Internal Audit Report 2019-20 - Recently Issued

West
Dunbartonshire
C O U N C I L

Generated on: 19 August 2020

Th	1. Recently Issued Internal Audit Action Plans

P	170. HSCP Attendance Management (Report Issued June 2020)

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Note	Assigned To	Managed By
IAAP/041	1. Training All line managers must undertake training to familiarise themselves with the Supporting Employee Wellbeing Policy (formerly The Attendance Management Policy). The training must include: - Actions to take when an employee's attendance is not meeting expected standards including the use of wellbeing prompts. - When referrals to Occupational Health may be appropriate and the process for doing this. - The use of Individual Stress Risk Assessments. - Requirements in regards to Statements of Fitness to Work and the recording of these. (High Risk)	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.	▶	31-Dec-2020	31-Dec-2020		Margaret-Jane Cardno; Sylvia Chatfield; Jo Gibson; Jonathan Hinds	Margaret-Jane Cardno; Sylvia Chatfield; Jo Gibson; Jonathan Hinds
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 should seek assurances from managers that this	▶	31-Dec-2020	31-Dec-2020		Margaret-Jane Cardno; Sylvia Chatfield; Jo Gibson; Jonathan	Margaret-Jane Cardno; Sylvia Chatfield; Jo Gibson; Jonathan

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		is happening as per the new policy and should identify any managers who may require additional support and or training to ensure this is the case. 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.					Hinds	Hinds
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 HR21 on a 6 monthly basis to ensure the policy is being applied consistently in all areas.	▶	31-Dec-2020	31-Dec-2020		Margaret-Jane Cardno; Sylvia Chatfield; Jo Gibson; Jonathan Hinds	Margaret-Jane Cardno; Sylvia Chatfield; Jo Gibson; Jonathan Hinds
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	▶	31-Dec-2020	31-Dec-2020		Margaret-Jane Cardno; Sylvia Chatfield; Jo Gibson; Jonathan Hinds	Margaret-Jane Cardno; Sylvia Chatfield; Jo Gibson; Jonathan Hinds

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		submit a discretion form to the service manager for authorisation and the employee informed of this in writing.						
IAAP/045	5. Categorisation and Description of illnesses Better guidance concerning absence categories should be developed and training made available for line managers. (Low Risk)	Guidance is available for managers on the use of illness categories on WDC intranet These will be re circulated and managers reminded of the importance of accuracy when recording illnesses. As the absence reason can change throughout the duration of the absence managers should be vigilant to this and re categorise the absence reason as appropriate.	▶	31-Aug-2020	31-Aug-2020		Margaret-Jane Cardno; Sylvia Chatfield; Jo Gibson; Jonathan Hinds	Margaret-Jane Cardno; Sylvia Chatfield; Jo Gibson; Jonathan Hinds

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

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Note	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 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-Aug-2020		Annie Ritchie	Jonathan Hinds

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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-Aug-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-Aug-2020		Annie Ritchie	Jonathan Hinds
IAAP/050	5. Children's Services - Peer review of case files Management should consider what	Management Team are reviewing peer review processes as part of case file audit and monitoring and how this can	▶	31-Oct-2020	31-Oct-2020		Annie Ritchie	Jonathan Hinds

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	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)	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.						
IAAP/051	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	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	▶	31-Aug-2020	31-Aug-2020		Annie Ritchie	Jonathan Hinds

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	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)	management planning across teams.						
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 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)	As part of improving management reports this can be included for further discussion around Care First functionality and managing workloads.	▶	31-Aug-2020	31-Aug-2020		Annie Ritchie	Jonathan Hinds
IAAP/055	10. Community Health and Care Services - Policies and Procedures a) Policies and procedures should be	A stocktake of all policies and their revision dates is underway. A review of the Standards and Guidance	▶	31-Dec-2020	31-Dec-2020		Margaret-Jane Cardno;	Jo Gibson

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	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)	for Case Recording and the Supervision policy will be carried out , including consideration of records storage. Work to develop a HSCP Respite Policy					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	This will be encompassed in core actions from Team Meetings.	▶	31-Oct-2020	31-Oct-2020		Hazel Kelly	Jo Gibson

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	their review to ensure it is included accurately within the Waiting Times Report. (Medium Risk)							
IAAP/059	14. Community Care and Health 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	30-Sep-2020		Jo Gibson	Jo Gibson
IAAP/060	15. Community Health and Care - Peer review audit of cases The results of the peer reviews should be provided to each service area so that trends and areas for improvement are highlighted and can be discussed across the relevant teams. (Low Risk)	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.	▶	31-Dec-2020	31-Dec-2020		Hazel Kelly	Jo Gibson
IAAP/061	16. Community Health and Care Services - Feedback on peer review of audit files Casefile audit summary documents should be prepared for each peer review completed and the relevant Senior Social Worker should discuss the outcome of the peer review with the relevant Social Worker to highlight areas of good practice and areas where improvements are required. (Low Risk)	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.	▶	31-Dec-2020	31-Dec-2020		Hazel Kelly	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	Procedure will be documented and additional staff trained. Process will be introduced to ensure accuracy.	▶	30-Sep-2020	30-Sep-2020		Hazel Kelly	Jo Gibson

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	member of staff. Reports should be reviewed within the admin team to ensure that they are complete and accurate. (Low Risk)							
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-Sep-2020		Hazel Kelly	Jo Gibson

Internal Audit Report 2019-20 - Outstanding Actions

Generated on: 19 August 2020

Th	2. Incomplete Internal Audit Action Plans

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

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Note	Assigned To	Managed By
T&PSR/IAAP/719	1. Information obtained from the electronic counters is not user friendly and is time consuming to analyseManagement 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	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.	David Main	Stephen Daly

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

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Note	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	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	▶	30-Jun-2019	30-Sep-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	Fraser Downie; Jo Gibson; Jonathan Hinds	Beth Culshaw

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	appear to happening as standard. In addition, record keeping needs to be improved. (High Risk)	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.				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. It is requested that the completion date is extended to 30 September 2020 to allow for the draft Charging Policy to be consulted upon and the Self Directed Support actions to be completed. Internal Audit will review the Financial Assessment process in 2020/21 as part of their planned programme of audits.		
T&PSR/IA AP/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 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)	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. IWorld access to be given to members of staff currently carrying out Financial Assessments for Residential Placements. Extending this will be considered where appropriate.	▶	30-Aug-2019	30-Sep-2020	Linked to AP732 above: It is requested that the completion date is extended to 30 September 2020 to be consulted upon and the Self Directed Support actions to be completed. Internal Audit will review the Financial Assessment process in 2020/21 as part of their planned programme of audits. 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.	Jonathan Hinds	Beth Culshaw
T&PSR/IA AP/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	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	▶	31-Aug-2019	30-Sep-2020	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	Jonathan Hinds	Beth Culshaw

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	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)	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.				self directed support assessments which impact on the review of the Charging Policy. The draft Charging Policy has taken account of policy, COSLA guidance and legislation changes and is currently with the SMT for comment, revisions and agreement. This will be followed by a process of consultation with the wider community. This stems from some opposition to the introduction of the £10/day Day Opportunities charge incorporating transport and meals and the Chief Office committed to a survey of Service Users and dependent on outcome a report may be required to be considered by WDC. The work of the SDS Programme Board will also be reflected.		

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

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Note	Assigned To	Managed By
T&PSR/IA AP/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	On going work through SDS review. Short term working group established to review financial processes and agree across teams, procurement to be invited to be part of process. The SMT are considering the current ARG process.	Fraser Downie; Hazel Kelly; Robert MacFarlane; Lynne McKnight; Annie Ritchie; Bernadette Smith	Jo Gibson; Jonathan Hinds; Julie Lusk; Annabel Travers

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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	The review of the organisational structure has not fully commenced due to the timing of the 3 new Heads of Service taking up post. The Head of People & Change took up post on 1 May and will work with the new Head of Strategy & Transformation on taking this forward within existing budget limits.	Margaret-Jane Cardno	Beth Culshaw

Ⓟ 163. Debt Recovery (Report Issued November 2019)

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Note	Assigned To	Managed By
IAAP/018	1. Policy Renewals The Council should update its Rent Collection Policy to ensure it is up to date with current legislation and work practices. (Low Risk)	The Rent Collection policy is to go to the West Dunbartonshire Tenants & Residents Organisation for consultation. Following the consultation the renewed Rent Collection Policy will be presented to the Housing & Communities Committee for approval.	▶	31-Mar-2020	31-Aug-2020	Public consultation on Rent Collection Policy ends on 13th April, this was extended from mid March to tie in with Housing News being issued to all tenants to maximise participation on survey. Draft policy will be going to next Housing Committee for approval.	Ryan Chalmers	Arun Menon

Ⓟ 165. CM2000 Functionality (Report Issued February 2020)

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Note	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	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	Richard Heard	Lynne McKnight

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						procedures.		
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	As action IAAP/026 above.	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	Further information is required to confirm if this date is still realistic.	Richard Heard	Lynne McKnight
IAAP/029	Implementation of additional CM2000 Functionality a) It is recommended that Management pilot and fully implement the Mileage functionality across the Homecare team within the planned time frame. (Medium Risk)	Mileage Wizard will be rolled out in next six months. This will depend on high compliance.	▶	30-Jun-2020	30-Nov-2020	Further information is required to confirm if this date is still realistic.	Richard Heard	Lynne 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	Further information is required to confirm if this date is still realistic.	Richard Heard	Lynne McKnight

	169. Housing Rents-Calculation & Collection (Report Issued May 2020)

Code	Recommendation	Agreed Action	Status	Original Due Date	Due Date	Note	Assigned To	Managed By
IAAP/38	1.Monitoring the work of the Housing Team Team meetings should be formalised and note taken detailing issues discussed and actions to be taken. Meetings should be held at regular intervals. There is a need to prioritise the implementation of the Arrears module to enhance the 1-1s and facilitate the on going monitoring of the performance of Housing Officers. (Medium Risk)	Weekly service performance meetings, alternating between Alexandria/Dumbarton & Clydebank, have been in place for several years and action notes are recorded, however these were adjourned at the time of our new system being implemented and would have been reinstated by now but for the recent disruption arising from the coronavirus pandemic. The less formal approach described was a temporary acknowledgement of the scale of service change arising from the system rollout and dynamic changes to process and a resumption of the substantive process meets the objectives identified. In doing so, we will ensure the new system is used in an optimal way. This process may however be in an alternative format given the ongoing restrictions which are likely to remain once lockdown has eased.	▶	31-Aug-2020	31-Aug-2020		Edward Thomas	Edward Thomas
IAAP/39	2. Accurate and timely Identification ofrent payments The QL integrated Housing Management System (IHMS) team should provide additional guidance and training to assist officers in identifying the source of payments received. (Medium Risk)	The QL system does differentiate between different payment sources and records payment dates; whilst user guides are sufficiently detailed to access this information from relevant fields, however we acknowledge that in some areas such as rent statements, this could be clearer for officers and work will be undertaken to ensure this is improved.	▶	31-Aug-2020	31-Aug-2020		Edward Thomas	Edward Thomas
IAAP/40	3. Management of potential conflict of interests The team responsible for implementing	We will review the present process for declaring potential conflict of interest, both to tighten up the identified issues	▶	31-Aug-2020	31-Aug-2020		Edward Thomas	Edward Thomas

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	IHMS should investigate the feasibility of a blocking process being incorporated through system functionality where available. In the meantime, all users should complete the Friends and Family declaration as soon as possible. A listing of all Housing employees that have declared an interest in Council properties should be maintained and reviewed on a regular basis at least annually. (Medium Risk)	and ensure configuration within the new system.						

Action Status	
☒	Cancelled
🔴	Overdue; Neglected
⚠	Unassigned; Check Progress
▶	Not Started; In Progress; Assigned
✅	Completed

PI Status			Long Term Trends			Short Term Trends	
🔴	Alert		⬆	Improving		⬆	Improving
⚠	Warning		➖	No Change		➖	No Change
✅	OK		⬇	Getting Worse		⬇	Getting Worse
❓	Unknown						
📈	Data Only						

Risk Status	
🔴	Alert
🔶	High Risk
⚠	Warning
✅	OK
❓	Unknown