implementation Date 31.01.2018. If the QA team can support completion of an annual review, the first annual review will be performed by June 2018. If this is not possible, management will accept this risk on the basis that there is insufficient resource capacity within the contract management team. Implementation Date 29.06.2018.	Estimated Date: 31/01/2018  Revised Date: 31/05/2019  No of Revisions 1	A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by IA in October 2018. They returned the document with comments which needs to be reviewed by the EADP Officer and a Contract Officer.  Improvement Plan in place with regular updates to Interim Head of Strategic Planning
11	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Key Person Dependency and Process Documentation Judith Proctor, Chief Officer	Medium	Rec 5 - Records Management Policy Pending	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 HSC contracts management team.	Estimated Date: 30/03/2018  Revised Date: 31/05/2019  No of Revisions: 2	A Contract Framework document was submitted by the Partnership in May 2018. It was subsequently validated by IA in October 2018. They returned the document with comments which needs to be reviewed by the EADP Officer and a Contract Officer.  Improvement Plan in place with regular updates to Interim Head of Strategic Planning
12	HSC Care Homes - Corporate Report  A1.2: Gylemuir  Judith Proctor, Chief Officer	High	A1.2(1)  Started	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: N/A No of Revisions 0	Implemented. With IA for Validation.
13	HSC Care Homes - Corporate Report  A1.2: Gylemuir  Judith Proctor, Chief Officer	High	A1.2(3)  Started	A new risk was added to the Edinburgh Integration Joint Board risk register in relation to Gylemuir. The HSC risk register is in the process of being refreshed with specific locality risks being developed that will be recorded in Datex (NHS risk Management system). A specific risk for Gylemuir will be recorded in the relevant locality risk register and in the consolidated HSC risk register.	Estimated Date: 28/02/2018 Revised Date: N/A No of Revisions 1	Implemented. With IA for Validation.

14	HSC Care Homes - Corporate Report A1.2: Gylemuir Judith Proctor, Chief Officer	High	A1.2(5) Started	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: 30 June 2019  No of Revisions 1	Business Support Manager at Gylemuir is currently developing a systems access matrix to support this recommendation.  Anticipate to have this implemented in March/April.
15	HSC Care Homes - Corporate Report A2.2: Purchasing Controls Judith Proctor, Chief Officer	Medium	A2.2(1) Started	All requisitioners / authorisers listed and limits will be reviewed, agreed, and formally documented. Discussions will be held with Finance and revised limits have agreed and implemented. Revised limits will be based on the highest invoice value expected in any one unit and applied consistently across all Care Homes Unit Managers.	Estimated Date: 28/03/2018  Revised Date: 31/03/2019  No of Revisions 3	Delay caused in gaining Oracle access for NHS Staff.
16	HSC Care Homes - Corporate Report A2.2: Purchasing Controls Judith Proctor, Chief Officer	Medium	A2.2(2)Started	Current approval guidelines and requisitioners / authorisers established to reflect new locality structure. Cluster Managers will approve any invoices that are out with the authority limits for Unity Managers.	Estimated Date: 28/02/2018  Revised Date: 31/03/2019  No of Revisions: 3	Delay caused in gaining Oracle access for NHS Staff.
17	HSC 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: 30/04/2019  No of Revisions 2	Ownership has been recently transferred from Resources to the Partnership. It will be closed when self-assurance framework is launched in February.

18	HSC Care Homes - Corporate Report A2.7: Resident's Assets on Death Judith Proctor, Chief Officer	Low	A2.7(1) Started	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 3	Ownership has been transferred from Resources to the Partnership. It will be closed when self-assurance framework is launched in February.
19	HSC Care Homes - Corporate Report A2.7: Resident's Assets on Death Judith Proctor, Chief Officer	Low	A2.7(2) Implemented - Audit Approved	To be reviewed and included in Admissions and discharge procedure paperwork.	Estimated Date: 28/02/2018 Revised Date: 30/04/2019 No of Revisions 3	Ownership has been recently transferred from Resources to the Partnership. It will be closed when self-assurance framework is launched in February.
20	HSC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(2) Health & Social Care Teams Started	HSC Teams will ensure that annual performance conversations (once completed) are recorded on the iTrent system.	Estimated Date: 30/06/2018 Revised Date: 30/06/2019 No of Revisions 1	Ownership recently transferred from Resources to the Partnership.  Evidence needed from Gylemuir to confirm that NHS Staff are being managed (re: Absence and Performance) as per NHS guidelines.
21	HSC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(3) Health & Social Care Teams Started	HSC Teams will ensure that managing attendance workshops have been attended by all HSC line managers in Care Homes.	Estimated Date: 30/06/2018 Revised Date: 31/03/2019 No of Revisions 2	The 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.

22	HSC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(4) Gylemuir Pending	This is the responsibility of the Unit manager for their direct reports. The Business Support Officer will ensure that the Unit Manager is aware on a monthly basis for Domestic and Handymen reporting to them. The Business Support Officer is required to monitor and report through the Customer process on a monthly basis. The staff nurse / charge nurse to be appointed at Gylemuir will ensure that this is performed for all NHS staff.	Estimated Date: 30/06/2018 Revised Date: 30/06/2019 No of Revisions 1	This will be picked up via the self-assurance framework that will be launched in February.  Request for the revised date to be aligned with the self-assurance framework (June 2019)
23	HSC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer	Medium	A3.3(4) Health & Social Care Teams Pending	This is the responsibility of the Unit manager for their direct reports. The Business Support Officer will ensure that the Unit Manager is aware on a monthly basis for Domestic and Handymen reporting to them. The Business Support Officer is required to monitor and report through the Customer process on a monthly basis. The staff nurse / charge nurse to be appointed at Gylemuir will ensure that this is performed for all NHS staff.	Estimated Date: 30/06/2018 Revised Date: 30/06/2019 No of Revisions 1	Ownership recently transferred from Resources to the Partnership.  Evidence needed from Gylemuir to confirm that NHS Staff are being managed (re: Absence and Performance) as per NHS guidelines.
24	HSC Care Homes - Corporate Report A3.4: Agency Staffing Judith Proctor, Chief Officer	Medium	A3.4(2) Started	The Business Support Officer (BSO) will assist the Unit Manager (UM) (See A2.1). A paper is being presented to the HSC 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: N/A No of Revisions 1	Implemented. With IA for Validation.
25	Historic Unimplemented Findings CG1502 - issue 1 Health & Social Care Demographic Provision Judith Proctor, Chief Officer	Medium	Recommendation 1 Started	Review future cost estimates for social care services for older people every two years in line with the publication of updated population projections by National Records of Scotland. (The next publication is expected in 2016).	Estimated Date: 31/08/2016 Revised Date: 30/04/2019 No of Revisions 1	IJB Financial Draft being prepared for February IJB.
26	Historic Unimplemented Findings HSC1502 - 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: 31/07/2019 No of Revisions 2	ICT Development Team have confirmed that the online module development work will begin on 21 January 2019. (confirmation received from HR)  Once it will be rolled out, services will be expected to carry out implementation and provide compliance assurance.

27	<p>Historic Unimplemented Findings</p> <p>HSC1503 - issue 3 Quality Assurance</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Recommendation 3a</p> <p>Pending</p>	<p>There is an existing file audit process that will pick up on overall issues of both data quality and quality of recording. In order to address the specific issues identified through this audit the Quality Assurance Team will undertake a themed audit in respect of Personal Support Plans. This will involve engaging with key managers to establish the questions that need to be answered and will include consideration of the model used in the North West Team.</p>	<p>Estimated Date: 31/12/2016</p> <p>Revised Date: 29/03/2019</p> <p>No of Revisions 1</p>	<p>Following Assurance Oversight Group meeting, this item will be looked into at a planned IA Workshop. This will also be included a review report for CLT</p> <p>Action Plan with revised due date to follow.</p>
28	<p>Historic Unimplemented Findings</p> <p>HSC1503 - issue 6 Sign off process - Assessments and Budgets</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>Recommendation 6a</p> <p>Started</p>	<p>Workarounds on Swift will be deactivated by 31 December 2016:Extract of Agreed Management Action from Audit Report (Final)'Workarounds' on Swift will be deactivated by 31 December 2016:Work is being taken forward through the HSC Transformation Project (Governance, Devolved Budgets and Budget Management) to implement the budget management functionality within SWIFT which will address issues around separation of duties. A working group has been established and identified all the workstreams required to implement delegated budget management. A workshop will be held in mid-May 2016 to agree new operational processes including the management of budgets through SWIFT with authorisation limits and the facility for budget holders to authorise within the system. Further progress is dependent on the agreement of budget and staffing structures across localities in order to avoid the need to set up these structures twice on SWIFT which would represent a significant duplication of work. This Action also relates to work being undertaken to address Iss2 from Audit RS1245.</p>	<p>Estimated Date: 31/12/2016</p> <p>Revised Date: 31/10/2019</p> <p>No of Revisions 0</p>	<p>The Partnership is currently reviewing this item. It will be included in a CLT report for outstanding historic items.</p> <p>Outcome of review to follow.</p>

29	<p>Historic Unimplemented Findings</p> <p>HSC1503 - issue 6 Sign off process - Assessments and Budgets</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>Recommendation 6b</p> <p>Started</p>	<p>Work is being taken forward through the HSC Transformation Project (Governance, Devolved Budgets and Budget Management) to implement the budget management functionality within SWIFT which will address issues around separation of duties. A working group has been established and identified all the workstreams required to implement delegated budget management. A workshop will be held in mid-May 2016 to agree new operational processes including the management of budgets through SWIFT with authorisation limits and the facility for budget holders to authorise within the system. Further progress is dependent on the agreement of budget and staffing structures across localities in order to avoid the need to set up these structures twice on SWIFT which would represent a significant duplication of work. This Action also relates to work being undertaken to address lss2 from Audit RS1245.</p>	<p>Estimated Date: 31/12/2016 Revised Date: 31/10/2019</p> <p>No of Revisions 1</p>	<p>The Partnership is currently reviewing this item. It will be included in a CLT report for outstanding historic items.</p> <p>Outcome of review to follow.</p>
30	<p>Personalisation SDS - Option 3</p> <p>Data Quality</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>Data Quality</p> <p>Started</p>	<p>A change management process will be established and overseen by the SDS Infrastructure Steering Group. The inconsistencies in data recording are as a result of numerous changes to processes and trying to reduce the recording burden of implementing these on frontline practitioners. The Research and Information Team are aware of all changes to recording practice and take these into account. A summary of all changes and the impact on data extraction has also been produced.</p>	<p>Estimated Date: 30/06/2016 Revised Date: N/A No of Revisions 5</p>	<p>Implemented. With IA for Validation.</p>
31	<p>Personalisation SDS - Option 3</p> <p>Sign offs - Personal Care Plans</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>Sign offs - Personal Care Plans</p> <p>Started</p>	<p>Ensure that there is a mechanism in place on SWIFT for the senior to record that they have signed off the support plan. At present any edits made by the senior at the time of the review will show that the senior has both prepared and reviewed the plan. Data quality reports will be set up to identify any support plan signed off by the assessor who produced the plan. Sector Managers and seniors to ensure appropriate oversight and sign off by senior for the personal care plans</p>	<p>Estimated Date: 30/06/2016 Revised Date: 30/09/2018 No of Revisions 3</p>	<p>Implemented. With IA for Validation.</p>

32	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer	High	Recommendation 2 Started	New guidelines will be written to ensure clarity of responsibilities. Sections will be included detailing Social Work; Business Support; and Transactions team responsibilities. The objective is to create and implement an end to end process that includes eligibility criteria, DWP processes and a full administrative process that will be applied centrally and across Locality offices; clusters; and hubs.	Estimated Date: 30/04/2018 Revised Date: 28/06/2019 No of Revisions 1	Considerable work has been carried out by Business Support.  Following Assurance Oversight Group meeting, this item will be looked into at a planned IA Workshop in order to clearly identify what remains to be accomplished to close off item.  Action Plan with revised due date to follow.
33	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer	High	Recommendation 3 Started	Disability residential and day clients cash administration is currently being reviewed and updated. Robust processes have already been implemented and further processes are scheduled for review. Deceased client process will be a section within the main guidelines and the update of these processes is in progress.	Estimated Date: 30/04/2018  Revised Date: 30/03/2019 No of Revisions 1	Implemented. With IA for Validation
34	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer	High	Recommendation 6 Started	Disability Day & Residential processes will be included in the new procedures under a specific section and will include the requirement to document and retain evidence of transactions, and ensure that cash balances are appropriately secured.	Estimated Date: 31/05/2018  Revised Date: 30/03/2019 No of Revisions 1	Implemented. With IA for Validation
35	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer	High	Recommendation 7 Started	Monthly reconciliation by Business Support Officers in Disability Day & Residential has already been implemented	Estimated Date: 30/04/2018  Revised Date: 30/03/2019 No of Revisions 1	Draft Report going to next Executive Team. Once approved and signed off, this will be submitted to IA for closure validation.
36	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer	High	Recommendation 8 Started	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: 31/10/2019 No of Revisions 1	Following Assurance Oversight Group meeting, this item will be looked into at a planned IA Workshop.  Action Plan to follow.

37	<p>Social Work: Pre-Employment Verification</p> <p>Recruitment of Existing Employees</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>Recruitment of Existing Employees</p> <p>Pending</p>	<p>Locality Managers to obtain confirmation from their recruiting managers that nominated candidates are being requested to bring their PVG certificate to the pre-employment checks meeting. This requirement has been effectively communicated to all relevant managers / staff and a mechanism will be introduced to ensure that the requirement is being adhered too. This procedure will be embedded within the HSC and Safer &amp; Stronger Communities protocol.</p>	<p>Estimated Date: 31/03/2017</p> <p>Revised Date: 30/08/2019</p> <p>No of Revisions 3</p>	<p>Paper identifying full scope of issue to be prepared for Executive Team with a request will be to transfer ownership of residual risk to HR.</p>
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