Supplementary Agenda

Audit Committee

Date: Wednesday, 13 December 2017

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Time: 10:00

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Venue: Committee Room 3, Council Offices,
Garshake Road, Dumbarton

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Contact: Craig Stewart, Committee Officer
Tel: 01389 737251   craig.stewart@west-dunbarton.gov.uk

Dear Member

Item to Follow

I refer to the agenda for the above Meeting of the Audit Committee which was issued on 29 November 2017 and now enclose a copy of the undernoted item which was not available for issue at that time.

Yours faithfully

JOYCE WHITE

Chief Executive

Undernote:-

Item to Follow

6   AUDIT ACTION PLANS   29 – 66

Submit report by the Strategic Lead - Resources advising of:-

(a) recently issued Internal Audit action plans; and

(b) progress made against action plans previously issued contained within Internal Audit and External Audit reports.

Distribution:

Councillor John Mooney (Chair)
Councillor Jim Brown
Councillor Karen Conaghan
Councillor Daniel Lennie
Councillor Jonathan McColl
Councillor John Millar
Councillor Martin Rooney
Councillor Brian Walker
Mr SJ Doogan
Ms E McKerry

All other Councillors for information

Chief Executive
Strategic Director - Transformation & Public Service Reform
Strategic Director - Regeneration, Environment & Growth
Chief Officer of West Dunbartonshire Health & Social Care Partnership

Date of Issue: 7 December 2017

WEST DUNBARTONSHIRE COUNCIL

Report by Strategic Lead - Resources

Audit Committee: 13 December 2017

Subject: Audit Action Plans

1. Purpose

1.1 The purpose of this report is to advise the Committee of:

- Recently issued Internal Audit action plans; and
- Progress made against action plans previously issued contained within Internal Audit and External Audit reports.

2. Recommendations

2.1 It is recommended that Members consider and note the contents of this report.

3. Background

3.1 When audit reports are issued by External and Internal Audit departmental management agree an action plan in relation to issues highlighted by the audit report. Progress on implementing the actions is monitored and reported to the Audit and Performance Review Committee.

4. Main Issues

Action Plans

4.1 The Appendices to this report will be run in the days leading up to the committee meeting so as to provide as up to date a position as possible in the progress of actions. Appendix A contains Internal Audit action plans recently agreed and issued. Appendix B details the outstanding actions on previously issued Internal Audit reports. Appendix C details the outstanding actions for External Audit reports, including the Local Scrutiny Plan for 2017/18.

4.2 To put the action plans into context and highlight the risks being mitigated, a summary for recently issued reports included at Appendix A is provided at paragraphs 4.3 to 4.5 below.

4.3 Project 122 (Register of Gifts, Hospitality & Interests)

The audit tested the following areas in relation to:

<u>Officers</u>
- Review of the Guidance & Declaration Form;
- Review of the Code of Conduct;
- Compliance with Guidance;
- Maintenance of Registers; and
- Review of Declarations.

<u>Elected Members</u>
- Maintenance of Members' Registers; and
- Compliance with Standards Commission Guidance.

The actions identified are required to mitigate risks in relation to:

- The need for two separate registers to be maintained i.e. Register of Interests & Register of Gifts & Hospitality; and
- Clarity as to content of guidance documentation and Declaration Forms and consistency with the Code of Conduct.

4.4 <u>Project 123 (26 Ashton View: Investigation of Refurbishment Overspend)</u>

The audit investigation considered the following areas:

- Establish who the budget holder and client are for the project at 26 Ashton View;
- Ascertain who designed the project, prepared the specifications of work required and costed the work to be done;
- Establish who was responsible for the control and monitoring of the specifications, quality and cost of the project;
- Ascertain how the contract to undertake the work was awarded to the DLO and ensure that the procurement provided best value to the Council;
- Ascertain whether building control aspects of the project were properly addressed;
- Confirm when the project is due to finish and what the anticipated final cost is estimated to be; and
- Outline what steps need to be taken to reduce the risk of similar budget overspends occurring in future.

The actions identified are required to mitigate risks in relation to:

- Structured meetings and communications processes (particularly involving major projects);
- Documentation to support committee papers;
- Formal approval requirements, particularly for commencement of internally sourced project activity;
- Recognition of budgetary control and approval requirements;
- Building Control arrangements; and
- Preparation of business case.

4.5   Project 124 (Guardianship Cases (Mental Health Officer [MHO] Involvement)

The audit tested the following areas in relation to:

- Private Guardianship;
- Local Authority Guardianship;
- Resources Available and Training available to MHOs;
- Emergency Detentions; and
- Power of Attorney.

The actions identified are required to mitigate risks in relation to:

- Private Guardianship Monitoring
- Local Authority Guardianship Monitoring
- Electronic Storage of Guardianship Files
- Time taken to complete reports
- Review of the Guidance Note on Applications for Welfare Guardianship

4.6   The key areas of work performed by both Internal Audit and External Audit are carried out according to a risk based approach that determines the nature, extent and timing of the required audit assignments.

4.7   Recommendations have timescales for completion in line with the following categories:

Category	Expected implementation timescale
High Risk: Material observations requiring immediate action. These require to be added to the department's risk register	Generally, implementation of recommendations should start immediately and be fully completed within three months of action plan being agreed
Medium risk: Significant observations requiring reasonably urgent action.	Generally, complete implementation of recommendations within six months of action plan being agreed
Low risk: Minor observations which require action to improve the efficiency, effectiveness and economy of operations or which otherwise require to be brought to the attention of senior management.	Generally, complete implementation of recommendations within twelve months of action plan being agreed

5.   People Implications

5.1   There are no personnel issues with this report.

6.   Financial and Procurement Implications

6.1   There are neither financial nor procurement implications arising directly from this report.

7.   Risk Analysis

7.1   There is a risk that failure to implement actions within the agreed timescale may result in weaknesses in internal control arrangements remaining unresolved longer than is desirable.

8.   Equalities Impact Assessment (EIA)

8.1   There are no issues.

9.   Consultation

9.1   This report has been subject to consultation with appropriate Strategic Leads. In addition, services have been consulted in the update of action plans.

10.   Strategic Assessment

10.1   This report relates to strong corporate governance.

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Stephen West
Strategic Lead - Resources
Date: 7 December 2017

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Person to Contact: Colin McDougall, Audit and Risk Manager
Telephone 01389 737436
E-mail – colin.mcdougall@west-dunbarton.gov.uk

Appendices: A - Internal Audit Reports (Recently Issued)
B - Internal Audit Reports (Previously Issued)
C - External Audit Reports

Background Papers: Internal Audit Reports
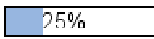External Audit Reports

Wards Affected: All Wards

Appendix A
Internal Audit Reports (Recently Issued)
Generated on: 07 December 2017
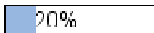
West Dunbartonshire COUNCIL

Action Status	
⊠	Cancelled
⬤	Overdue; Neglected
⚠	Unassigned; Check Progress
▶	Not Started; In Progress; Assigned
✓	Completed

Project 122. Register of Gifts, Hospitality & Interests (Report Issued November 2017)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
TS&PSR/IAAP/534	1. Register of Interests It is recommended that a separate Register of Interests be established and maintained by the Leadership Support Team for interests notified by any Officer. (Medium Risk)	Agreed, leadership support team to be instructed as suggested	✓	100%		31-Dec-2017	Peter Hessett	Completed
TS&PSR/IAAP/535	2. Registers - HSCP It is recommended that two separate Registers be established one relating to Gifts & Hospitality and one relating to Interests. The department should determine who should be	This requirement has been recognised within the HSCP's annual review on its compliance with the Code of Good Governance. The HSCP will establish two separate registers	▶	40%		31-Dec-2017	Julie Slavin	Expect to be completed by the due date.

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
	responsible for the maintenance of the registers. (Medium Risk)	by liaising with Council colleagues on best practice format and process. With the agreement of the Chief Officer a member of staff will be identified to develop and maintain registers.						
TS&PSR/IAAP/536	3. Guidance & Declaration Form In relation to the Register of Gifts & Hospitality and Declaring Interests, the following is recommended: • The title of the guidance be renamed which covers both offers and acceptance of Gifts, Hospitality & Interests e.g. 'Guidance of Acceptance & Offers of Gifts, Hospitality & Declaring Interests. • The Guidance should be revised and updated particularly in relation to the Register of Interests. This should include the requirement for Senior Officers i.e. Strategic Leads and above to make an annual return which would be either confirming all/any interests already declared or making a nil return. • A separate declaration form should be established for declaring private interests which may result in a conflict or conflict of interests with the work of Officers and not incorporated with Gifts &	Agreed, relatively minor changes to be made.	▶	25%		31-Mar-2018	Peter Hessett	As at 5 December changes made and with Secretary before passing to Internal Audit

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
	Hospitality. (Medium Risk)							
TS&PSR/IAAP/537	4. Code of Conduct The 'Code of Conduct should be updated to ensure consistency with the guidance relating to the Register of Gifts, Hospitality and Declaring Interests i.e. that declarations should be made regardless of whether the offer of a gift or hospitality is accepted or refused. (Medium Risk)	Agreed. Technical amendment to be made to Code and communicated via Workforce Update and Staff Bulletin	▶	50%		31-Jan-2018	Darren Paterson	Technical amendment to Code of Conduct completed, communicated to TUs and uploaded to intranet. Due date changed to 31st January to allow timing of communication to coincide with next Workforce Update and Staff Bulletin
TS&PSR/IAAP/538	5. Maintenance of G&H Registers In relation to the Administration of the Register of Gifts & Hospitality, the following is recommended: 1. A separate register should be created for recording the declarations made by the Strategic Leads which are authorised by their respective Director. A separate tab should be created for each Strategic Director's area. 2. Any declarations made by Leadership Support Officers should be recorded in the tab relating to the Regulatory Strategic Lead Area. 3. The register should be updated accurately	Mostly issues about how the Leadership Support Team records declarations, agreed.	✅	100%		31-Dec-2017	Peter Hessett	Changes already in place

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
	particularly in relation to the authorisation of the declaration. 4. The declaration forms should be sequentially numbered for each Director area/Strategic Lead area with the number recorded in the box provided for this purpose i.e. Entry No. The corresponding number should be recorded in the register as appropriate. (Low Risk)							
TS&PSR/IAAP/539	6. Date Guidance Prepared As the guidance document relating to the Register of Gifts, Hospitality and Declaring Interests was updated in March 2017, the date should be recorded on the guidance to ensure that staff are making reference to the correct and most up to date version. In addition, the retention periods for the register and declaration forms should also be documented within the guidance i.e. current plus five years. (Low Risk)	Agreed	▶	20%		31-Mar-2018	Peter Hessett	Changes made to drafts, with Secretary for onward transmission to audit

Project 123. 26 Ashton View: Investigation of Refurbishment Overspend (Report Issued November 2017)								

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
TS&PSR/IAAP/540	1. Regular HRA Capital Update Meetings There should be an immediate reinstatement of HRA Capital Update meetings These require to be chaired by Housing as Client and the persons attending should include the Housing Development and Homelessness Manager, Housing Operations Manager, Asset & Investment Manager, Finance Officers, Consultancy Officers, Strategic Housing Officers and DLO Officers. Minutes of all meetings should be recorded and required actions allocated to specific officers. This group should also report to the Housing Improvement Board chaired by the Housing and Employability Strategic Lead. (High Risk)	This will be taken forward and explicitly managed through the Better Homes Group where all key officers are already in attendance. The group is chaired by the Housing Development and Homelessness Manager, directly accountable to the Housing and Employability Strategic Lead. This group will also report to the Housing Improvement Board chaired by the Housing and Employability Strategic Lead.	✅	100%	31-Dec-2017	31-Dec-2017	John Kerr	The terms of reference for the Better Homes Group were revised and agreed in November and will assume responsibility on an ongoing basis. This group in return will provide regular update reports to the Housing Improvement Board.
TS&PSR/IAAP/541	2. HRA Priorities Budget Line There needs to be a formal process that defines what type of works are to be funded from the HRA priorities budget line. Projects with a relatively large budget, such as 26 Ashton View, should be given their own budget. Any spend on a specific project from the priorities	The HRA priorities budget line should be removed. Each one-off project should have its own line.	✅	100%	28-Feb-2018	28-Feb-2018	Alan Young	The Priority projects as advised by Housing Management is proposed to be removed from the overall programme from 2018/19 onwards.

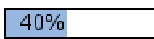| Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
	budget line that is the subject of a report to Committee cannot be used for any purpose without referring back to Committee. (High Risk							
TS&PSR/IAAP/542	3. Supporting Documentation for Committee Meeting Papers Files must be set up and maintained containing the supporting documents for all papers submitted to the Housing & Communities Committee. The files need to be clearly marked and referenced to the paper submitted. (Medium Risk)	Files must be set up and maintained containing the supporting documents for all papers submitted to the Housing & Communities Committee. The files need to be clearly marked and referenced to the paper submitted.	✅	100%	30-Nov-2017	30-Nov-2017	John Kerr	Supporting Documents will be provided to all HRA Investment Projects and will form part of supporting documentation and will be made available on request. The information will be summarized and incorporated into Financial Implications section within all Committee reports.
TS&PSR/IAAP/543	4. Handover from Senior Staff leaving the Council All senior members of staff should undertake a detailed handover of all current projects that they were working on at time of departure. (Medium Risk)	All senior members of staff should undertake a detailed handover of all current projects that they were working on at time of departure.	✅	100%	30-Nov-2017	30-Nov-2017	Peter Barry; Craig Jardine; Jim McAloon	Strategic Leads for Housing and Regeneration will ensure handover notes are produced for all current projects where required.
TS&PSR/IAAP/544	5(a). Management Updated All services involved in projects should ensure that there are procedures in place to enable project staff to regularly update line management within the service on the progress of all active projects. In addition, there should be regular	All teams will adopt the Project Management Approach process which operates successfully within the Capital Investment Team	✅	100%	31-Dec-2017	31-Dec-2017	Peter Barry; Craig Jardine; Jim McAloon	This is being added to Better Homes workstream terms of reference which reports to Strategic Lead for Housing at Housing Improvement Board. Progress meetings for all Housing projects will be addressed through the Better Homes Group.

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
	progress meetings chaired by the client for all Housing projects whether they have started or not. (High Risk)							
TS&PSR/IAAP/545	5(b) Management Updated Management should ensure that regular one-to-one meetings (Be the Best Conversations) take place with their direct reports. (High Risk)	Meetings will take place as required with staff but will have as a minimum a detailed monthly meeting with Line Management	✅	100%	31-Dec-2017	31-Dec-2017	Peter Barry; Craig Jardine; Jim McAloon	All managers will ensure that regular one to one meetings are held with direct reports.
TS&PSR/IAAP/546	6. Building Warrants The Building Standards Service should assess warrants within targets times set or a reasonable time thereafter. A process needs to be put in place to monitor the times taken to respond to applications and to approve the building warrants applied for. (Medium Risk)	The Building Standards service endeavour to deal with applications within target timescales however it is recognised that on some occasions applications will take longer to deal with than the target times. Target times can be exceeded due to a number of issues including the quality of the application submission, variable demands on the service, the relatively small team size and the resources available to the team. A system of monitoring the response and approval times of applications will be introduced in order to inform managers when target times are being exceeded and where viable, action taken to reduce the time being	▶	0%	31-Jan-2018	31-Jan-2018	Pamela Clifford	

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
		taken.						
TS&PSR/IAAP/547	7. Approval of key decisions within Consultancy Services A procedure should be prepared which outlines the authority level required within the Consultancy Services structure for key decision points and stages in any project. (High Risk)	A guide will be developed and issued to all Consultancy Services staff detailing authority levels and process.	▶	0%	31-Dec-2017	31-Dec-2017	Craig Jardine	
TS&PSR/IAAP/548	8. Client Approval for Works A project should not commence until the client has confirmed that sufficient budget approval has been obtained for the required works. (High Risk)	Agree.	✅	100%	31-Dec-2017	31-Dec-2017	Peter Barry	This is being added to Better Homes workstream terms of reference which reports to Strategic Lead for Housing at Housing Improvement Board.
TS&PSR/IAAP/549	9(a). Commencing Work before all requirements are in place Consultancy Services should not authorise work by contractors (including the DLO) and the contractors should not commence work on site without first agreeing the price for the job. Where the price for the work exceeds the budget for the job, Consultancy Service should revert to the client for approval to proceed. (High Risk)	A guide will be developed and issued to all Consultancy Services staff detailing authority levels and process.	▶	0%	31-Dec-2017	31-Dec-2017	Craig Jardine	

TS&PSR/IAAP/550	9(b) Commencing Work before all requirements are in Any subsequent one-off projects undertaken internally by the DLO should follow appropriate procedures similar to those for works carried out by external contractors, e.g. use of a formal "Letter of Acceptance" style document before works actually commence. (High Risk)	For one-off projects the DLO will follow a similar procedure to that of external contractors.	▶	0%	31-Dec-2017	31-Dec-2017	Martin Feeney; Stewart Paton	
TS&PSR/IAAP/551	10. Lack of Business Case A business case should be prepared for this project and subsequent projects as appropriate, detailing aspects such as ongoing costs and anticipated income stream. (Medium Risk)	Agree. A business case will be prepared.	▶	50%	31-Jan-2018	31-Jan-2018	John Kerr	
TS&PSR/IAAP/552	11. Major Decisions within Projects Managers across all services In Regeneration Environment and Growth (REG) need to take a more proactive and evidenced role in key decisions relating to major projects. They should not rely on junior staff to make decisions beyond their responsibilities. (High Risk)	A greater Manager involvement and ownership will be visible in all major projects	✔	100%	31-Dec-2017	31-Dec-2017	Peter Barry; Craig Jardine; Jim McAloon	Managers will take a clearer role in the key decisions for major projects. This will be evidenced through the Better Homes Group which reports to the Housing Improvement Board.

TS&PSR/IAAP/553	12(a). Completion of Project Establishment Forms (PEF) In order to maintain proper control over budgets, a process should be put in place whereby all PEF's for defined projects have to be signed by two finance officers – one to verify finance completion and a second by the Section Head Strategic Finance (Treasury & Finance) verifying approval. The forms should be electronic so will have both an electronic signature and a sticky note which can only be put on by an Officer from their computer. (Medium Risk)	Agree.	▶	0%	31-Dec-2017	31-Dec-2017	Janice Rainey	
TS&PSR/IAAP/554	12(b). Completion of Project Establishment Forms (PEF) All PEF's for defined projects prepared should be supported by a full project costing back up analysis. (Medium Risk)	Detailed costings will be carried out by Consultancy Services for all defined construction projects.	✅	100%	31-Mar-2018	31-Mar-2018	Stewart Paton	

Project 124. Guardianship Cases (MHO Involvement) (Report Issued November 2017)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
TS/PSR/IAAP/555	1. Private Guardianship Monitoring The senior Mental Health Officer should liaise with the Information Manger (HSCP) to utilise the CareFirst System to monitor the progress of private guardianship applications. This should include the drafting of forms and reports to be incorporated into the CareFirst system. The notes in CareFirst should also incorporate an explanation for delays in the preparation of the report. A procedure should also be drafted to be followed by Mental Health Officers to ensure all relevant information and dates are lodged in the system. (Medium Risk)	Senior MHO has established contact with HSCP information Manager and arranged that CareFirst system will be adapted to include new reports specifically designed to capture and record information as recommended. This will incorporate the facility for periodic review/audit reports to be produced.	▶	40%		31-Mar-2018	Drew Lyall	The new report forms are on the DEV system and will be checked with a view to going live within the next 10 working days. Initial period audit will take place 3 months after system goes live.
TS/PSR/IAAP/556	2. Local Authority Guardianship Monitoring The senior Mental Health Officer should liaise with the Information Manger (HSCP) to utilise the CareFirst System to monitor the progress of local authority guardianship applications. This should include the drafting of forms and reports to be incorporated into the	Senior MHO has established contact with HSCP information Manager and arranged that CareFirst system will be adapted to include new reports specifically designed to capture and record information as recommended. This will incorporate the facility for periodic review/audit	▶	40%		31-Mar-2018	Drew Lyall	The new report forms are on the DEV system and will be checked with a view to going live within the next 10 working days. Initial period audit will take place 3 months after system goes live.

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
	CareFirst system. A procedure should also be drafted to be followed by Mental Health Officers to ensure all relevant information and dates are lodged in the system. The information recorded in CareFirst for Local Authority applications should include the following dates to show if the Council Policy for LA Guardianships are achieved. • Date Minutes of Case Conference Issued; • Date Draft Application Report Completed; • Date Final Report Completed; and • Date Guardianship Granted. The notes on the CareFirst should also incorporate an explanation for delays in the preparation of the report. This will enable the Senior MHO to monitor the time taken to prepare the statutory reports and identify the reasons for delays in the completion of the reports. (Medium Risk)	reports to be produced.						

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
TS/PSR/IAAP/557	3. Electronic Storage of Guardianship Files Management should develop a clear policy outlining the information that is required to be scanned into case folders. The following minimum information should be contained in each client folder. • Draft Summary Application/Letter of notification; • Mental Health Officers Suitability Report; Award of Guardianship. (Low Risk)	All MHOs will be informed of expectations in respect of data storage on x:drive as highlighted, and in accordance with recommendations.	▶	60%		31-Mar-2018	Drew Lyall	This has been discussed during Specialist MHO Team meeting on 29/11/17. Senior MHO will be issuing guidance to all MHOs during week beginning 04/12/17with a view to full implementation thereafter.
TS/PSR/IAAP/558	4. Review of time taken to complete reports It is important that all AWI reports be completed as quickly as possible to ensure the welfare of the incapacitated adult. To achieve this it is vital to fully understand the reasons, in each case, as to why the recommended timescale for completing the AWI report was not met. It is recommended that applications, once the report	A quarterly internal audit will be undertaken in respect of all completed guardianship reports, and this will be distributed as appropriate. This will assist in highlighting performance and progress, but will also serve to indicate areas of resource pressure and other challenges encountered. It should be noted that at times the	▶	10%		31-Mar-2018	Drew Lyall	Initial audit will take place 3 months after new CareFirst forms implemented.

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
	is finalised, be reviewed and the reasons for delays in the time taken to complete the report should be fully analysed and documented. This should be possible utilising the CareFirst System following implementation of recommendations 1 and 2 of this action plan. This will enable the MHO Team to understand the reasons for delays and find solutions to speed up the process. (Medium Risk)	circumstances leading to the completion of reports are outwith the control of the assigned MHO. This can be due to factors such as delays with the family making contact or with legal processes surrounding the application						
TS/PSR/IAAP/559	5. Review of Guidelines A review of the Guidance Note on Applications for Welfare Guardianship should be carried out. Timescales should be set the match the increase in number of applications and legislation. (Low Risk)	A review of current guidance and policy will be undertaken, with amendments made as appropriate and required. This will reflect changes in practice, and the significantly increased demand for reports since the guidance was initially produced	▶	0%		30-Sep-2018	Drew Lyall	Senior MHO will progress this task from early 2018 with a view to completing well within agreed timescale. It will be necessary to review, draft amendments, and submit to SMT for approval.

Appendix B
Internal Audit Reports (Previously Issued)

Generated on: 07 December 2017

West Dunbartonshire COUNCIL

	Action Status
✖	Cancelled
⬤	Overdue; Neglected
⚠	Unassigned; Check Progress
▶	Not Started; In Progress; Assigned
✔	Completed

Project 110. Use of ICT in Education Controls (Report Issued January 2017)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
CS/IAAP/489	1. Control Documentation Appropriate working documentation should be maintained and its whereabouts communicated to all relevant staff to keep up to date with the quickly changing environment. (Low Risk)	Structured documentation will be developed and communicated to the relevant staff	▶	71%	31-Dec-2017	31-Dec-2017	Brian Miller	Dec 17 - 5 of 7 milestones completed - All ICT Data now relocated to new storage and archiving policies applied. Work is now taking place on system DR Documentation creation which will then be checked by external consultant for use in the Data Centre relocation process.
CS/IAAP/491	3. Introduce protective monitoring ICT Management should investigate and advise on the introduction of additional Intrusion Detection	Replacement security software will be identified and procured in new financial year Further work on IPS	▶	40%	31-Mar-2018	31-Mar-2018	Brian Miller	Sep 17 - 2 of 5 milestones complete. 1 milestone has date extended due to non acceptance by cabinet office of PSN submission and continuing

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
	Systems/Intrusion Prevention Systems in the Education ICT Infrastructure environment as well as additional anti-malware measures to prevent emerging threats and zero day ransomware/malware attacks.

(Medium Risk) | (Intrusion Prevention System) and IDS (Intrusion Detection System) will be developed and implemented where practical | | | | | | remediation works within corporate and education estates. This has not affected the overall date of project completion. Anti Malware solution has been procured and we are awaiting delivery. |

Project 117. Stocks & Stores (Report Issued May 2017)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
CS/IAAP/507	1. Continuous Stock Taking The current system of perpetual stock counts undertaken by Building Services should be expanded to ensure all of the service's stocks, including vehicle impress stock, are counted at least once throughout the year. The top 20% of items by value should be subject to a second count. This can be achieved by increasing the number of counts to 12 with one held each month. The listing of stock to be checked should be downloaded at the start of each month with the physical count of items selected undertaken as soon thereafter but no later than three working days following the download of the list. All differences between the physical counts and the	Clearly there are benefits of perpetual / cyclical stock counts if implemented including: . should prove less disruption to the stores service . should reduce the number of discrepancies if the counts are more frequent . provide the appropriate focus to the Building Services team of the importance of stock accuracy and how this links in to the successful delivery of the service . reduce the drain on resources at year-end; and reduce / eliminate costs for stock counting in overtime Although there are draw backs of not completing		40%	31-Mar-2018	31-Mar-2018	Martin Feeney	This action has 5 milestones of which 2 are complete, action is on track for completion by target date.

Good progress has been made where continuous stock taking is taking place which isn't having any adverse effect on service delivery to date. |

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
	records in the Servitor Stock System need to be investigated and any adjustments required should be made to the records. Through-out the year Internal Audit and Property Services management (independent of stores staff) should carry out a number of random checks on the perpetual stock counts. This would involve attending the count unannounced and carrying out a number of spot checks on stock being counted. Following the introduction of perpetual counts during 2017/18 a review will be carried out in March 2018 to establish if they have been carried out as planned and provide assurance that the care and custody of stocks meets the requirements of the Financial Regulations. If the system of perpetual stocks counts is found to be satisfactory, this would eliminate the need for a full stocktake of Building Service stores at the year-end or in future years, thereby saving approximately £18,000 in staff costs. (Medium Risk)	a year-end stock count and there may be some opposition to changes from staff, we need to focus on the benefit of having better understanding and control of stock levels and cyclical stock counts will continue to be carried out. Management will aim to eventually introduce more frequent stock counts than proposed and aim to complete bi-weekly counts. We will consider introducing bi-weekly counts in 2018/2019 once stores rationalisation has been completed.						

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
CS/IAAP/511	3. Obsolete Stock Building services are proposing to close the store at Elm road in the next three to six months and transfer all stocks held there to the stores at Overburn. Building services should utilise the rationalisation of the stores to identify all obsolete or damaged stock and dispose of them as appropriate. (Low Risk)	Present a paper to the DLO board on Building Services stores rationalisation proposals for approval including actions to effectively and efficiently progress obsolete stock Carry out stores rationalisation Remove, sell / scrap obsolete items as appropriate and reconcile appropriate stock levels and values to each Building Services store	▶	33%	31-Oct-2017	30-Mar-2018	Martin Feeney	Action currently on track with 1 of 3 milestones complete. A decision on the stores rationalisation and obsolete stock will be taken by the DLO board in December 2017 and a further update will be provided thereafter.

Project 118. Public Use of WDC ICT Resources in Libraries Controls (Report Issued June 2017)

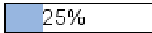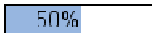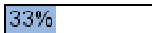| Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
CS/IAAP/515	2. Reporting on Internet usage on the BYOD network is limited Management must investigate, cost, and implement a solution which will establish an internet reporting mechanism to associate individual users with their browsing activity. (Low Risk)	The chosen solution arising from the first action point will ensure users authenticate and that a record of internet browsing activity is available along with effective filtering of illegal or inappropriate material.	▶	71%	30-Mar-2018	30-Mar-2018	John Rushton	WD ICT have commissioned professional services to design the proposed solution following the various successful pilots and they commence work on 07.12.17. A CLAS (CESG Listed Adviser Scheme) security consultant has also been commissioned to ensure the design is audit compliant. The project is making good progress and is still on target.

Project 119. Fine Art Collection (Report Issued August 2017)								

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
CS/IAAP/516 1.	1. Policy Review The 'Acquisition and Disposal Policy - Clydebank Museum and Art Gallery' which incorporates the Fine Art collection is almost five years old and requires updating. It is recommended that the policy is reviewed and updated at least every five years with the date of the next review date documented within the policy. (Low Risk)	The date of review of the 'Acquisition and Disposal Policy Clydebank Museum and Art Gallery' was Aug 2015. At that time officers examined the policy to ensure it met with current National Guidelines. As no changes were identified at either a national or local Level no changes to the policy were required at that time. Since this time Libraries and Cultural Services has moved to form part of Communication, Culture and Communities and new Delivery Plans have been developed. In light of this and the recommendations resulting from this audit we plan a review and (where required) an update of the existing The Acquisition and Disposal Policy this autumn (2017).	▶	85%	30-Nov-2017	01-Mar-2018	Gill Graham	The revised Acquisition and Disposal Policy has been completed and all milestones achieved in advance of submitting to WD Communications, Museums and Cultural Development Committee for ratification.
CS/IAAP/517	2. Joan Eardley Painting It is recommended that advice be sought from Legal Services with a view to seeking up to date / definitive confirmation that	We currently hold historic letters / emails from a variety of sources giving conflicting information	▶	75%	30-Sep-2017	31-Dec-2017	Gill Graham	This milestone is well underway and has involved meetings with Legal Services with Cultural Services providing background info.

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
	two Local Authorities have withdrawn from the agreement for the Joan Eardley painting which was previously shared with three other Local Authorities. Thereafter, there is no requirement to make contact with the parties concerned who have withdrawn to seek permission to display the painting. Low Risk)	with regard ownership (or withdrawal of ownership) from both Councils. Having previously sought information on the status of the agreement, it was apparent that there was poor communication within these authorities and their current cultural managers were unable to provide definitive clarification. Advice will now be sought from WDC Legal to word an appropriate letter to be sent to both Authorities seeking written clarification and conformation that they have withdrawn from the agreed ownership. This milestone is well underway and has involved meetings with Legal Services with Cultural Services providing background info. Whilst there has been some delay to this action due to staff absence and the complexity of archive correspondence involved a letter to the two authorities involved is now with Legal and in the final stages of drafting. As of end Nov 2017 An						An appropriate letter, drafted with Legal advice, has been produced and sent to the relevant authorities, seeking written clarification and conformation that they have withdrawn from the agreed shared ownership.

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
		appropriate letter, drafted with Legal advice, has been produced and sent to the relevant authorities, seeking written clarification and conformation that they have withdrawn from the agreed shared ownership.						

Project 120. ICT Disaster Recovery/Business Continuity Controls (Report Issued August 2017)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
CS/IAAP/519	1. Underlying Technical Controls required to facilitate automatic failover to DR site still to be configured/tested Management must set in place plans and timescales to effectively test failover preparedness to the primary DR site. (Medium Risk)	This work has several dependencies including location, other organisations and 3rd party suppliers and elements will be completed/tested at different times with view to solution being in place during 2018.	▶	25%	30-Jun-2018	30-Jun-2018	Brian Miller	Sep 17 - 1 milestone of 4 complete - data centre commissioned and handed over to WDC
CS/IAAP/520	2. DR Plans for the main telephony delivery systems have yet to be implemented/tested Management must set in place plans and timescales to effectively test DR arrangements for the main telephony systems. (Medium Risk)	ICT will develop the implementation plan for this test by the end of October	▶	33%	31-Oct-2017	22-Dec-2017	Brian Miller	Dec 17 - Milestone dates updated but this is likely to change again due to a change freeze at the supplier end and the imminent WDC Data Centre relocation project. Discussions are ongoing with our supplier regarding when this testing can be scheduled in
CS/IAAP/521	3. Systems without parallel	ICT Management will	▶	50%	30-Jun-2018	30-Jun-2018	James Gallacher;	Schedule completed.

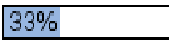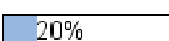| Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
	DR arrangements are not fully tested Management must put in place effective plans and timescales to effectively test DR arrangements for large departmental and corporate systems. (Medium Risk)	deliver a testing schedule for these systems by 30th Nov 2017 ICT will implement the above testing schedule by 30th June 2018					Patricia Kerr	Testing phase will begin after date centre move and as and when system outages occur.
CS/IAAP/523	5. Recovery time objectives for systems listed in the DR documents may not be practical Management should re-evaluate the prioritisation and recovery time objectives of key systems listed in the DR documentation to manage user expectation. (Low Risk)l	Each Strategic Lead is currently reviewing the Business Continuity plan for their service areas. CCS will then provide a critical friend role to ensure plans dovetail across the Council.	▶	50%	31-Dec-2017	31-Dec-2017	James Gallacher; Patricia Kerr	Oct 17. Applications and supplier data collated part of data centre migration project. One of the 3 milestones complete. Currently meeting client departments to discuss resilience options for key systems
CS/IAAP/524	6. DR Capacity planning should be factored into large ICT development and implementation processes Management should factor DR capacity planning into large system procurement exercises. (Low Risk)	ICT will undertake an initial exercise to advise system owners / managers what their current resilience set up is and advise them of the impact in the event of failure for them to consider in their service planning and budget review processes. Thereafter, system owners will be prompted to consider resilience and DR for their systems during system upgrade and replacement projects. The outcome of the BC review will be considered by ICT	▶	33%	31-Dec-2017	31-Dec-2017	James Gallacher	27th Oct - One of the 3 milestones completed. Meetings underway. HSCP/Legal/HR/Payroll. Finance meeting scheduled. Business continuity plans being updates by client departments and sent to shared resilience service for review.
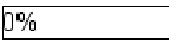
Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
		management to identify gaps in DR capability.						
CS/IAAP/525	7. Lack of formal DR testing schedule at primary DR site ICT should maintain a log of incidents where DR/Failover arrangements have been successful in a live setting In the event of no live incidents, then ICT should implement a DR testing schedule (Medium Risk)	ICT management will maintain a log of live failover incidents by 31st August 2017 ICT will update the DR policy to reflect a testing schedule where live failovers have not occurred by 31st December 2017	▶	50%	31-Dec-2017	31-Dec-2017	Brian Miller	Aug 17 - 1 of 2 milestones completed. A new log has been created capturing instances of ICT downtime and instances where live failover has taken place

Project 121. Purchasing Card Audit (Report Issued August 2017)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
CS/IAAP/528	2b. Terminating Purchase Cards when employees leave As part of the employee leaving process a procedure should be added to ensure that any purchase cards an employee holds are terminated. (Low risk)	Further development required with Workforce Management System to identify staff with CPC to have automated notifications where staff move location, section or terminate employment to ensure robust management of CPC distribution and manager notifications.	▶	0%	30-May-2018	30-May-2018	Stella Kinloch	Monthly reporting of all WDC leavers to FSC to ensure cards are cancelled in line with policy pending automated process improvement.

Code of Good Governance - Improvement Action Plan

Project Improvement Actions for 2017-18

Action Code	Recommendation	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
CCC/1718/SLA/002	2. Complaints Report complaints outcomes to relevant Committees, including lessons learned and changes implemented	▶	50%	31-Mar-2018	31-Mar-2018	Malcolm Bennie; Stephen Daly	Work is progressing on a standard reporting format for improvement areas and lessons learned generated from complaints information. This will be used as part of the mid year progress report on delivery plans in November.
RES/1718/PR/001	4. Procurement policies and guidance Ensure practical implementation of Procurement Policies and Guidance	▶	33%	31-Mar-2018	31-Mar-2018	Annabel Travers	The community benefits policy is being incorporated into a wider Local Procurement Sustainability and Community Benefits Policy.
GOV-17-007	7. Partnership Opportunities Ensure that Community Planning West Dunbartonshire (CPWD) and the Local Outcome Improvement Plan maximise partnership opportunities.	▶	50%	31-Mar-2018	31-Mar-2018	Malcolm Bennie	Progressing well and on target. this work will be delivered following publication of the LOIP in October 2017. This action has two milestones.
GOV-17-009	9. Communications strategy Put in place revised Communications Strategy for the CPWD	▶	0%	30-Nov-2017	31-Mar-2018	Amanda Coulthard	This will be delivered following adoption of the LOIP.
GOV-17-011	11. Sustainability issues / assessment Review approach to ensure Sustainability issues / assessment are reported to Members in relevant Committee reports	▶	75%	01-Apr-2018	01-Apr-2018	Stephen West	Work in progress, expected to be completed on schedule.

Action Code	Recommendation	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
GOV-17-014	14. Risk to service delivery Ensure reporting on outcomes identifies risk to their successful delivery	▶	33%	31-Aug-2018	31-Aug-2018	Malcolm Bennie	Action progressing as planned. Risks will be identified to support the new strategic plan and reported through delivery plans. This action has two milestones.
GOV-17-015	15. Quality Standards Review approach in relation to Quality Standards linked to service planning process	▶	50%	31-Mar-2018	31-Mar-2018	Malcolm Bennie	Progressing as planned. New delivery plan template outlines need to reflect local quality standards in all plans. There are two milestones.
GOV-17-016	16. Strategic capital planning Review overarching approach to strategic capital planning	▶	0%	31-Mar-2018	31-Mar-2018	Gillian McNeilly; Jennifer Ogilvie	On target, approach to be reviewed and implemented in time for February 2018 Council
GOV-17-018	18. Options appraisal guidance Refresh Options Appraisal guidance; Update Committee reporting guidance to reflect requirements for Options Appraisal and appropriate reporting.	▶	90%	31-Mar-2018	31-Mar-2018	George Hawthorn; Peter Hessett; Jennifer Ogilvie	Publication of revised report template and guidance delayed to include additional wording on financial sustainability.
PT/1718/HR/005	24. Workforce planning Embed a process of workforce planning that sustains a committed workforce in support of the organisation's current and future needs (including addressing key objectives from an equality and diversity perspective)	▶	87%	31-Mar-2018	31-Mar-2018	Darren Paterson	There are 8 milestones, 7 of which are complete (i.e. biannual reports on ER/VS/Redeployment, 17/18 Workforce Plans, revised Strategic Workforce Planning Framework, Equal Pay Audit, development of detailed equalities action plan and development of 5 year Workforce Plans) and none of which are outstanding. It is anticipated that this action will be achieved by the due date.
GOV-17-025	25. Audit Committee Review role of Audit Committee in respect of Code compliance	▶	20%	31-Dec-2017	31-Dec-2017	Colin McDougall	On target. Role of Audit Committee being reviewed in line with latest guidance, planned report to March 2018 Audit Committee.

Action Code	Recommendation	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
GOV-17-027	27. Sensitivity analysis and optimism bias Consider approach to sensitivity analysis and optimism bias and consideration of sufficient contingency plans around major decisions	▶	50%	31-Dec-2017	31-Dec-2017	Stephen West	On target. Revised approach will be developed and implemented for capital planning and revenue planning process during 2017/18.

Appendix C
External Audit Reports

Generated on: 07 December 2017

West
Dunbartonshire
C O U N C I L

Action Status	
	Cancelled
	Overdue; Neglected
	Unassigned; Check Progress
	Not Started; In Progress; Assigned
	Completed

Project 22. Annual Report on the 2016/17 audit

Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
1. Valuation of non-current assets Council dwellings recorded in the unaudited financial statements were overstated by £13.7 million due to the inclusion of elements of council dwellings recorded in the asset register not being eliminated following the 5 yearly revaluation in 2016/17. The financial statements have been adjusted to eliminate this duplication. Risk: Other categories of	We will review the asset register to ensure any such issues are removed ahead of the 2017/18 accounts. We will review year end procedures to ensure valuations are agreed with the valuer.	✅	100%	31-Mar-2018	31-Mar-2018	Gillian McNeilly	The deadline for reviewing the procedures will be met and the asset register amended as required

Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
non current assets recorded in the asset register could have an element of duplication. Recommendation: Procedures should be in place to ensure that, following revaluation, all previous expenditure and aggregate depreciation is incorporated into the revalued amount. The fixed asset register should also be reviewed to ensure these errors are not repeated in other categories.							
2. Untaken annual leave accrual Our review of the untaken annual leave accrual identified significant errors within the calculations. The net effect resulted in a £0.931 million increase to the 2016/17 untaken annual leave accrual. The previous external auditor identified errors in the annual leave accrual in previous years. Risk: The annual leave accrual is not properly calculated. Recommendation: The Council should review its procedures for calculating the annual leave accrual.	Procedures will be reviewed and a checking process implemented.		0%	30-Apr-2018	30-Apr-2018	Gillian McNeilly	The deadline will be met and the procedures reviewed prior to the year end. A review process will be implemented on the calculation at the year end, when the relevant information becomes available

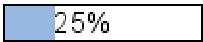|							
3. Common Good Fund The audit identified two areas of land, with a book value of £0.278 million, which are owned by the Common Good Fund but have been omitted from the asset register in previous years. Risk: There is a risk that not all common good land has been identified or attributed a fair value. Recommendation: The Council should review its procedures to ensure the Common Good fixed asset register is up to date and complete.	We will review the asset register to ensure any such issues are removed ahead of the 2017/18 accounts. We will review year end procedures to ensure valuations are agreed with the valuer.	✅	100%	31-Mar-2018	31-Mar-2018	Gillian McNeilly	Process reviewed and changes agreed
4. Termination pay accrual The unaudited financial statements included a provision for termination costs of £1.972 million. Following discussion with officers it was agreed that it was not appropriate for these costs to be shown as a provision in 2016/17. The accounts are to be changed and an earmarked balance of the general fund will be identified for these costs to reflect a prudent approach to planning for the future impacts of required future savings. Risk: Liabilities for future termination provisions may not be appropriately	The termination pay accrual accounting treatment will be considered at each financial year-end to determine correct treatment.	▶	0%	31-May-2018	31-May-2018	Stephen West	This action will meet its deadline - it cannot be completed until the year end information is available

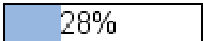|							
determined. Recommendation: The council should review how they correctly account for the termination pay accrual.							
5. Capital slippage There was significant slippage in the capital programme of around £51 million (36.9%). This follows a trend over several years. Risk: There is a risk that slippage could impact on the council's ability to deliver services in line with its strategic priorities. Recommendation: The council should review its capital plans and improve the control of capital projects and, if necessary, re-profile the budget to reflect current plans.	Budgetary control reports provided to Council and Committee advises as to impact of slippage and any mitigation available. Post project reviews are also undertaken to identify any lessons which will be applied to future projects. The capital plan is reviewed on an annual basis and profiles are reviewed. We will consider optimum bias.	▶	50%	31-Jan-2018	31-Jan-2018	Stephen West	This action will meet its deadline. It will be reviewed as part of the budget process, concluded for Council in February 2018
6. Financial planning The current financial strategy (approved in October 2016) covers the period to March 2020. While this does not cover the longer term period, it provides a clear link to the rolling three year budget which reports the need to identify £11 million in savings over this period; and the impact of the various scenarios on projected budget gaps. However, it does not provide a link to long term Council strategies.	The long term finance strategy will be extended to cover a 10 year period.	✓	100%	31-Jan-2018	31-Jan-2018	Stephen West	The long term Finance Strategy was approved by Council on 25th October 2017.

Risk: By not covering the long term, the financial strategy may not identify the long term financial impact of the council's strategies. Recommendation: The council should develop a financial strategy that covers the long term period (typically covering five to ten years) that links spending to the Council's strategies.						

Local Scrutiny Plan 2017/18

1. Housing and Homelessness

Code & Title	Status Icon	Progress Bar	Due Date	Ownership Assigned To	Latest Note
H&E/1718/HO/001 Develop and implement actions aimed at reducing the average time taken to re-let properties	▶	33%	31-Mar-2018	David Lynch	There are 2 milestones attached to this action, 1 of which have been completed. A detailed list of improvement actions has been developed and progress regarding the implementation of this key workstream is reported monthly to the Housing Improvement Board. The overall action is due to be completed with timescale.
H&E/1718/HO/002 Develop and implement actions aimed at reducing the % of tenancy offers that are refused	▶	40%	31-Mar-2018	David Lynch	There has been extensive work to reduce the percentage of offers refused in recent months, including reviewing our relet standard, allocations policy and pre-tenancy advice to identify and address causal factors. In August the weekly performance meetings for voids were re-focussed to identify and resolve operational issues which contribute to poor performance and this has led to the development of lettings plans for areas with higher levels of refusal, as well as targeting

					assistance with furnishing and decoration for those properties which may otherwise be refused.
H&E/1718/HO/003 Develop and implement actions aimed at reducing the level of rent arrears and increasing rent collection	▶	25%	31-Mar-2018	Edward Thomas	Since the comprehensive action plan to reduce rent arrears and increase rent collection was approved at the Housing Improvement Board in August 2017, delivery has commenced and implementation is in line with revised timescales. This includes developing pre-tenancy work, improved early intervention, enhancing procedures for vulnerable tenants in conjunction with Health & Social Care colleagues and reviewing provisions for households in severe hardship.
H&E/1718/HO/004 Develop and implement actions aimed at reducing the average time taken to carry-out non-emergency repairs	▶	75%	31-Mar-2018	Martin Feeney	Action on track with 3 of 4 milestones complete. The 7 day target will be difficult to achieve which was set following the positive outcome in 2016/2017 performance which was 7.17 days placing WDC in the 2nd top quartile. Work is continuing to ensure repairs are correctly prioritised, repair completion dates on system is the date the work was finished and not the date the system was updated and work is completed on appointments and in target. Annual data will be re-run at year end which will remove erroneous information for submission to SHR.
H&E/1718/HS/009 Develop and implement actions aimed at improving Complaints Handling and increasing the % of complaints responded to within SPSO timescales	▶	28%	31-Mar-2018	John Kerr	Action on track - We would expect to see ongoing improvements continue.
H/HOM/17-20/022 Through effective service delivery minimise incidences of repeat homelessness	▶	75%	31-Mar-2018	Joanne Martin	There are 4 milestones attached to this action, 2 of which have been completed. Overall action is due to be completed with timescale and annual target to reduce repeat homelessness is expected to be met.

2. Staff absence levels

Code & Title	Status Icon	Progress Bar	Due Date	Ownership Assigned To	Latest Note
PT/1718/HR/002 Employee Health and Well-being	▶	60%	31-Mar-2018	Darren Paterson	There are 10 milestones, 5 of which are complete and none of which are oustanding. The Employee Wellbeing Strategy was approved at PaMG on 27/6/17, with the Employee Wellbeing Core Group approving action plans for each of the Council-wide workstreams at its meeting on 1/8/17 (which are being reported to PaMG in on 31/1017). These action plans are now being progressed in line with identified timescales. Additionally, a 'back to basics' audit of compliance with the attendance management policy has been completed and formal contract monitoring discussions have taken place in relation to the Occupational Health and Employee Counselling service for Quarter 1. It is anticipated that this action will be achieved by the due date.

3. Financial sustainability

Code & Title	Status Icon	Progress Bar	Due Date	Ownership Assigned To	Latest Note
RES/1718/FI/001 Provision of timely and accurate accounting, budgeting and budgetary control processes for Council and associated bodies	▶	58%	31-Mar-2018	Gillian McNeilly	Period 7 BCR prepared for Strategic Leads / Committees/ Council (where appropriate).
RES/1718/FI/002 Report agreed savings options & management adjustments through the budgetary control process management and Council	▶	58%	31-Mar-2018	Gillian McNeilly	Period 7 BCR completed
RES/1718/FI/003 Provision of timely and accurate financial accounts statements for Council and associated bodies	✓	100%	30-Sep-2018	Gillian McNeilly	Audits completed and accounts updated
RES/1718/FI/004 Provision of timely and accurate external returns to assist the Council in benchmarking for improved services and to maximise	✓	100%	31-Mar-2018	Gillian McNeilly	The main corporate external financial returns have now all been completed for 2017/18.

Code & Title	Status Icon	Progress Bar	Due Date	Ownership Assigned To	Latest Note
funding sources					
RES/1718/SLA/001 Review and update the Council's long-term finance strategy		33%	31-Mar-2018	Stephen West	Report for October 2017 Council completed and issued. Further updates due in December 2017 and February 2018.

4. Shared Services

Code & Title	Status Icon	Progress Bar	Due Date	Ownership Assigned To	Latest Note
E&N/1718/SLA/016 Roads Shared Service - Develop the shared service approach for service delivery		60%	31-Mar-2018	Ronnie Dinnie	The development of the shared service detailed business plan is complete. Following further consultation with Trades Unions, it will be submitted to Council in December for consideration and approval prior to submission to shared service Joint Committee. There have been a number of workshops to option appraise the specific delivery model that would best deliver resilience and efficiency. The project is still on target for its completion date with three of the five milestones concluded.
LSP1718-001 Progress shared services programme		50%	31-Mar-2018	Angela Wilson	In addition to the shared services project for Roads and Transportation, discussions are ongoing in pursuit of opportunities to share and collaborate with other councils and public sector organisations. Progress is monitored through the PAMG and Change Board. Some examples include: Shared procurement with East Dunbartonshire – a joint tender for a shared web filtering product with the aim to have a single product for both East and West Dun Investigating possible shared technologies - shared VOIP (Voice Over Internet Protocol) solution - shared backup infrastructure Graduate and Intern programme jointly developed with West College Scotland. Possible collaboration and sharing opportunities with Stirling Council following joint meeting with senior management teams