Agenda

Audit Committee

Date: Wednesday, 18 November 2020

Time: 14:00

Venue: By Zoom Video Conferencing

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

Dear Member

The Convener has directed that the powers contained in Section 43 of the Local Government in Scotland Act 2003 will be used and so Members will attend this meeting of the **Audit Committee** remotely. The business is shown on the attached agenda.

Yours faithfully

JOYCE WHITE

Chief Executive

Distribution:

Councillor John Mooney (Chair)
Councillor Jim Brown
Councillor Karen Conaghan
Councillor Daniel Lennie
Councillor Jonathan McColl
Councillor John Millar
Councillor Martin Rooney (Vice Chair)
Councillor Brian Walker
Mr C Johnstone
Mr C Todd

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: 5 November 2020

AUDIT COMMITTEE

WEDNESDAY, 18 NOVEMBER 2020

AGENDA

1 APOLOGIES

2 DECLARATIONS OF INTEREST

Members are invited to declare if they have an interest in any of the items of business on this agenda and the reasons for such declarations.

3 MINUTES OF PREVIOUS MEETING 5 - 8

Submit for approval as a correct record, the Minutes of Meeting of the Audit Committee held on 16 September 2020.

4 OPEN FORUM

The Committee is asked to note that no open forum questions have been submitted by members of the public.

5 STRATEGIC RISKS 2017-22 9 - 40

Submit report by the Strategic Lead – People & Technology providing an update on the COVID-19 and EU Exit strategic risks.

6 INTERNAL AUDIT PLANS 2019/20 AND 2020/21 - PROGRESS TO 21 OCTOBER 2020 41 - 74

Submit report by the Strategic Lead - Resources advising on progress at 21 October 2020 against the Audit Plans for 2019/20 and 2020/21.

7 AUDIT COMMITTEE ANNUAL SELF-ASSESSMENT – UPDATE ON ACTION PLANS 75 - 82

Submit report by the Strategic Lead – Resources providing an update on the status of the action plan arising from the Self-Assessment exercise.

8 ANNUAL REPORT ON THE AUDIT COMMITTEE 2019-20 83 - 90

Submit report by the Strategic Lead – Resources providing Members with an Annual Report on the Audit Committee for 2019/20.

9 AUDIT SCOTLAND REPORT – COVID-19 GUIDE FOR AUDIT AND RISK COMMITTEES 91 - 94

Submit report by the Strategic Lead – Resources informing of new guidance issued by Audit Scotland on key issues for consideration by audit and risk committees during the Covid-19 pandemic.

10 SCOTTISH PUBLIC SERVICES OMBUDSMAN COMPLAINTS REPORT 2019/20 95 - 107

Submit report by the Strategic Lead – Communications, Culture, Communities & Facilities presenting the Scottish Public Services Ombudsman (SPSO) report on complaints handling by West Dunbartonshire Council for the year 1 April 2019 – 31 March 2020.

AUDIT COMMITTEE

At a Meeting of the Audit Committee held by Video Conferencing on Wednesday, 16 September 2020 at 10.04 a.m.

Present: Councillors Jim Brown, Jonathan McColl, John Millar, John Mooney, Martin Rooney and Lay Members Mr Chris Johnstone and Mr Christopher Todd.

Attending: Joyce White, Chief Executive; Richard Cairns, Strategic Director – Regeneration, Environment & Growth; Jo Gibson, Head of Community Health & Care Services and Audrey Slater, Head of People & Change, West Dunbartonshire Health & Social Care Partnership (H&SCP); Stephen West, Strategic Lead – Resources; Andi Priestman, Shared Service Manager – Audit & Fraud; and Craig Stewart, Committee Officer.

Also Attending: Mr Richard Smith, Senior Audit Manager, Audit Scotland.

Apologies: Apologies for absence were intimated on behalf of Councillors Karen Conaghan, Daniel Lennie and Brian Walker.

Councillor John Mooney in the Chair

CHAIR'S REMARKS

Councillor Mooney, Convener, welcomed everyone to the September meeting of the Audit Committee which was being held remotely, in terms of Section 43 of the Local Government in Scotland Act 2003. Councillor Mooney also took the opportunity to welcome new Lay Member Christopher Todd to his first meeting of the Committee.

Thereafter, the Convener advised that a process/procedure had been developed for the meeting (a copy of which had previously been circulated to Members). Thereafter, the Committee agreed to note the procedure in place for the conduct of the meeting and the meeting then commenced by video conferencing.

DECLARATIONS OF INTEREST

It was noted that there were no declarations of interest in any of the items of business on the agenda.

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Audit Committee held on 17 June 2020 were submitted and approved as a correct record.

OPEN FORUM

The Committee noted that no open forum questions had been submitted by members of the public.

STRATEGIC RISKS 2017-22

A report was submitted by the Strategic Lead – People & Technology providing an update on the strategic risks for 2017-22.

After discussion and having heard the Strategic Lead, the Chief Executive and relevant officers in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) to note the strategic risks as detailed in Appendix 1 to the report;

(2) to the addition of a COVID-19 risk with associated operational risks and mitigation; and

(3) supplementary EU Assurance Plan detailing operational risks as previously reported.

INTERNAL AUDIT PLANS 2019/20 AND 2020/21 – PROGRESS TO 19 AUGUST 2020

A report was submitted by the Strategic Lead - Resources advising on progress at 19 August 2020 against the Audit Plans for 2019/20 and 2020/21.

After discussion and having heard the Shared Service Manager – Audit & Fraud and the Head of Community Health & Care Services in further explanation of the report and in answer to Members' questions, the Committee agreed to note the contents of the report.

PUBLIC INTEREST DISCLOSURES AND OTHER INTERNAL AUDIT INVESTIGATIONS 1 JULY 2019 TO 30 JUNE 2020

A report was submitted by the Strategic Lead - Resources advising on the outcome of investigations into allegations and disclosures in line with public interest disclosure and business irregularities policies received by Internal Audit between 1 July 2019 to 30 June 2020.

After hearing the Shared Service Manager – Audit & Fraud, the Committee agreed to note the contents of the report.

NATIONAL FRAUD INITIATIVE 2018/19

A report was submitted by the Strategic Lead – Resources advising on the Audit Scotland Report "National Fraud Initiative 2018/19" published in July 2020 and providing an overview of the key messages and recommendations raised in the report and how these issues are being addressed by the Council.

After discussion and having heard the Shared Service Manager – Audit & Fraud in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) that a further update report would be submitted to the March 2021 meeting of the Audit Committee outlining the Council's progress with the 2020-2021 exercise; and

(2) otherwise to note the contents of the report.

The meeting closed at 11.10 a.m.

WEST DUNBARTONSHIRE COUNCIL

Report by Strategic Lead – People & Technology

Audit Committee: 18 November 2020

Subject: Strategic Risks 2017-22

1. Purpose

1.1 To provide an update on the COVID-19 and EU Exit strategic risks.

2. Recommendations

2.1 It is recommended that the Committee note:

- The draft risk outline for SR012 Pandemic as detailed in Appendix 1;
- The revised EU Exit Assurance Plan, contained within Appendix 2; and
- The revised EU Exit Assurance Plan for HSCP services, in Appendix 3.

3. Background

3.1 Following discussions and feedback from the 'Bi-annual Strategic Risk Report' to the September Audit Committee, it was felt prudent to bring forward this update report (scheduled for March 2021).

3.2 The COVID-19 detail was reported to the September meeting of Council and will be managed by way of the operational risk register and by the Operational Resilience Group members.

3.3 The EU Exit Assurance Plan was last reported to the February meeting of the Corporate Services Committee. As a direct consequence of the COVID-19 pandemic, there was little activity (directly affecting Local Government) in this area and as such, the plan remained as reported. Recent national developments have prompted a further review and subsequent revisions to the Council's response and this is now available. As before, the plan is published on the Council website.

4. Main Issues

Strategic Risk

4.1 In line with the Council's Risk Management Framework, each risk is managed through internal controls, linked actions and associated milestones with the objective being to reduce or stabilise the level of risk through completion of linked actions over a period of time and / or ensure mitigation factors are adequate should the risks actually materialise. In both areas covered by this report, pandemic and EU Exit, these are live issues and being actively

managed by the organisation. These risks, along-with the concurrent risks posed by disruptive weather as winter approaches and potential power outages, are being exercised at national, regional and local levels.

Service Risk

4.2 In addition to the above, each service has operational risk registers and these are monitored and appropriate mitigating actions taken by the relevant teams and reported through the service planning process.

COVID-19

4.3 As previously reported, the impact of COVID-19 resulted in the development of a significant number of procedures, assessments and mitigations to support the various initiatives, restrictions and measures to reduce the spread of the virus. This work continues as the landscape changes yet again as we approach the winter and face concurrent risks with potential disruptive weather, seasonal influenza and EU Exit ahead.

4.4 In respect of the strategic risk "SR012 - COVID – Significant Service and Workforce Disruption" and consequent operational sub-risks, the four key areas are workforce, service delivery, protection and public uncertainty. Given the ongoing fluidity of the response and recovery landscape, the operational risks are key to mitigating impact. Appendix 1 provides details of this strategic risk.

EU Exit

4.5 Strategic Risk "SR011 - EU no deal Exit" has been assessed as high risk. The key risks to the Council have been identified as disruption of services, workforce, and congestion at sea and air ports, concerns around the supply of medicines, all potentially impacting locally. Finally there is concern around the supply of and consequently, a rise in the cost of food.

4.6 The Council's Strategic and Operational Resilience Groups continue to work with the Civil Contingencies Service (CCS) in examining risks and potential impact on services associated with the UK's exit from the EU and seeking appropriate mitigation where available. To compliment this, there is frequent liaison with multi-agency partners to ensure a shared understanding of the risks arising locally, regionally and nationally. The Council's EU Exit Assurance Action Plan is based on the National Planning Assumptions of reasonable worst-case scenarios and has been revised to take account of the developing landscape. This plan is attached as Appendix 2 and is available on the Council website.

5. People Implications

5.1 There are no people implications directly associated with this report. However, there are risks to workforce and communities associated with risks outlined above and detailed in the appendices.

6. Financial and Procurement Implications

6.1 There are no direct financial and/or procurement implications associated with this report. However, there are risks to financial stability and supply associated with risks outlined above and detailed in the appendices.

7. Risk Analysis

7.1 Failure to progress on risk management is likely to result in the Council being criticised by External Audit for not having an integrated approach to embedding risk management within the authority with the result that a “no scrutiny required” status will be jeopardised.

7.2 Progressing with risk management will demonstrate that the Council is taking ownership of risk management so that effective measures will be put in place for the management of risk. The ability to demonstrate risk ownership should benefit the Council in terms of:

- Understanding risk and its potential impact on the Council’s priorities and objectives;
- Reducing insurance premiums going forward by recognising that a mature approach to risk management will contribute to a reduction in the number and value of claims across a range of insurance classifications;
- Contributing towards incident prevention based upon post-incident investigation;
- Meeting statutory/regulatory requirements; and
- Ensuring better partnership working with external and internal partners.

8. Equalities Impact Assessment (EIA)

8.1 No equalities screening was required.

9. Consultation

9.1 The strategic risks have been discussed with the Strategic Leadership Group and the Operational Resilience Group.

10. Strategic Assessment

10.1 At its meeting on 25 October 2017, the Council agreed that its five main strategic priorities for 2017 - 2022 are as follows:

- A Strong local economy and improved employment opportunities;
- Supported individuals, families and carers living independently and with dignity;
- Meaningful community engagement with active empowered and informed citizens who feel safe and engaged;
- Open, accountable and accessible local government; and
- Efficient and effective frontline services that improve the everyday lives of resident

10.2 The strategic risks have been identified to complement the main strategic priorities.

Name: Victoria Rogers
Designation: Strategic Lead People & Technology
Date: 20 October 2020

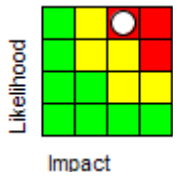
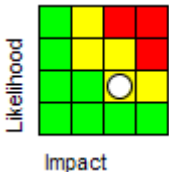
Person to Contact:	Victoria Rogers Strategic Lead People & Technology
Appendices:	Appendix 1: Pandemic Strategic Risk Appendix 2: EU Exit Assurance Plan Appendix 3: EU Exit Assurance Plan (HSCP)
Background Papers:	Report to Council on 30 September 2020 'COVID-19 update' Report to Audit Committee on 16 September 2020 'Strategic Risk Bi-Annual Update' Report to Council on 25 October 2017 'West Dunbartonshire Council Strategic Plan 2017-22 Risk Management Framework'

Appendix 1

Strategic Risk Report Pandemic Situations (COVID-19)

Generated on: 14 September 2020

SR 012

	SR 012 COVID – Significant Service and Workforce Disruption	**Current Risk Matrix**		**Last Review Date**
Description	The Council is faced with significant ongoing demands with disruption to service delivery, increasing PPE and workforce pressures as a result of Covid 19 and subsequent local and national outbreaks. This involves both responding to the crisis and from services returning to a new normality based on Response, Recovery and Renew guidance produced by Scottish and National Government. NB. Financial risk is also reflected in SR001		**12**	14 September 2020
		Target Risk Matrix		**Target Date**
Potential Effect	Reduced service delivery, disruption to service provision, demand for increased workforce in many areas, increased financial pressures and difficulty in responding effectively to demands from employees, Trade Unions and the wider public.		**6**	31 March 2021(review)
Measures of Impact	Reduction in government funding Reduction in revenue and income Service reductions or closures/reducing quality/limiting quantity Reduction in WDC/WDLT workforce Increased debt owed to the Council Reputational damage to WDLT and Council due to reduced delivery/quality of services	**Latest Note**	**First draft of high level strategic risk covering pandemic situation – COVID -19 September 2020.** **Further additional detail to be added and refined by service managers responding and delivering the recovery model.**	
Risk Factors	Level of government funding for COVID 19 Second wave of COVID-19 Local outbreaks, non compliance resulting in further restrictions or local lockdown Workforce reduction/absence/recruitment difficulties/wellbeing impacted/additional PPE requirements/difficulty with supply chain/increased costs Concerns from Elected Members/employees/Trade Unions about provision/ safety of service/facilities Additional hardware/software to cope with prolonged remote working Significant additional burden in Capital receipts			
Internal Controls	10 year Financial Strategy as referred within SR001 Powers delegated to council officers to speed up critical decision making during pandemic Business continuity plans – organisational and service specific SRG/SRRG established as a key decision making body guided by strategic council aims. Decisions noted and reported periodically to full Council. Regular sharing of information and guidance to officers and managers in relation to COVID-19 via exception reporting and situation (SITREP) reporting to ORG/SRG ORG established as an operational delivery body to ensure consistent messages and SRG decisions implemented, governance and compliance managed via SRRG. Dedicated Intranet page established; acting as a vehicle for sharing current information and best practice. WDC officers/councillors are actively participating in national forums to update SG as to WDC's position and	**Managed By**	**V.ROGERS**	
		Assigned To	**J.DUFFY**	

	stay updated on national advice Regular Workforce updates issued to ensure clarity of message and provide clear advice WDC/WDLT management to undertake reviews to find efficiencies to reduce costs and improve sustainability opportunities for savings and greater sustainability. Additional forums for collective consultation and information sharing established with trade unions.			
Sub-Risks Description	**Sub-Risks Measures of Impact/Internal Controls**	**Sub-Risks Traffic Light Icon**		**Sub-Risks Managed By**
Workforce	**The Council is faced with significant workforce demands in relation to absence, reduction, recruitment and wellbeing.** Employees absence as a result of self-isolation, infection or caring requirements. Workforce reductions - due to insufficient funding, employees leaving due to caring requirements and anxiety. Recruitment issues caused by insufficient funding, demand in certain areas and skills. Wellbeing with employees working for an extended period at home, mental health, DSE and ongoing supports. Business Continuity Plans reflect employees absences of up to 30% in determining how critical services will be delivered such diverting non critical roles to support key roles. Volunteer process in place to allow managers to apply for support and have volunteers identified and matched. To reduce the loss of key worker the council have promoted flexible working arrangements, providing childcare facilities and access to health supports. National and Government schemes being accessed such as DWP Kickstart. Recruitment processes reviewed with online process developed with Disclosure Scotland and SSSC. Wellbeing strategy in place with a focus on Mental Health supports, OH provider has delivered bespoke supports and i-learn has been expanded to support additional needs of the workforce. Significant internal demand on OH supports increasing costs substantially – little evidence of use of national supports for social care workers.			All relevant managers/ORG members
Service Delivery	**The Council is faced with significant delivery demands in relation to moving services online, disruption, reduction and quality.** Services are disrupted as a result of employees absence, increased demand or lack of equipment/supplies. Reduction & quality are impacted due to insufficient funding leading to reduced numbers of employees and impacting on quality of service delivery. The Council have moved where possible to meet the needs of citizens via a more digital delivery method. Transformation projects will be reviewed in light of the developments made in this area. Business Continuity Plans identify critical activities and the minimum resources required to deliver critical activities – these were updated within the last 12 months.			All relevant managers/ORG members
Protection	**The Council is faced with significant demands for protection in relation to additional and constant changing legislation and guidelines, PPE requirements, supply chain, cost of PPE and ensuring workforce safety.** WDC officers are actively participating in national forums to stay updated on national advice and ensure this is cascaded council wide. Officers from across the organisation review the SG COVID website daily to capture any changes. PPE demands continue and supply chain issues could impact upon our ability to purchase key equipment or resources, or affect any areas where we are reliant on a contractor. Business Continuity Plans consider supplier dependencies, including potential alternative suppliers. WDC have an established Risk assessment process to ensure safe practices for work.			All relevant managers/ORG members
Public uncertainty	**The Council is faced with significant demands around public uncertainty and leads to additional burdens upon services, seeking information, advice and support.** Council continue to work with key stakeholders and citizens to ensure			All relevant managers/ORG members

Appendix 1

	clarity of information as services recommence, ensuring this is shared with members of the public via social media/Council website, alongside FAQs being made available where necessary. Information on updated Government advice is distributed through these channels regularly, and as soon as possible after Govt announcements, Requests made via the contact centre to reduce burden on services.				
Progress of Linked Actions	Above risks managed via operational risk register				
Risk Opportunity	Enhance reputation of Council by being able to provide confidence clear guidance and supports Continue to build on digital service delivery via Digital Board plans. Continue with estate, assets and service delivery Enhance employees "feeling valued" by providing good conditions, wellbeing opportunities and supports Secure external funding for assisting in the delivery of council aims				

Risk Status	
	Alert
	High Risk
	Warning
	OK
	Unknown

DRAFT

West Dunbartonshire Council
EU- Exit Assurance Action Plan – October 2020

Background: The themes of Issues/Risks identified below are based on the updated UK and Scottish Planning assumptions (September 2020). This document will remain live, and regularly updated throughout the response to any "No Deal" EU Exit. The Transition Period will end on 31 December 2020 and it is understood that no request for an extension will be made or EU request agreed to.

Contributing Officers – Jen Watt, Civil Contingencies Officer; Martin Keeley, Environmental Health Manager; Stella Kinloch, Section Head Transactional Services; Derek McLean, Procurement Business Partner; Cameron Taylor, WDLT Health and Safety Co-ordinator; Stephen Brooks, Working4U Manager; Kenny Lang, Joint Services Fleet and Waste Manager; Lynda Dinnie, Facilities Manager; Alison McBride, Strategic People and Change Manager and Michael McGuinness, Economic Development Manager.

Boarder Disruption – Martin Keeley and Stella Kinloch – October 2020		
Broad Risk	**Action**	**Comments**
Congestion at sea ports & airports through delayed processes with potential impacts to: - Ports / Airports - Warehouse distribution centres - Motorway / Trunk Road network - Rail Network	- Funding case to Scottish Government has been submitted through COSLA for LA Environmental Health resources nationally to support the delivery of services related to hub export sites and imports through Border Control Posts and in-land check points. Resource allocation will depend on the need to engage in food import controls and / or enhanced export certification work to support the Scottish food sector. Food	WDC EH Manager is linked in through the Scottish Food Enforcement Liaison Committee to work with groups looking at EU Exit implications. While the position is being led nationally, by DEFRA. The risk based system developed by the Scottish Food Enforcement Liaison Committee has been accepted for use on a UK basis. WDC EH Manager is linked to the various groups involved (including APHA, Scottish Government, Food Standards Scotland and Food Authorities (Local Authorities) and Port Health Working Groups (Imports and Exports). Scottish Government is aware of potential bottlenecks in the delivery of the system, with Local Authorities potentially having to resource hubs for delivery of the system. Food Standards Scotland has recruited temporary staff to assist with delivery at hubs. Further funding has been requested for Scottish LAs to fund Export Health Certification (EHC) activities in a no deal scenario. Through a change in the EH undergraduate education system, funded training (placement) for trainee Environmental Health Officers is now available to LAs. The Scottish position of certification based on risk for Products of Animal Origin (POAO) has been accepted and adopted as the UK position. Food Standards Scotland in conjunction with

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Boarder Disruption – Martin Keeley and Stella Kinloch – October 2020		
Broad Risk	**Action**	**Comments**
	Standards Scotland are assisting with resource for export hub delivery and LA mutual aid provision is a consideration - Requirement to directly deliver controls or the requirement to assist other food authorities in these matters (Regional / National Hubs for food export certification or port health controls for food import) - Signposting of Scottish Government EU Exit website providing information on passports / personal travel https://www.gov.scot/brexit/	APHA and DEFRA are reviewing the further issue of Exports to and Imports from Northern Ireland re certification and checks in the event of a no deal scenario. Groups are working on the basis of a Reasonable Worst Case Scenario (RWCS). In such a scenario, the national demand for food export Health Certification is predicted to exceed capacity. Food shortages are likely to impact on all businesses. Within the Council work has been undertaken to minimise any potential disruption. Capacity for import does not exist in Scotland and is limited UK wide. Discussions at a UK level and Scottish level are ongoing to determine the level of need and the development of capacity to meet such need. The set-up of a Border Control Post in Scotland to facilitate trade with Ireland through Northern Ireland is being explored. The likelihood of WDC becoming a port authority for food is **unknown**. The demand for an establishment of an export hub(s) in WDC also **unknown**. Information on DPEs and BIPs related to the EU are given here along with a Brexit reference. https://ec.europa.eu/food/safety/official_controls/legislation/imports/animal_en https://ec.europa.eu/food/safety/official_controls/legislation/imports/non-animal_en https://ec.europa.eu/food/animals/vet-border-control/bip_en Network Rail have produced a Risk Management Document, saved along with other EU Exit materials; providing reassurance that measures will be taken to ensure network operation.
Return of UK Nationals, currently in residence within other EU countries.	- Consider remit and membership of previous multi-disciplinary Syrian	Existing arrangements for the impact areas are in place and could cope with the numbers returning to local area. At this time there is no indication that this poses a risk to WDC

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Boarder Disruption – Martin Keeley and Stella Kinloch – October 2020		
Broad Risk	**Action**	**Comments**
	Refugee working group – as risks are similar.	This position has not changed – Oct 2020.

Disruption to Service – Martin Keeley, Derek McLean, Cameron Taylor, Stephen Brooks, Kenny Lang and Lynda Dinnie – October 2020			
Broad Risk	**WD Impact**	**Action**	**Comments**
Reduction, delay or stoppage in supply of medicines and medical supplies.			Please see bespoke HSCP Action Plan.
Reduction, delay or stoppage in movement, holding of animals and supply of veterinary medicines / supplies	-Concerns with regards to livestock welfare and disposal	Continued engagement with APHA and DEFRA	This has been deemed a risk. APHA and DEFRA look after the animal movements and it's under vet control for medicines etc. for farm animals.
Reduction, delay or stoppage in supplies of other consumables	- Impacts on capital or infrastructure projects, e.g. new school at Renton - Impacts on other services provided through other nations, e.g. software - Impact to Chemicals (Leisure Trust)	Services to consider supply and projects in line with significant assurance work carried out by Procurement. Supply, etc which is continually monitored. Continued engagement with Facilities Manager re school and care home provisions. **Refer to Broad Risk**: *Certain types of fresh food may decrease /prices of certain*	Considerable work carried out by Scotland Excel to provide assurances. The Corporate Procurement Unit (CPU) sent out a supplier / provider questionnaire however of the suppliers / providers that did respond, those responses were generic. The CPU also sent out questionnaires to the Council's service areas to ascertain contingency plans should a supplier / provider not meet the specification / delivery due to Brexit. REG and Legal to check on existing and future contracts in terms of where the risk lies. Scottish Water / UK Water Suppliers have provided written assurance that their supply will be maintained.

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Disruption to Service – Martin Keeley, Derek McLean, Cameron Taylor, Stephen Brooks, Kenny Lang and Lynda Dinnie – October 2020			
Broad Risk	**WD Impact**	**Action**	**Comments**
	- Impact to construction industry due to import of raw material and construction products	*foods many increase* Check on existing and future contracts in terms of where the risk lies. (service led) Continued engagement with supply chain for critical contracts to ensure early visibility of import issues	There may be a general knock on risk to 1st tier extractive industry supply chain where raw materials for the construction industry and manufacturing products could be disrupted. CPU are drafting a clause within the terms and conditions to include within supply and works contracts that not having the appropriate import procedures in place is a contract breach event
	- Polyaluminium Chloride (PAC) – supplier: Brenntag UK	WD Leisure continuing to monitor	Hydrochloric acid is one of the main components of PAC. It has been advised that Scottish Water will be prioritised if shortages become critical. However, PAC and other components that make up the product are all produced in the UK; therefore EU-Exit will not be an issue.
	-Calcium Hypochlorite (HTH) – supplier: Brenntag UK	WD Leisure continuing to monitor	HTH is imported from the USA and this could be affected by EU-Exit. WD Leisure has stocked up a 3 month supply. HTH will be transported in shipping containers with electronic paperwork send in advance to minimise delays. No change – October 2020
	-Carbon Dioxide – supplier: Air Products UK	WD Leisure continuing to monitor	WD Leisure has now discontinued its CO2 contract and solely uses sodium bisulphate for pH control. No disruption to supply is anticipated.
Impact upon low income groups as a result of lack of supply of foods or price increase of fuel, food, etc	- Potential welfare requirements (including Welfare Fund) enhanced - Potential impacts upon foodbank/food provision capacity	Engagement with Working 4U/Communities Teams to gauge how foodbanks may be affected / can be linked in with Consideration on messaging with regards to the type of	Risk of additional costs due to welfare needs of the public. WDC has also agreed to provide funding to support two local foodbank charities, though not necessarily as a result of the potential impact of EU- Exit. The food banks have built strong a relationship with the Council. As such, this will enable regular monitoring of potential impacts caused by a No Deal Exit and allow concerns to be raised using appropriate and recognised channels. Campaigns to encourage donations to West Dunbartonshire Community

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Disruption to Service – Martin Keeley, Derek McLean, Cameron Taylor, Stephen Brooks, Kenny Lang and Lynda Dinnie – October 2020			
Broad Risk	**WD Impact**	**Action**	**Comments**
		supplies foodbanks need	Foodbanks is ongoing. Activity on the Intranet to encourage officers to donate and highlighting thanks for those who have donated to keep the project relevant.
		Consider the level of social welfare funding available against potential need (W4U - include consideration of fuel poverty)	Foodbanks currently have **sufficient** stock supplies and money to purchase stock if it was to run low. They have highlighted that their social media campaigns have typically led to upsurge in donations, which continues to be the case. The group has contact with the Communities Team with regards community budgeting grants.
		Continued engagement with local food banks	Working 4U liaise with local organisations (foodbanks and third sector organisations) providing access to low cost cafes and support for 'food on a budget' for people with limited resources. However, restrictions introduced as a result of Covid-19 has reduced the number of community-based cafes and lunch clubs. The aim is to work with key organisations to develop an action plan that will include action to: • Raise awareness of the need for services; • promote availability of food and services; • maintain/increase supplies of food and donations to the organisations (from individuals, local business, public and third sector organisations; • Support access to additional funds for the provision of food. Covid-19 Food insecurity Group was established to address emergency food demands. This infrastructure will remain intact for the foreseeable future and will be used to extend support to those affected by the impact of BREXIT.
Fuel Supply Disruption	- Potential requests for Council Resources	Roads / Transportation to consider ensuring Council reserves are at optimal levels	UK and Scottish Government planning assumptions suggests there will not be an impact on fuel levels, etc. Recent discussions with Energy Sector have provided reassurance in this area and confirmed that Scottish stocks are

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Disruption to Service – Martin Keeley, Derek McLean, Cameron Taylor, Stephen Brooks, Kenny Lang and Lynda Dinnie – October 2020			
Broad Risk	**WD Impact**	**Action**	**Comments**
	- Potential impact on Council reserves	and processes in the event of requests from partner agencies	sufficient. Customer behaviour could lead to local shortages in other parts of the country however this is not anticipated. There will be **no provision** to stock pile fuel. WDC do not have the capacity to store any more fuel. Fuel delivery tankers bring in 8-10,000 litres per delivery as required. WDC do not envisage any issue with fuel deliveries as supplies are sourced from creditable fuel suppliers. As based on previous UK planning assumptions the only foreseen potential for disruption to fuel supplies is for London and South East England. This is being associated to traffic congestion & linked customer behaviours rather than supply shortages. This remains valid (October 2020)
Increased unemployment as a result of economic disruption	- Greater number of people in receipt of benefits with additional knock-on demand for support services. Including welfare/debt advice, employability support and discretionary welfare payments	Working 4U will work with strategic partners to ensure information about access to services is widely available Continued review of services to ensure increasing areas of demand are addressed	Working 4U will coordinate efforts of service providers through joint working with strategic partners in: • The West Dunbartonshire Information and Advice Partnership • The local strategic employability group
Certain types of fresh food may decrease /prices of certain foods many increase	- Potential additional costs for services/that purchase/supply	**Short term:** Consider earmarking additional resource, or consider use of prudential reserve if required	WDC 20-21 budget for supply of food to Education and HSCP is set. Risk of additional costs. The risk of cost increases arising from EU-Exit has been advised to Council in the budget preparation reports since October 2018. The budget report

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Disruption to Service – Martin Keeley, Derek McLean, Cameron Taylor, Stephen Brooks, Kenny Lang and Lynda Dinnie – October 2020			
Broad Risk	**WD Impact**	**Action**	**Comments**
	foods to increase by up to 20% due to tariff changes, sterling depreciation and boarder disruption - Impacts on food provision at schools, care homes, etc .	**Long term**: Consider building in additional costs into the long term finance strategy based on evidence post- EU Exit	advises that any price variations will be reported and that it is expected that the Council would manage such price variations should they arise through ongoing budgetary control and, if necessary, use of free reserves. Facilities Management maintain a very limited stock of tinned and dried food that is maintained year round, in case of single premise emergencies – while this is not EU Exit specific, it could be utilised in the event of a localised issue being experienced. At this stage, and in line with Scottish Government and CoSLA advice, there is **no intention** to stock pile beyond this contingency as storage capacity as freezer space prohibits this. In addition, nursery and school meals are produced in line with national legislation which details nutrient requirements. Most meals are therefore produced using fresh fruit, vegetables and other produce which has an extremely limited shelf-life and is not suitable for stock-piling. Additionally, there is a requirement by Scottish Government that in the event of a no deal EU-Exit authorities are required to continue to ensure compliance with national nutritional standards. This could require significant resource input and also sourcing of alternative products. Without detailed knowledge on the nature of the final EU-Exit arrangements it is impossible to accurately identify the physical or financial impact other than to anticipate significant cost increases for food provisions and therefore increased expenditure in this area by the Council for the provision of nursery and school meals. This potential additional expenditure has been highlighted to CoSLA on our submission of their Brexit Cost template. In addition, considerable work has been undertaken by Scotland Excel to engage with suppliers in an effort to ensure a robust supply chain where at all

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Disruption to Service – Martin Keeley, Derek McLean, Cameron Taylor, Stephen Brooks, Kenny Lang and Lynda Dinnie – October 2020			
Broad Risk	**WD Impact**	**Action**	**Comments**
			possible.

Information & Data Sharing – Alison McBride – October 2020			
Broad Risk	**WDC Impact(s)**	**Action**	**Comments**
Disrupt in flow of personal data due to legal requirements affecting law enforcement / intelligence sharing between UK & EU	- Delay in PVGs, significant impact on teaching & care staff - SSSC registration requirements	Seek information / assurance / guidance from Scottish Government	Scottish Government Update in relation to PVGs is as follows: "Disclosure Scotland currently uses arrangements under the Directive and Council Decision to request information from 12 Member States for nationals of those Member States to work in childcare positions in Scotland. If the UK should leave the EU without a deal then the arrangements will end In the short-term, recruiting organisations will have to make use of certificates of good conduct provided by the individual. Disclosure Scotland isn't involved in that process. PVG disclosure requests will rely on information held in UK records only, and will be handled in line with the 14-day service level target" The above remains current (October 2020)

Demonstrations & Disorder – Local Police Division – October 2020			
Broad Risk	**WDC Impact(s)**	**Action**	**Comments**
Increase in protests in relation to: EU Exit - Irish / Northern Irish tension - Economic Instability -	- Increased license requests - Lack of Police / Partner resourcing to events	Ensure awareness with relevant Leads / Officers for this.	Police intelligence is currently that there is no activity planned. Local engagement through West Dunbartonshire & Argyll and Bute Local Resilience Partnership.

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Workforce – Stella Kinloch – October 2020			
Broad Risk	**WDC Impact(s)**	**Action**	**Comments**
Loss of staff – both highly skilled and lower skilled / entry level	- Impact on Care for People. Agency Staff - Significant concern in Education regarding supply teachers, learning assistants, probationer allocations and officers with language skills - Potential impact on school transportation -Potential risk if contracts are subcontracted companies employing EU-nationals	Signposting of key information / support in relation to EU Workers within the Council https://www.gov.scot/brexit/ Education is revising processes with regards recruitment to reflect guidance and in relation to engagement with universities on earlier allocation of probationers Education to liaise with SPT & taxi contractors	EU Nationals have already been identified within the organisation, letters have been issued. Managers have access to a Right to Work report within HR21. A key element will be to offer continued engagement with all affected parties. Noting right to work at point of engagement is the evidence requirement. There is no requirement to insist on Settled Status for any EU employees – identifying those of EU origin maybe seen as discriminatory therefore no further action is required by WDC. WMS records providing country of origin remain up to date. HR Assistance remains available to all employees who may require assistance with the application process. REG to consult with existing contractors to seek assurance of continued project plans or the contingencies they have in place. WDC HR has identified 31 employees with contractual obligation whose origin is EU or EEA. A full review of all employee roles and impact on each service area has been undertaken and there is a **low risk** to service delivery as there are no unique or difficult to fill positions identified, nor one single service impacted significantly should EU nationals return to country of origin. HR Connect Section Head continues to monitor for any change notifications. **Education –** School taxis and SPT will be addressed by procurement as all contracts are arranged via the Procurement route Low numbers of employees were identified as EU nationals – support to apply for EUSS made available via HR Connect for advice and guidance.

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Workforce – Stella Kinloch – October 2020			
Broad Risk	**WDC Impact(s)**	**Action**	**Comments**
Access to benefits Consider impact of loss of benefits arising from circumstances where low income groups and vulnerable people may be more affected by removal of EUSS on 30 June 2021.	- In terms of Workforce approx. less than 30 employees require EUSS. - Impact to UC maybe the most severe flag with no recourse to public funds.	Communications via HR Workforce to Managers and Employees direct via online comms. Link to Working 4U to ensure West Dunbartonshire wide comms highlights support and impacts on Benefits where EUSS is not in place by June 2021.	Low numbers of employees were identified as EU nationals – support to apply for EUSS made available via HR Connect for advice and guidance. Discretionary funds etc are in place however the citizen or employee will need to make a claim for EUSS as these are safety nets until the person meets the requirements. The Council will continue to support and offer assistance to aid citizens and employees to complete their status application.

Economic Instability – Michael McGuiness – October 2020			
Broad risk	**WD Impact(s)**	**Action**	**Comments**
Provision of information to Local businesses	- A review of the potential impacts suggests they have either been covered off already, or that services will not be affected. For example, more or less use of the libraries will not have any significant risk to the service.	Communications and the web team need to be ready to respond proactively to any messages that the wider Council needs to issue following Brexit. Promotion of good sources of information for local businesses to plan and prepare.	The web team have already uploaded information on the Council internet site sign posting local businesses to the guidance supplied by the Scottish Government. Prepare for Brexit core messages - upda A document produced with a number of key public stakeholders provides useful information in regards to Business engagements from Public bodies. Business Gateway continue to provide guidance on preparing for Brexit along with Scottish Enterprise communications. .https://www.bgateway.com/resources/what-brexit-means-for-scottish-businesses and https://www.scottish-enterprise.com/support-for-businesses/prepare-for-brexit
The likelihood of an	- This presents a	Working 4U will work with	See above and page 6 relating to Increased unemployment as a result of

Economic Instability – Michael McGuiness – October 2020			
Broad risk	**WD Impact(s)**	**Action**	**Comments**
economic crisis has increased and will have major impacts on disposable incomes and employability. The increased likelihood means that an economic is now more likely to occur concurrently with other risks	risk to our workforce, our communities and local economy. This will impact our vulnerable communities and hinder local economic growth. This clearly presents a challenge for WD due to the already high rates of deprivation and unemployment. There is also a risk that individuals may require additional support as a result of EU Exit putting more pressure on the local authority.	strategic partners to ensure information about access to services is widely available Continued review of services to ensure increasing areas of demand are addressed	economic disruption

Business Continuity – Jen Watt – October 2020			
Broad risk	**WD Impact(s)**	**Action**	**Comments**
Assess impact of no deal EU- Exit on Business Continuity Plans	Potential disruption to services - Food - Medicines - Staff	WDC have undertaken a full review of all Business Continuity Arrangements Reporting to CoSLA and Scottish Government as requested Dialling into teleconferences Reporting to the Multi Agency Coordination Centre (MACC) (when active	Business Continuity planning remains an operational focus. Any changes pre/post EU-Exit will be reflected into the respective Business Continuity Plans. CoSLA has recently asked LAs to submit a questionnaire to provide information relating to resilience structures, additional structures and areas of risk. CoSLA has reinstated EU Exit calls, the Civil Contingencies Officer regularly dials into these meetings, to discuss any arising issues and requests from Scottish Government and CoSLA.
Notable risk of disruptive concurrent events happening towards the end of 2020. Covid-19 has not reduced the risk from pandemic influenza, a novel emerging infectious disease and coordinated industrial action.	Many of our officers have worked tirelessly through this pandemic without much leave to date. This may lead to key officers being on leave (as required for wellbeing) as we prepare for the months ahead. Given the likelihood that we will be required	WDC have produced a suite of Business Continuity Plans and an Essential Services List Resilience Structures in place. Strategic and Operational Resilience Groups and Resilience Group. Concurrent Risk Workshop for key officers will be held on the	Local Authority Resilience Group Scotland (LARGS) has 'stood up' EU Exit Transition and Concurrent Risk teleconference which is currently held every Friday. SRG and ORG discussing allocation of leave, staggering of leave for key roles and ensuring business continuity arrangements are robust. Additional WoSRRP exercising is taking place alongside that of CCS events. Relevant officers will attend.

Business Continuity – Jen Watt – October 2020			
Broad risk	**WD Impact(s)**	**Action**	**Comments**
	to respond to multiple disruptive events at the same time, this puts significant pressure on our resilience structures and our ability to respond	17th November via MS Teams	

Other Considerations - Stephen West, Vicky-Jane Hastings and Patricia Kerr – October 2020			
Broad Risk	**WDC Impact(s)**	**Action**	**Comments**
EU Funds / Grants	- Ongoing projects, planned projects or staffing that are reliant on EU funding, either directly or indirectly through the Scottish Government	Both the UK and Scottish Government have provided written reassurance that ESF will be continued in current form until 2023	Under the UK Withdrawal Agreement Bill, the UK will continue to participate in programmes funded under the current 2014-2020 Multiannual Financial Framework (MFF) until their closure. As described in Articles 137 and 138 of the Agreement. This applies to all ESF,ERDF & ETC projects signed by end of 2020 with funding ending in 2023
Impact on the European Structural Fund	- Impact on outstanding allocations of structural funding committed by Managing Authorities under the 2014-2020 programmes	The previous UK treasury Guarantee was no longer required, following the UK Withdrawal Agreement Bill being approved, the previous guidance was withdrawn)	https://www.gov.uk/government/publications/continued-uk-participation-in-eu-programmes/eu-funded-programmes-under-the-withdrawal-agreement https://www.gov.uk/government/publications/new-withdrawal-agreement-and-political-declaration Hilary Pearce Head of European Structural Funds and State Aid Division is fully engaging with other Managing Authority heads across the UK and in relevant UKG departments to ensure her and her team are kept up to date with developments

Other Considerations - Stephen West, Vicky-Jane Hastings and Patricia Kerr – October 2020			
Broad Risk	**WDC Impact(s)**	**Action**	**Comments**
			The most recent letter providing clarification was issued by Hilary Pearce on the 27th January 2020: 20200127 - Letter - HP to Lead Partners -
Other Financial Considerations	-Impact of any fluctuations in the currency rate to expenditure. -Impact on future economic growth Impact on any regeneration projects and plans	Ensure council services purchasing though currency exchange remain within budget	<u>Revenue spend</u> Our transactions are in UK Sterling Pounds (£) but there may be an increase in the cost due to market fluctuations. WDC are subjected annually to an approx. 3% increase for many ICT systems. An expected increase is built into the budget each year, however due to exchange rate fluctuations there is a lack of certainty and this can lead to an overspend. This risk of exchange rate fluctuation is higher due to Brexit and would likely to be more volatile with a "no deal" Brexit. See comments below re reports to Council on the budget-setting process and approach to managing this financial risk. <u>Capital spend (ICT)</u> Again WDC transactions are in £ and there may be an increase in the cost if the market does fluctuate. For capital projects, WDC approach is to adjust the volumes to remain within budget as device prices change every 6 months on the frameworks anyway. WDC have in the past asked for capital funding approval to be accelerated from future years where we have an urgent requirement and have no budget left. Costs will be monitored and any variations reported through normal budgetary control processes, which highlight reasons for cost increases. This remains valid-Oct-2020.
Expenditure	- Impact of increasing inflation – costs to the council (excluding food): e.g. Energy costs; care	Monitor increases in costs of those identified as high risk/ high volume Monitor overall position	Energy bought in advance – short term risk minimal; however could have a longer term impact. The risk of cost increases arising from Brexit has been advised to Council in budget preparation reports since October 2018 and will continue to be

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Other Considerations - Stephen West, Vicky-Jane Hastings and Patricia Kerr – October 2020			
Broad Risk	**WDC Impact(s)**	**Action**	**Comments**
	agency costs	through budgetary control process **SHORT TERM:** consider earmarking additional resources at the year-end for the risk; or consider use of prudential reserve if required short term. **LONGER TERM:** consider building-in additional costs into the long term finance strategy based on evidence post-Brexit	advised. The final budget report each year advises that any price variations will be reported and that it was expected that Council would manage such price variations should they arise through ongoing budgetary control and, if necessary, use of free reserves.
Funding Support	- Impact to Council of chancellor revisiting the budget and affecting local government funding settlements	Monitor ongoing Brexit discussions and potential impact on the councils finances & the wider implications of the Scottish economy	Monitoring on news and articles is ongoing, not yet clear as any impact will only really be known once any deal is agreed (if agreed).
Capital Receipts	- Capital Receipts do not materialise or are lower than anticipated	Longer term vision on capital programme for both income and expenditure levels Regular Strategic Asset Management Group updates feeding through to the capital budgetary control report (to both Council and CMT) Capital Disposal Strategy with	Capital receipt opportunities are regularly considered at SAMG and PAMG and as yet it is not known what impact EU Exit will have on housing markets.

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Other Considerations - Stephen West, Vicky-Jane Hastings and Patricia Kerr – October 2020			
Broad Risk	**WDC Impact(s)**	**Action**	**Comments**
		longer term vision to allow movement in the assets due sold and timing of those assets Capital programme being monitored by CMT, Council and Committees on a regular basis Early identification of possible issues to allow action to reduce spend or identify further surplus assets for possible disposal to minimise shortfall.	

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West Dunbartonshire HSCP
EU- Exit Assurance Action Plan – October 2020

Background: The themes of Issues/Risks identified below are based on the updated UK and Scottish Planning assumptions (September 2020). This document will remain live, and regularly updated throughout the response to any "No Deal" EU Exit. The Transition Period will end on 31 December 2020 and no request for an extension will be made or EU request agreed to.

Contributing Officers – Jen Watt, Civil Contingencies Officer (CCS); Lynda Dinnie, Facilities Manager; Audrey Slater, Head of People and Change; Julie Slavin, Chief Financial Officer (HSCP); Sylvia Chatfield (Marie Rooney – Acting), Head of Mental Health, Learning Disability and Addictions and Jo Gibson, Head of Community Health and Care Services.

Travel, Freight & Borders – Jen Watt – October 2020			
Broad Risk	**WD HSCP Impact**	**Action/Mitigation**	**Comments Updated – Jen Watt October 2020**
Transport	- Key medicines/equipment and PPE may be delayed.	New transport routes and being determined by UK and Scottish Governments. Department of Health and Social Care will implement a multi-layered approach to mitigate these risks across the UK. This plan includes stockpiling (where this is possible), rerouting away from the short straits, driving high levels of trader readiness, seeking to introduce regulatory flexibilities such as recognition of batch testing, and enhancing existing shortage management structures.	Radioisotopes with short shelf lives will be transported via air freight routes to help preserve. There are limits on time of transit, and/or mean product must be transported under temperature controlled conditions, and delays may lead to products spoiling and wasting.
Disruption to Service – Jen Watt, Lynda Dinnie, Julie Slavin - October 2020			
Broad Risk	**WD HSCP Impact**	**Action/Mitigation**	**Comments Update - Jen Watt/ Lynda Dinnie October 2019**
Reduction, delay or stoppage in supply of medicines and medical	- While this issue is being coordinated nationally by the NHS, there is potential impact on	Continue the positive dialogue with GPs and Pharmaceutical colleagues that have been in place.	NHS have nationally provided updates as follows: Pharmacy team have reviewed & updated local processes for managing medicines shortages including assessing whether additional people resource is required

supplies specially, radiopharmaceuticals, blood products, medical devices and clinical consumables. It is anticipated that any disruption will occur during the first three months after the end of the transition period.	Care Homes, Care at Home and Healthcare - A shortage of some medicines has been reported but not necessarily attributable to EU-Exit.	Liaison with Civil Contingencies Officer, NHS GGC - Department of Health and Social Care (DHSC) /UK Government urged the NHS not to take steps to stockpile medicines beyond business as usual levels and to maintain normal prescription lengths. Pharmaceutical companies have been asked to stockpile an additional 6-week supply of medicines with a supply touch point in the EU and reroute supply routes away from the 'short straits' ensuring continuity of medical supplies to NHS and social care providers. Remains valid Oct 2020 WD HSCP to consider alternative supplies to maintain BAU. Pharmacy teams are constantly reviewing and updating local processes for managing medicine shortages.	The formation of a senior pharmacy incident response team has been agreed to address urgent and emerging issues with medicines supply if these increases significantly following a no deal exit. There are a number of drugs in short supply – including anti-depressants which at the moment has led to significant increases in price/item. UK Govt needs to ensure that regulatory and licencing arrangements are in place to ensure continued access to medicines, medical supplies and medical radioisotope. SG has established a Scottish Medicine Shortage Response Group which will review evidence and intelligence, recommend action, and instigate escalation to the UK Medicines Shortage Group, of which SG is a member.
Reduction of Clinical Consumables	- Insufficient Incontinence Care Products, Hand Hygiene Products, Aprons, Bibs gloves, moving handling products etc	Incontinence Care products are hosted across Glasgow Greater and Clyde (GGC) so any additional cost would be picked up by the host. Hand Hygiene Products – Care Homes and Home Care Teams	With regards to "clinical consumables" the bulk of these are done monthly to maintain BAU. Guidance stated that a minimum of a 6-week should be purchased. A survey was carried out by Scotland Excel on "clinical supplies".

		estimate that 6K per month is spent on aprons, bibs and gloves, pressure care products and protective clothing. PPE should be procured through BAU routes however NSS Hub arrangements will remain in place until March 2021 However, this is only for HSCP internal services. Current costs have inflated due to COVID-19 and the need for additional PPE. Moving and Handling products – this type of equipment is purchased through Equipu contracts – Glasgow are the lead host authority therefore would be responsible for any additional costs. Reduction in activity due to COVID-19 restrictions and backlog in assessments.	
Certain types of fresh food supply may decrease / prices of certain foods may increase	- Potential additional costs for services that purchase / supply food - Impacts on food provision at care homes and children homes. Possible food increase of 15% to 20% due to tariff changes, sterling depreciation and boarder disruption.		Facilities Services maintain a very limited stock of tinned and dried food that is maintained year round, in case of single premise emergencies – while this is not EU Exit specific, it could be utilised in the event of a localised issue being experienced. It has recently been suggested that Care Homes should hold their own emergency stock items. School Food Legislation is very strict and the types of products which Facilities Services hold are unlikely to benefit in the HSCP setting. At this stage, and in line with Scottish Government and COSLA advice, there is no intention to stock pile beyond this contingency as storage capacity and freezer space

			prohibits this. In addition catering managers and cooks have their own procurement cards which they presently use to purchase provisions via Scot Exel Suppliers however the cards can also be used elsewhere if necessary. Potential additional expenditure has been highlighted to CoSLA via the Brexit Cost template.
Care Home Closures	- Commissioned care being handed back to HSCPs	Central Procurement contacted all external providers of care services – Care homes, Home Care and Supporting Living to complete a template which covered across employeesing and supply chain. Surveys were also sent to Care homes to review their EU-Exit preparedness.	The response was only around 20%. However, those who did reply didn't highlight any immediate risks to workforce as those employed are mainly British Nationals. Although, concern about the availability of fresh food and medicines was highlighted.
Workforce – Audrey Slater HR Lead HSCP – October 2020			
Broad Risk	**WDC HSCP Impact**	**Action/Mitigation**	**Comments**
Loss of employees – both highly skilled and lower skilled / entry level	- Impact on Care for People. Agency Employees - Potential risk if contracts are subcontracted companies employing EU nations - Increased pressure on unpaid carers - Potential Failures of external	Signposting of key information / support in relation to EU Workers within the Council https://www.gov.scot/brexit/	90% of Care at Home is delivered by Council Workforce with no immediate concerns around EU Nationals as this is predominately comprised of local residents who are UK citizen. In addition, WDC does not have reliable figures for the numbers of EU nationals living and working in West Dunbartonshire. WD HSCP has deemed this risk as **LOW.** The Council itself invests in apprenticeships training and

	providers delivering Care at Home due to employees shortages - The impact of EU withdrawal may result in a loss of skilled labour in key sectors. Whilst construction is one obvious area of risk where skilled labour is already tight, West Dunbartonshire also has a significant Healthcare workforce in the Golden Jubilee Hospital which is due to expand as an NHS centre of excellence.	.	works closely with local Colleges to increase the number of apprenticeships in specific areas of predicted demand. However, these actions will not be of sufficient scale and will not address short term shocks to labour supply. Shocks can also be expected in Health and Social Care and Hospitality. The loss of EU workers will inevitably drive up demand for labour, and the current labour pool in the City Region cannot easily and quickly replace these people. As a consequence one can anticipate pressures on the supply and costs of skilled and indeed unskilled labour. This may be low currently but could rise in years to come Based on extrapolation from the work of the Fraser of Allander there could be between 2000 to 4000 EU nationals living in West Dunbartonshire, However, it is considered that this figure is **unlikely** to be representative of WD area. It is more likely that the majority of them are employed/reside elsewhere in the City Region.
Concurrent Risks – Julie Slavin and Jen Watt – October 2020			
Broad Risk	**WD HSCP Impact**	**Action/Mitigation**	**Comments**
Seasonal Flu Disruptive Weather	If there is an impact on the procurement to the flu vaccination this could have impact on the well-being of our most vulnerable in society Potential for unprecedented weather conditions which leads to reduction of employees, putting pressures on services to deliver	Continued engagement with Scottish Government Health Resilience Unit, NHS Boards and Health and Social Care Partnerships. Business Continuity Plans in place. Resilience Structures currently in place for COVID-19 and can flex accordingly.	**<u>Seasonal Vaccination Programme</u>** Vaccines for the Seasonal Programme as procured by NHS Scotland National Procurement. Flu Vaccinations are currently underway there is no issue with vaccine supply. Covid-19 restrictions will impact timescales for completion which has been extended. **<u>Childhood Vaccination Programme</u>** Vaccines for the Childhood Programme are procured by Public Health England (PHE) on behalf of the UK

			countries. PHE have confirmed they do not anticipate any delays to the vaccine for the children's flu programme as a result of EU Exit. Deliveries will be routed direct to the UK from the US. The time of year that the UK is to leave the EU means that there is a greater likelihood of a range of concurrent events happening that may exacerbate or be exacerbated by no deal. These could include hazards such as seasonal flu or severe weather.
Other Impacts – Julie Slavin Finance Lead HSCP – October 2020			
Broad Risk	**WD HSCP Impact**	**Action/Mitigation**	**Comments**
Significant impact on support for older/disabled people/those with mental health issues	- At present there may be many older people that do not require any services from the HSCP – however if there are medicine or food shortages this may impact their wellbeing and subsequently require support from HSCP. The same could also be said from those with addictions and mental health issues.	Continue to monitor	Should there be a delay to mental health and addictions medication in particular, it is likely there will be an increased demand on services given potential for imminent relapse, chaotic behaviours and crisis for service users. This comment remains valid and has an elevated risk due to the impact of Covid-19 on the global medicines supply chain. There are a number of drugs in short supply – including anti-depressants which at the moment has led to significant increases in price/item.
Increase in unscheduled care and delayed discharge		Continue to monitor	For those who are not known/open to services at this stage. There is opportunity to access HSCP services are an emergency.
Social care providers willing but unable to		Continue to monitor	There were some concern that externally commissioned services of older people's residential and nursing care

meet requirements Children and families Social Work Section 12 payment	May increase due to increase food costs and inflation putting pressure on HSCP to fund those falling below the breadline. There will be an impact to all services in particular Mental Health, Addictions and Learning Disability.	Continue to monitor	and other social support could be impacted if EU nationals returned home. This was not highlighted as a risk by local external providers. Impact of Covid-19 restrictions re community based services and respite, coupled with disruption when both service users and support workers requiring to isolate either through actual positive result and being identified as a close contact. Again Covid-19 already impacting on family life and cost of household supplies. Could be exacerbated by EU Exit. There are plans in place for care homes and buffer PPE stocks through procurement.
Adult Social Care - consider loss or shortage of workers who provide routine services	The impact on the adult social care workforce is expected to be minimal in West Dunbartonshire as this workforce is predominantly comprised of local residents who are UK citizens.	Continue to monitor. Transferring employees within the HSCP who have received appropriate training to pressure points. This isn't as a result of EU Exit.	Risk low

Business Continuity – Jen Watt – October 2020			
Broad risk	**WD Impact(s)**	**Action**	**Comments**
Assess impact of no deal EU- Exit on Business Continuity Plans	Potential disruption to services - Food - Medicines - Employees	WDC have undertaken a full review of all Business Continuity Arrangements Reporting into the Multi Agency Coordination Centre (MACC) (when active)	Business Continuity planning remains an operational focus. Any changes pre/post EU-Exit will be reflected into the respective Business Continuity Plans. CoSLA has recently asked LAs to submit a questionnaire to provide information relating to resilience structures, additional structures and areas of risk. CoSLA has reinstated EU Exit calls, the Civil Contingencies Officer regularly

Business Continuity – Jen Watt – October 2020			
Broad risk	**WD Impact(s)**	**Action**	**Comments**
		Reporting to CoSLA and Scottish Government Dialling into teleconferences Concurrent Risk Workshop for key officers will be held on the 17th November via MS Teams Resilience Structures in place: Local Response Management Team (LRMT), Strategic Resilience Group (SRG), Operational Resilience Group (ORG) and Resilience Group (RG)	dials into these meetings, to discuss any arising issues and requests from Scottish Government and CoSLA. Local Authority Resilience Group Scotland (LARGS) has 'stood up' EU Exit Transition and Concurrent Risk teleconference which is currently held every Friday. The Civil Contingencies Officer dials into this.

WEST DUNBARTONSHIRE COUNCIL

Report by Strategic Lead – Resources

Audit Committee: 18 November 2020

Subject: Internal Audit Plans 2019/20 and 2020/21 – Progress to 21 October 2020

1. Purpose

1.1 The purpose of this report is to advise Members of progress at 21 October 2020 against the Audit Plans for 2019/20 and 2020/21.

1.2 The report also advises Members of:

- Recently issued Internal Audit reports and action plans; and
- Status of implementation progress relating to action plans from previously issued Internal Audit reports.

2. Recommendations

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

3. Background

3.1 The annual audit plans for 2019/20 and 2020/21 were approved by the Audit Committee on 20 March 2019 and 17 June 2020 respectively. This report provides information on the progress in implementing the plans.

3.2 When audit reports are issued by Internal Audit, an action plan is agreed with management in relation to issues highlighted by the audit report. Progress on implementing the actions is monitored by Internal Audit on a monthly basis and regularly reported to the Audit Committee.

4. Main Issues

4.1. The annual audit plan sets out the audit coverage for the year utilising available staff resources to enable the Shared Service Manager – Audit & Fraud to provide the annual internal audit opinion regarding the adequacy and effectiveness of internal control within the Council.

4.2 Since the Audit Committee meeting in September 2020, 2 audits have been finalised in relation to the 2019/20 audit plan as follows:

- Taxi Licensing
- Housing Voids

These reports identified a total of 10 issues categorised as below:

High	Medium	Low
6	4	0

A summary of the High and Medium Risk findings relating to the reviews are as follows:

Taxi Licensing (October 2020)

4.3 The review covered the following areas:

- Policies and Procedures;
- Taxi Driver Licences;
- Taxi Operator Licences;
- Booking Office Licences;
- Vehicle Maintenance Checks.

4.4 The review highlighted seven opportunities to strengthen internal controls and enhance the service provided. Six of those were determined to be high priority and one medium priority as follows:

- Update policies and procedures including expanding the requirements for applicants to provide proof of address and proof of identification (high priority);
- Improve the integrity of the data and records kept (high priority);
- Ensure all applicants complete their applications fully and provide valid documentation where required which is retained in full by the licensing team (high priority);
- Increase the checks on proof of identity and proof of address to ensure they are undertaken for all types of licences (high priority);
- A checklist of acceptable forms of identification and address should be developed and additional training should be provided if required. A copy of all supporting documentation should be taken and retained on file. (high priority)
- Introduce guidance for the licensing committee to assist in determining if the applicant is fit and proper to be issued with a licence (high priority); and;
- Information detailing all the conditions that a licence holder should adhere to should be made publicly available. This document should also detail likely sanctions including the loss of a licence if a licence holder doesn't adhere to the licence conditions (medium priority).

4.5 We have made a number of recommendations and an action plan is in place to address issues identified by 31 March 2021.

Housing Voids (October 2020)

4.6 The following areas were included in the scope of the review:

- Ascertain that there are adequate policies and procedures in place and are up to date to ensure that Housing Operations achieves its objectives as regards the turn-around of Void Properties;
- Confirm that void policies and procedures are followed in order that the Council achieves minimum delays in the turn-around of void properties to ensure maximum rents are generated and reduce the rent loss to the Council; and
- Confirm void property performance indicators are calculated accurately and reported to the relevant Council Committee and external agencies.

4.7 The review highlighted the following areas of good practice:

- The Council has replaced its existing software systems for the management and monitoring of its Housing Operations including void properties. On 6th November the Council's new Integrated Housing Management System (IHMS) went live. All existing housing information was successfully migrated to IHMS from the existing Servitor and SAFFRON systems.
- The percentage of rent due which was lost through properties being empty has reduced from 1.05% in 2016/17 to 0.73% in 2018/19. There has also been a reduction in the number of days to turn around void properties from 46.1 days in 16/17 to 23.33 days in 2018/19. The improvements in the PI's are a result of a restructure of the Housing Operations Service and different targets being set internally for the turn-around of void properties depending on agreed categories.

4.8 However the review also highlighted three Medium risk findings as follows:

- Void Management Policy review and update (Medium Risk)

The Housing Operations Service has undergone a major restructure over the last eighteen months and a new Integrated Housing Management System (IHMS) was implemented from 6th October 2019 replacing a number of legacy systems. However the Void Management Policy has not been reviewed or updated to reflect these changes.

- Adequacy of Re-let Standard (Medium Risk)

The Council has set a Re-let Standard for all Void Properties that must be achieved before a property is offered to a new tenant. The Re-let Standard was reviewed in 2016/17 and a new standard drafted in July 2017. However, the draft Re-let Standard has not yet been submitted to the Housing Investment Board for approval.

- Accuracy of Council Tax updates in relation to Voids (Medium Risk)

Management information provided to Council Tax in relation to the update of Council Tax records was not accurate in relation to some properties which were updated retrospectively to reflect a void status. Specifically audit testing identified that some cases were not included in the updates to Council Tax. Adjustments have been made to the system generated report which now incorporates all records which have been updated retrospectively.

4.9 We have made a number of recommendations and an action plan is in place to address all issues by 31 May 2021.

4.10 The current status of the 2019/20 Annual Audit Plan is as follows:

Stage	Number of Audits
Final Report	13
Draft Report	2
Deferred to 2020/21	1
Total	**16**

4.11 The two remaining audit reports which are in the process of being finalised are in relation to Cyber Security and Third Party Suppliers.

4.12 For 2020/21 audit reviews, a new risk-based audit methodology has been implemented. For each audit, one of 4 audit opinions is expressed:

Strong	In our opinion there is a sound system of internal controls designed to ensure that the organisation is able to achieve its objectives.
Satisfactory	In our opinion isolated areas of control weakness were identified which, whilst not systemic, put some organisation objectives at risk.
Requires Improvement	In our opinion systemic and/or material control weaknesses were identified such that some organisation objectives are put at significant risk.
Unsatisfactory	In our opinion the control environment was considered inadequate to ensure that the organisation is able to achieve its objectives.

4.13 Detailed findings and recommendations reported to management are graded using the following criteria:

Red	In our opinion the control environment is insufficient to address the risk and this could impact the Council as a whole. Corrective action must be taken and should start immediately. Overseen to completion by Corporate Management Team.
Amber	In our opinion there are areas of control weakness which we consider to be individually significant but which are unlikely to affect the Council as a whole. Corrective action must be taken (some exceptions may be agreed with Internal Audit) within reasonable timeframe. Overseen to completion by Strategic Lead/Head of Service.
Green	In our opinion the risk area is well controlled or our audit highlighted areas for minor control improvement and/or areas of minor control weakness. Process improvements/efficiencies may be actioned at management discretion in consultation with Internal Audit. Managed by service owner. Not reported in Audit Committee papers.

4.14 Since the Audit Committee meeting in September 2020, one audit has been finalised in relation to the 2020/21 audit plan as follows:

- Council Tax Discounts and Exemptions

This report identified a total of 7 issues categorised as below:

Red	Amber	Green
0	0	7

Council Tax Discounts and Exemptions (October 2020)

4.15 Council Tax was introduced in April 1993 as a means for Local Authorities to collect contributions from households towards the cost of Local Authority services. It is a property tax, with the amount set locally by Councils and charged according to the valuation band of the individual property. There can be exemption from Council Tax liability such as student residences and specific unoccupied dwellings and discounts are available for single occupancy residences, and in other circumstances.

4.16 The objective of this audit was to provide management and the Audit Committee with an assessment of the adequacy and effectiveness of the governance, risk management and controls surrounding the key risks faced by West Dunbartonshire Council in relation to council tax discounts and exemptions.

4.17 The overall control environment opinion was Satisfactory. The review identified 7 **Green** issues which, if implemented by management, would enhance the control environment.

4.18 We have made a number of recommendations and an action plan is in place to address all issues by 31 October 2020.

4.19 The 2020/21 Annual Audit Plan is being progressed and the current status is as follows:

Stage	Number of Audits
Final Report	1
Draft Report	0
Fieldwork Complete	0
Fieldwork	2
Planning	0
Not Started	8
Total	**11**

4.20 Planning and fieldwork is also underway in relation to audit work for the HSCP Board, Leisure Trust and Valuation Joint Board.

4.21 The detailed Annual Audit Plan progress to 21 October for the 2020/21 annual audit plans is set out at Appendix 1.

4.22 Internal and External Audit Action Plans

In relation to audit action plans, these are monitored by Internal Audit on a monthly basis. There were 7 actions due for completion by end of September and dates in relation to all 7 actions have been revised. Work is ongoing with relevant services to ensure action plan dates agreed are realistic. The status report is provided at Appendix 2.

4.23 The Council's Internal Audit function follows the professional standards as set out in Public Sector Internal Audit Standards (PSIAS) effective April 2013 (updated April 2017) which includes:

- Definition of Internal Auditing;
- Code of Ethics;
- Attribute Standards (responsibility, independence, proficiency, quality); and
- Professional Standards (managing activity, nature of work, engagement planning, performing the engagement, communicating results, monitoring progress, risk management).

Ongoing Corporate Fraud Team Work

4.24 From 1 April to 30 September 2020, the Corporate Fraud team's day to day work has resulted in actual recoveries, charges and re-billings as detailed below, against an annual target of £229,000.

Description	**Amount (£)**
Council Tax Reduction	24,783
Council Tax Single Person's Discount	15,998
National Fraud Initiative	11,093
J/W Housing Benefit/Council Tax Benefit	13,702
Non DWP HB	111,802
Non DWP CTB	1,538
Total	**£178,916**

4.25 The Internal Audit Team and the Corporate Fraud Team continue to work together as appropriate in order to ensure a joined-up approach to fraud investigation and detection.

National Fraud Initiative

4.26 The National Fraud Initiative (NFI) is a series of biennial exercises run by the Cabinet Office and Audit Scotland to identify or prevent fraud and error by matching electronic data held by public bodies. Participating bodies are required to investigate data discrepancies within a timescale and report back on any savings.

4.27 The most recent biennial exercise for 2018/19 released data to Councils in January 2019, providing matched datasets for organisations to investigate. WDC was provided with a total of 5,955 matched datasets of which 1,242 were described as "high risk" matches and 4,713 additional matches. There is an expectation that organisations would examine all "High Risk" matches and a proportion of the other matches too.

4.28 A total of 89% cases have been processed, which included all high risk matches, and for which fraud (35 cases) and error (146 cases) amounting to £70,598 has been identified. A separate report was presented to the September meeting of the Audit Committee in relation to the 18/19 exercise.

4.29 Services within the Council have now prepared and quality assured the datasets required for the 2020/21 exercise. The matches for this exercise will be released from January 2021 and an update report will be presented to Audit Committee in March 2021 on the proposed approach to the 20/21 exercise.

Benchmarking

4.30 In accordance with the Council's Strategic Improvement Framework, services should undertake benchmarking activity with the equivalent function in other Councils. Therefore, WDC Internal Audit has entered into a benchmarking group which involves six other Councils, these being:

- Argyll and Bute;
- Clackmannanshire;
- East Dunbartonshire;
- Falkirk;
- West Lothian;
- Inverclyde.

4.31 Regular meetings continue to take place during 2020 to review performance against agreed performance indicators and identify other areas for sharing of best practice. Relevant action will be taken where improvements are identified. The outcome of this review will be reported to Committee when completed.

5. People Implications

5.1 There are no people implications.

6. Financial and Procurement Implications

6.1 As a result of Corporate Fraud Team activity, actual recoveries, charges and re-billings of £178,916 from 1 April to 30 September 2020 have been identified, against an annual target of £229,000. The comparative figure for the prior year to 30 September 2019 was £196,792.

6.2 There are no procurement implications arising from this report.

7. Risk Analysis

7.1 There is a risk that failure to deliver the Internal Audit Plan would result in an inability to provide assurances over the Council's system of internal financial control to those charged with governance. The main basis for providing assurance is coverage of the planned risk based systems audits. Every endeavour is made to ensure that no material slippage occurs in risk based systems audits by concentrating resources on these audits.

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.

10. Strategic Assessment

10.1 This report relates to strong corporate governance.

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Stephen West
Strategic Lead - Resources
Date: 18 November 2020

Person to Contact:	Andi Priestman, Shared Service Manager – Audit & Fraud E-mail: andi.priestman@west-dunbarton.gov.uk
Appendices	2021-21 Annual Audit Plan – Progress to 21 October 2020 (Appendix 1) Status of Internal Audit Action Plans to 21 October 2020 (Appendix 2)
Background Papers:	Audit Committee – 17 June 2020: Internal Audit Plan 2020/21 Audit Committee – 20 March 2019: Internal Audit Plan 2019/20 Audit Committee – 21 March 2018: Counter Fraud and Corruption Strategy Internal Audit Reports - Copies available on request
Wards Affected:	All wards

Audit/Status	Not Started	Planning/ TOR	Fieldwork	Fieldwork Complete	Draft Report	Final Report	Reported to Audit Committee
Risk –Based Reviews							
LD Services – Financial Monitoring of Contracts	✓						June 2021
IHMS – Inventory Management	✓						June 2021
Homelessness	✓						June 2021
Management of Rent Arrears	✓						March 2021
OT Waiting Times	✓						March 2021
Client Account Administration Process	✓						March 2021
Financial Assessment Process	✓						June 2021
Corporate Procurement – up to £50k	✓						June 2021
Roads Costing System Process		✓	✓				March 2021
Pupil Equity Funding		✓	✓				March 2021
Limited Scope Financial System Reviews							
Council Tax – Discounts and Exemptions		✓	✓	✓	✓	✓	November 2020
Other Work							
Integration Joint Board – Internal Audit Service	The annual audit plan for 2020/21 was approved in April 2020. One audit is complete and was reported to the September 2020 meeting of the IJB Audit Committee.						
Valuation Joint Board – Internal Audit Service	Two audit reviews will be undertaken and Terms of Reference have been agreed. Fieldwork is now underway for both reviews.						
Leisure Trust – Internal Audit Service	One risk-based review will be undertaken and Terms of Reference have been agreed. Fieldwork is now underway. The remaining allocation of audit days will be used to undertake a follow up exercise for audit reviews undertaken in prior audit years to provide assurance on the follow up process to the LT Audit Committee.						
Covid-19 Post Assurance Review	Not started. New matches from the National Fraud Initiative are expected to be received by January 2021.						
National Fraud Initiative	All high risk matches from the 2018 Exercise have been completed. A significant number of other matches have also been investigated. 89% of all matches received, including all high risk matches, have been investigated resulting in 35 frauds, 146 errors being identified totalling £70,598. Datasets are being prepared for upload for the 20-21 exercise. A further report will be presented to the March 2021 Audit Committee on progress with the 20-21 exercise.						

APPENDIX 2

West Dunbartonshire COUNCIL

REPORT TO AUDIT COMMITTEE ON STATUS OF INTERNAL AUDIT ACTION PLANS AT 30 SEPTEMBER 2020

Summary:

Section 1 Summary of Management Actions due for completion by 30/09/2020

There were 7 actions due for completion by 30 September 2020 and dates in relation to all 7 actions have been revised.

Section 2 Summary of Current Management Actions Plans at 30/09/2020

At 30 September 2020 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 30/09/2020

At 30 September 2020 there were 36 current audit action points.

Section 4 Analysis of Missed Deadlines

At 30 September 2020 there were 19 audit action points where the agreed deadline had been missed.

Section 5 Summary of Action Plan Points by Audit Year

REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS
SUMMARY OF ACTION PLANS DUE FOR COMPLETION BY 30.09.2020

SECTION 1

Strategic Area	No. of Actions Due	No. of Actions Completed	Deadline missed Revised date set*	Deadline missed Revised date to be set*
HSCP	2	0	2	0
Children and Families	2	0	2	0
Community Health and Care	3	0	3	0
Total	**7**	**0**	**7**	**0**

* These actions are included in the Analysis of Missed Deadlines – Section 4

In addition, there were 3 actions due for completion by 31 December 2020 which have been completed by management as follows:

Agreed Action	Management Comment
170. HSCP Attendance Management	
Training New Supporting Employee Wellbeing policy was launched and New I-learn course and programme of master classes had commenced however they were paused to allow managers to respond to COVID 19. This will be re started as we move into a more stable recovery phase. The role of Occupational Health and how to make referrals is included in the new Employee Wellbeing Policy and is included in the Masterclass sessions associated with this. This also applies to Return to Work interviews, statements of fitness and risk assessments.	This work has been restarted and HR has carried out virtual training for all staff. This action is now complete.
171. Social Work - Case Management	
Community Health and Care Services – Peer review audit of files The Integrated Operations Managers will share the findings of the audit and will carry out regular bi monthly peer review of chronologies to ensure effective recording. This will include sharing the findings with the Social Workers involved.	Peer review audits are carried out by SSW's. Within COPT a proforma to look at trends across the service from the audits was introduced in Oct 2019. This is completed by the SSW and reviewed with the IOM. This proforma has been shared with the IOM for ACT and CHDT for implementation. It has been agreed within SSW across community teams that chronologies will be reviewed as part of the supervision process of each allocated case. SSW will further review the chronology when a case is passed for closure and advise the worker to improve this if it is not up to standard.

REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS
SUMMARY OF ACTION PLANS DUE FOR COMPLETION BY 30.09.2020

SECTION 1

Agreed Action	Management Comment
Community Health and Care Services – Feedback on Peer Review The Integrated Operations Managers will share the findings of the audit and will carry out regular bi monthly peer review of chronologies to ensure effective recording. This will include sharing the findings with the Social Workers involved.	Peer review audits are carried out by the SSW. Within COPT summary documents are already completed and shared with the IOM, worker and line manager. These are discussed in supervision and actions addressed. This information and system has also been discussed with SSW's within ACT and CHDT who will also ensure that this process is followed.

REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS
SUMMARY OF CURRENT ACTION PLANS AT 30.09.2020

SECTION 2

CURRENT ACTIONS BY STRATEGIC AREA

HSCP	
Due for completion December 2020	3
Due for completion April 2021	2
Total Actions	**5**
Children and Families	
Due for completion October 2020	1
Due for completion December 2020	4
Due for completion March 2021	4
Due for completin April 2021	2
Total Actions	**11**
Community Health and Care	
Due for completion October 2020	1
Due for completion November 2020	6
Due for completion December 2020	2
Due for completion January 2021	1
Due for completion February 2021	1
Due for completion March 2021	1
Total Actions	**12**
Strategy and Performance	
Due for completion October 2020	1
Total Actions	**1**
CCCF	
Due for completion December 2020	1
Total Actions	**1**
Regulatory	
Due for completion March 2021	2
Due for completion April 2021	1
Due for completion March 2022	1
Total Actions	**4**
Housing and Employability	
Due for completion March 2021	2
Total Actions	**2**
Total current actions:	**36**

1. Recently Issued Internal Audit Action Plans

172. Taxi Licensing (Report issued October 2020)

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
IAAP/064	Insufficient and Outdated Policies and Procedures All policies and procedures should be reviewed and updated where necessary with new procedures and forms being developed where applicable. Going forward all policies and procedures should include version control and the date of the last review. (High Risk)	The Licensing Team will review procedures to update and improve as necessary.		30-Apr-2021	30-Apr-2021	Raymond Lynch	Peter Hessett
IAAP/065	Acceptance of Incomplete/ Inaccurate Application forms It should be part of the procedures that only complete applications are accepted. In the short term where required training should be provided to the licensing team and the one stop shops to explain what the standards of an application form should be. With immediate affect any incomplete application forms should be rejected. (High Risk)	Agreed in terms of any incomplete forms. The Licensing Team have and will continue to work with the One Stop in this regard.		05-Oct-2020	05-Oct-2020	Raymond Lynch	Peter Hessett
IAAP/066	Acceptance of Incomplete/ Inaccurate Application forms In the medium term the licensing team should look to phase out paper based applications completely with all licences being required to be submitted online, with originals of documents presented either in the one stop shops or directly to the licensing team. (High Risk)	Paper copy applications will be available in the medium term and the licensing team will work with the Trade to seek to establish a timetable to remove the ability to apply using paper applications.		31-Mar-2022	31-Mar-2022	Raymond Lynch	Peter Hessett
IAAP/067	Lack of Proof of Address and Identity Checks at application stage Checks on proof of identity and proof of address should be undertaken for all licences. Procedures should be introduced and training provided to ensure these basic checks are carried out. (High Risk)	This seems to have arisen partly due to a view that proof of identity should be sought in relation to those behind legal entities who apply for licences (companies etc.) it is officers' view that this is not permitted by law and in any case unclear of the relevance to applications. Accordingly the recommendation is agreed insofar as permitted by law.		05-Oct-2020	05-Oct-2020	Raymond Lynch	Peter Hessett
IAAP/068	Checks on the Validity of Supporting Documentation and Retention of Evidence Originals of all supporting documentation should be viewed and a copy taken and retained on file. A checklist of acceptable forms of identification and address should be developed and additional training should be provided if required.	The procedure will be clarified to ensure that such information, which is always viewed by Licensing Staff prior to issue of a license, is retained and verification is possible from recorded data.		05-Oct-2020	05-Oct-2020	Raymond Lynch	Peter Hessett

*See analysis of missed deadlines – Section 4

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
	(High Risk)						
IAAP/069	Integrity of Documentation A full review of all documentation should be undertaken to ensure the integrity of all the information being held by the licensing team. Going forward regular reviews should be undertaken. An interim update will be provided by 31 March 2021. (High Risk)	Noted and agreed. This is already being undertaken at a team level and regular reviews will be inbuilt and further appropriate advice sought from Record Management Officers as required.		31-Mar-2021	31-Mar-2021	Raymond Lynch	Peter Hesset
IAAP/070	Determining if an Individual is Fit and proper Management should review the requirement of developing of a policy for the consideration of criminal records. (High Risk)	Officers had already considered this and determined that it was not appropriate and still consider this to be the case. Management is satisfied that the Licensing Committee, with appropriate guidance from legally qualified staff and significant training, are best placed to determine how to deal with criminal records and other material circumstances when determining applications and considering suspension/revocation of licenses.		05-Oct-2020	05-Oct-2020	Raymond Lynch	Peter Hessett
IAAP/071	Failure to Adhere to Licence Conditions Publicly available information needs to be more explicit in stating that it is a licence holders responsibility to uphold the licence conditions and if they don't their licence is at risk. Officers will consult with the taxi forum on existing terms and conditions and thereafter report to the Licensing Committee on the consultation. An interim update will be provided by 31 March 2021. (Medium Risk)	While it should already be apparent to licence holders what the consequences of not following conditions may be, the Licensing team will ensure in all cases that Licence Holders are issued/reissued with the terms and conditions of their licence to increase awareness, website information pertaining to this on the licensing webpage will be reviewed. In addition, officers will consult with the taxi forum on existing terms of licence conditions and thereafter, report to the Licensing Committee on the consultation.		31-Mar-2021	31-Mar-2021	Raymond Lynch	Peter Hessett

173. Housing Voids (Report Issued October 2020)

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
IAAP/079	1.Void Management Policy Review & Update The Void Management Policy 2013 should be reviewed and updated to take account of current working practices following the 2018	The previous policy had fallen into abeyance, with the strategic direction for voids led by the Housing Improvement Board. Whereas this has led to significant		31-May-2021	31-May-2021	Edward Thomas	Helen Black; David

*See analysis of missed deadlines – Section 4

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
	restructure of the Housing Operations Service and the introduction is the new Integrated Housing Management System (IHMS) in October 2019. (Medium Risk)	improvements against the key tenets of the historic policy, given the extent of systemic and structural changes it would be beneficial to codify this within a revised policy. This will be developed with new tenant feedback and wider tenant consultation.					Lynch; Edward Thomas
IAAP/080	2. Re-let Standard An updated draft of new Re-let Standards outlining standards require to be achieved before a void property is offered to new tenant should be submitted to the Housing Investment Board. (Medium Risk)	The current re-let standard had previously been considered by the Housing Improvement Board but not formally approved due to one minor element; similar to the Void Management Policy, it is timely for this to be revisited and revised subject to tenant consultation. As an interim measure, the existing operational standard will be remitted to the Housing Improvement Board to ensure oversight until the revision concludes.		31-Mar-2021	31-Mar-2021	Edward Thomas	Helen Black; David Lynch; Edward Thomas
IAAP/081	3. Accuracy of Management Information – Council Tax Management should investigate the reasons for the differences in the information on void properties reported to Housing Operations and Council Tax. Where possible adjustments should be made to the IHMS reporting system to ensure the correct information is provided to both Housing Operations and Council Tax. (Medium Risk)	Following discussions between the Housing Void Officer and the Project Co-ordinator of the Integrated Housing Management System adjustments have been made to the new system and issues surrounding backdated entries in the system have been resolved. The reports produced for Council Tax will match those provided to Housing Operations.		31-Aug-2020	31-Aug-2020	Edward Thomas	Edward Thomas

*See analysis of missed deadlines – Section 4

Internal Audit Reports – Current Actions

151. Performance Indicator Review – Library Visits (Report Issued May 2019)

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
T&PSR/IAAP/719	1. Information obtained from the electronic counters is not user friendly and is time consuming to analyse Management should consider how the data provided by the electronic counters can be improved either by upgrading or replacing the current system to ensure useful management information is available. (Low risk)	We will look at alternative solutions and make an assessment on suitability in the 2019/20 financial year.		31-Mar-2020	31-Dec-2020*	David Main	Stephen Daly

154. Charging Policy - Non Residential Services (Report Issued May 2019)

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
T&PSR/IAAP/732	1. Financial Assessments Not Located/Provided Service areas should ensure that it is built into their processes that Financial Assessment reviews are undertaken on an annual basis as this does not appear to happening as standard. In addition, record keeping needs to be improved. (High Risk)	The Head of Service will issue an instruction to Integrated operational Managers on the requirement to undertake a Financial Assessment as part of the initial assessment of care and also that this should be reviewed annually. Evidence should also be retained to verify that this has been done. The HSCP SMT has agreed that an Extended Management Team session will be held around the operational responsibilities of social care staff.		30-Jun-2019 30-Sep-2020	01-Apr-2021*	Fraser Downie; Jo Gibson; Jonathan Hinds	Beth Culshaw
T&PSR/IAAP/734	3. Evidence of Benefits When carrying out Financial Assessments, verification of the clients Benefits/Income/Capital should be carried out, this verification should be retained as evidence to the assessment. Alternatively, consideration should be given to accessing/sharing information from	The revised Charging Policy will stress that evidence must be provided and retained to allow for a robust financial assessment to be undertaken. If service user refuses then the full charge will be applied. This will be detailed within the financial assessment.		30-Aug-2019 30-Sep-2020	01-Apr-2021*	Jonathan Hinds	Beth Culshaw

*See analysis of missed deadlines – Section 4

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
	the IWorld Benefits system as this is verified/evidenced information which would also ensure that the client is only being asked once for the information. (Medium Risk)	IWorld access to be given to members of staff currently carrying out Financial Assessments for Residential Placements. Extending this will be considered where appropriate.					
T&PSR/IAAP/735	4. Charging Policy As the Community Based Care Charging Policy - Non Residential Services has not been reviewed for at least eight years and as some parts of the policy requires to be more generic and other parts require to be more specific, it is recommended that the policy be fully reviewed and revised. This will therefore provide more clarity, eliminate ambiguity and make it fit for purpose. It is also recommended that all services be included in the review to ensure input from all areas. In addition, once reviewed, the date of the revision should be recorded on the policy to ensure that there is proper version control. (Medium Risk)	A Charging Policy Review Group has been established on 7th Jan with meetings scheduled for every 2 weeks until end of June. The group includes all Heads of Service, the CFO, some Integrated Ops Managers and social care accountant. The draft Terms of Reference were considered at the 2nd meeting and agreement was reached between HoS about seconding a social worker to support the process. The review will consider the impacts of new Carers Act and Free Personal Care for Under 65 as well as Self Directed Support duties. It will also address the current anomalies/inequities between service users and opportunities to maximise charging in the context of the council's Commercialisation Policy – but within COSLA Guidance. Personal care is defined in legislation. A simple "service user guide" to non-residential charges can be added to the website/leaflet for distribution.		31-Aug-2019 30-Sep-2020	31-Mar-2021*	Jonathan Hinds	Beth Culshaw

157: Social Work Tendering & Commissioning (Report Issued 7 June 2019)

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
T&PSR/IAAP/760	2. Resources Allocation Meetings (a) It may be helpful for the CPU attend some of the resource allocation meetings to establish ways they could work more collaboratively and if tools such as frameworks could be used. (b) Minutes should be taken at all such meetings in order to show the rationale of procurement decisions. In addition these notes should be included in service users' files. (Medium Risk)	(a) It would be beneficial for the CPU to have insight into the Resource Allocation Meetings process, but only with regard to the type of provider and service type required. (b) Rather than a full minute there will be a Decisions Summary produced after every meeting which will be distributed to both CPU and HSCP Finance Team.		30-Sep-2019 30-Sep-2020	31-Dec-2020*	Fraser Downie; Hazel Kelly; Robert MacFarlane; Lynne McKnight; Annie Ritchie;	Jo Gibson; Jonathan Hinds; Sylvia Chatfield; Annabel Travers

*See analysis of missed deadlines – Section 4

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
						Bernadette Smith	
T&PSR/IAAP/762	4. Monitoring Providers All monitoring should follow the procedures and be consistent across the partnership. (Medium Risk)	Our review of commissioning and quality within the HSCP will ensure that a consistent monitoring approach will be developed across services. This will include a review of the functions within the Quality Assurance Team, in tandem with a review of the HSCP SMT structure.		31-Dec-2019	31-Oct-2020*	Margaret-Jane Cardno	Beth Culshaw

165. CM2000 Functionality (Report Issued February 2020)

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
IAAP/026	Compliance with Clocking in and out in the CM2000 system It is recommended that Management formalise checks/follow up for the clocking in and out on a regular basis. Results should be cascaded to Team Leaders/Supervisors to discuss missed clocking in and out with relevant staff to help achieve the target with the compliance level. (Medium Risk)	We have committed that back office staff will undertake live monitoring. We have written a "Reconciliation Standards" document for the admin team. It explains how they are to handle each Reconciliation scenario, We will work with HR to undertake formal action under the performance management policy for those staff who failed to log in and out of visits.		30-Apr-2020	30-Nov-2020*	Richard Heard	Lynne McKnight
IAAP/027	Compliance with Clocking in and out in the CM2000 system b) It is recommended that Management roll out this new App as soon as the pilot is completed in order to assist with increasing the compliance level. (Medium Risk)	New app will be rolled out in next three months as tags for all clients will need to be re-programmed and training provided for front line Home Carers.		30-Apr-2020	30-Nov-2020*	Richard Heard	Lynne McKnight
IAAP/028	Overtime Payment It is recommended that: • all timesheets are checked and agreed to CM2000 system before being authorised for payment; • where there are instances of non-compliant clock in overtime, appropriate additional authorisation should be obtained. (Medium Risk)	We are working with CM2000 to develop a payroll report which will be used as the basis for staff payment. This report will be implemented by September 2020. In the meantime Admin will do cross checks against clocking in and out. A communication will be issued to all home care staff re compliance and claims for overtime.		30-Nov-2020	30-Nov-2020*	Richard Heard	Lynne McKnight
IAAP/029	Implementation of additional CM2000 Functionality	Mileage Wizard will be rolled out in next six months.		30-Jun-	30-Nov-	Richard	Lynne

*See analysis of missed deadlines – Section 4

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
	a) It is recommended that Management pilot and fully implement the Mileage functionality across the Homecare team within the planned time frame. (Medium Risk)	This will depend on high compliance.		2020	2020*	Heard	McKnight
IAAP/030	Implementation of additional CM2000 Functionality b) It is recommended that Management develop a plan in collaboration with WDC ICT and Payroll to implement the Financial module. (Medium Risk)	We are working with CM2000 to develop a payroll report which will be used as the basis for staff payment. This report will be implemented for testing by September 2020		30-Nov-2020	30-Jan-2021*	Richard Heard	Lynne McKnight

170. HSCP Attendance Management (Report Issued June 2020)

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
IAAP/042	2. Line Managers Performance It is part of the remit of a line manager's role to correctly manage attendance of their employees and therefore consideration should be given to identifying areas where this is not happening and provide support to those managers to achieve this. (High Risk)	The importance of Return to Work interviews and the recording of them is included in the new Employee Wellbeing Policy. Line Managers are responsible for ensuring return to work interviews are conducted in a timely manner. Heads of Service discuss Attendance Management and Employee Weebeing at management team meetings and on an ongoing basis with managers. Should any Heads of Service identify any managers who may require additional support and or training to ensure this is the case, this is discussed with HR colleages to identify how best to resolve any issues. Managers must ensure that Statement of Fitness dates correctly cover the period of absence. If there are any discrepancies managers should request that either an updated statement is supplied or agree the reason for absence for any dates not covered by the statement and record this appropriately. In addition to the Supporting Employee Wellbeing Policy there is a Stress Management policy which highlights Managers responsibilities in relation to this and provides information on individual stress risk assessments. Both of these policies are easily accessible via WDC Intranet.		31-Dec-2020	31-Dec-2020	Margaret -Jane Cardno; Sylvia Chatfield; Jo Gibson; Jonathan Hinds	Audrey Slater

*See analysis of missed deadlines – Section 4

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
IAAP/043	3. Compliance checks Checks should be regularly carried out to ensure the policy is being followed correctly. (High Risk)	A random sample of absence cases will be extracted from September 2020 absence figures from HR21 to ensure the policy is being applied consistently in all areas. This will be repeated on a 6 monthly basis.		31-Dec-2020	31-Dec-2020	Margaret-Jane Cardno; Sylvia Chatfield; Jo Gibson; Jonathan Hinds	Audrey Slater
IAAP/044	4. Exempt absences for trigger application Managers need to monitor such instances and if they notice an employee appears to be off excessively due to D&V then advice should be sought from HR. (Medium Risk)	Managers should record the reason for absence accurately. If there appears to be a pattern of absence then advice should be sought from HR or if there are repeated absences for the same reason Occupational Health should be consulted to assess if there is an underlying health condition. In cases where there are circumstances for discretion to be considered, as outlined in the policy (section 8.1) and where it may not be appropriate to have a wellbeing prompt meeting the line manager should discuss this with HR and submit a discretion form to the service manager for authorisation and the employee informed of this in writing.		31-Dec-2020	31-Dec-2020	Margaret-Jane Cardno; Sylvia Chatfield; Jo Gibson; Jonathan Hinds	Audrey Slater

171. Social Work - Case Management (Report Issued August 2020)

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
IAAP/046	1. Children's Services - Workload of staff a) Management should consider how the complexity of cases can be assessed in order to understand the impact on the workload of Social Workers. b) As noted in recommendation 8 a data cleanse process should be carried out to identify any open cases which should be closed. c) Management should continue with efforts to recruit additional staff. (High Risk)	a) Managers endeavour to allocate based on risk and complexity of need; work to identify any appropriate, reliable tools will be undertaken as part of wider service redesign. Recruitment to vacant and additional posts will also support progress here. b) Data cleanse to ensure accurate caseloads is being forward by a sub group of the wider team with Information Team colleagues. c) Recruitment continues: 6 Social Worker vacancies recruited to. 6 additional Social Worker posts (in		31-Aug-2020	31-Dec-2020*	Annie Ritchie	Jonathan Hinds

*See analysis of missed deadlines – Section 4

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
		addition to establishment) also being recruited to. 4 of 6 additional Support Workers (2 year contracts) recruited to-date. Funding previously allocated to some third sector organisations is now being reinvested to support this over-recruitment.					
IAAP/047	2. Children's services - Unallocated cases The weekly meetings between the SSWs should be formally minuted, explaining why each unallocated case has not been treated as a priority and why they believe there is a limited risk in delaying the allocation of that case. (Medium Risk)	Weekly allocation meetings can include brief action note of decisions around allocation/non-allocation, process of review etc. or note on Care First for each case noting outcome of allocation meeting.		31-Aug-2020	31-Dec-2020*	Annie Ritchie	Jonathan Hinds
IAAP/048	3. Children's services – Supervision of casework Senior Social Workers (SSWs) should be required to discuss all cases allocated to Social Workers on a regular basis to ensure that appropriate review is taken of lower priority cases and that no cases remain open which should be closed. Performance management information showing cases which have not been updated within a specified period should be obtained to enable SSWs to gain assurance that there are no open cases which are not being actively dealt with. (Medium Risk)	Supervision with staff covers a range of issues in addition to discussion about cases. Supervision process requires review and update – can reflect frequency of discussions around cases; consider discussion of a certain number of cases in each supervision session. Explore an improved 'Team around the Child' reviewing model. Monthly report to managers, Head of Service, HSCP Chief Officer and Council Chief Executive includes breakdown of unallocated cases. Develop management exception report re: cases with no activity recorded for periods of time to provide further scrutiny and assurance.		31-Mar-2021	31-Mar-2021	Annie Ritchie	Jonathan Hinds
IAAP/049	4. Children's Services – Recording of supervision meetings Supervision meetings should be recorded in line with the supervision policy and all Social Workers should be provided with a summary of the non case related discussion element of the meeting. (Low Risk)	Managers can revisit supervision guidance to support consistent feedback and to improve supervision records and agreed tasks. Supervision notes to be held securely to provide record of decisions and actions. Managers to review supervision arrangements and frequency with direct reports and their teams to ensure they meet requirements of service and policy.		31-Aug-2020	31-Dec-2020*	Annie Ritchie	Jonathan Hinds
IAAP/050	5. Children's Services - Peer review of case files Management should consider what level of peer review is required to ensure that the cases are being recorded adequately and assess how the process can be re established given the current team workloads. (Medium Risk)	Management Team are reviewing peer review processes as part of case file audit and monitoring and how this can inform service redesign. Work has commenced as part of the PACE workstream in respect of children looked after at home. Intention to scale up when capacity is increased.		31-Oct-2020	31-Oct-2020	Annie Ritchie	Jonathan Hinds

*See analysis of missed deadlines – Section 4

REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLANS
CURRENT ACTION PLANS AT 30.09.2020

SECTION 3

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
IAAP/051	6. Children's Services - Case reviews a) SSWs should be reminded that all cases allocated to social workers should be reviewed as part of the Supervision process and manager supervision notes should be added to CareFirst as evidence of manager review. b) Management should consider obtaining regular management information from CareFirst highlighting, for example, cases where no observations or manager comments have been added within a certain time period. (Medium Risk)	a) See response to 3, above. b) Develop management exception report re: cases with no activity recorded for periods of time to provide further scrutiny and assurance.		31-Mar-2021	31-Mar-2021	Annie Ritchie	Jonathan Hinds
IAAP/052	7. Children's Services - Policies and Procedures Management should review and update the procedures and guidance documents to ensure they provide accurate guidance as to what is required of the social workers. Management should reiterate the importance of all procedures being followed. (Low Risk)	Policies to be reviewed and updated in terms of quality assurance, good practice and service redesign.		31-Mar-2021	31-Mar-2021	Annie Ritchie	Jonathan Hinds
IAAP/053	8. Children's Services - Performance management information Team Leaders and Senior Social Workers should review the information within the reports and validate the figures being provided. Where necessary a data cleanse process should be carried out to identify open cases which should be closed. The Team Leaders should consider whether the information provided is useful and how they can use it going forward to assist in the planning and review of the work being undertaken within their teams. (Low Risk)	Team Leads and Senior Social Workers to review management information reports and check recording processes to ensure accuracy. As 1b, above Fieldwork managers to review how management reports can support allocation processes and case management planning across teams.		31-Aug-2020	31-Mar-2021*	Annie Ritchie	Jonathan Hinds
IAAP/054	9. Children's Services - Enhancement to Performance Management Information Management should consider whether oversight could be improved through reviewing the reporting functionality on CareFirst and developing reports such as: • a report which would show any open cases on Care First where the last observation was over six months or one year ago - where SSWs are unable to review all cases at Supervision meetings this would help identify cases which have not been followed up on a timely basis and cases which could potentially be closed. • a report which would show cases where there had been no manager supervision comments for a defined period of time e.g. six	As part of improving management reports this can be included for further discussion around Care First functionality and managing workloads.		31-Aug-2020	31-Dec-2020*	Annie Ritchie	Jonathan Hinds

*See analysis of missed deadlines – Section 4

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
	months. This would highlight cases where there is no evidence of manager supervision and highlight either that managers have not had time to document their supervision or that supervision has not taken place in line with the procedures requirements. (Low Risk)						
IAAP/055	10. Community Health and Care Services - Policies and Procedures a) Policies and procedures should be reviewed and updated to reflect current expected practice. Consideration should be given as to how minutes of Supervision meetings should be recorded and retained. b) Management should consider what policies, such as a respite policy, are required and these policies should then be documented. (Low Risk)	A stocktake of all policies and their revision dates is underway. A review of the Standards and Guidance for Case Recording and the Supervision policy will be carried out , including consideration of records storage. Work to develop a HSCP Respite Policy		31-Dec-2020	31-Dec-2020	Margaret -Jane Cardno; Jo Gibson	Jo Gibson
IAAP/056	11. Community Health and Care Services – Supervision As noted in recommendation 10 above, the Supervision Policy requires to be reviewed. As part of this review management should re-emphasise the importance of including supervision of cases on CareFirst as evidence of review and consider how the supervision meetings should be recorded (Medium Risk).	A review of the supervision policy will be carried out , including consideration of records distribution and storage.		31-Dec-2020	31-Dec-2020	Jo Gibson	Jo Gibson
IAAP/057	12. Community Health and Care Services - Completeness of Information on CareFirst Management should investigate and ensure that all essential information is available on CareFirst. (Medium Risk)	Workplan in place to reduce risk of data being held in one system and not being accessible to other users. NHS GGC have released a project manager to lead this for WDHSCP		31-Mar-2021	31-Mar-2021	Margaret -Jane Cardno	Jo Gibson
IAAP/058	13. Community Health and Care Services - Unallocated cases a) Notes should be made by the SSW on CareFirst for each unallocated case explaining why the case has not been treated as a priority and why they believe there is a limited risk in delaying the allocation of that case. b) The SSW should amend the priority of the case on CareFirst as part of their review to ensure it is included accurately within the Waiting Times Report. (Medium Risk)	This will be encompassed in core actions from Team Meetings. a) Meeting held with SSW across community teams on 5/10/20 to discuss and progress ensuring consistent approach across teams. b) Difficulty in amending the priority as the system then changes the date of the referral to the date amended. Carefirst does not allow waiting lists to be viewed in order of priority of referrals. It only presents these in date order. Priority needs to be kept manually. Work to be undertaken with duty workers to ensure that referrals are correctly prioritised when received.		31-Oct-2020	31-Oct-2020	Hazel Kelly	Jo Gibson

*See analysis of missed deadlines – Section 4

REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLANS
CURRENT ACTION PLANS AT 30.09.2020

SECTION 3

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Assigned To	Managed By
IAAP/059	14. Community Health and Care Services - Care home placement reviews Management should consider whether it would be more appropriate to carry out an annual review of all placements in to private care homes to ensure they are being monitored effectively. (Medium Risk)	A review of scrutiny and support to independent sector care homes will be completed, to ensure appropriate level of resources are in place to monitor quality of care.		30-Sep-2020	28-Feb-2021*	Jo Gibson	Jo Gibson
IAAP/062	17. Community Health and Care Services - Performance Management Reports Procedures for preparing the reports should be updated and additional staff should be trained in how to run the reports to reduce reliance on one member of staff. Reports should be reviewed within the admin team to ensure that they are complete and accurate. (Low Risk)	Procedure will be documented and additional staff trained. Process will be introduced to ensure accuracy.		30-Sep-2020	30-Nov-2020*	Hazel Kelly	Jo Gibson
IAAP/063	18. Community Health and Care Services - Enhancement to Performance Management Information Management should consider whether oversight could be improved through developing reports such as: • a report which would show any open cases on Care First where the last observation was over six months or one year ago - where SSWs are unable to review all cases at Supervision meetings this would help identify cases which have not been followed up on a timely basis and cases which could potentially be closed. • a report which would show cases where there had been no manager supervision comments for a defined period of time e.g. six months. This would highlight cases where there is no evidence of manager supervision and highlight either that managers have not had time to document their supervision or that supervision has not taken place in line with the procedures requirements. (Low Risk)	Consideration will be given as to what reports can be developed and how these will be used to support performance management.		30-Sep-2020	30-Nov-2020*	Hazel Kelly	Jo Gibson

*See analysis of missed deadlines – Section 4

Report	Agreed Action	Original Due Date	Revised Date	Management Comments
151. Performance Indicator Review – Library Visits (May 2019)	**Analysis of Electronic Counter Information (Low Risk)** We will look at alternative solutions and make an assessment on suitability in the 2019/20 financial year.	31-Mar-2020	31-Dec-2020	Global events overtook the finalising of this action, with all Libraries closed to the public in accordance with government guidelines. A Business Case has now been prepared to consider alternative systems at a time the libraries re-open.
154. Charging Policy - Non Residential Services (May 2019)	**Financial Assessments Not Located/Provided (High Risk)** The Head of Service will issue an instruction to Integrated operational Managers on the requirement to undertake a Financial Assessment as part of the initial assessment of care and also that this should be reviewed annually. Evidence should also be retained to verify that this has been done. The HSCP SMT has agreed that an Extended Management Team session will be held around the operational responsibilities of social care staff.	30-Jun-2019 30-Sep-2020	01-Apr-2020	The request to commission a care package for any client group will only be considered by the Area Resource Groups when accompanied by a Financial Assessment with evidence of Income Maximisation being offered to the individual. This process is clearly set out in the Draft Charging Policy currently being finalised with a focus on Equalities Impact Assessment. The Coronavirus Act has allowed for a relaxation of a full social care assessment being undertaken (including financial assessment) as staff resource is under strain. As part of the workplan for consistent implementation of Eligibility Criteria from April 2021, plans are being developed to ensure financial assessments are being carried out and appropriately recorded. In September 2020 the IJB approved elegibility criteria for HSCP services. This has allowed progress to commence on the development of a single shared assessment with a view to initiating a pilot in the final quarter of this year with full implementation in April 2021. Closely aligned to this is a separate work stream in reslation to Financial Assessments, a lead officer has been identified and a clear work plan has been developed to drive forward this work. The initial work to be undertaken in October/November 2020 is in relation to situational analysis, this will shape a clear improvement plan considering both cultural and systemic improvement which are required to ensure compliance.
154. Charging Policy - Non Residential Services (May 2019)	**Evidence of Benefits (Medium Risk)** The revised Charging Policy will stress that evidence must be provided and retained to allow for a robust financial assessment to be undertaken. If service user refuses then the full charge will be applied. This will be	30-Aug-2019 30-Sep-2020	01-Apr-2021	The draft Charging Policy has placed more emphasis on the responsibility of the Service User/Representative that without evidence of income/benefits the full charge will be applied. As part of the workplan for consistent implementation of Eligibility Criteria from April 2021, plans are being developed to ensure

Report	Agreed Action	Original Due Date	Revised Date	Management Comments
	detailed within the financial assessment. IWorld access to be given to members of staff currently carrying out Financial Assessments for Residential Placements. Extending this will be considered where appropriate.			financial assessments are being carried out and appropriately recorded. In September 2020 the IJB approved elegibility criteria for HSCP services. This has allowed progress to commence on the development of a single shared assessment with a view to initiating a pilot in the final quarter of this year with full implementation in April 2021. Closely aligned to this is a separate work stream in reslation to Financial Assessments, a lead officer has been identified and a clear work plan has been developed to drive forward this work. The initial work to be undertaken in October/November 2020 is in relation to situational analysis, this will shape a clear improvement plan considering both cultural and systemic improvement which are required to ensure compliance.
154. Charging Policy - Non Residential Services (May 2019)	**Charging Policy (Medium Risk)** A Charging Policy Review Group has been established on 7th Jan with meetings scheduled for every 2 weeks until end of June. The group includes all Heads of Service, the CFO, some Integrated Ops Managers and social care accountant. The draft Terms of Reference were considered at the 2nd meeting and agreement was reached between HoS about seconding a social worker to support the process. The review will consider the impacts of new Carers Act and Free Personal Care for Under 65 as well as Self Directed Support duties. It will also address the current anomalies/inequities between service users and opportunities to maximise charging in the context of the council's Commercialisation Policy – but within COSLA Guidance. Personal care is defined in legislation. A simple "service user guide" to non-residential charges can be added to the website/leaflet for distribution.	31-Aug-2019 30-Sep-2020	31-Mar-2021	The impact of responding to the Covid-19 Pandemic has directed all levels of staff in Health and Social Care to support front line service delivery. This has resulted in a delay in finalising a number of outstanding actions including revised guidance on eligibility and self directed support assessments which impact on the review of the Charging Policy. Revised Charging Policy was drafted and originally on the HSCP Board Agenda for 23 Sept 20, however delayed given the continuing uncertainty around the re-start of Daycare Services. Also need to fit into WDC Committee cycle as the proposed change to Daycare charge back into component parts (transport, meals & activities) needs to be approved by full Council. Proposal would be to link in with 2021/22 Budget Setting Papers.

Report	Agreed Action	Original Due Date	Revised Date	Management Comments
157. Social Work Tendering & Commissioning (June 2019)	**Resource Allocation Meetings (Medium Risk)** (a) It would be beneficial for the CPU to have insight into the Resource Allocation Meetings process, but only with regard to the type of provider and service type required. (b) Rather than a full minute there will be a Decisions Summary produced after every meeting which will be distributed to both CPU and HSCP Finance Team.	30-Sep-2019 30-Sep-2020	31-Dec-2020	HSCP Management met with CPU staff to discuss adult ARG processes and needs of CPU at end 2019. Further meetings arranged but subsequently cancelled by CPU. CPU to be contacted to re-establish meetings. As part of the SDS process a system of notifying finance via the IRF2 was being considered to reduce duplication of work. This will be progressed with any ongoing work regarding SDS. Information for CPU will be discussed further at meetings with CPU to clarify what information is needed and in what format.
157. Social Work Tendering & Commissioning (June 2019)	**Monitoring Providers (Medium Risk)** Our review of commissioning and quality within the HSCP will ensure that a consistent monitoring approach will be developed across services. This will include a review of the functions within the Quality Assurance Team, in tandem with a review of the HSCP SMT structure.	31-Dec-2019	31-Oct-2020	In response to the Covid-19 Pandemic there has been significant work undertaken monitoring social care providers, especially in residential care homes. By contracting a number of children's services through the Scotland Excel Framework there is robust monitoring of providers. The completion of number of contract strategies in partnership with CPU, including Carers; Advocacy; Supported Living; Fostering and Continuing Care and Accommodation Based Services for Learning Disability has increased the HSCP's annual contract compliance from 13% in 2018/19 to 79.2% at the end of 2019/20. HSCP in partnership with CPU will explore further the potential opportunities to contract via the Scotland Excel Care and Support Framework. However Best Value risk as Framework prices are currently in excess of locally agreed individual agreements. A new structure for the Strategy and Transformation was approved on the 14 August 2020, which includes an improved structure in relation to contract management, commissioning and quality assurance. Work is ongoing to recruit a Contracts and Commissioning Manager, it is anticipated this post will be filled in the first quarter of 2021.

Report	Agreed Action	Original Due Date	Revised Date	Management Comments
165. CM2000 Functionality (February 2020)	**Compliance with Clocking in and out in the CM2000 system (Medium Risk)** We have committed that back office staff will undertake live monitoring. We have written a "Reconciliation Standards" document for the admin team. It explains how they are to handle each Reconciliation scenario, We will work with HR to undertake formal action under the performance management policy for those staff who failed to log in and out of visits.	30-Apr-2020	30-Nov-2020	Two employees have been identified to support the administration team in following up on compliance. The planned review of care at home services has been delayed due to the Covid-19 Pandemic however CM2000 compliance actions will be covered in service delivery plans current in draft. Staff have been formally notified by letter on requirements to comply with CM2000 procedures.
165. CM2000 Functionality (February 2020)	**Compliance with Clocking in and out in the CM2000 system (Medium Risk)** New app will be rolled out in next three months as tags for all clients will need to be re-programmed and training provided for front line Home Carers.	30-Apr-2020	30-Nov-2020	Full completion is expected by December 2020.
165. CM2000 Functionality (February 2020)	**Overtime Payment (Medium Risk)** We are working with CM2000 to develop a payroll report which will be used as the basis for staff payment. This report will be implemented by September 2020. In the meantime Admin will do cross checks against clocking in and out. A communication will be issued to all home care staff re compliance and claims for overtime.	30-Nov-2020	30-Nov-2020	In the meantime Admin staff do cross checks against clocking in and out. A communication has been issued to all home care staff re compliance and claims for overtime.
165. CM2000 Functionality (February 2020)	**Implementation of additional CM2000 Functionality (Medium Risk)** Mileage Wizard will be rolled out in next six months. This will depend on high compliance.	30-Jun-2020	30-Nov-2020	
165. CM2000 Functionality (February 2020)	**Implementation of additional CM2000 Functionality (Medium Risk)** We are working with CM2000 to develop a payroll report which will be used as the basis	30-Nov-2020	30-Jan-2021	

Report	Agreed Action	Original Due Date	Revised Date	Management Comments
	for staff payment. This report will be implemented for testing by September 2020.			
171. Social Work - Case Management (Report Issued August 2020)	**Children's Services - Workload of staff (High Risk)** a) Managers endeavour to allocate based on risk and complexity of need; work to identify any appropriate, reliable tools will be undertaken as part of wider service redesign. Recruitment to vacant and additional posts will also support progress here. b) Data cleanse to ensure accurate caseloads is being forward by a sub group of the wider team with Information Team colleagues. c) Recruitment continues: 6 Social Worker vacancies recruited to. 6 additional Social Worker posts (in addition to establishment) also being recruited to. 4 of 6 additional Support Workers (2 year contracts) recruited to-date. Funding previously allocated to some third sector organisations is now being reinvested to support this over-recruitment.	31-Aug-2020	31-Dec-2020	Target due date not met due to additional priorities/workload issues arising from Coronavirus pandemic. Recruitment to Support worker posts concluded Sept 2020. Recruitment will be fully concluded December 2020 (one post).
171. Social Work - Case Management (Report Issued August 2020)	**Children's Services – Unallocated Cases (Medium Risk)** Weekly allocation meetings can include brief action note of decisions around allocation/non-allocation, process of review etc. or note on Care First for each case noting outcome of allocation meeting.	31-Aug-2020	31-Dec-2020	Target due date not met due to additional priorities/workload issues arising from Coronavirus pandemic. Allocation is noted on Care First and notes taken in allocation meetings however more formal record to be introduced December 2020.
171. Social Work - Case Management (Report Issued August 2020)	**Children's Services – Recording of supervision meetings (Low Risk)** Managers can revisit supervision guidance to support consistent feedback and to improve supervision records and agreed tasks. Supervision notes to be held securely to provide record of decisions and actions. Managers to review supervision arrangements and frequency with direct reports and their teams to ensure they meet requirements of service and policy.	31-Aug-2020	31-Dec-2020	HSCP supervision policy is being reviewed by SMT to reflect professional and integrated teams. Reflection on the factors required to maintain robust supervision arrangements as we progress the integration agenda in order to provide assurance to the Senior Management Team that supervisory arrangements support professional governance requirements and support the delivery of safe effective person centred care. Recommend ESMT to conduct Training Needs Analysis – around supervisee and supervisor education and learning to support implementation ongoing of effective supervision A supervision policy a for Social Workers within West

Report	Agreed Action	Original Due Date	Revised Date	Management Comments
				Dunbartonshire HSCP to be developed Consider future audit of the implementation of supervision and evaluation of this on impact on outcomes for service users SMT to review management/ leadership ensure structure that reflects statutory duties to ensure appropriate capacity to provide professional supervision to social work staff and managers. Management exception report to be developed for cases with no activity recorded to ensure cases are closed when appropriate. This will be discussed with HSCP information team to ensure this is part of routine management information reports.
171. Social Work - Case Management (Report Issued August 2020)	**Children's Services – Performance management information (Low Risk)** Team Leads and Senior Social Workers to review management information reports and check recording processes to ensure accuracy. Data cleanse to ensure accurate caseloads is being forward by a sub group of the wider team with Information Team colleagues. Fieldwork managers to review how management reports can support allocation processes and case management planning across teams.	31-Aug-2020	31-Mar-2021	Caseload reviews are undertaken by managers to identify cases for closure. Additional formal processes to be developed as part of redesign. This will be concluded by March 2021 in line with redesign planning and to allow full commencement of redesign project in April 2021.
171. Social Work - Case Management (Report Issued August 2020)	**Children's Services - Enhancement to Performance Management Information (Low Risk)** As part of improving management reports this can be included for further discussion around Care First functionality and managing workloads.	31-Aug-2020	31-Dec-2021	Review of performance management information notified to Public Protection Chief Officers Group to enhance performance and review framework report. Weekly activity reports developed to inform Scottish Government Covid 19 dataset; positive developments here to be included in wider reporting functionality of Care First system. Update of data requires to include National child protection minimum data set and refresh of current Performance and Review Framework (PARF) data set.

Report	Agreed Action	Original Due Date	Revised Date	Management Comments
171. Social Work - Case Management (Report Issued August 2020)	**Community Care and Health Services - Care home placement reviews (Medium Risk)** A review of scrutiny and support to independent sector care homes will be completed, to ensure appropriate level of resources are in place to monitor quality of care.	30-Sep-2020	28-Feb-2021	Additional resource requirements have been identified. This will form part of a paper to Integration Joint Board in November to seek approval to recruit additional staff member.
171. Social Work - Case Management (Report Issued August 2020)	**Community Health and Care Services - Performance Management Reports (Low Risk)** Procedure will be documented and additional staff trained. Process will be introduced to ensure accuracy.	30-Sep-2020	30-Nov-2020	Additional licences are needed to allow access for other admin staff. Currently discussing with Carefirst if this is possible. Discussed with Internal audit staff and completion date amended to allow for this.
171. Social Work - Case Management (Report Issued August 2020)	**Community Health and Care Services - Enhancement to Performance Management Information (Low Risk)** Consideration will be given as to what reports can be developed and how these will be used to support performance management.	30-Sep-2020	30-Nov-2020	Contact made with Carefirst to establish what reports can be provided. Meeting to be arranged which was delayed due to diary clashes and leave. Discussed with Internal Audit an completion date amended to allow for this.

REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLANS
SUMMARY OF ACTIONS BY AUDIT YEAR **SECTION 5**

Status at 30 September 2020

Audit Year	No of Agreed Actions	No of actions complete	Current actions by Grade		
			H	M	L
2018/2019	79	73	1	4	1
2019/2020	59	29	6	17	7
Total	**138**	**102**	**7**	**21**	**8**

Audit Year	No of Agreed Actions	No of actions complete	Current actions by Grade		
			R	A	G
2020/2021	7	0	0	0	7
Total	**7**	**0**	**0**	**0**	**7***

* Green actions are within the Council's risk appetite and are therefore not included in Audit Committee reports.

WEST DUNBARTONSHIRE COUNCIL

Report by Strategic Lead - Resources

Audit Committee: 18 November 2020

Subject: Audit Committee Annual Self-Assessment – Update on Action Plans

1. Purpose

1.1 The purpose of this report is to update the Audit Committee on the status of the action plan arising from the Self-Assessment exercise.

2. Recommendations

2.1 It is recommended that Members:

- Note the progress of the agreed actions arising from the self-assessment exercises carried out in 2018 and 2019; and
- Note that progress on the completion of the agreed actions will be reported annually to the Audit Committee.

3. Background

3.1 The CIPFA publication *"Audit Committees: Practical Guidance for Local Authorities and Police" (2018 Edition*)" represents CIPFA's view of best practice for audit committees in local authorities and contains a number of appendices, including:

- Self-Assessment of Good Practice; and
- Evaluation the Effectiveness of the Audit Committee.

3.2 It is important that the Audit Committee demonstrates a high level of compliance with best practice guidance on Audit Committees in order to ensure that it can evidence its effectiveness as a scrutiny body as a foundation for strong corporate governance.

4. Main Issues

4.1 The last annual self-assessment was reported to Audit Committee in November 2019 and this report provides an update on the agreed action plans from the self-assessment exercise.

4.2 Progress on the completion of the actions arising from the self-assessment carried out in 2018 and 2019 is provided at Appendix 1.

4.3 There is one action outstanding which relates to a meeting between the Chairs of the Council's and Partnership Board's Audit Committees to discuss respective governance arrangements. The Shared Service Manager – Audit & Fraud will facilitate this meeting in due course.

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 if the Audit Committee does not address some of the issues highlighted from this review it will not maximise the opportunity for effective scrutiny. Implementing the suggested improvement action plan following from the self assessment will mitigate this risk.

8. Equalities Impact Assessment (EIA)

8.1 There are no issues.

9. Consultation

9.1 This report has been subject to consultation with the Chair of the Audit Committee and appropriate Strategic Leads.

10. Strategic Assessment

10.1 This report relates to strong corporate governance.

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Stephen West
Strategic Lead - Resources
Date: 18 November 2020

Person to Contact: Andi Priestman, Shared Service Manager – Audit & Fraud
Telephone 01389 737436
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Appendix: Audit Committee Self-Assessment: Progress on Improvement Actions arising from 2018 and 2019 Reviews

Background Papers: Audit Committee on 20 November 2019 – Self Assessment Exercise.

Wards Affected: All Wards

Appendix 1
Audit Committee Self-Assessment
Progress on Improvement Actions

Generated on: 21 October 2020

Action Code	Agreed Action	Status	Original Due Date of Action	Actual Due Date of Action	Assigned To	Managed By	Status Update – October 2020
AC-001	1. Draft Annual Governance Statement Submit the draft Annual Governance Statement to the Audit Committee as a standalone document.	✔	30-Jun-2019	30-Jun-2019	Colin McDougall	Stephen West	Complete. The draft Annual Governance Statement was submitted to the Audit Committee meeting on 12th June 2019 as a standalone document. This will be done henceforth on an annual basis. October 2020 update – the 2019/2020 AGS was presented to June 2020 Audit Committee.
AC-002	2. Annual Self-Assessment Introduce an annual self-assessment against best practice, using the Cipfa documents (i.e. the Practical Guidance for Local Authorities and the Police - Audit Committees Self-Assessment of Good Practice).	✔	31-Dec-2019	31-Dec-2019	Colin McDougall	Stephen West	The results of the annual self-assessment process were reported to Audit Committee in November 2019.
AC-003	3. Risk Management Provide reports on Risk Management to the Audit Committee.	✔	30-Sep-2019	30-Sep-2019	John Duffy	Alison McBride	Reports on Strategic Risks continue to be reported to Audit Committee. The most recent update was provided to the meeting in September 2020.
AC-004	4. Reports on Best Value Provide reports on Best Value to the Audit Committee .	✔	30-Jun-2019	30-Jun-2019	Amanda Coulthard	Malcolm Bennie	An update report on the West Dunbartonshire Best Value Assurance Report was submitted to the Audit Committee meeting on 12th June 2019.

Action Code	Agreed Action	Status	Original Due Date of Action	Actual Due Date of Action	Assigned To	Managed By	Status Update – October 2020
AC-005	5. Knowledge and skills framework Members of the Committee should consider if there any knowledge or skills gaps, taken into account the content of the core knowledge and skills framework.	✔	31-Dec-2018	31-Dec-2018	Colin McDougall	Stephen West	Complete. The Cipfa "Audit committee members - knowledge and skills framework" was submitted to the Audit Committee for consideration by members.
AC-006	6. Feedback on the performance of the Audit Committee Obtain feedback on the performance of the Audit Committee from those interacting with the committee or relying on its work. This feedback should be incorporated into an Annual Report on the Audit Committee.	✔	30-Jun-2019	30-Jun-2019	Colin McDougall	Stephen West	Feedback was sought and obtained and the outputs are included in this committee report.
AC-007	7. Annual report on the Audit Committee Introduce an annual report on the Audit Committee to account for its performance and explain its work to Council.	✔	30-Jun-2019	30-Jun-2019	Colin McDougall	Stephen West	An annual report on the Audit Committee was submitted to the meeting on 12th June 2019 and also to the full Council meeting on 26th August 2019. The annual report for 2019-2020 will be presented to the November 2020 meeting of the Audit Committee.
AC-008	8. Governance arrangements for audit committees The Chairs of the Council's and the West Dunbartonshire Heath & Social Care Partnership Board's Audit Committees meet to discuss their respective governance arrangements.	▶	30-Sep-2019	31-Mar-2021	Andi Priestman	Stephen West	This action is not yet complete. A meeting will be facilitated by the new Shared Service Manager – Audit & Fraud by 31 March 2021.
AC-009	9. Post-project review reports: non-capital projects The Committee advise that post-project review reports submitted by management to the Audit committee on a periodic basis for capital projects should be extended to reports on non-capital projects of significant scale.	✔	31-Dec-2018	31-Dec-2018	Colin McDougall	Stephen West	This is an ongoing action.

Action Code	Agreed Action	Status	Original Due Date of Action	Actual Due Date of Action	Assigned To	Managed By	Status Update – October 2020
AC-010	10. Specific audit assurance on value for money arrangements The work of internal audit should be enhanced to provide more specific assurance on value for money arrangements e.g. transformation, sustainability, and performance management.	✔	31-Mar-2020	31-Mar-2020	Colin McDougall	Stephen West	Value for money is now an embedded risk area within the risk-based audit planning. The Audit Plan for 2020/21 includes areas where value for money arrangements can be considered as part of the planning process for each audit.
AC-011	11. Value for money information within annual assurance statements Amend annual assurance statements to require more information on value for money arrangements e.g. transformation, sustainability, and performance management.	✔	30-Jun-2019	31-Mar-2020	Colin McDougall	Stephen West	The annual assurance statements were updated for 2019/2020 and incorporated a specific requirement for assurance on value for money arrangements to be provided by each Strategic Lead.
AC-012	12. Information on counter fraud work Provide more specific information on counter fraud work to the Audit Committee.	✔	07-Jun-2019	07-Jun-2019	Colin McDougall	Stephen West	A new progress report is provided to Audit Committee at each meeting which provides a specific update on the work of the Counter Fraud team. Specific reports are also presented on the National Fraud Initiative.
AC-013	13. Fraud risk assessment process Develop a fraud risk assessment process.	✔	30-Jun-2019	30-Jun-2019	Colin McDougall	Stephen West	A fraud risk assessment process has been developed.

WEST DUNBARTONSHIRE COUNCIL

Report by Strategic Lead - Resources

Audit Committee: 18 November 2020

Subject: Annual Report on the Audit Committee – 2019/20

1. Purpose

1.1 The purpose of this report is to provide members with an Annual Report on the Audit Committee for 2019/20.

2. Recommendations

2.1 It is recommended that members:

i) Review and endorse the Chair's Annual Report on the Audit Committee for 2019/20; and
ii) Agree that the report should be presented to a future meeting of the Council.

3. Background

3.1 It is important that the Committee fully complies with best practice guidance on Audit Committees to ensure it can demonstrate its effectiveness as a foundation for sound corporate governance for the Council. The Chartered Institute of Public Finance and Accountancy (CIPFA) issued an updated guidance note Audit Committees Practical Guidance for Local Authorities and Police 2018 Edition which incorporates CIPFA's Position Statement: Audit Committees in Local Authorities and Police. This sets out CIPFA's view of the role and functions of an Audit Committee. The CIPFA Audit Committees Guidance includes the production of an annual report on the performance of the Audit Committee against its remit for submission to the Council.

3.2 The Audit and Scrutiny Committee Annual Report 2019/20, which is attached at Appendix 1, provides assurance to the Council over the activity of the Audit Committee.

4. Main Issues

4.1 The Audit Committee Annual Report for 2019/20 is appended with the main issues identified being:

- The Audit Committee has met three times during the financial year with every meeting being quorate;

- The Audit Committee sought assurance on the adequacy and effectiveness of the Council's systems of corporate governance and internal control for efficient operations and for the highest standards of probity and accountability. This was achieved through reports received from internal audit, other Council functions and external audit with focus in particular on internal control and governance; and
- The Audit Committee has provided assurance to the Council as detailed in the appendix.

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 the Audit Committee does not comply with best practice guidance in relation to demonstrating its effectiveness in providing a foundation for sound corporate governance. The annual report provides this assurance to the Council on the activity of the Committee.

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.

.....
Stephen West
Strategic Lead - Resources
Date: 18 November 2020

Person to Contact: Andi Priestman, Shared Service Manager – Audit & Fraud
Telephone (01389) 737436
E-mail: andi.priestman@west-dunbarton.gov.uk

Appendix: Annual Report on the Audit Committee 19/20

Background Papers: N/A

Wards Affected: All Wards

Appendix 1

West Dunbartonshire Council
Audit Committee
Annual Report 2019/20 from the Chair

Introduction

This annual report has been prepared to inform West Dunbartonshire Council of the work carried out by the Council's Audit Committee during the financial year 2019/20.

Meetings

The Audit Committee met three times during the financial year comprising meetings on 12 June 2019, 25 September 2019 and 20 November 2019 to consider reports relevant to the Audit cycle and other matters as deemed appropriate. Pre-Agenda meetings were also held ahead of Committee involving the Chair and appropriate officers. The scheduled meeting of the Committee on 18 March 2020 was cancelled as a result of the Coronavirus impact.

The purpose and remit of Audit Committee as detailed in the Council's Standing Orders is to:

- Monitor, and make recommendations on the development of, the Audit activity of the Council; and
- Scrutinise the monitoring and review activity of the thematic and regulatory committees.

To fulfil this remit, the Audit Committee sought assurance on the adequacy and effectiveness of the Council's systems of corporate governance and internal control for efficient operations and for the highest standards of probity and accountability. This was achieved through reports received from internal audit, other Council functions and external audit with focus in particular on internal control and governance.

At each meeting of the Audit Committee, it considered Internal Audit's action plans from recently issued reports, together with monitoring progress on the completion of previously issued reports. It also considered the annual audit plan and reports from Audit Scotland, the Council's External Auditors. In addition, a number of national reports prepared by Audit Scotland on behalf of the Accounts Commission were also considered.

The Audit Committee also received reports on:

- Prudential Indicators and Treasury Management;
- Risk Management;
- Update on West Dunbartonshire Best Value Assurance Report; and
- Scottish Public Services Ombudsman Complaints Report 2018/19.

The minutes of Audit Committee meetings are first confirmed as a correct record at the next Audit Committee before being remitted to Council for approval.

Membership of the Audit Committee
In accordance with West Dunbartonshire Council's Standing Orders membership of the Audit Committee comprises 8 Elected Members and 2 Lay Members with Lay Members not being members of any political party. The quorum of the Audit Committee is 3 Elected Members.

The Chair of the Audit Committee is from the Opposition (as is the Vice Chair). The committee has two Lay Members, with there being a vacancy during the year. The Administration has a minority of members on the Audit Committee.

Attendance by members of the Committee at Audit Committee meetings in 2019/20 was:

Member	**Date of Meeting**			
	12/06/19	**25/09/19**	**11/12/19**	**18/03/20**
Cllr John Mooney (Chair)	Present	Present	Present	The scheduled March meeting of the Audit Committee was cancelled. Business was carried forward and considered at the June 2020 meeting of the Audit Committee.
Cllr Jim Brown	Present	Present	Present	
Cllr Karen Conaghan	Apologies	Present	Present	
Cllr Daniel Lennie	Apologies	Present	Apologies	
Cllr Jonathan McColl	Present	Present	Apologies	
Cllr John Millar	Apologies	Apologies	Absent	
Cllr Martin Rooney	Present	Present	Present	
Cllr Brian Walker	Present	Apologies	Apologies	
Lay Member Chris Johnstone (from 12/12/18)	Present	Present	Present	
Lay Member (Vacancy)	N/A	N/A	N/A	

Every meeting of the Audit Committee during 2019/20 was quorate.

Attendance by Officers
All meetings were attended by the Chief Executive, The Strategic Director – Transformation & Public Service Reform (T&PSR), the Strategic Lead – Resources and the Audit Manager.

Other senior officers also attended meetings as appropriate for items on the Agenda for which their presence was relevant. Representatives from the Council's external auditors - Audit Scotland - were present at every meeting.

On 1 January 2020, the Council entered into a shared management arrangement with Inverclyde Council in relation to the Shared Service Manager – Audit & Fraud role. This shared arrangement allows for the sharing of best practice, knowledge and experience for the Audit and Fraud teams across both Councils.

Assurance Statement to the Council

The Audit Committee provides the following assurance to the Council:

- The Council has received the Minutes of the Audit Committee meetings throughout the year;
- The Audit Committee has operated in accordance with its agreed terms of reference, and accordingly with the audit committee principles in the CIPFA Position Statement relating to its Audit functions;
- It did this through material it received from Internal Audit, External Audit, and assurances from Management. It focussed on matters of internal control and governance, giving advice to the Council on the value of the audit process, on the integrity of financial reporting and on governance arrangements, and acted as a bridge between the Council and its stakeholders;
- For all audit reports, the Audit Committee considered whether it was satisfied that an adequate management response was in place to ensure action would be taken to manage risk and address concerns on internal controls and governance arrangements. The Committee acknowledges that all the audit recommendations are input to Pentana, the Council's performance management system, and that there is a system in place of on-going follow-up by Internal Audit and reporting thereon;
- The Audit Committee has received and considered material to fulfil its scrutiny role on treasury management activity; and
- The Audit Committee reviewed the audited Annual Accounts for 2018/19 alongside External Audit's report on their annual audits 2018/19.

Conclusion

Based on the reports received and reviewed by the Committee they are in agreement with the Chief Internal Auditor's annual audit report which confirms that reasonable assurance can be placed upon the adequacy and effectiveness of the Council's internal control system in 2019/20. I am satisfied that active monitoring and follow up of recommendations is in place in respect of agreed management action.

Councillor John Mooney
Chair of the Audit Committee
21 October 2020

WEST DUNBARTONSHIRE COUNCIL

Report by Strategic Lead - Resources

Audit Committee: 18 November 2020

Subject: Audit Scotland - COVID-19 Guide for Audit and Risk Committees

1. Purpose

1.1 To inform the Audit Committee of new guidance issued by Audit Scotland on key issues for consideration by audit and risk committees during the Covid-19 pandemic.

2. Recommendations

2.1 It is recommended that Members:

- Consider the report and the four key areas identified; and
- Agree that a sub-group is formed from Members of the Audit Committee, with representation to be decided at the meeting in November, to consider the questions posed in the guidance. The work of the sub-group will be supported by the Shared Service Manager – Audit & Fraud and a further report will be presented to the Audit Committee in March 2021 outlining the current position.

3. Background

3.1 In August 2020, Audit Scotland published a COVID-19 Guide for Audit and Risk Committees guidance on key issues for consideration by audit and risk committees during the Covid-19 pandemic: "Guide for Audit and Risk Committees" attached at Appendix 1.

3.2 Covid-19 has already had a significant impact on every aspect of society in Scotland. It has affected individuals and communities, public services and the economy.

3.3 The response of public-sector bodies has been strong, and the pandemic has highlighted some of their key strengths, such as agility and partnership working. But Covid-19 has also exacerbated many pre-existing risks and challenges facing public bodies in areas such as financial sustainability and service demand pressures. There is still significant uncertainty around the potential ongoing issues around covid and how it continues to affect how the country and the Council can operate whilst balancing the move from response to recovery and renewal.

4. Main Issues

4.1 Throughout the public sector audit and risk committees have a crucial role to play in providing effective scrutiny and challenge. They help public bodies focus on important aspects of the business and maintain effective oversight of spending, performance and governance arrangements. As public bodies manage their business during this global pandemic, the role of audit committees becomes even more important.

4.2 To assist audit and risk committees in focussing on the short-term challenges facing public bodies in the response phase of the pandemic, this Audit Scotland guidance poses a series of questions designed to assist auditors and public bodies to effectively scrutinise key areas that require additional focus including:

- Internal control and assurance;
- Financial management and reporting;
- Governance; and
- Risk Management.

4.3 A number of the questions posed in the guidance can be answered and evidenced through the audited 2019/20 Annual Accounts within both the management commentary and the annual governance statement. The revised governance arrangements have been considered by our external auditors as part of the audit process.

4.4 It is recommended that a sub-group is formed from Members of the Audit Committee, with representation to be decided at the meeting in November, to consider the questions posed in the guidance. The work of the sub-group will be supported by the Shared Service Manager – Audit & Fraud and a further report will be presented to the Audit Committee in March 2021 outlining the current position.

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 This guide has been prepared for auditors and public bodies and provides audit and risk committee members with suggested questions to help them effectively scrutinise and challenge in the key areas.

8. Equalities Impact Assessment (EIA)

8.1 There are no issues.

9. Consultation

9.1 This report has been subject to consultation with the Chair of the Audit Committee and appropriate Strategic Leads.

10. Strategic Assessment

10.1 This report relates to strong corporate governance.

.....
Stephen West
Strategic Lead - Resources
Date: 18 November 2020

Person to Contact: Andi Priestman, Shared Service Manager – Audit & Fraud
Telephone 01389 737436
E-mail – andi.priestman@west-dunbarton.gov.uk

Appendix: Audit Scotland – COVID-19 Guide for Audit and Risk Committees

Background Papers: None

Wards Affected: All Wards

WEST DUNBARTONSHIRE COUNCIL

Report by Strategic Lead- Communications, Culture, Communities & Facilities

Audit Committee: 18 November 2020

Subject: Scottish Public Services Ombudsman Complaints Report 2019/20

1. Purpose

1.1 The purpose of this report is to present the Scottish Public Services Ombudsman (SPSO) report on complaints handling by West Dunbartonshire Council for the year 1 April 2019 – 31 March 2020.

2. Recommendations

2.1 It is recommended that Committee:

- Support a commitment to improve response times for complaints to ensure compliance with Scottish Public Services Ombudsman (SPSO) timelines
- Encourage an improvement culture that welcomes complaints in any form so that we capture all expressions of dissatisfaction and use this information to drive future improvements
- Ensure each service uses the data provided to identify and progress improvement activity
- Ensure time is allocated at regular management teams for complaints analysis to allow Performance & Strategy Business Partners to support and capture improvement and learning activity for progress reporting

3. Background

3.1 West Dunbartonshire Council adopted the SPSO complaint handling model operating in line with all other Local Authorities on 1 April 2013. Complaints continue to be managed centrally by the Citizen Relations team for all Council services with the exception of HSCP.

Statutory appeals and reviews, such as planning decision appeals, continue to be directed to the relevant decision making body, and are not processed through the SPSO office.

3.2 The Complaints Handling Process is well established and understood by both citizens and staff. Centralised complaints handling ensures an open and transparent process. Complaints are valued by West Dunbartonshire Council because they provide an insight to services, and how the Council is performing. The feedback offers valuable information helping to inform service planning, improve how services are delivered and ensure citizen's views are heard. Citizens who remain dissatisfied with the final outcome of their

complaint are openly directed to the SPSO to have their case considered for review.

3.3 West Dunbartonshire Council acts as factor for the buildings where we retain an interest with tenanted properties. Anyone who remains dissatisfied with the outcome of their complaint may be also signposted to the First-tier Tribunal for Scotland (Housing and Property Chamber). The Tribunal is an independent and impartial judicial body whose function is to review complaints from homeowners who consider their property factor has failed to carry out their factoring duties or failed to comply with the Property Factors' Code of Conduct.

3.4 As a member of the Local Authority Complaints Handlers Network, West Dunbartonshire continues to fully engage in sharing of good practice, and developing consistent approaches to complaints handling and reporting. Network meetings are held regularly, with SPSO in attendance at each meeting. The meetings are a valuable source of information and support across the sector. The LACHN continues to work on development of benchmarking criteria based on the reporting requirements from the Complaints Handling Model and this continues to be reviewed and discussed at meetings.

4. Main Issues

4.1 The SPSO delivers an annual report to each Local Authority detailing the number of complaints reported to its office. **Appendix 1** provides a breakdown of enquiries handled by SPSO relating to West Dunbartonshire Council for 2019-20 together with comparison data for 2018-19. **Appendix 2** is a summary breakdown of complaints received by West Dunbartonshire Council in 2019/20. **Appendix 3** shows Social Work complaints handled by Health & Social Care Partnership (HSCP) for the same period.

4.2 In the year 2019/20, SPSO received 25 complaints regarding West Dunbartonshire Council, compared with 26 in the previous year, a decrease of 4% from 2018-19. The highest number of complaints made by West Dunbartonshire citizens again related to housing matters.

4.3 Of the 25 complaints received by SPSO, five were deemed as premature, which is terminology used by the SPSO when the complaint has not exhausted the Council's complaints process. The remaining complaints were considered to be not duly made or withdrawn, outwith the jurisdiction of the SPSO or closed as the desired outcome was not achievable for the citizen or the Council.

4.4 No complaints raised against West Dunbartonshire Council were considered for re-examination by the SPSO Investigation team. This is very positive and reflects on the high level of complaints handling within West Dunbartonshire Council.

4.5 As outlined in Appendix 2, the Council handled 805 complaints internally in 2019/20. Of these, 659 were closed within 2019/20. The difference in complaints handled and closed is due to complaints being received during the reporting period, but still being worked on. The remaining 146 were closed in 2020/21 and will be included in appropriate reporting periods. When registering a complaint our residents preferred method is the online complaints form and telephone, each accounting for 34% of all complaints received. Email is the next preferred method accounting for 29%.

4.6 Of the 659 complaints closed, 75% were resolved within SPSO timescales, including with extension where applicable, representing a 15% decrease from 2018/19. This decrease can be explained by an increased number of complaints and a focus on right first time within our service. We will ensure our quality of response remains high whilst improving our response times again in 2020/21.

4.7 As noted above, the number of complaints received in 2019/20 was 805. This represents an increase of 26% when compared to complaints received in 2018/19. This increase in complaints data is positive for the organisation as it provides services with valuable information on service improvement and the expectations of our Citizens.

4.8 In line with this, we continue to work to encourage a culture of welcoming complaints and ensuring each service uses the data provided to identify and progress complaints improvement activity.

4.9 Work will be ongoing throughout 2020/21 to ensure the importance of learning from complaints is fully embedded into service improvement and planning and can be evidenced. More detailed reports now provide service specific analysis of issues from complaints and this information forms part of the regular performance reporting provided at Strategic Lead level.

5. People Implications

5.1 There are no people implications arising from this report.

6. Financial and Procurement Implications

6.1 There are no financial implications arising from this report.

7. Risk Analysis

7.1 There is a reputational risk in not responding to complaints within defined time periods within the two stage process. Complaints data is closely monitored, including response times and quality of response from services. Citizen Relations continue to work to support services to improve response timescales and maintain quality of complaints management.

7.2 There is a risk that services do not learn from the complaints received and do not adapt processes or policies to stop it happening again. To reduce this risk complaints data is reported quarterly to Performance & Monitoring Group. Complaints data is also shared with Strategic Leads and included within service Delivery Plans to ensure good visibility and to assist in informing service improvements.

8. Equalities Impact Assessment (EIA)

8.1 The two stage process has been equality impact assessed at a National level. Locally, all aspects have been considered and assistance to navigate the complaints process is available for all citizens.

9. Consultation

9.1 Not applicable to this report.

10. Strategic Assessment

10.1 Effective complaints handling contributes to all five Council strategic priorities.

Malcolm Bennie
Strategic Lead
Communications, Culture & Communities
Transformation & Public Service Reform
Date: 29 October, 2020

Person to Contact: Stephen Daly
Citizen & Digital Services Manager
Communication, Culture & Communities
Council Offices, Garshake Rd, Dumbarton
01389 737263

Appendices: Appendix 1 – SPSO complaints Data

Appendix 2 - Summary of Council Complaints 2019/20

Appendix 3 - Summary of HSCP Complaints 2019/20

Background Papers: None

Wards Affected: All Wards

Appendix 1

SPSO Data

West Dunbartonshire Council complaints closed 2019-20

		2019-20	
Stage	**Outcome Group**	**West Dunbartonshire Council**	**Sector Total**
Advice	Complaint - Not duly made or withdrawn	6	**248**
	Complaint - Out of jurisdiction (discretionary)	0	**1**
	Complaint - Out of jurisdiction (non-discretionary)	0	**8**
	Complaint - Outcome not achievable	0	**1**
	Complaint - Premature	5	**233**
	Total	11	491
Early Resolution	Not duly made or withdrawn	3	**42**
	Out of jurisdiction (discretionary)	2	**49**
	Out of jurisdiction (non-discretionary)	1	**44**
	Outcome not achievable	0	**29**
	Premature	1	**34**
	Proportionality	7	**462**
	Resolved	0	**13**
	Total	14	673
Investigation	Fully upheld	0	**29**
	Not upheld	0	**30**
	Resolved	0	**1**
	Some upheld	0	**25**
	Total	0	85
Total Complaints		**25**	**1249**

Appendix 1 (cont'd)

West Dunbartonshire Council complaints closed 2018-19

		2018-19	
Stage	**Outcome Group**	**West Dunbartonshire Council**	**Sector Total**
Advice	Not duly made or withdrawn	6	255
	Out of jurisdiction (non-discretionary)	0	2
	Premature	6	244
	Total	12	501
Early Resolution	Not duly made or withdrawn	1	45
	Out of jurisdiction (discretionary)	2	70
	Out of jurisdiction (non-discretionary)	0	47
	Outcome not achievable	0	71
	Premature	0	55
	Proportionality	8	358
	Resolved	0	26
	Total	11	672
Investigation	Fully upheld	1	34
	Some upheld	1	23
	Not upheld	0	40
	Resolved	1	1
	Total	3	98
Total Complaints		**26**	**1,271**

Appendix 2 - Year 2019-20

Performance & Monitoring	Complaints Received		
	Total Complaints Received	Complaints Received Stage 1	Complaints Received Stage 2
People & Technology	0	0	0
Regulatory	33	26	7
Resources	91	85	6
Communications, Culture, Communities & Facilities	33	33	0
Education, Learning & Attainment	94	89	5
Roads & Neighbourhood	166	154	12
Housing & Employability	80	69	11
Regeneration	308	273	35
Totals	**805**	**729**	**76**

Complaint Category		Upheld per categ
Below declared service standard	0	
Citizen expectation not met - quality of service	500	
Citizen expectation not met – timescales	136	
Council policy – charges	12	
Council policy – does not meet criteria	0	
Council policy – level of service provision	12	
Delay in service delivery	0	
Employee behaviour	74	
Error in Service Delivery	62	
Failure to deliver service	0	
Service standards not declared	0	
Contractor	9	
Total	**805**	

Complaints C

Total complaints closed	Closed at Stage 1	Closed within 5 Working Days	Extension Stage 1	Exceeded S1 deadline after extension ie +10days	Total working days to close Stage 1 complaints	Average working days to close S1
0	0	0	0	0	0	0
30	23	18	3	2	95	4
82	77	45	18	14	510	7
31	31	27	3	1	79	3
69	65	37	12	16	587	9
119	109	83	12	14	514	5
68	60	41	9	10	379	6
260	242	110	38	94	2997	12
659	**607**	**361**	**95**	**151**	**5161**	**9**

gory Stage 1	Upheld per category Stage 2	Performance
		% of complaints closed within SPSO timescales
0	0	average working days to close Stage 1 complaints
219	13	average working days to close Stage 2 complaints
87	1	% of Stage 1 complaints upheld
4	0	% of Stage 2 complaints upheld
0	0	
1	0	**Channel Received**
0	0	E-mail
24	1	Online Complaints form
33	1	Internal Complaints form
0	0	In Writing
0	0	By telephone
5	0	Face to Face
		Social Media
373	**16**	**TOTAL**

losed						
Closed at Stage 2	**Closed within 20 working days**	**Extension Stage 2**	**Exceeded S2 deadline after extention ie +25**	**Total working days to close Stage 2 complaints**	**Average working days to close S2**	**Escalated from Stage 1 to 2**
0	0	0	0	0	0	0
7	3	2	2	159	106	0
5	3	1	1	68	50	2
0	0	0	0	0	0	0
4	4	0	0	55	26	1
10	10	0	0	96	38.5	4
8	5	3	0	128	50.5	4
18	6	1	11	551	118	6
52	**31**	**7**	**14**	**1057**	**20**	**17**

	75%
	9
	20
	61%
	31%

		Equalities
	233	Equality concern raised
	276	
	12	
	10	
	270	
	1	
	3	
	805	

0

Outcome			
Upheld Stage 1	**Not Upheld Stage 1**	**Upheld Stage 2**	**Not upheld Stage 2**
0	0	0	0
7	16	2	5
54	23	0	5
15	16	0	0
38	27	1	3
59	50	2	8
23	37	1	7
177	65	10	8
373	**234**	**16**	**36**

Appendix 3

WDHSCP – Social Work Complaints Data

Period: 1st April - 31st March 2020

Social Work Services	**Total**
Children's Health, Care & Criminal Justice	**16**
Community Health and Care Services	**11**
Mental Health, Learning Disability & Addictions	**6**
Total	**33**
Subject	
Communication	**4**
Failure to fulfil statutory responsibilities	**1**
Failure to provide service	**10**
Failure to Achieve Standards	**3**
Data Breach	**4**
Policy	**8**
Employee Attitude	**1**
Other	**2**
Response	
Acknowledged within 3 days	**33**
Response within 28 days	**11**
Outcomes	
Upheld	**6**
Unsubstantiated	
Partially Upheld	**4**
Not Upheld	**21**
Ongoing*	**2**

*Will be responded to in Quarter 1 2020/21