

# Notice of meeting and agenda

## Governance, Risk and Best Value Committee

**10:00am, Tuesday, 5 June 2018**

Dean of Guild Court Room, City Chambers, High Street, Edinburgh

This is a public meeting and members of the public are welcome to attend

### Contact –

Gavin King, Democracy, Governance and Resilience  
Senior Manager

Email: [gavin.king@edinburgh.gov.uk](mailto:gavin.king@edinburgh.gov.uk)

Tel: 0131 529 4239

Louise Williamson, Assistant Committee Officer

Email: [louise.p.williamson@edinburgh.gov.uk](mailto:louise.p.williamson@edinburgh.gov.uk)

Tel: 0131 529 4264



## **1. Order of Business**

---

- 1.1 Including any notices of motion and any other items of business submitted as urgent for consideration at the meeting.

## **2. Declarations of Interest**

---

- 2.1 Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

## **3. Deputations**

---

- 3.1 If any

## **4. Minutes**

---

- 4.1 Minute of the Governance, Risk and Best Value Committee of 8 May 2018 – submitted for approval as a correct record (circulated)

## **5. Outstanding Actions**

---

- 5.1 Outstanding Actions – 5 June 2018 (circulated)

## **6. Work Programme**

---

- 6.1 Governance, Risk and Best Value Work Programme – 5 June 2018 (circulated)

## **7. Reports**

---

- 7.1 Internal Audit: Overdue Findings: Late Management Responses; and 2017/18 Plan Completion – report by the Executive Director of Resources (circulated)
- 7.2 Internal Audit Report – Housing Property Follow Up – May 2018 – report by the Chief Internal Auditor (circulated)
- 7.3 Internal Audit and Risk - Update on Service Delivery Model – report by the Executive Director of Resources (circulated)
- 7.4 Accounts Commission : Local Government in Scotland – Challenges and Performance 2018 – joint report by the Chief Executive and the Executive Director of Resources (circulated)
- 7.5 Response to GRBV Decision on Historic Internal Audit Findings – report by the Chief Executive (circulated)
- 7.6 National and Local Scrutiny Plans 2018/19 – report by the Chief Executive (circulated)

- 7.7 Edinburgh Partnership – Review and Consultation of Governance and Partnership Working Arrangements – report by the Chief Executive (circulated)
- 7.8 Complaints Management - Update – report by the Chief Executive (circulated)
- 7.9 Change Portfolio – report by the Chief Executive (circulated)
- 7.10 Immediate Pressures and Longer Term Sustainability - Health and Social Care – report by the Chief Officer, Edinburgh Health and Social Care Partnership (circulated)
- 7.11 Whistleblowing Quarterly Report – report by the Chief Executive (circulated)

## **8. Motions**

---

- 8.1 None.

### **Laurence Rockey**

Head of Strategy and Insight

## **Committee Members**

---

Councillors Mowat (Convener), Main (Vice-Convener), Bird, Bridgman, Jim Campbell, Doggart, Howie, Lang, Munro, Rae and Watt.

## **Information about the Governance, Risk and Best Value Committee**

---

The Governance, Risk and Best Value Committee consists of 11 Councillors appointed by the City of Edinburgh Council. The Governance, Risk and Best Value Committee usually meet every four weeks in the City Chambers, High Street in Edinburgh. There is a seated public gallery and the meeting is open to all members of the public.

## **Further information**

---

If you have any questions about the agenda or meeting arrangements, please contact Gavin King, Strategy and Insight, City of Edinburgh Council, Waverley Court, Business Centre 2.1, Edinburgh EH8 8BG, Tel 0131 529 4239, e-mail [gavin.king@edinburgh.gov.uk](mailto:gavin.king@edinburgh.gov.uk)

A copy of the agenda and papers for this meeting will be available for inspection prior to the meeting at the main reception office, City Chambers, High Street, Edinburgh.

The agenda, minutes and public reports for this meeting and all the main Council committees can be viewed online by going to [www.edinburgh.gov.uk/cpol](http://www.edinburgh.gov.uk/cpol).

For remaining items of business likely to be considered in private, see separate agenda.

## Webcasting of Council meetings

---

Please note: this meeting may be filmed for live or subsequent broadcast via the Council's internet site – at the start of the meeting the clerk will confirm if all or part of the meeting is being filmed.

You should be aware that the Council is a Data Controller under the Data Protection Act. Data collected during this webcast will be retained in accordance with the Council's published policy.

Generally the public seating areas will not be filmed. However, by entering the Dean of Guild Court Room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting or training purposes.

If you have any queries regarding this, please contact Committee Services on 0131 529 4319 or [committee.services@edinburgh.gov.uk](mailto:committee.services@edinburgh.gov.uk)



## Governance, Risk and Best Value Committee

10.00am, Tuesday, 8 May 2018

### Present

Councillors Mowat (Convener), Main (Vice-Convener), Bird, Bridgman, Jim Campbell, Howie, Lang, Mitchell (substituting for Councillor Doggart), Munro, Rae and Watt.

### 1. Minute

---

#### Decision

To approve the minute of 20 March 2018 as a correct record subject to noting that a briefing note would be circulated by the Executive Director for Communities and Families in relation to Item 2 – Outstanding Actions on the current position on the pilot scheme for ICT in schools.

#### Declaration of Interests

Councillor Main declared a non-financial interest in the above item as the parent of a young person at James Gillespie's High School.

### 2. Outstanding Actions

---

Details were provided on the outstanding actions arising from decisions taken by the Committee.

#### Decision

1) To agree to close the following Actions:

**Action 5** - Internal Audit Quarterly Update Report – Edinburgh Building Services

**Action 10** - Internal Audit Quarterly Update Report – Homelessness Provision

**Action 16** - 2016-17 Annual Audit Report and Review of Internal Controls – Progress Update

**Action 17** - External Audit Review of CGI IT Security Controls – Progress Update

**Action 18** – Risks Arising from Carillion PLC Entering Administration

**Action 20(3)** - Internal Audit Quarterly Update Report – Adult Drug and Alcohol

**Action 21** - Audit Scotland Report – Equal Pay in Scottish Councils.

- 2) To ask that expected completion dates be provided for the following actions:

**Action 1 – Committee Report Process**

**Action 4 – Home Care Re-ablement Service Contact Time**

- 3) **Action 7(2) - Governance of Major Projects** – To ask the Executive Director for Communities and Families to set up a workshop for members to enable them to contribute to the scoping of the lessons learned report together with an expected completion date for the action.
- 4) **Action 19(2) – Licensing Forum – Review of Constitution and Membership** – to note that the expected completion date was June 2018.
- 5) To note the remaining outstanding actions.

(Reference – Outstanding Actions – 8 May 2018, submitted.)

### 3. Work Programme

---

#### Decision

To note the work programme.

(Reference – Governance, Risk and Best Value Committee Work Programme – 8 May 2018, submitted.)

### 4. 2016-17 – Annual Audit Report and Review of Internal Controls – Progress Update

---

An update was provided on the progress of the Annual Audit Report and review of the Council's Internal Control framework against the agreed improvement actions.

#### Decision

To note the progress made in addressing the remaining actions contained within the 2016/17 Annual Audit Report and review of the Council's internal control framework report.

(References – Governance, Risk and Best Value Committee 26 September 2017 (item 9); joint report by the Chief Executive and the Executive Director of Resources, submitted.)

### 5. Internal Audit Report – Building Standards March 2018

---

The outcomes of the Internal Audit review of Building Standards was presented.

#### Decision

- 1) To note the outcomes of the March 2018 Building Standards review and the progress being made by Building Standards towards addressing the findings raised by both the Scottish Government Building Standards Division and Internal Audit.
- 2) To note that a copy of the final report would be shared with the Scottish Government Building Standards Division.

- 3) To ask that an internal briefing be held with the Scottish Government Improvement Team to update members on the current position.
- 4) To ask that training on Building Standards be provided for members of the Planning Committee and a reporting framework to that Committee be set up.
- 5) To note that a further update would be provided in August 2018.

(Reference – report by the Chief Internal Auditor, submitted.)

## **6. Internal Audit Report – Historic Internal Audit Findings**

---

The Convener ruled that the following motion, notice of which had been given at the start of the meeting, be considered as a matter of urgency to allow the Committee to give early consideration to this matter.

An update was provided on the validation exercise which had been carried out to establish whether the Council was exposed to significant service delivery risks relating to audit activity from 1 April 2015.

### **Motion**

Committee:

Requests the Chief Executive to provide a fully populated version of Table 1 at Appendix 2 to the next meeting of the Committee detailing:

- 1) Audit Finding identified;
- 2) Current position of Audit Finding; has it been treated, ignored or whether it is no longer extant;
- 3) How each outstanding Audit Finding is to be treated to minimise the risk to the Council and the timescale in which necessary actions will be carried out;
- 4) The resource required by each Directorate to carry out the actions detailed at 3 above;
- 5) Any additional resource required by the Council's Internal Audit function to ensure that the actions identified in the paragraphs above can be undertaken;
- 6) Where any additional resource identified will come from and the impact of this on Service Delivery;

Further that a list of work being carried out by each Service is prepared and brought to each Committee so consideration can be given to what projects can be delayed or set aside in order to create sufficient time for staff to carry out the remedial actions required.

Reminds officers and Councillors that scrutiny and mitigation of risks as identified during internal audits is the responsibility of all to ensure reduced risks and improved performance thus protecting frontline services via efficient use of finances and therefore recommends:

that high and medium level findings which are not treated by officers in the timescale agreed with Internal Audit (overdue findings) are forwarded to the relevant Executive Committee with a revised report format which makes clear that it is the responsibility of Executive Committees to ensure that any high or medium audit findings within the remit of their Committee are dealt with by officers and risks appropriately treated or mitigated.

- moved by Councillor Mowat, seconded by Councillor Main

### **Amendment**

To agree the terms of the motion by Councillor Mowat subject to the addition of the word “audit” in the paragraph after 6), to read “Further that a list of audit work.....”

- moved by Councillor Bird, seconded by Councillor Watt

In accordance with Standing Order 20(7), the amendment was accepted as an addendum to the motion.

### **Decision**

To approve the following adjusted motion by Councillor Mowat:

Committee:

Requests the Chief Executive to provide a fully populated version of Table 1 at Appendix 2 to the next meeting of the Committee detailing:

- 1) Audit Finding identified;
- 2) Current position of Audit Finding; has it been treated, ignored or whether it is no longer extant;
- 3) How each outstanding Audit Finding is to be treated to minimise the risk to the Council and the timescale in which necessary actions will be carried out;
- 4) The resource required by each Directorate to carry out the actions detailed at 3 above;
- 5) Any additional resource required by the Council’s Internal Audit function to ensure that the actions identified in the paragraphs above can be undertaken;
- 6) Where any additional resource identified will come from and the impact of this on Service Delivery;

Further that a list of audit work being carried out by each Service is prepared and brought to each Committee so consideration can be given to what projects can be delayed or set aside in order to create sufficient time for staff to carry out the remedial actions required.

Reminds officers and Councillors that scrutiny and mitigation of risks as identified during internal audits is the responsibility of all to ensure reduced risks and improved performance thus protecting frontline services via efficient use of finances and therefore recommends:

that high and medium level findings which are not treated by officers in the timescale agreed with Internal Audit (overdue findings) are forwarded to the relevant Executive Committee with a revised report format which makes clear that it is the responsibility of Executive Committees to ensure that any high or medium audit findings within the remit of their Committee are dealt with by officers and risks appropriately treated or mitigated. (Reference – report by the Chief Internal Auditor, submitted.)

## **7. Accounts Commission Report on Edinburgh Schools**

---

Details were provided on the Accounts Commission recently published report in relation to Edinburgh Schools and in particular the closure of multiple schools in 2016.

### **Decision**

To note the content of the Accounts Commission report.

(Reference –report by the Executive Director of Resources, submitted.)

## **8. Corporate Leadership Team Risk Update**

---

Details were provided on the Council's top risks and the key controls in place to mitigate them as at 4 April 2018. These risks and associated controls had been scrutinised and challenged by the Corporate Leadership Team and were presented for oversight and review.

### **Decision**

- 1) To note the report by the Executive Director of Resources.
- 2) To request, where appropriate, further updates from relevant officers to discuss the key risks and mitigating actions identified.

(Reference – report by the Executive Director of Resources, submitted.)

## **9. Governance Arrangements for the Edinburgh Alcohol and Drug Partnership**

---

The Committee had called for a report on the Edinburgh Alcohol and Drug Partnership governance and reporting arrangements.

Details were provided on the operating arrangements for the Edinburgh Alcohol and Drug Partnership which included governance and key agreed priorities for the city.

### **Decision**

To note the report by the Chief Social Work Officer and Head of Safer and Stronger Communities.

(References – Governance, Risk and Best Value Committee 20 March 2018 (item 4); report by the Chief Social Work Officer and Head of Safer and Stronger Communities, submitted.)

## 10. Status of the ICT Programme

---

Details were provided on the programme of works within ICT and the current services delivered by the Council's external ICT partner, CGI.

### Decision

- 1) To note the report by the Executive Director of Resources.
- 2) To ask that productivity measures be included in the revised dashboard.
- 3) To call for a programme to measure milestones over time going forward with and end date of June 2019.
- 4) To request that the Governance, Risk and Best Value committee is provided with a programme for the End User Compute Project to enable milestones to be measured by the Committee.
- 5) To ask the Executive Director to provide a quarterly report which includes a programme with timescales of "stable service", detailing the 28 transformation projects including those that have been completed and those awaiting commencement and when they can be expected.
- 6) To ask the Executive Director to provide information to members on the on-line fault reporting system.

(Reference – report by the Executive Director of Resources, submitted.)

## 11 External Audit Review of CGI IT Security Controls – Progress Update

---

The Committee, in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, excluded the public from the meeting during consideration of the following item of business for the reason that it involved the likely disclosure of exempt information as defined in Paragraph 14 of Part 1 of Schedule 7(A) of the Act.

An update was provided on progress with the implementation of the agreed improvement actions in collaboration between CGI, the Council's ICT partner and by the Council's ICT service.

### Decision

To note the progress update on the identified external audit actions, as externally assessed by Scott Moncrieff.

(Reference –report by the Executive Director of Resources, submitted.)

## Governance, Risk and Best Value Committee

June 2018

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
1	19/10/2015	<a href="#">Committee Report Process</a>	To investigate technology offered by the new IT provider with a view to improving report format and reducing officer workload. To request a progress report back to Committee in one year.	Chief Executive	August 2018		Work has been undertaken looking at different options. An option has been identified and funding options are being explored.
2	21/04/2016	<a href="#">Internal Audit – Audit and Risk Service: Delivery Model Update</a>	To ask that an update report on the internal audit function be provided to the Governance, Risk and Best Value Committee a year after implementation.	Executive Director of Resources	June 2018		<b>Recommended for Closure</b>  Report on agenda for this meeting
3	26/09/16	<a href="#">Corporate Leadership Team Risk Update</a>	To request that progress reports on the additional precautionary surveys	Executive Director of Resources	December 2018		A report was submitted to the Corporate Policy

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			currently being undertaken in buildings sharing similar design features to those of the PPP1 schools, would be referred to the Governance, Risk and Best Value Committee for scrutiny.				and Strategy Committee in December 2017 who have called for a further update in 12 months.  The update report will then be referred to this Committee.
4	24/10/16	<a href="#">Home Care and Re-ablement Service Contact Time</a>	To request an update report 6 months after the implementation of the new ICT system for shift allocation.	Chief Officer, Edinburgh Health and Social Care Partnership			A project is currently underway to look at short term interventions to increase efficiency and contact time within the internal Home Care and Reablement service. This will consider issues such as sickness absence management, mobile working technology,
	29/09/17		To ask the Chief Officer, Edinburgh Health and Social Care Partnership to provide an update on why the new ICT system for shift allocation was not implemented earlier in the year				



No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							<p>improved management information and efficiency of travel.</p> <p>The replacement of the existing shift/resource allocation system has been placed on hold pending a wider consideration of the ICT strategy for the Partnership and the wide variety of systems currently utilised within the Partnership. An outline business case is in development for the replacement of the existing Swift system. Any replacement for our shift allocation</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							system would need to interface effectively with the replacement for Swift..
5	09/03/2017	<a href="#">Outstanding Actions</a>	To request that the report on the Governance of the Edinburgh Partnership would be referred from the Culture and Communities Committee to the Governance, Risk and Best Value Committee.	Chief Executive	June 2018		<b>Recommended for Closure</b>  Report on agenda for this meeting
	26/09/17	<a href="#">Outstanding Actions – 26 September 2017</a>	To request a timeline for the development of governance arrangements for the Edinburgh Partnership	Chief Executive	June 2018		
6	20.04.2017	<a href="#">Governance of Major Projects: progress report</a>	1) To note the review underway for how change was reported	Chief Executive	February 2018	20 February 2018	1) <b>CLOSED</b>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			<p>and managed across the Council which will also include strengthening of governance arrangements around project and programme delivery. This would be reported to the Governance, Risk and Best Value Committee with developed proposals in the next reporting period.</p> <p>2) To request that members of Governance, Risk and Best Value Committee have input into the scope of the lessons learned report to be drafted on the New Boroughmuir High School and that this report was referred to the Governance, Risk</p>		August 2018		<p>2) The lessons learned exercise will be carried out as part of the normal project activity at the end of the project. The scope will be shared with elected members for comment.</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			and Best Value Committee following consideration at the Education, Children and Families Committee.		August 2018		8 May 2018 To ask the Executive Director for Communities and Families to set up a workshop for members to enable them to contribute to the scoping of the lessons learned report
			3) To request communication with teachers, parents and parent councils on the progress with WIFI provision in schools.		June 2017	June 2017	<b>CLOSED</b>  3) The Chief Information Officer/Head of ICT has met with the Parent Council of JGHS to update them on the progress of WiFi in the school.

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
7	01/08/2017	<a href="#">Governance, Risk and Best Value Work Programme – 1 August 2017</a>	To note an investigation report on retention of case records would be reported to the appropriate committee and a timescale for this would be provided as soon as possible.	Executive Director for Communities and Families	September 2018		<p>The internal auditor's investigation is still ongoing therefore it may take a few months before an update is provided.</p> <p>The Executive Director for Communities and Families will provide an update once the Chief Internal Auditor's investigation is concluded.</p> <p>The final audit report would be referred from the Corporate Policy and Strategy Committee to GRBV.</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
8	01/08/2017	<a href="#">Employee Engagement Update 2017</a>	To request the action plan drafted following the 2017 employee survey was reported to GRBV for scrutiny and approval prior to implementation	Executive Director of Resources	September 2018		The report will be provided following completion of the employee survey which is due to commence in March 2018 and following an analysis and reporting of the results an action plan will be developed and reported to committee to address the results.
9	26/09/2017	<a href="#">Internal Audit: Overdue Recommendations and Late Management Responses</a>	1) To request an update on:  a) the progress of actions due to close in September.  b) Mortuary Services	Chief Internal Auditor	October 2017	October 2017	1) <b>CLOSED</b>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			2) To request a scoping report with proposals to address the outstanding actions for Health and Social Care back to GRBV with an appendix highlighting who is responsible for each area.		July 2018		2) Following discussion with the Chief Officer, it has been agreed that overdue H&SC recommendations will be reviewed in conjunction with the findings of the IJB H&SC purchasing budget audit that is due to complete by 31 March 2018. It is expected that the emerging findings from this review will replace a number of the historic

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							overdue findings.
10	26/09/2017	<a href="#">Principles to Govern the Working Relationships between the City of Edinburgh Council Governance, Risk and Best Value Committee and the Edinburgh Integrated Joint Board Audit and Risk Committee</a>	To accept the high-level principles subject to further information on how elected members could best engage with the process.	Chief Internal Auditor	August 2018		An update will be provided to Committee in August 2018 on how elected members can best engage with the process.
11	26/09/2017	<a href="#">City of Edinburgh Council – 2016/17 Annual Audit Report to the Council and the Controller of Audit</a>	1) To request an update report in January 2018 on the progress of the improvements recommended in the action plan.	Chief Executive and Executive Director of Resources		January 2018	<b>Recommended for Closure</b>  Update report was provided to Committee in January 2018



No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			2) To request a briefing to members on Edinburgh Catering Services including the current situation and a breakdown of what has caused the deficit			October 2017	<b>CLOSED</b>
12	31/10/2017	<a href="#">Complaints Management</a>	1) To note that an update report would be presented to Committee in Spring 2018  2) To include the previous years' comparative figures any future report.	Chief Executive	June 2018		<b>Recommended for Closure</b>  Report on agenda for this meeting
13	31/10/2017	<a href="#">Spot-checking on the Dissemination of Council Policies</a>	To note that a report which explored with directorates more	Chief Executive	July 2018		

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			effective ways to monitor the dissemination and understanding of Council policies by employees would be submitted by Spring 2018.				
14	20/02/18	<a href="#">Licensing Forum - Review of Constitution and Membership</a>	<p>1) To call for a report to the next meeting of the Committee on the current appointment process to the Licensing Forum together with the timelines for reviewing the current process.</p> <p>2) To request a review of the appointment process to the Licensing Forum.</p>	<p>Executive Director of Place</p> <p>Executive Director of Place</p>	<p>March 2018</p> <p>July 2018</p>	<p>20 March 2018</p>	<p>1) <b>CLOSED</b></p> <p>2) <b>Recommended for Closure</b></p> <p>Report on agenda for this meeting</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
15	20/03/18	<a href="#">Internal Audit Quarterly Update Report Quarter 3 – (1 October – 31 December 2017)</a>	<p>1) To circulate performance information in regard to third party suppliers for Adult Drug and Alcohol services to members for information.</p> <p>2) To ask that Internal Audit provide a future update on GDPR readiness.</p> <p>3) To ask for a report on the Edinburgh Alcohol and Drug Partnership governance and reporting arrangements and that that report be referred on to the Edinburgh Alcohol and Drug Partnership.</p>	<p>Interim Chief Officer, Edinburgh Health and Social Care Partnership</p> <p>Chief Internal Auditor</p> <p>Chief Social Work Officer/Head of Safer and Stronger communities</p>	<p>June 2018</p> <p>28 August 2018</p> <p>May 2018</p>	<p>8 May 2018</p>	<b>CLOSED</b>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
16	08/05/18	<a href="#">Internal Audit Report - Building Standards March 2018</a>	To note that a further update would be provided in August 2018.	Place	August 2018		
17	08/05/18	<a href="#">Internal Audit Report - Historic Internal Audit Findings</a>	Request the Chief Executive to provide a fully populated version of Table 1 at Appendix 2 to the next meeting.	Chief Executive	June 2018		<b>Recommended for Closure</b>  Report on agenda for this meeting
18	08/05/18	<a href="#">Status of the ICT Programme</a>	<ol style="list-style-type: none"> <li>1) To call for a programme to measure milestones over time going forward with an end date of June 2019</li> <li>2) To request that the Governance, Risk and Best Value Committee be provided with a programme for the End User Compute Project to enable milestones to be</li> </ol>	Executive Director of Resources			<ol style="list-style-type: none"> <li>1) Briefing note to be circulated to Committee members in June 2018.</li> <li>2) Briefing note to incorporate details of the End User Compute Project in June 2018 and reporting to be included in</li> </ol>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			<p>measured by the Committee.</p> <p>3) To ask the Executive Director to provide a quarterly report which includes a programme with timescales of “stable service”, detailing the 28 transformation projects including those that have been completed and those awaiting commencement and when they can be expected.</p> <p>4) To ask the Executive Director to provide information to members on the on-line fault reporting system</p>				<p>quarterly status updates to the Committee.</p> <p>3) Quarterly reports to be provided to Committee – first report due on 31 July 2018.</p> <p>4) Note circulated by Committee Services – May 2018.</p>

## Governance, Risk and Best Value Committee

	Title / description	Sub section	Purpose/Reason	Category or type	Lead officer	Stakeholders	Progress updates	Expected date
<b>Section A – Regular Audit Items</b>								
1	Internal Audit: Overdue Recommendations and Late Management Responses		Paper outlines previous issues with follow up of internal audit recommendations, and an overview of the revised process within internal audit to follow up recommendations, including the role of CLG and the Committee	Internal Audit	Chief Internal Auditor	Council Wide	Quarterly	June 2018 September 2018 January 2019
2	Internal Audit Quarterly Activity Report		Review of quarterly IA activity with focus on high and medium risk findings to allow committee to challenge and request to see further detail on findings or to question relevant officers about findings	Internal Audit	Chief Internal Auditor	Council Wide	Quarterly	31 July 2018 September 2018 January 2019

3	IA Annual Report for the Year		Review of annual IA activity with overall IA opinion on governance framework of the Council for consideration and challenge by Committee	Internal Audit	Chief Internal Auditor	Council Wide	Annually	31 July 2018
4	IA Audit Plan for the year		Presentation of Risk Based Internal Audit Plan for approval by Committee	Internal Audit	Chief Internal Auditor	Council Wide	Annually	20 March 2019
5	Accounts Commission	Annual report	Local Government in Scotland: Financial Overview	External Audit	Executive Director of Resources	Council Wide	Annually	January 2019
6	Accounts Commission	Annual report	Local Government in Scotland: Performance and Challenges	External Audit	Executive Director of Resources	Council Wide	Annually	June 2018
7	Annual Audit Plan	Scott Moncrieff	Annual audit plan	External Audit	Executive Director of Resources	Council Wide	Annually	March 2019
8	Annual ISA 260 Audit Report	Scott Moncrieff	Annual Audit Report	External Audit	Executive Director of Resources	Council Wide	Annually	September 2018
9	Interim Audit Report	Scott Moncrieff	Interim audit report on Council wide internal financial control framework	External Audit	Executive Director of Resources	Council Wide	Annually	July 2018
10	IT Audit Report	Scott Moncrieff	Scope agreed during annual external audit planning cycle	External Audit	Executive Director of Resources	Council Wide	Annually	October 2018

11	Audit Charter			External Audit	Executive Director of Resources	Council Wide		March 2019
<b>Section B – Scrutiny Items</b>								
12	Governance of Major Projects	TBC	To ensure major projects undertaken by the Council were being adequately project managed	Major Project	Chief Executive	All	TBC	TBC
13	Welfare Reform	Review	Regular update reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	March 2019
14	Review of CLT Risk Scrutiny	Risk	Quarterly review of CLT's scrutiny of risk	Risk Management	Chief Executive	Council Wide	Quarterly	28 Aug 2018 27 November 2018 February 2019
15	Whistleblowing Quarterly Report		Quarterly Report	Scrutiny	Chief Executive	Internal	Quarterly	June 2018
16	Workforce Control	Staff	Annual report	Scrutiny	Executive Director of Resources	Council Wide	Annual	September 2018
17	Committee Decisions	Democracy	Annual report	Scrutiny	Chief Executive	Governance, Risk and Best Value Committee	Annual	Date TBC Re-examine after improved information tracking.
18	Monitoring of Council Policies	Democracy	Annual report	Scrutiny	Chief Executive	Council Wide	Annual	Spring 2018



19	Edinburgh Shared Repairs Service and Legacy Closure Programme	Review	Progress reports	Scrutiny	Executive Director of Resources	All	Six-monthly	August 2018
20	Revenue Monitoring	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Quarterly	August 2018 October 2018 February 2019
21	Capital Monitoring	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Quarterly	August 2018 October 2018 February 2019
22	Revenue Outturn	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	September 2018
23	Capital Outturn and Receipts	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	September 2018
24	Treasury – Strategy report	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	March 2019
25	Treasury – Annual report	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	September 2018
26	Treasury – Mid-term report	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	January 2019

<b>Section C – Council Companies</b>								
27	Edinburgh Leisure	Review	Progress Report	Scrutiny	Executive Director for Communities and Families	Council Wide	Annual	November 2018
28	Festival City Theatres Trust	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	November 2018
29	Other ALEOs to be confirmed	Review	Progress Report	Scrutiny	Relevant Director	Council Wide	Annual	TBC

## GRBV Upcoming Reports

## Appendix 1

Report Title	Type	Flexible/Not Flexible
<b>31 July 2018</b>		
Internal Audit Quarterly Activity Report	Scrutiny	Flexible
IA Annual Report for the Year	Scrutiny	Flexible
Interim Audit Report	Scrutiny	Flexible
Scoping Report with Proposals to Address the Outstanding Actions for Health and Social Care	Scrutiny	Flexible
Spot Checking on the Dissemination of Council Policies	Scrutiny	Flexible
A National Report on Early Learning	Scrutiny	Flexible
Licensing Forum – Review of Constitution and Membership	Scrutiny	Flexible

<b>28 August 2018</b>		
Review of CLT Risk Scrutiny	Scrutiny	Flexible
Edinburgh Shared Repairs Service and Legacy Closure	Scrutiny	Flexible
Revenue Monitoring	Scrutiny	Flexible
Capital Monitoring	Scrutiny	Flexible
Principals to Govern the Working Relationships between the City of Edinburgh Council Governance, Risk and Best Value Committee and the Edinburgh Integration Joint Board Audit and Risk Committee	Scrutiny	Flexible
Building Standards Update	Scrutiny	Flexible
<b>September 2018</b>		
Employee Engagement Update 2016	Scrutiny	Flexible
Internal Audit: Overdue Recommendations and Late Management Responses	Scrutiny	Flexible
Internal Audit Quarterly Activity Report	Scrutiny	Flexible
Annual ISA 260 Audit Report	Scrutiny	Flexible
Workforce Control	Scrutiny	Flexible

Revenue Outturn	Scrutiny	Flexible
Treasury – Annual Report	Scrutiny	Flexible

# Governance, Risk and Best Value Committee

10.00am, Tuesday 5 June 2018

## Internal Audit: Overdue Findings; Late Management Responses; and 2017/18 plan completion

Item number 7.1  
Report number  
Executive/routine  
Wards  
Council Commitments

### Executive Summary

This report sets out details of overdue Internal Audit (IA) findings, and audit reports issued in draft where management responses have not been received within the agreed service standard timeframes as at 23 March 2018; and progress with delivery of the 2017/18 IA plan as at 11 May 2018.

As at 23 March 2018 there were 86 open IA findings across the Council. This excludes the 30 IA historic findings reported to Committee on 8 May 2018 that will be reopened and tracked as overdue.

Appendix 1 contains details of the overdue findings and management updates as at 23 March 2018. Some of the actions will have progressed significantly since that date and progress is set out in set out in the report on this agenda responding to the Motion approved at this Committee on 8 May 2018.

The overdue findings ageing profile confirms that 45% are more than six months old and 10% more than one year old. Of the open (not yet overdue) findings, 45% include management actions where agreed implementation dates have not been achieved.

The management responses for one audit was not received on time.

A total of 18 audits are in the process of being finalised to support completion of the 2017/18 plan and IA annual opinion. Early indications are that these will include number of High findings. These requirements are likely to have a significant resource impact on service areas.

## Internal Audit: Overdue Findings; Late Management Responses; and 2017/18 plan completion

### 1 Recommendations

---

Members of the Governance, Risk and Best Value Committee are requested to note:

- 1.1.1 the status of the overdue Internal Audit findings as at 23 March 2018;
- 1.1.2 IA progress towards implementation of an automated open and overdue findings monitoring and reporting process;
- 1.1.3 that a further 30 historic IA findings dating back to 1 April 2015 that have not been implemented, or implemented but not sustained, will be reopened as overdue (based on the original implementation date) with effect from 15 May, as reported to Committee on 8 May 2018;
- 1.1.4 that there was one report issued in draft where management responses have not been received within the agreed two-week service standard (Lothian Pension Fund Pensions Tax). This report has now been finalised;
- 1.1.5 that the proposals in relation to shadow IT set out below have been approved by the Corporate Leadership Team (CLT) with an 18-month timeframe agreed to address shadow IT risk; and,
- 1.1.6 progress with the 18 audits to be completed to support the 2017/18 IA annual opinion.

### 2 Background

---

- 2.1 IA overdue findings and late management responses are reported monthly to the CLT and quarterly to the GRBV.
- 2.2 It is expected that the greater visibility that monthly CLT reporting to improve direct ownership of actions at an executive level will result in more IA findings being closed off in a timely manner.
- 2.3 The IA definition of an overdue recommendation is any recommendation where all the agreed management actions have not been implemented by the final date agreed by management and recorded in Internal Audit reports.
- 2.4 The IA Charter includes the requirement for receipt of management responses to draft IA findings within 10 working days. Where management responses are not received on time, details are included in this report

### 3 Main report

---

#### Historic findings

- 3.1 This report reflects the current population of known overdue IA findings as at 23 March 2018, but does not yet include the 30 historic IA findings dating back to 1 April 2015 that have not been implemented, or were implemented but not sustained, as reported to the Committee on 8 May 2018. These will be reopened as overdue (based on original implementation dates) and recorded through the monthly IA follow up process from 15 May 2018.

#### Quality of Evidence and Management Responses

- 3.2 Quality of evidence provided to support follow-up and closure of IA findings remains an ongoing challenge. Agreed actions are, at times, confirmed as completed by senior management whilst subsequent IA review confirms that controls have not been fully and effectively implemented. This has resulted in IA providing further advice and often having to reperform follow-up work to support final closure. This is having a sustained and adverse impact on resourcing within IA.
- 3.3 Quality and agreement of management responses is a new challenge emerging when finalising IA reports. Whilst management responses are generally received on time, the quality of responses provided often do not always fully address the findings raised and require rework to ensure that they can be included in the final report prior to presentation to GRBV.
- 3.4 It should be noted that Appendix 1 contains details of the overdue findings and management updates **as at 23 March 2018**. Some of these actions will have progressed significantly since that date and progress is set out in set out in the separate report responding to the Motion approved by GRBV on 8 May 2018.

#### IA Solutions to Address Quality of Evidence and Management Responses

- 3.5 Representatives from service areas are currently supporting the pilot of the automated open and overdue findings reporting process in May and June. Training delivered to pilot users in April and early May has been well received and full launch of the system is across the Council is scheduled for July 2018.
- 3.6 The full launch will be supported by training for all owners of IA findings and executive support. This training will include an explanation of IA follow-up expectations and the quality of evidence required to support closure of findings.
- 3.7 IA is also planning a rebrand. This will involve production of a video where members of the GRBV, the Chief Executive, and the Executive Director of Resources will reinforce the importance of implementing agreed management actions to close IA findings effectively and on time. In addition, there will be a launch of new IA pages on the Council's intranet, the Orb, that will include guidance on working with IA to finalise reports and close findings.



## **Overdue Findings as at 23 March 2018**

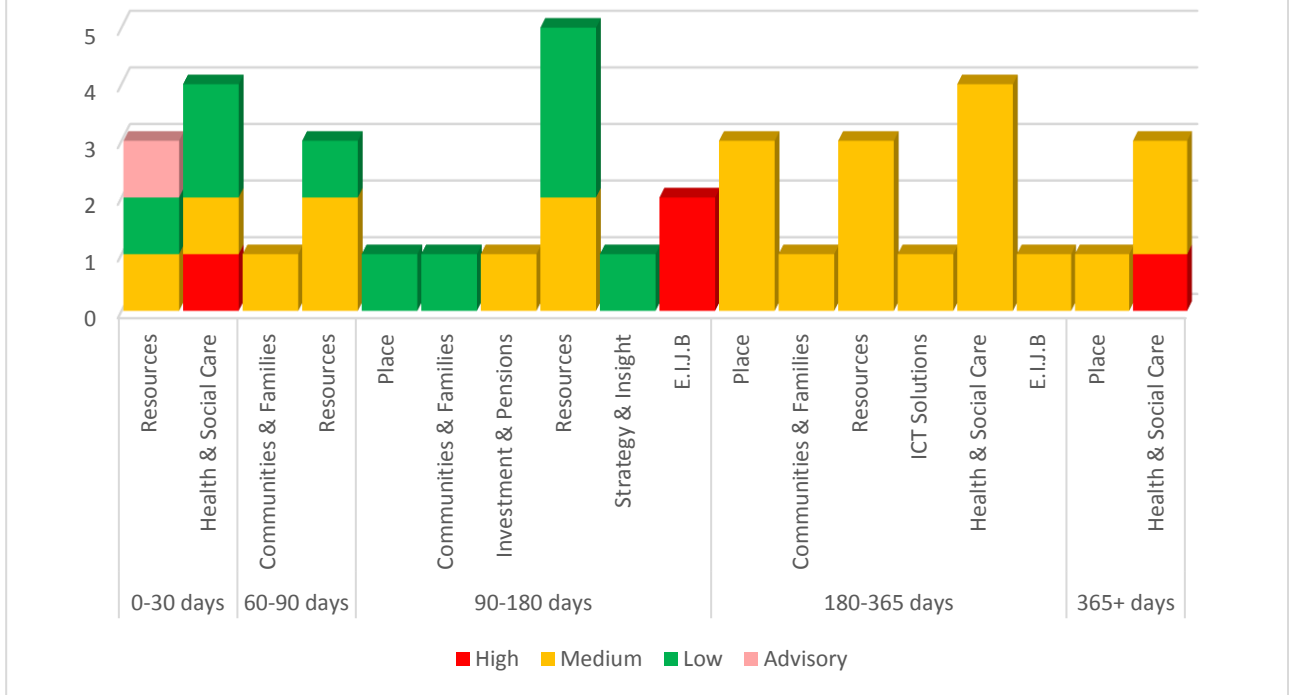
- 3.8 There were 86 open Internal Audit findings across Service Areas as at 23 March 2018 (70 as at 20 February 2018). Of these, 39 (45%) are overdue (3 High; 24 Medium; and 9 Low) in comparison to 36 (46%) as at 20 February. During the period, 5 overdue findings (3 Medium; and 2 Low) were closed, with 7 new findings reporting as overdue.
- 3.9 The 5 overdue findings were closed by the following Directorates:
- 3.9.1 Health and Social Care / EIJB (4) – 3 Medium; 1 Low
- 3.9.2 Resources (1) – 1 Low
- 3.10 The 7 open findings that have become overdue in the period are:
- 3.10.1 Health and Social Care (4) – 1 High; 1 Medium; 2 Low
- 3.10.2 Investments and Pensions (1) – Medium
- 3.10.3 Resources (2) – 1 Low; 1 Advisory
- 3.11 The 4 Health and Social Care overdue findings relate to the Care Homes review that was completed in January 2018. Whilst Health and Social Care are the owners of these findings, support was required from Resources (Finance and Customer Services and IT) to ensure that they could be closed on time.

### **Shadow IT**

- 3.12 Customer Services and IT owns a High rated audit finding requiring review of all critical shadow IT (systems and applications used by services areas that are provided by third parties) to ensure that appropriate disaster recovery arrangements either exist or are established and implemented. This finding is due for closure by 31 May 2018.
- 3.12.2 The full population of returns from Service Areas was received in January 2018, and confirmed that a large number of shadow IT systems were in use across the Council. Service areas have confirmed that around a quarter of these would have a critical or major adverse impact on service delivery if they were unavailable. Given the scale of the critical shadow IT systems identified, both the agreed management action and May implementation date were considered unrealistic in terms of delivery capacity requirements. IA recommends that:
- a paper is presented to CLT to discuss the risks associated with critical shadow IT resilience and security;
  - a revised approach and implementation date is agreed at CLT;
  - delivery of the revised approach is raised and tracked as IA findings; and
  - Shadow IT risk is captured on both Directorate and CLT risk registers.
- 3.13 A low recommendation in relation to service level agreements with outside entities was also reallocated to all Service Areas Directorates; Service Areas; and Lothian Pension Fund in August, with an implementation date of 30 November. Only three

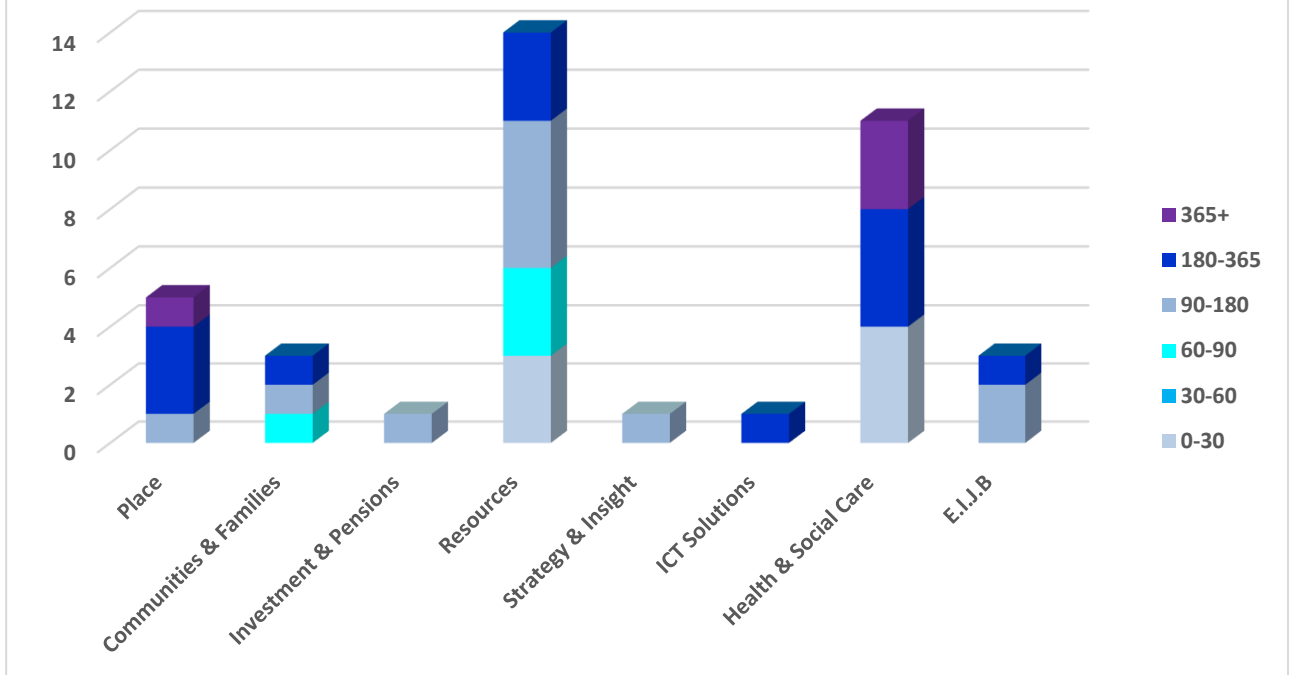
- service areas have completed their actions, with Communities and Families; Place; Resources and Strategy and Insight actions overdue.
- 3.14 Service Areas have provided evidence to IA for 9 overdue findings (5 H&SC and EIJB; 4 Resources). IA is reviewing the evidence provided and engaging with management to confirm whether the findings have been sufficiently addressed and can now be closed.
- 3.15 No overdue finding ratings have been reduced in the period.
- 3.16 Our next open and overdues report to CLT will reflect the position as at **23 April 2018**. Evidence is required for 17 open findings to ensure they are not reported as overdue in our next report. These are
- 3.16.1 Health and Social Care (9) – Social work: Pre-employment verification (SW1601ISS.5); IJB Data Integration and Sharing (HSC1604ISS.4); Care Homes (HSC1701 issues 3, 4, 6 and 15); Edinburgh Alcohol and Drug Partnership (HSC1715 issues 1, 2 and 3);
  - 3.16.2 Communities and Families (1) – GIRFEC named person (CF1621ISS.2);
  - 3.16.3 Place (3) – Local Development Plan (PL1705 issues 1, 2 and 3);
  - 3.16.4 Lothian Pension Fund (2) – Review of IT Business Resilience and Disaster Recovery (RES1706ISS.2); and Pensions Payroll Outsourcing (RES1708ISS.1); and
  - 3.16.5 Strategy and Insight (2) - ICO Follow up (RES1606 issues 2 and 4)
- 3.17 A further 4 overdue Medium findings are due for closure by 30 April 2018. Action is required from Resources (Risk Management RES1608) and Health and Social Care (Social Work Pre-Employment Verification SW1601).
- 3.18 16 overdue findings (2 High; 7 Medium; 6 Low; and 1 Advisory) currently have no revised implementation dates. Action is required from Communities and Families (1 Medium and 1 Low); Place (3 Medium and 1 Low); Resources (1 Medium and 2 Low; 1 Advisory); Health and Social Care and EIJB (2 High; 1 Medium 2 Low); and Strategy and Insight (1 Low). Findings where revised dates are required have been highlighted in Appendix 1.
- 3.19 Figure 1 illustrates the ageing profile of all overdue findings by rating across Service Areas. Whilst the total number of 17 findings more than 180 days old remains the same as the position as at 20 February (17) the following movement is evident:
- 3.19.2 Resources +1 (Medium)
  - 3.19.3 Health and Social Care +2 (Medium)
  - 3.19.3 Communities and Families +1 (Medium)
  - 3.19.4 EIJB -4 (Medium)
- 3.20 4 Findings remain more than 365 days old – 1 High and 2 Medium in Health and Social Care; and 1 Medium in Place

**Figure 1: Aged profile of overdue findings by ratings across Service Areas**

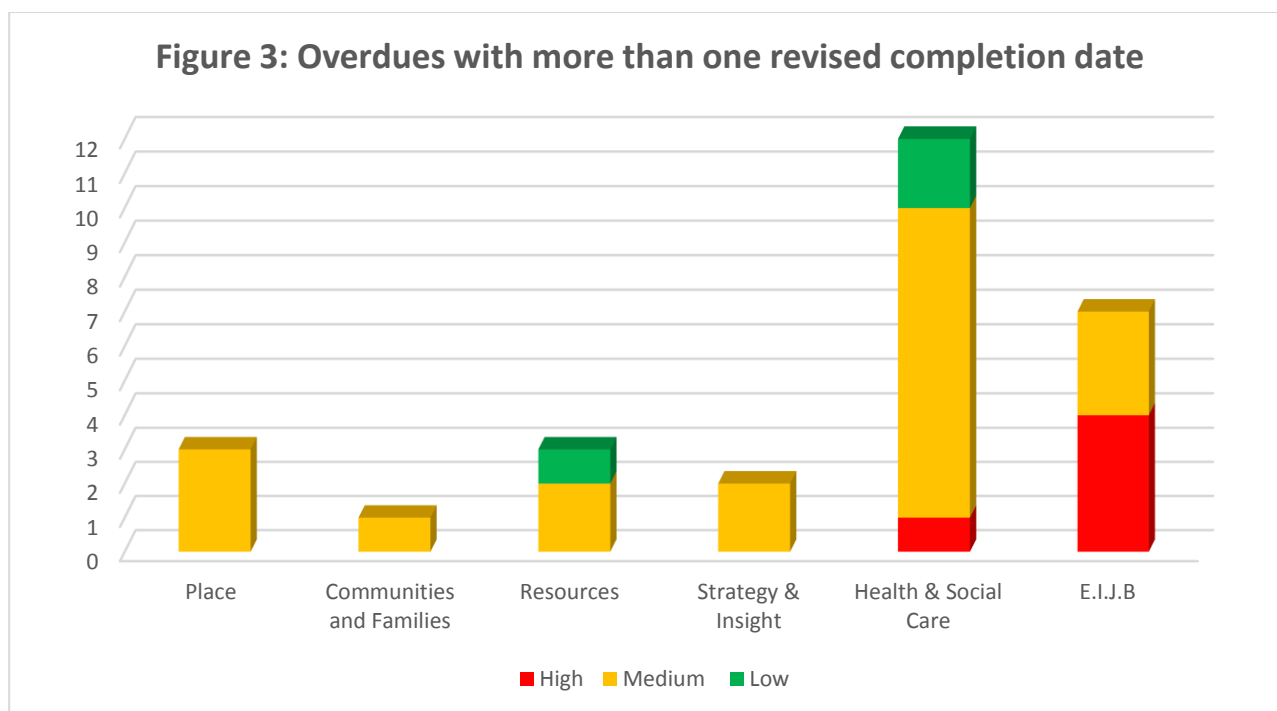


3.21 Figure 2 highlights the ageing profile of overdue IA findings for each Service Area. Place and Health and Social Care are the owners of the most historic overdue findings.

**Figure 2: profile of overdue findings by Service Area**



3.22 Figure 3 illustrates that there are 28 overdue findings (15 as at 20 February 2018) where completion dates have been revised more than once since the implementation dates agreed with Service Areas when finalising audit reports. This is an increase of 13 and reflects changes in 2 dates for EIJB; 9 for Health and Social Care; 1 for Strategy and Insight; and 1 for Resources.



3.23 There are also 21 open (not overdue) findings where agreed dates for specific actions have been missed. These are:

- 3.23.1 Health and Social Care (13) – Care Homes Assurance Review (HSC1715 issue 18 (High); issues 6, 7, 10, 11, 12, 14 and 15 (Medium); issues 7 and 9 (Low)); EADP Contract Management (HSC1715 issue 3 (High) and issues 1 and 2 (Medium));
- 3.23.2 EIJB (1) – Data Integration and Sharing (HSC1604ISS4 – Medium);
- 3.23.3 Resources (2) – External Vulnerability Assessment (CW1603ISS.3 – High); Asset Management Strategy (RES1712ISS.5 – Low);
- 3.23.4 LPF (2) - IT Business Resilience and Disaster Recovery (RES1706 issue 2 (High) and issue 1 (Medium));
- 3.23.5 Strategy and Insight (2) – ICO Follow Up (RES1606ISS.2 – Medium); Complaints Process (CF1619ISS.1 – Medium); and
- 3.23.6 Safer and Stronger (1) – Short Term Homelessness Provision (SSC1701ISS5 – Medium).

3.24 Internal Audit has categorised all overdue Internal Audit actions by Directorate showing the latest status updates where received. The detailed results of this categorisation are set out in Appendix 1.

## **IA 2017/18 annual plan completion progress as at 11 May 2018**

- 3.25 As at 31 December 2017, IA had a total of 29 audits to complete to support the 2017/18 annual opinion. 11 Audits have now been finalised, and of the remaining 18:
- 3.25.1 1 review (St Katherine's Records Management) will continue into 2018/19;
  - 3.25.2 5 reports are with IA to review management comments, provide feedback and finalise;
  - 3.25.3 3 reports are with service areas awaiting management comments;
  - 3.25.4 7 draft reports are being prepared by IA; and
  - 3.25.5 2 reviews are in fieldwork (Care Inspectorate and Fleet). As these audits require to be completed in time to support the 2017/18 IA opinion, management will require to support IA in finalising the reports by 14 June to ensure the annual opinion can be prepared for the GRBV meeting on 31 July 2018.
- 3.27 2 reviews are in fieldwork (Care Inspectorate and Fleet). Management responses for one report (LPF Pension Tax) were not finalised within our specified two-week timeframe but have now been agreed.

## **4 Measures of success**

---

- 4.1 An increase in the implementation and closure of Internal Audit recommendations within their initial estimated closure date.
- 4.2 An improvement in the time taken to receive management responses and finalise Internal Audit Reports

## **5 Financial impact**

---

- 5.1 Not applicable.

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

---

- 6.1 If agreed management actions supporting closure of Internal Audit findings are not implemented, the Council will be exposed to the risks set out in the relevant Internal Audit reports. Internal Audit findings are raised as a result of control gaps or deficiencies identified during reviews therefore overdue items inherently impact upon effective risk management, compliance, and governance.

## **7 Equalities impact**

---

- 7.1 Not Applicable.

## 8 Sustainability impact

---

- 8.1 If agreed management actions supporting IA findings are implemented, but not sustained, this could result in increased and unnecessary exposure to service delivery risk.

## 9 Consultation and engagement

---

- 9.1 Not Applicable.

## 10 Background reading/external references

---

- 10.1 [Internal Audit report - Historic Internal Audit Findings - Item 7.3](#)

### **Lesley Newdall**

Chief Internal Auditor

Legal and Risk, Resources Directorate

E-mail: [lesley.newdall@edinburgh.gov.uk](mailto:lesley.newdall@edinburgh.gov.uk) | Tel: 0131 469 3216

### **Appendices**

---

Appendix 1 - Audits in Progress to be finalised to support the 2017/18 IA annual opinion as at 11 May 2018

Appendix 2 - Status report: Overdue Findings Detailed Analysis as at 23 March 2018

## Appendix 1 - Audits in progress to be finalised to support the 2017/18 IA annual opinion – status as at 11 May 2018

<u>Audit Title</u>	<u>Status</u>	<u>Comments</u>
<b>Health and Social Care</b>		
1. Care Inspectorate Report	Fieldwork	Ongoing discussions with Health and Social Care Partnership Chief Officer regarding the scope of this review.
<b>IJB</b>		
2. Purchasing Budget Management	Draft Report preparation	Initial findings discussed with new Partnership Chief Officer. Draft report to be issued w/c 14 May.
3. Community Care Capacity and Access	Draft Report preparation	Initial findings discussed with new Partnership Chief Officer. Draft report to be issued w/c 14 May.
<b>Resources</b>		
4. Customer Transformation	Draft Report with IA	Draft report with IA for finalisation.
5. HR and Payroll - Drivers	Draft Report preparation	Progress has been delayed due to delays in receiving information from Service Areas.
6. CGI Contract Management and Cyber Maturity (PwC)	Draft Report preparation	PwC specialist review. Initial draft has been received from PwC. Initial outcomes discussed with for Chief Information Officer; the Executive Director, Resources; and the Head of Customer Services and Information Technology
<b>Place</b>		
7. Port Authority Security	Draft report with Place	Awaiting final sign off by service area
8. St James project	Draft report with IA	Draft report with IA to finalise..
9. Zero Waste project	Draft report with IA	Draft report with IA to finalise.
10. Structures and Flood Prevention	Draft report preparation	Fieldwork now completed. IA preparing draft report.

11. Fleet Project		Fieldwork	This Audit is ongoing.
12. Edinburgh Services	Building	Draft report with Place	Awaiting final sign off by the service area
13. Health and Safety – Waste and Recycling (PwC)		Draft report preparation	PwC specialist review. Initial outcomes have been discussed with Waste and Recycling. Draft report will be issued to Place w/c 23 April.
<b>Strategy and Insight</b>			
14. Resilience		Draft report with IA	Management comments have now been received from Strategy and Insight. IA to update and reissue draft report.
<b>Council Wide</b>			
15. Phishing		Draft report with ICT / Resources	ICT currently working through management comments and will revert to IA.
16. Records Management – St Katherine's		Will complete in 2018/19 - currently in fieldwork	Completion date to be determined. A project has now been established within Strategy and Insight to support completion. Likely that this review will continue into the 2018/19 plan year.
17. GDPR Readiness (PwC)		Draft report preparation	PwC specialist review.
<b>Other</b>			
18. Lothian Board	Valuation Joint	Draft report with IA	Meeting held with LVJB 23 April. IA now require to finalise and issue report.



**Appendix 2 - Internal Audit Overdue Recommendations as at 23rd March 2018**

Project Code	Project Name	Group	Issue Cr.	Rating	Finding	Business Implication	Recommendation	Agreed Management Action	Status	Due Date	Revised Date	Revisions	Status Update	Owner	
<b>Communities and Families</b>															
CF1610154	CF1615	Complaints Process	Communities & Families	ISS.3	Medium	The Chief Social Work Officer conducted a review of complaints handling for secondary schools in 2016, and surveyed the head teachers of 18 secondary schools which had not received a complaint in the previous 3 years. 9 head teachers responded that they were unsure what type or level of complaint should be shared with the Advice and Complaints (Education) Service, and 4 acknowledged that they had not followed the complaints procedure. Perhaps as a result of increased awareness of the complaints procedure following the Chief Social Work Officer's review, Communities and Families do not have complete management information on complaints, or 2016/17. However, 29 primary schools have not received a Stage 1 complaint in 2015/16 or 2016/17. We recommend that the Communities & Families complaints performance data is likely to be incomplete.	Performance information is inaccurate as it does not include all Stage 1 complaints. There is a risk that complaints are not being handled / handled appropriately by the schools, meaning problems are not addressed, dealt on and may escalate. Communities and Families do not have complete management information on complaints, or 2016/17. We recommend that the Communities & Families complaints performance data is likely to be incomplete.	We recommend the Advice & Complaints (Education) Service issue guidance to schools on what is included in a complaint, and how a complaint should be handled and recorded. This may be delivered most effectively through forums such as the Communities & Families Risk Group or Head Teachers' Group. We note that complaints recording is more difficult in schools as they cannot use Capture and Complaints can only be recorded on Jaha once resolved. As noted in Finding 1, the Council is procuring a new complaints handling system and will verify the complaints handling process as part of the procurement. We recommend that the Communities & Families complaints performance data is likely to be incomplete. We suggest that the Communities & Families complaints performance data is likely to be incomplete.	Overdue	#####	#####	31/08/17	February Update - Jaha recording format has been reviewed, however dependent on a council wide platform for the electronically monitoring progress with complaints handling at an earlier stage.	Frances Smith,Advice & Complaints Officer (Education)	
CF1621053	CF1621	GIRFEC Named Person	Communities & Families	ISS.3	Medium	Although the GIRFEC Legislation does not require documentation of chronology in Wellbeing Concern (WC) files, this currently works well in Child Protection (CP) files to enable analysis of history and patterns of concerns, and it is to be promoted as good practice. There is a single repository for all Wellbeing Concern and Child Protection notes to enable data sharing between SCD and Named Persons. Existing identified relevant information being recorded in the following mediums: P paper files SEMIS pasted notes, CP the staff packages such as "on the button" and "SWIFT". Testing relevant notes to the current GIRFEC Child Protection records management requirements are not being fully adhered to, resulting in breaches of the Council's data protection policy and General Data Protection Regulations (GDPR April 2017). The following areas for concern were identified: Child Protection recording notes retained a Pupil Progress Record (PPR) File; Additional Child Protection files being sent to a feeder High School for pupils not transferring on to their S1 role. There is currently no systematic process of review of compliance with records management requirements. Such a process would assist learning amongst professionals involved in Child Protection and allow Senior Management in School & Lifelong Learning area to identify and address any systematic weaknesses.	Lack of chronology in Wellbeing Concern files can result in difficulty analysing the history and patterns of concerns raised. Lack of a single repository for all Wellbeing Concern and Child Protection notes to enable data sharing between SCD and Named Persons. Existing identified relevant information being recorded in the following mediums: P paper files SEMIS pasted notes, CP the staff packages such as "on the button" and "SWIFT". Testing relevant notes to the current GIRFEC Child Protection records management requirements are not being fully adhered to, resulting in breaches of the Council's data protection policy and General Data Protection Regulations (GDPR April 2017). The following areas for concern were identified: Child Protection recording notes retained a Pupil Progress Record (PPR) File; Additional Child Protection files being sent to a feeder High School for pupils not transferring on to their S1 role. There is currently no systematic process of review of compliance with records management requirements. Such a process would assist learning amongst professionals involved in Child Protection and allow Senior Management in School & Lifelong Learning area to identify and address any systematic weaknesses.	A standard chronology template should be prepared for WC files and supported with guidance on the analysis of data, trends and preparing planning meeting summaries. Whilst we understand that management accept the risk posed in relation to the current inability to share data, it should improve the feasibility of using an established or introducing a new Data Management System (DMS) option to which the wellbeing chronology can be accurately observed across the organisation. The SLL and SCD registers should be updated to reflect the risk that data cannot currently be shared and could result in the risk of inaccurate or insufficient action being taken to support a child's wellbeing maintained. On a protection registration and policy could be breached and not identified.	Overdue	#####	Date required	Current status 22/2/18 - progress is being made but actions not yet fully implemented - see extracts from response from Jane Suttler - Schools issued with Wellbeing chronology template in June 2017 and guidance issued about the storage of Wellbeing Concerns. GIRFEC training has focused on changes to legislation, record management and information management. Concerns from schools have been expressed about their significant gaps in knowledge of information compliance/records management and the increased work load involved in reaching compliance. A first draft has been produced of GIRFEC in Edinburgh - Practitioners Guide, a document for schools and nurseries, to reinforce key messages of GIRFEC practice including Child Protection, information governance and records management. Action required - SEMIS Wellbeing Application (VBS Application) - identify who will be Head Quarters contact. Identify who will be leading the WS roll out post March and who would lead training sessions to support roll out. Identify key staff to attend the SEMIS WB training sessions (4 days) to become accredited and allow for roll out. Decision to be made as to whether access to the Wellbeing Application should be extended to SWS and EA and nursery schools. Transition process for pupils input of Wellbeing Application. Guidance needs to be issued to schools and workload concern addressed. Agree use of Wellbeing Virtual Centre. Cannot get download link open to validate	Aislinn Gave,Executive Director of Communities and Families		
RES1605ISS.1	RES1605	Service Level Agreements with Outside Entities	Communities & Families	ISS.1	Low	We reviewed the arrangements in place with organisations to which the Council provides professional services. Organisation Services provided 2015/16 Fees Letham Valuation Joint Board Payroll services: Accountancy Services: Internal Audit £ 20,150 SEMIS Accountancy services: Payments and procurement Insurance Treasury management Internal Audit Payroll services £ 23,350 Letham & Borders Community Justice Authority County services: Payments Internal Audit £ 22,000 CEC Holdings Accountancy services £ 20,000 Royal Edinburgh Military Tattoo Payroll services Treasury management Internal Audit £ 1,500 There was a current Service Level Agreement (SLA) in place with only one of those 5 entities (SEMIS). The agreement had been set up in June 2013 for a period of 12 months, and has been extended a further 3 times since then. There was a further SLA with the Letham & Borders Community Justice Authority. This SLA expired in March 2010. The Council has continued to provide accounting support including accounts preparation to LBCA at the rates agreed in 2009. Additional services including accounts payable and internal audit were not included in this SLA. There were no SLAs in place with the remaining 3 entities. Services provided and fees charged were understood to be historic arrangements.	If service levels are not formally agreed with the other organisations, there is a risk that there is operational damage and increased resource pressure if the Council does not deliver services as expected by the counter party. The Council may not receive appropriate remuneration for services provided, and Arrangements in place may not be appropriate or may conflict with other Council duties.	Service Level Agreements with the organisations to which the Council provides professional services should be reviewed and/or established. These should set out services provided, key activities and deliverables, and the respective roles and responsibilities of the Council and the counterparty. Service Level Agreements should be for a defined period and refreshed regularly to ensure that agreed services and charges remain appropriate.	Overdue	#####	Date required	IA Note: no response received or evidence provided. This is a new recommendation allocate across all Directorates / Service Areas as agreed at CLT in September. No update required in the current month. Can you please provide evidence that this has now been completed and is up to date?	Aislinn Gave,Executive Director of Communities and Families		
<b>Place</b>															
PL1601054	PL1601	Recycling Targets	Place	ISS.4	Medium	There are a number of Council service areas and divisions effected by the waste management strategy but are unaware of any issues, negotiation or changes decisions. This appears to have been a result of key stakeholders not having been appropriately identified and engaged in the development of the strategy and waste management strategy are wider ranging, affecting related strategies and span both across the Council and externally.	Key stakeholders not appropriately engaged leading to inefficiencies. Lack of joined up working within the Council. Negotiation changes not appropriately communicated resulting in breaches. Related strategies suffer from a lack of co-ordination.	A key stakeholder identification exercise should be performed to ensure all required individuals are included in the process. Key groups identified could include: Waste Services, Sustainability Team, Property Services and other external groups. In alignment with the creation of an internal waste management policy, stakeholders could be engaged through an overarching steering group with representation from each key group. This group would help ensure that relevant information is appropriately disseminated and that all stakeholders needs are considered. It would also enable stakeholders to monitor and challenge performance against the overall waste management strategy.	Overdue	#####	#####	30/09/2017	Current Position at 18/12/17 - Overdue Waste and cleansing services have now been joined together. The strategy document has been re-drafted following presentation to the new management team. The external waste services management plan will also be linked to this strategy. Aiming to have both approved by the internal management team by 31st March 2018.	Angus Murdoch,Strategy Officer	
PL1601055	PL1601	Recycling Targets	Place	ISS.5	Medium	Although there is considerable recycling internally within the Council, there is currently no internal waste management policy. The Waste and Recycling Strategy 2010 - 2025 focuses on external, public waste but there is no support/guidance which specifies how the Council itself should be managing its reducing waste arising from its own operations (e.g. schools, Council offices and increasing recycling participation). The Council's strategic aim to reduce overall waste being sent to landfill within the local authority is not being met. The key stakeholders for the Council's overall waste management strategy are wider ranging, affecting related strategies and span both across the Council and externally.	Lack of clarity over Council's own waste contribution particularly in financial and environmental impact. Risk of operational damage due to lack of own strategy and opportunity cost lost not providing an overarching framework to support the Council's own recycling participation.	The Council should allocate sufficient resources to create and action an internal waste management or resource efficiency policy that embraces reducing, reusing and recycling. Many staff members will have facilities at Edinburgh Council, therefore generating waste at work and at home. Providing this awareness of work could realise additional benefits for the Council as a potential reduction for both internally generated waste and household generated waste within the local authority. With the continued future increase in landfill tax, it is advisable that the Council should by example and gives consideration to monitoring its own waste data to ensure effective targeting of effort.	Overdue	#####	#####	31/12/2017	30/04/17	Current Position at 18/12/17 - Overdue There is no one with formal responsibility for internal Council waste. A working group of stakeholders has been established and work is ongoing with corporate policy staff to ensure the policy / strategy in internal Council waste is updated. A report was prepared for the Corporate Policy and Strategy Committee in April 2016 that was not presented. Following this, employees led, and Facilities Management was left undergoing transformation. Main progress has been targeted towards schools and recycling across the Council's actions. Actions are ongoing to address.	Karen Reeves,Technical Team Leader
PL1603053	PL1603	Mortuary Services	Place	ISS.3	Medium	The current Bereavement Services risk register, dated July 2015, outlines a range of controls in place as part of the mitigation strategy to manage the body holding capacity risk. The risk was escalated to the Place risk register, and as at April 2016 was in the top 10 Departmental residual risks, categorised as one of the most controlled risks due to good control as being in place. The mitigation strategy includes the following: Mortuary plan in place; and Staff training and participation in a Service quality action group. The Scientific, Bereavement and Registration Services Senior Manager noted that there are no formal mortuary plans in place covering arrangements to minimise storage times, and no such training is currently being delivered. In addition, no Service KPIs or performance / service standards are currently produced. Quality documents for the Mortuary covering forms, plans and procedures are being drafted. The mitigation strategy also notes that Funeral Directors are contacted to increase collection rates, but this does not recognise that Mortuary staff are limited in the actions that they can take in this respect until the Funeral Director makes contact, as their service is signed by the next of kin. The risk register does not reflect other issues with Council control, for example, the daily gap on the number of post mortems undertaken means there is always a backlog; and The uncertainty around service delivery post Crown Office contract expiry in 2020.	The lack of an accurate risk register and formal mortuary plan increases the risk that intended controls are not implemented in practice leading to inefficient use of resources and demand not being managed effectively.	The Bereavement Services risk register requires to be updated to reflect current controls in place. Issues currently within Council control should be added to facilitate wider discussions on ways to better manage these. A mortuary plan should be prepared covering the management of body holding capacity. The plan should include: An outline of current arrangements. An outline of all key stakeholders. Service standards expected of Mortuary staff to ensure an efficient, prompt and respectful service. Standards expected of key stakeholders, for example, processes to be followed by Police when storing a body out of hours, prompt notification from Funeral Directors when assigned, and prompt collection by Funeral Directors when notified that a body has been released for burial. A programme of regular staff training sessions to ensure that Mortuary staff are aware of their responsibilities to minimise storage. The plan should incorporate contingency arrangements for business as usual during periods of extended closure, for example, at Easter and Christmas.	Overdue	#####	#####	31/10/2017	0	Current Position at 20/02/18 - Overdue Service standards are to be communicated with external stakeholders through meetings with COPPS/Pathologists/Police and FDS. Internal service standards will be emailed to mortuary staff. This action can be closed when evidence of the updated risk register and communication of the service standards are provided to internal Audit.	Robbie Beattie,Scientific, Bereavement & Registration Services SeniorManager
PL1603055	PL1603	Mortuary Services	Place	ISS.5	Medium	The City Mortuary is a key stakeholder in the following plans: City of Edinburgh Council (CEC) Emergency Plans; interim update to 2014; CEC Corporate Business Continuity Plan; Oct 2013; CEC Corporate Pandemic Influenza Business Continuity Plan; Jul 2009 (re issue Aug 2017); Emergency Mortuary Management Arrangements Module of CEC Emergency Plan; draft April 2015; Services for Communities, Business Continuity Plan (Bereavement Services); draft Jul 2015; and Services for Communities, Business Continuity Plan for Bereavement Services; Dec 2013. There are interdependencies between the plans including: The Bereavement Services contingency plan includes no detailed action plan covering body storage arrangements in the event of an extensive emergency, such as a pandemic, where national / regional body storage resources will not be available. This area is currently under review nationally via the Scottish Government Silver Sea exercise; and The Emergency Mortuary Management Arrangements module, covering arrangements in response to intensive emergencies outlines the locations and number of body storage units within the Council and externally. This is done not reflect: The basic storage available at the Mortuary. The current location of the Council emergency units; Average spare capacity for NHS Letham, as determined under a Future 2016; and Average spare capacity of the Queen Elizabeth Hospital in Glasgow (the 300 quoted includes day to day usage and gives no indication of any potential capacity issues here). Significant staff and organisational changes within Place and Bereavement Services over the past year have impacted on the preparation of, and key roles and responsibilities outlined within, these contingency documents. The Scientific, Bereavement and Registration Services Senior Manager recognises that all local plans need review, with separate plans set up for Mortuary and Crematorium Services.	Contingency plans in place are not comprehensive, with accurate and up to date capacity information. The required actions to be undertaken by Council staff may be unclear, increasing the risk of inappropriate treatment of fatalities.	All Mortuary Service contingency plans require to be reviewed and re-drafted to ensure that they are up to date, comprehensive and reflect current government guidance. Capacity and location information within contingency documents should be corrected for effect current arrangements. Following review and update of plans in place. Training should be rolled out to staff, and the Corporate Resilience Unit should be provided with updated extracts.	Overdue	#####	#####	31/12/2017	30/4/17	Current Position at 20/02/2018 - Overdue The Business Continuity Plan is being updated in coordination with the Resilience Team. This action can be closed when evidence of the updated Business Continuity Plan is provided to internal Audit.	Robbie Beattie,Scientific, Bereavement & Registration Services SeniorManager
RES1605ISS.1	RES1605	Service Level Agreements with Outside Entities	Place	ISS.1	Low	We reviewed the arrangements in place with organisations to which the Council provides professional services. Organisation Services provided 2015/16 Fees Letham Valuation Joint Board Payroll services: Accountancy Services: Internal Audit £ 20,150 SEMIS Accountancy services: Payments and procurement Insurance Treasury management Internal Audit Payroll services £ 23,350 Letham & Borders Community Justice Authority County services: Payments Internal Audit £ 22,000 CEC Holdings Accountancy services £ 20,000 Royal Edinburgh Military Tattoo Payroll services Treasury management Internal Audit £ 1,500 There was a current Service Level Agreement (SLA) in place with only one of those 5 entities (SEMIS). The agreement had been set up in June 2013 for a period of 12 months, and has been extended a further 3 times since then. There was a further SLA with the Letham & Borders Community Justice Authority. This SLA expired in March 2010. The Council has continued to provide accounting support including accounts preparation to LBCA at the rates agreed in 2009. Additional services including accounts payable and internal audit were not included in this SLA. There were no SLAs in place with the remaining 3 entities. Services provided and fees charged were understood to be historic arrangements.	If service levels are not formally agreed with the other organisations, there is a risk that there is operational damage and increased resource pressure if the Council does not deliver services as expected by the counter party. The Council may not receive appropriate remuneration for services provided, and Arrangements in place may not be appropriate or may conflict with other Council duties.	Service Level Agreements with the organisations to which the Council provides professional services should be reviewed and/or established. These should set out services provided, key activities and deliverables, and the respective roles and responsibilities of the Council and the counterparty. Service Level Agreements should be for a defined period and refreshed regularly to ensure that agreed services and charges remain appropriate.	Overdue	#####	Date required	February Update - some information has been provided, but this does not fully address the recommendation. IA is currently working with Place on what is required. IA Note: This is a new recommendation allocate across all Directorates / Service Areas as agreed at CLT in September. No update required in the current month.	Paul Lawrence,Executive Director of Place and SRO		
<b>Investments</b>															



RES1608.2	RES1608	Risk Management	Resources	ISS.2	Medium	<p>The successful embedding of risk management throughout an organisation is achieved when staff of all levels are aware of their risk management responsibilities, understand their responsibilities and are motivated to act in accordance with their organisation's risk management framework. The Risk Function and CEO have delivered risk training to the CLT, their respective Senior Management Teams (SMTs) and to GRBV Councils. Feedback indicates that this training has been effective in securing buy-in and understanding at the senior manager level and above. However, risk training has not recently been provided to middle management level, nor have senior managers within directorates been trained to provide risk management training to their teams. This represents a potential gap in the understanding and embedding of risk management below senior manager level. The Risk Function have designed CEC specific risk management training as well as an internal controls module which teaches staff how to manage a risk. These modules are available to everyone through CEC's interactive learning platform (CECCL); however, there is no mandatory requirement for staff to complete this training. Within CECCL there is also a generic risk management training module designed by the external system provider. This is not CEC specific and there is a risk that this may cause confusion amongst staff. From discussions with the Head of HR, we understand that all staff will be required to complete essential learning when onboarding and on an annual basis going forward. Good practice is achieved when HR have an important role in facilitating risk training so that it is considered alongside other key training and communications. More importantly, good practice is when HR have an active role in fully embedding responsibilities and accountabilities for risk across an organisation. Therefore, to align with best practice, HR should play an active role in embedding risk. However, there are currently no risk management modules within the essential learning suite. CEC's risk register template is available to all staff via the staff intranet. However, this document is not used consistently across all service areas. For example, in Place Directorates, a different style of risk register, and as a result of the Transformation Project, some of the service areas which were previously part of Place have moved to other Directorates, widening the inconsistent use of the template.</p>	<p>The risk management embedding gap below senior management level prevents the risk that CEC may be exposed to a degree of undue risk at times of significant change, people can unintentionally revert to behaviours that are not in keeping with expectations. If the generic risk management training module within CECCL is completed by staff, there is a risk that staff's understanding is inconsistent with CEC's risk management approach. If risk register templates are not used consistently across all Directorates, key information may be missed or reported incorrectly when consolidated by the Risk Function for CLT and GRBV. This undermines the quality of information presented to CLT and GRBV. It makes management of any risk reporting less efficient and potentially less effective.</p>	<p>The Risk Function, supported by the new full-time CRO, should invest time and resource to embed risk management below senior management level. It is important to reflect on what contributed to the success of 'buy-in' and education of the senior team. Additionally, there needs to be pragmatic consideration given to the large numbers of staff across the council. We recommend a training and communications plan is drafted reflecting the above and approved by the appropriate committee. This should involve input from HR and other relevant non-risk functions. Consideration should be given as to whether training senior management, to equip them to provide risk management training to their teams would hold drive understanding and accountability below senior management level. Human Resources should include risk management and internal controls training modules as part of CEC's essential learning. Individual's scores from the end of module assessments can be used to confirm staff's understanding of their responsibilities. The system provider's risk management module should be removed to avoid confusion. In keeping with policy, a service areas should use the CEC risk register template, with any other versions removed to avoid inaccurate information being reported to CLT and GRBV and improve the efficiency of the aggregation and reporting process.</p>	<p>As identified, we are in an 'embedding' phase with respect to the journey to develop risk management. Prior to establishing a risk steering group was in place whereby risk 'champions' from each Directorate could drive messaging, the need for training and maintain momentum. With the substantial organisational changes this arrangement was suspended. We are currently re-establishing such ownership within the Service Area Risk Management Groups as indicated within the response to finding 3.3.</p>	Good	*****	Duncan Harwood,Chief Risk Officer
						<p>The Risk Function, supported by the new full-time CRO, should invest time and resource to embed risk management below senior management level. It is important to reflect on what contributed to the success of 'buy-in' and education of the senior team. Additionally, there needs to be pragmatic consideration given to the large numbers of staff across the council. We recommend a training and communications plan is drafted reflecting the above and approved by the appropriate committee. This should involve input from HR and other relevant non-risk functions. Consideration should be given as to whether training senior management, to equip them to provide risk management training to their teams would hold drive understanding and accountability below senior management level. Human Resources should include risk management and internal controls training modules as part of CEC's essential learning. Individual's scores from the end of module assessments can be used to confirm staff's understanding of their responsibilities. The system provider's risk management module should be removed to avoid confusion. In keeping with policy, a service areas should use the CEC risk register template, with any other versions removed to avoid inaccurate information being reported to CLT and GRBV and improve the efficiency of the aggregation and reporting process.</p>	<p>For clarity two risk modules exist on the Council's learning site. One is generic and the other specific to CEC. We agree with the finding that the generic risk management module is not helpful from the perspective of specific messaging. Management will work with HR to ensure that only the single tailored solution is accessible.</p>	Good	*****	Duncan Harwood,Chief Risk Officer		
						<p>The Risk Function, supported by the new full-time CRO, should invest time and resource to embed risk management below senior management level. It is important to reflect on what contributed to the success of 'buy-in' and education of the senior team. Additionally, there needs to be pragmatic consideration given to the large numbers of staff across the council. We recommend a training and communications plan is drafted reflecting the above and approved by the appropriate committee. This should involve input from HR and other relevant non-risk functions. Consideration should be given as to whether training senior management, to equip them to provide risk management training to their teams would hold drive understanding and accountability below senior management level. Human Resources should include risk management and internal controls training modules as part of CEC's essential learning. Individual's scores from the end of module assessments can be used to confirm staff's understanding of their responsibilities. The system provider's risk management module should be removed to avoid confusion. In keeping with policy, a service areas should use the CEC risk register template, with any other versions removed to avoid inaccurate information being reported to CLT and GRBV and improve the efficiency of the aggregation and reporting process.</p>	<p>HR is currently reviewing the requirements of induction and essential learning throughout the Council. The latest timing for when we are likely to be able to complete this work with HR will be confirmed shortly.</p>	Good	*****	Duncan Harwood,Chief Risk Officer		
						<p>The Risk Function, supported by the new full-time CRO, should invest time and resource to embed risk management below senior management level. It is important to reflect on what contributed to the success of 'buy-in' and education of the senior team. Additionally, there needs to be pragmatic consideration given to the large numbers of staff across the council. We recommend a training and communications plan is drafted reflecting the above and approved by the appropriate committee. This should involve input from HR and other relevant non-risk functions. Consideration should be given as to whether training senior management, to equip them to provide risk management training to their teams would hold drive understanding and accountability below senior management level. Human Resources should include risk management and internal controls training modules as part of CEC's essential learning. Individual's scores from the end of module assessments can be used to confirm staff's understanding of their responsibilities. The system provider's risk management module should be removed to avoid confusion. In keeping with policy, a service areas should use the CEC risk register template, with any other versions removed to avoid inaccurate information being reported to CLT and GRBV and improve the efficiency of the aggregation and reporting process.</p>	<p>The 'different' risk register template was adopted as a temporary measure in Place as part of a learning exercise to promote focus on cause and effect in the articulation of risk. This version is now being superseded.</p>	Good	*****	Duncan Harwood,Chief Risk Officer		
						<p>The Risk Function, supported by the new full-time CRO, should invest time and resource to embed risk management below senior management level. It is important to reflect on what contributed to the success of 'buy-in' and education of the senior team. Additionally, there needs to be pragmatic consideration given to the large numbers of staff across the council. We recommend a training and communications plan is drafted reflecting the above and approved by the appropriate committee. This should involve input from HR and other relevant non-risk functions. Consideration should be given as to whether training senior management, to equip them to provide risk management training to their teams would hold drive understanding and accountability below senior management level. Human Resources should include risk management and internal controls training modules as part of CEC's essential learning. Individual's scores from the end of module assessments can be used to confirm staff's understanding of their responsibilities. The system provider's risk management module should be removed to avoid confusion. In keeping with policy, a service areas should use the CEC risk register template, with any other versions removed to avoid inaccurate information being reported to CLT and GRBV and improve the efficiency of the aggregation and reporting process.</p>	<p>A training and communications plan involving input from HR and Communications teams was drafted within the last two years, however due to reorganisation of staff, teams and service delivery these plans have not been put on hold and will need to be reviewed once contracts settle.</p>	Overdue	*****	Duncan Harwood,Chief Risk Officer		
						<p>The Risk Function, supported by the new full-time CRO, should invest time and resource to embed risk management below senior management level. It is important to reflect on what contributed to the success of 'buy-in' and education of the senior team. Additionally, there needs to be pragmatic consideration given to the large numbers of staff across the council. We recommend a training and communications plan is drafted reflecting the above and approved by the appropriate committee. This should involve input from HR and other relevant non-risk functions. Consideration should be given as to whether training senior management, to equip them to provide risk management training to their teams would hold drive understanding and accountability below senior management level. Human Resources should include risk management and internal controls training modules as part of CEC's essential learning. Individual's scores from the end of module assessments can be used to confirm staff's understanding of their responsibilities. The system provider's risk management module should be removed to avoid confusion. In keeping with policy, a service areas should use the CEC risk register template, with any other versions removed to avoid inaccurate information being reported to CLT and GRBV and improve the efficiency of the aggregation and reporting process.</p>	<p>January Update - Work in progress and on schedule December Update - Work in progress and on schedule November Update - Work with technical staff to replace the current e-learning module on GRBV with two new risk management modules, one aimed at all staff and the other at managers. Content to be relevant to risks and responsibilities as they relate to risk management. Modules to be available on the GRBV by 27 April 2018. Encourage completion of modules) as part of the induction process and through the various risk management structures. Track attendance, completion, pass/failure rates, report metrics through Risk Management Groups and Risk Committees, and target any identified weaknesses. Note: the risk management module may be included in CEC's essential learning suite, subject to CEC's essential learning policy refresh which is due around Spring/Summer 2018, and which is currently scheduled to be agreed by CLT by end Dec 2017. Include appropriate 'Train the Trainer' risk education topic items in Risk Committees, Risk Management Groups, annual risk refreshes, Leaders' inductions and in Service Management Team (SMT) workshops on an ongoing basis. Offer training to leaders of Service and above in how to provide appropriate risk management training within their Service.</p>	Overdue	*****	Duncan Harwood,Chief Risk Officer		
RES1608.4	RES1608	Risk Management	Resources	ISS.4	Low	<p>CEC's risk management 'toolkit' represents the key documents and systems available to staff via the intranet to support risk management. Key documents include risk management policy and procedures and the risk appetite statement. Upon review of these documents and following interviews with staff, a number of inconsistencies have been identified. The Coventry City team was introduced to support and encourage practice and consistent management of performance, governance and risk. To effect the functionality to electronically consolidate information and make it simple and efficient for user to update and analyse data. This system is not used consistently throughout Directorates and CEC will be withdrawing Coventry in early 2017. Therefore, a manual and inconsistent approach to risk management is likely to remain across Directorates upon withdrawal. The risk management policy and procedure documents are dated February 2015 and March 2014 respectively and do not reflect CEC's current operating structure. These documents are also inconsistent with CEC's risk appetite statement (dated February 2014). For example, the categories of 'risk' considered in the risk appetite statement are not consistent with the categories of 'impact' in the policy and procedure document. Indeed, CEC's risk appetite statement explicitly refers to reputational and development/regeneration risks, which are not included in the impact assessment.</p>	<p>Manual risk management processes are labour intensive and require an increased reliance on interpretation and judgement if there is a need to consolidate information based on different assessment criteria of format. When risk MI is created on this basis, vital information may be missed and not escalated on a timely basis. Use of an enterprise risk management system should increase the efficiency of collating and reporting data, increase capacity to focus on analysis of risk. Risk Management policies and procedures coupled with a consistent appetite statement form the foundation for a sound risk framework. If an organisation is going through strategic change, its risk environment is also continuously changing. Therefore, annual review and updating of this information is important to ensure staff are provided with guidance and direction to manage risks in accordance with CEC's expectations and requirements.</p>	<p>CEC should consider implementation of a replacement systemised risk management tool to drive efficiencies and consistency in risk management practices and provide the opportunity to generate risk MI without the need for manual intervention. The business case for an enterprise wide risk management system should be prepared and integrated with the wider IT change programme. In line with best practice, CEC risk documentation should be updated as soon as the new structure has been finalised, with updated versions communicated and circulated to staff.</p>	<p>The Risk Management team is currently reviewing options with regard to a 'GRV' (Governance Risk and Compliance) solution that is fit for purpose for the Council. The new CUI contract identifies the need to introduce such a solution by the Summer of 2017. As such a business case will be developed in line with this critical path. In the meantime, risk registers for SMT and CLT are updated quarterly on consistently formatted spreadsheets and stored on a shared drive for version control.</p>	Good	*****	Duncan Harwood,Chief Risk Officer
						<p>CEC should consider implementation of a replacement systemised risk management tool to drive efficiencies and consistency in risk management practices and provide the opportunity to generate risk MI without the need for manual intervention. The business case for an enterprise wide risk management system should be prepared and integrated with the wider IT change programme. In line with best practice, CEC risk documentation should be updated as soon as the new structure has been finalised, with updated versions communicated and circulated to staff.</p>	<p>CEC's Risk Management Policy is updated annually in December.</p>	Good	*****	Duncan Harwood,Chief Risk Officer		
						<p>CEC should consider implementation of a replacement systemised risk management tool to drive efficiencies and consistency in risk management practices and provide the opportunity to generate risk MI without the need for manual intervention. The business case for an enterprise wide risk management system should be prepared and integrated with the wider IT change programme. In line with best practice, CEC risk documentation should be updated as soon as the new structure has been finalised, with updated versions communicated and circulated to staff.</p>	<p>The guidance set out in CEC's Risk Management Procedure is scheduled to be updated by January 2017 once the Council's new environment tool and associated risk education path have been clarified and confirmed. These will then be available to all staff on the CEC intranet.</p>	Good	*****	Duncan Harwood,Chief Risk Officer		
						<p>CEC should consider implementation of a replacement systemised risk management tool to drive efficiencies and consistency in risk management practices and provide the opportunity to generate risk MI without the need for manual intervention. The business case for an enterprise wide risk management system should be prepared and integrated with the wider IT change programme. In line with best practice, CEC risk documentation should be updated as soon as the new structure has been finalised, with updated versions communicated and circulated to staff.</p>	<p>Updating the Risk Appetite Statement is scheduled as part of a broader exercise on embedding improved understanding and consistency around risk appetite and tolerance levels once the new CRO is in place. It was also considered that the risk appetite would be further refined after two years once the risk management framework had been embedded and maturity of the organisation had developed with respect to risk management.</p>	Overdue	*****	Duncan Harwood,Chief Risk Officer		
RES1655.4	RES1655	Property Maintenance	Resources	ISS.4	Medium	<p>All works are now carried out by framework contractors, who work to a Service Level Agreement (for example 1 day for urgent works). The contractor is not required to report back to the Facilities Management helpdesk when work is completed. Facilities Management rely on building surveys to raise concerns if no action has been taken in response to reported issues. We note that technical officers now review contractor notes before payment and quality check a sample of 50% of invoiced jobs. However, there is no monitoring of outstanding works orders (i.e. issues which have been reported, but not completed or invoiced).</p>	<p>Reported issues are not addressed within agreed timescales. Outstanding jobs may not be identified, with a risk that high risks are not resolved.</p>	<p>Contractors should confirm when jobs are completed. Outstanding jobs should be monitored.</p>	<p>The AS400 system does not allow recording or reporting on completion until invoice stage. Contractors are already confirming when jobs complete on agreed SLA (M&amp;E in particular). This includes outstanding jobs. New contracts being procured will require all contracts to report on performance but this is not anticipated to be completed until end 2017 by which time CAFM will also be in place. CAFM will support monitoring of outstanding works orders. In the meantime, as noted in Finding 2, an interim monitoring/tracking process has been developed for condition survey high risk/urgent items</p>	Overdue	*****	Murdo MacLeod,Maintenance Standards Officer

RES1615S.5	RES1615	Property Maintenance	Resources	ISS.5	Medium	All repairs and maintenance work is routed through the Facilities Management helpdesk. The helpdesk is a small, experienced team familiar with the Council's buildings and contractors, who are responsible for prioritising and procuring the work, and escalating higher value works to the technical operations manager. There is no formal guidance available for Facilities Management helpdesk staff on how issues should be prioritised.	Risk of loss of corporate knowledge if members of the helpdesk team leave.	Formalise guidance on prioritising and commissioning works to ensure consistency and continuity if staff leave.	Helpdesk starting does not report to P&M but form part of the Business Support services. Business continuity and resilience are key management responsibilities. However, an agreed list of H&S, W&MT items has been developed and is issued, and reviewed, annually to the Helpdesk staff along with SLA times for action/attendance.	Good Verified	#####		Mark Stenhouse, Facilities Management Senior Manager	
RES1701			Resources	ISS.2				Formalise guidance on prioritising and commissioning works to ensure consistency and continuity if staff leave.	New Hard FM Services SLAs are being developed as part of the AMS Transformation workstream which will give clear guidance to Helpdesk and customers on services delivered, prioritisation process and associated timescales. These are anticipated to be in place by	Overdue	#####	Date required	February Update - Discussion reviewed with Service Area December update - overdue. Request for February Update - Discussion reviewed with Service Area	Mark Stenhouse, Facilities Management Senior Manager
RES1701S.2		Edinburgh Shared Repairs Service			Low	The Service aspires to become a paperless office with a single, trusted repository for all documentation relating to a case or property. Idea DMS will be introduced as an Enterprise Content Management system which will also enable the Service to share content with external stakeholders and allow remote working through mobile devices. However, the implementation of Idea DMS has been delayed and there is no 'go live' date for the new system. This is connected to wider delays in the ICT Transformation project, and is outside the control of the Service. In the meantime, project documentation is held on the shared drive and in paper files. We found this affects the Service in two ways: Availability of documentation - Two documents requested during the audit could not be found. The documents were of minor relevance to the audit, but this indicates that current records management arrangements do not allow project documentation to be retained and retrieved reliably and efficiently. Duplication of records - The Gateway and Compliance Checklist is used to record review and authorisation at key stages of a project. It is currently maintained as both a digital Word file and as a physical paper document. The Word document is not secure, so paper documents are held to record authorisation and provide an audit trail. It is not clear whether Idea DMS will enable the Service to record project sign-offs electronically.	Risk that project documentation is inaccurate where duplicate records are held. Risk that core project documentation cannot be retrieved.	Develop records management procedures with a clear file structure and naming conventions. Assess whether Idea DMS will allow authorisation to be recorded electronically. As an interim measure, assess whether a digital signature on a PDF would provide an adequate record of authorisation at key stages of a project.	ESRS has a Records Manager from Information Governance working on historical paper files and part of this project is to migrate new electronic records management systems. This project is underway and due to be completed by December 2017. Due to the ERP project with CGI being delivered ESRS had authorisation to implement a 2015 system linked to the system already in use, Uniform. This will be implemented by year 2018.	Overdue	#####		March - no update received since December. December Update - Although not yet verified, ICT has proactively advised that this data will not be archived due to delays by CGI in the Uniform software upgrade. Revised implementation date of 31/12/18 notes. November update - Target date to be met. October Update - As per September September Update due to the corporate wide Enterprise Content Management project with CGI being delivered ESRS has had authorisation to implement a Uniform Management System (DMS) that is provided by the supplier of our Case Management System, Uniform. This DMS is already in use by Planning and Building Standards however there is a reliance on a wider upgrade of Uniform before we can go live as we will need additional storage to cope with the volume of records ESRS needs to migrate. The upgrade is due to complete in prior to March 2018 as there are dependencies from Scottish Government to have these wider upgrades complete by then for the purpose of planning changes. Once the upgrade is complete, there will be a month lead time after the go-live to migrate the documents from shared drives over to the DMS. Therefore, the earliest implementation would be April 2018. The records management programme has been amended to complete the 'Governance' stage of the project (i.e. documentation of retention rules and processes around managing records) first before the ESRS electronic records are engaged to be completed in line with the DMS project i.e. by end April 2018. We would therefore advise that we wish to amend the data for completion of the outstanding action to 30/04/18.	Jackie Timmons, ESRS - Manager
RES1721S.2	RES1721	Asset Management Strategy	Resources	ISS.2	Medium	Our review of the controls established to support management of the investment property portfolio identified the following operational control gaps - *Signed bases: requirements for investment properties could not be located. Additionally, records held on AS are not fully up to date for all properties in the investment portfolio. * There is no centralised recording of inspections and repairs for investment property portfolio. Manual records of property inspections and repairs are held by surveyors. The Head of Service has advised that this due to resource constraints. * No mechanism is in place to confirm that necessary repairs have been performed, with reliance placed on receiving invoices to ensure that repairs have been completed. The Head of Service has advised that this is due to resource constraints. * The main key performance indicator (KPI) reported and monitored by the investment portfolio is the value of rental income received. No KPIs have been established to illustrate the percentage of the investment portfolio properties that are leased and those that are currently vacant. It is therefore not possible to determine whether rental or sale income generated across the portfolio has been optimised. * One Royal Institute of Chartered Surveyors (RICS) Registered Valuer currently completes rent renewals and negotiations with tenants. Negotiations can be verbal and are not always documented. Resources do not permit two officers to be involved in all negotiations. However all rent renewals and new leases are approved by an independent Investment Manager in line with applicable Council standing orders.	Records management procedures should be reviewed and refined to ensure that all files can either be located or retrieved from storage upon request. The investment team should ensure that the AS system is updated to include all current property details. Current and accurate property details cannot be extracted from the AS system for the investment property portfolio. Information on investment property condition may not be easily accessible, especially where surveyors have left the Council or are on long term sickness absence. Risk that a delayed completion of repairs is not identified where invoices are not received. Failure to record the need for essential repairs and ensure they are completed will increase the risk of occurrence of health and safety related incidents. Risk that a property could remain vacant for a significant period and that potential rental income is not optimised.	Property inspections and repairs for investment properties should be recorded centrally to allow this information to be accessed when required. Monitoring of repairs across the investment property portfolio should be implemented to confirm that essential repairs are completed on a timely manner. Guidance should be produced on the acceptable timescales for agreeing new leases on rental properties. The KPIs reported by the Investment Team should be reviewed to include a specific KPI in relation to the percentage of the portfolio that has been leased.	All property inspections will now be recorded and placed on file with immediate effect. Notes of repairs and inspection notes for properties will be added to AIS system. Monitoring of repairs will now be routine and an inspection carried out when the invoice is received prior to payment. Tenants are generally on full repairing and insuring leases and agreed repairs will be identified during either minor or full dilapidation investigations. Structural survey exercises are also looking at investment portfolio. A guidance good practice note will be prepared on timeline for dealing with the relating and negotiation of new leases. This will include process for an options appraisal of properties that have been vacant for more than 6 months. Void rates on commercial property has been introduced to one of eleven KPIs by Strategy and insight and reported to RMT monthly. A guidance good practice note will be prepared on timeline for dealing with the relating and negotiation of new leases. This will include process for an options appraisal of properties that have been vacant for more than 6 months.	Good Verified	#####		Current position at 20/02/18 - Closed Verified Evidence provided to show property inspections are cross referenced in AIS. December Update - A walkthrough was completed on the 15/01/2018, a process has been implemented to record property inspections, the recording of inspections is to be cross referenced in the AMS system before closure. December update Walkthrough arranged for the 12/01/2018. Current position at 19/01/2018 - Closed Validated A process has been implemented to record and monitor repairs to vacant properties. December update Walkthrough arranged for the 12/01/2018. Current position at 20/02/18 - Closed Verified A revised procedure note highlighting key timesframes has been provided to internal audit. January update Internal audit awaiting revised procedure note highlighting key timesframes. December update Internal audit has been provided with a procedure note regarding agreeing leases for rental properties, it has been requested that this is changed to highlight key time frames. Current position at 19/01/17 - Closed Verified Corporate property KPIs are reported to the Directorate. Current position at 22/12/17 - IA Validation Emails have been provided to IA including the KPIs reported the Resources Management Team (RMT). IA to request the RMT minutes to ensure those were reported and discussed. Current position at 20/02/18 - Closed Verified A revised procedure note highlighting key timesframes has been provided to internal audit. January update Internal audit awaiting revised procedure note highlighting key timesframes. December update Internal audit has been provided with a procedure note regarding agreeing leases for rental properties, it has been requested that this is changed to highlight key time frames. Current position as at 20/02/18 - IA Validation The service area has confirmed that the management action has been implemented. Internal Audit will complete a walkthrough before the action can be closed. January Update The Senior Investments Manager has asked staff to review their files on AS. This is a work in progress and will require IA to conduct testing to ensure this has been completed.	Gracie McGarran, Investments Senior Manager, Resources Gracie McGarran, Investments Senior Manager, Resources Gracie McGarran, Investments Senior Manager, Resources Gracie McGarran, Investments Senior Manager, Resources
RES1721S.3	RES1721	Asset Management Strategy	Resources	ISS.3	Low	The Property and Asset Management strategy presented to the Finance and Resources Committee in September 2015 introduced the concept of the corporate landlord. The actions required to develop the concept are still in progress. These include development, finalisation and implementation of Terms of reference for the recently established Asset Investment Groups. The content of management information packs to be provided to Localities Leadership teams. Finalisation of locality property requirements. The process supporting, and responsible for, preparation of the asset and property development requests for submission to Asset Investment Groups and the Property Board. Fully indexed property lifecycle costs across the portfolio. A process for receipt, assessment, and prioritisation of requests for property space from Service Areas. Whilst there is clear evidence of progress in each of these areas, there is no defined project plan or roadmap to support delivery and oversight of the remaining Operational Estate aspects of the wider property and asset management strategy.	Progress with implementation of the Operational Estate aspects of the property and asset management strategy cannot be formally monitored or tracked.	The plan will also record those areas where implementation is dependent on completion of actions by other Service Areas.	A project plan for the development of this information, bringing together the various on-going strands of work will be produced. This will set out dependencies (including other service areas and risks, and will be incorporated within the Property Board governance with regular updates. It is also proposed to present this monthly to the Asset Management Strategy Board. This plan will reflect completion dates for the following - * The remit for the Asset Investment Groups has been drafted and is in the process of being approved at each departmental AIG meeting. * Base data and analysis for life cycle costing for the pipeline estate is nearing completion and the next step is to apply inflation. This information will be stored in a FAST model, developed with Finance, to allow scenario planning. * The identification of quality office accommodation requirements is mid-way through a two-month assessment, with requirements identified by the end of October and detailed models to be completed in November. * A charge request process for property charges has been developed and will be implemented in tandem with the 'go-live' date of the FM review. * The first business cases for new property investment for the 2018/19 budget are currently being developed and are expected to be completed in December 2017.	Good Verified	#####		Current Status as at 19/01/17 - Closed Verified A FAST model has been produced to apply indexed lifecycle costs across the portfolio. Business cases have been produced for the project within the portfolio as well as a process for professional requests. Guidelines have been added to the OHS for allocations to property and a RMC from created (this is due to be implemented following the FM review).	Lindsay Glasgow, Asset Strategy Manager
RES1721S.4	RES1721	Asset Management Strategy	Resources	ISS.4	Low	The contractual agreement between the Council and Faithful and Gould specifies that a target of 10% of the condition surveys completed by Faithful and Gould's external surveyors are to be reviewed by the Council to confirm that the quality of surveys meets Council expectations. To date circa 5% of condition surveys completed by the external contractor have been reviewed. Although the surveys sampled and reviewed by the Council have found the surveys to be thorough and the reported costs realistic, issues have been noted regarding the categorisation of property condition findings. Councils property condition surveys are completed by the Council via a team of three fabric, surveyors and two Mechanical and Electrical Surveyors. The lead officer inputs the results into the Computer Aided Facility Management (CAFM) system. The quality of the survey details recorded and captured in the system is then independently verified by another surveyor. However, due to resource constraints, the officer performing the verification may be part of the original survey team.	Insufficient independent oversight of surveys performed by third parties and Council employees could result in failure to identify issues with quality or the associated cost of repairs.	The volume of independent review of third party surveyors performed by the Council should be increased to meet the 10% target to ensure that any system issues with the quality of the surveys is identified and resolved. The review performed should ensure that survey grade applied (on a scale of 1 to 10) accurately reflects the condition of the property and the costs associated with the repair.	Surveys were completed in mid September 2017, with the quality assurance process well underway. Any surveys identified as inconsistent between identified costs and condition grade are being returned to the third party for further assessment. This has resulted in instances where the condition grade has been adjusted to reflect the level of ground required. A 10% sample will be completed, along with scrutiny of any other obvious anomalies.	Good Verified	#####		Current Status as at 20/02/2018 - IA Validation Reports reviewed the condition surveys completed by external contractors have been provided to internal Audit. Internal Audit have requested additional information regarding how the issues identified have been remedied.	Lindsay Glasgow, Asset Strategy Manager
RES1721S.7		Asset Management Strategy			Advisory	It has been identified that there may be a lack of oversight regarding security arrangements supporting the list of Council property for an out of hours lease for the Council's properties. The Facilities Management Service Level Agreement is currently being prepared that will include provision of security and janitorial services.	If Council properties do not have appropriate internal security arrangements in place the Council's security and records could be compromised due to out of hours letting arrangements.	The Facilities Management SLA should specify the minimum security arrangements required to support out of hours lets of Council properties and protect Council assets and records.	The SLA - and accompanying Service Protocol Matrix (SPM) - will detail the requirement for security staff to have a thorough understanding of the layout, works and management knowledge of each building and its functionality. These will be managed and monitored through the SLA, periodic or through the key holding team response mobile unit, where applicable CCTV will also relay back to the control room.	Overdue	#####		No updates provided.	Andrew Field, Interim Operations Manager

HSC150315S.1	HSC15031	Personalisation	Health & Social Care	SS.1	High	<p>The Social Care (Self-directed support) (Scotland) Act 2013 states that the authority must "inform the supported person of the amount that is the relevant amount for each of the options for self-directed support from which the authority is giving the person the opportunity to choose, and the period to which the amount relates." The "relevant amount" is defined as "the amount that the local authority considers is a reasonable estimate of the cost of securing the provision of support for the supported person". As proposed, the supported person is not informed of their assessed budget when they are asked to choose their option. They are only told of the resources available to them when they receive their personal support plan after they have selected their option.</p>	<p>There is a risk of non-compliance with The Social Care (Self-directed support) (Scotland) Act 2013. The supported person may not have sufficient financial information to make an informed decision on the feasibility and affordability of arranging their care under option 1.</p>	<p>Management should seek clarification from Scottish Government on how the legislation should be applied where the supported person is allocated the same budget whichever option is chosen.</p> <p>The supported person should be given sufficient financial information to make an informed decision on the feasibility and affordability of arranging their care under option 1.</p>	<p>Scottish Government have been approached on this issue through the Social Work Scotland SDS Sub-group and have indicated that they are prepared to consider issuing further guidance and in particular review the issue of whether local authorities need to notify individuals of the indicative budget for each of the four options or just provide a single indicative budget which would not be used in practice. These discussions will take place through the Social Work Scotland SDS Sub-group and Senior management will ensure that Edinburgh is involved in these discussions. The current processes and practice in relation to providing individuals with an indicative budget will be reviewed and updated and clear guidance issued to staff taking account of any change in guidance from the Scottish Government. In either case an indicative budget will be given to individuals before they are asked to select their preferred option.</p>	<p>Overdue</p> <p>11/03/18</p> <p>11/12/17</p> <p>30/06/17</p>	<p>Current Position at 22/02/18 - Overdue - Discussions have been taking place to consider the options for the replacement of the Funding Allocation System informed by the developments that have been taking place around the support planning and brokerage pilot. A further meeting has been arranged for 26/2/18 to come up with more concrete proposals.</p>	<p>Wendy Dale, Strategic Commissioning Manager</p>	
HSC170115S.5	HSC1701	HSC Care Homes - Corporate Report	Health & Social Care	SS.5	High	<p>At the time of our final visit in July 2017, four months into the new financial year, none of the care homes 2017/18 budgets had been finalised and no financial monitoring reports had been provided since March 2017. 9 out of 10 care homes significantly overran their budgets in 2016/17 due to high sickness absence rates, staff vacancies &amp; lack of budget for holiday cover for non-care roles necessitating increased expenditure on agency staff. Care home managers previously met with Finance Services Accounting monthly. These meetings no longer happen regularly resulting in a lack of oversight and challenge of care home expenditure. Consequently, care home managers no longer have a regular forum where they can seek advice on financial matters or raise operational issues (such as long-term sickness absence or new residents with high care needs) which may impact on their ability to meet their budget. Additionally, changes in the care home management structure implemented in January 2017 has resulted in limited contact between care centre managers and their line managers, and limited oversight of budgets within health and social care.</p>	<p>Carer home budgets should be reviewed and rebased to align them with current operational service models and expected operating costs.</p>	<p>All care home managers should be provided with monthly budget reports or given access to the Frontier system to enable review of performance against budget and communication of any issues.</p> <p>Carer home managers should be supported with budget management by re-establishing regular meetings with Finance and their line managers (cluster managers).</p>	<p>This piece of work was completed as part of the restructuring of budgets to reflect the locally operating model in September 2017. Budgets are regularly monitored through general ongoing monitoring performed by Finance and there is an established process for ensuring the overruns are communicated to budget owners. Business support will also be providing more support to Unit Managers in relation to ongoing budget management.</p>	<p>IA Validation in Progress</p> <p>IA Validation in Progress</p> <p>IA Validation in Progress</p>	<p>30/06/18</p> <p>30/06/18</p> <p>30/06/18</p>	<p>Current Position as at 26/03/18 - IA Validation in Progress March 2018 Update: This piece of work has been completed. No done more regularly. Evidence already submitted to close in November - can this please be followed up by IA. IA Update: Meeting held on 09/04/18 and supporting evidence requested for a sample of Care Homes. CS.</p> <p>Current Position as at 26/03/18 - IA Validation in Progress March 2018 Update: This piece of work has been completed. Frontier reports are now sent to Care Home Managers monthly. Evidence already submitted to close in November - can this please be followed up by IA? IA Update: Meeting held on 09/04/18 and supporting evidence requested for a sample of Care Homes. CS.</p> <p>Current Position as at 26/03/18 - IA Validation in Progress March 2018 Update: This is done. Evidence already submitted. Can this please be followed up by IA? IA Update: Meeting held on 09/04/18 and supporting evidence requested for a sample of Care Homes. CS.</p>	<p>Kenny Reabum, Senior Accountant</p> <p>Kenny Reabum, Senior Accountant</p> <p>Kenny Reabum, Senior Accountant</p>
HSC170115S.7	HSC1701	HSC Care Homes - Corporate Report	Health & Social Care	SS.17	Low	<p>Whilst no concerns were identified at any of the care homes in relation to employees accepting gifts from residents or family members, no formal gifts and hospitality registers are maintained at individual care homes. Social Care Finance maintain a central gifts and hospitality register for care homes, however there is no established guidance or procedures to ensure that details of gifts and hospitality received are provided by care homes to the Social Care Finance team to support maintenance of the central register.</p>	<p>Gifts and hospitality registers should be maintained in each care home to record all gifts and hospitality received by employees.</p> <p>Gifts and hospitality details should be provided quarterly to the Health and Social team (including provision of a return where applicable) to ensure that the central register is regularly updated and maintained.</p>	<p>This will be included as part of a new monthly controls process to be implemented and monitored as completion of a monthly spreadsheet. A working group has been established to document all processes to be included. The new process will specify that anything in excess of £10 in value should be included in the gifts and hospitality register.</p> <p>This will be included as part of a new monthly controls process to be implemented and monitored as completion of a monthly spreadsheet. A working group has been established to document all processes to be included. The new process will specify that anything in excess of £10 in value should be included in the gifts and hospitality register and that the central hospitality register should be updated quarterly.</p>	<p>Overdue</p> <p>30/06/18</p> <p>Overdue</p> <p>30/06/18</p>	<p>30/06/18</p> <p>30/06/18</p>	<p>Current Position at 12/04/18 - Overdue March 2018 Update: Gift and Hospitality register work stream to be created. Revised due date requested: June 2018.</p> <p>Current Position at 12/04/18 - Gift and Hospitality register work stream to be created. Revised due date requested: June 2018.</p>	<p>Mary McIntosh, Business Services Manager</p> <p>Mary McIntosh, Business Services Manager</p>	
HSC170115S.9	HSC1701	HSC Care Homes - Corporate Report	Health & Social Care	SS.19	Low	<p>In seven of the ten care homes, employees who had left the Council were still listed on the Global Address List and had live active directory accounts enabling them to access Council systems, including e-mail.</p>	<p>Care home managers should ensure that the Council's procedures for leavers are consistently applied, with requests to remove access directory accounts submitted in advance of the leaving date with a request for this to be acted upon by ICT the day after the agreed termination date.</p>	<p>This will be part of the revamped Starter/Leavers process.</p>	<p>Overdue</p>	<p>30/06/18</p>	<p>Current Position 12/04/18 - IA Update 12.04.18 - One piece of evidence received for validation. Meeting held between IA, Business Support Manager and HSCSP Operations Manager 12.04.18 to discuss further evidence required. Business Support Manager to advise of date for validation of relevant evidence to IA.</p>	<p>Mary McIntosh, Business Services Manager</p>	
HSC170115S.0	HSC1701	HSC Care Homes - Corporate Report	Health & Social Care	SS.20	Low	<p>Five care homes do not have an asset register in place at the time of our audit visit, with three of those indicating that they had no high value assets to record. The nature of items recorded on the asset registers varied and usually only included Council issued desktops and mobile phones. Other assets including artwork, TV's, computers for service users and retired items were often excluded.</p>	<p>Clear guidance should be provided by Finance and ICT regarding the value and nature of items that should be recorded in an asset register.</p>	<p>The asset registers currently used in Social Work centres have been copied and e-mailed to all business support teams currently using in Manager Care homes for completion.</p>	<p>Past due</p> <p>date - please provide update</p>	<p>30/06/18</p>	<p>IA Update 12.04.18 - Meeting held between IA, Business Support Manager and HSCSP Operations Manager 12.04.18 to discuss evidence required. Business Support Manager to advise of date for validation of relevant evidence to IA.</p>	<p>Mary McIntosh, Business Services Manager</p>	
SW160115S.4	SW1601	Social Work - Pre-Employment Verification	Health & Social Care	SS.4	Medium	<p>There was insufficient evidence to support the PVG checks of three nominated candidates who were waiting Council approval. The original PVG certificate included information that allowed them to make informed decisions on whether to proceed with employment. This may lead to recruitment of staff not appropriate for the role.</p> <p>The current "Recruitment and Selection Guidance for Managers Pre-Employment Checks for Nominated Candidates" states that "no further check is required if the individual is a PVG Scheme member in the Council for the same type of regulated work". There is potential for staff to be recruited to a role which is not appropriate given their previous convictions. For example, a person with fraud convictions may properly be recruited to a care home if they are not handling cash but a future appointment to the homecare services, with access to vulnerable people's funds may be approved without due consideration of the risk. In October 2016 a carer in East Lothian was convicted of Fraud amounting to £46,000 from two clients.</p>	<p>Recruiting managers may have insufficient evidence of PVG vetting information to allow them to make informed decisions on whether to proceed with employment. This may lead to recruitment of staff not appropriate for the role.</p> <p>The "Recruitment and Selection Guidance for Managers Pre-Employment Checks for Nominated Candidates" should be updated to reflect the above change in procedure.</p>	<p>Employees should currently retain vetting information received as a result of a PVG check. This information should be used to support the recruitment process. If an existing employee working in regulated work is nominated candidate for another position within the Council which is also regulated work then candidate should evidence the vetting information for the original PVG check. It should be noted that Disclosure Scotland have confirmed that Scheme Record updates now contain original vetting information - employees who fail to evidence the original vetting information will result in the Council requiring to pay for a Scheme Record update. The cost of this update is £18, this will be an additional cost to the Council. The vetting information will continue to be destroyed by the People Support Recruitment Team as it is not deemed effective to retain huge amounts of vetting information on a just in case basis. The required documentation will be sought on a "need" basis. The first instance the responsibility to provide information will be the employees. The requirement to evidence vetting information when recruiting staff externally will be included in the guidance at its next review.</p>	<p>Good</p> <p>Review</p>	<p>30/06/18</p>	<p>Closed and Verified</p>	<p>Grant Craig, People Support Manager</p>	
SW160115S.5	SW1601	Social Work - Pre-Employment Verification	Health & Social Care	SS.5	Medium	<p>Testing identified that working practices between recruiting managers, HSC Recruitment, and HR Recruitment are not fully documented and this had led to inconsistencies including - bypassing the HSC Recruitment Co-ordination Team; inadequate recording of Criminal Convictions Form (CCF) and PVG information; inappropriate record management; and no clear formal procedure has been issued to Recruiting Managers to advise them of the requirement to formally document the decision to proceed with or refuse the offer of employment following receipt of vetting information in respect of the nominated candidate.</p>	<p>Key information may not be retained. HSC Recruitment Staff and Recruiting Managers may not be aware of what is expected of them. Risk of non-compliance with Disclosure Scotland's 'Code of Practice'.</p>	<p>All relevant policies and procedures should be updated with the requirement to formally record the Recruiting Manager's decision on the PVG / Disclosure Risk Assessment form and "Record of Meeting on PVG / Disclosure Information" form in order to show clear evidence of the decision made. Once complete these procedures should be formally communicated to all relevant staff / Recruiting Managers. This should include the safe storage and retention periods of both forms.</p>	<p>The forms "PVG / Disclosure Risk Assessment form" and "Record of Meeting on PVG / Disclosure Information" should be forwarded to the Council Recruitment Team checked then retained as part of the employees personal file. This will evidence the decision of the recruiting manager to offer or rescind employment. A process review will be carried out and implemented by 31/12/2018. As part of the process review between the HSC Team and HR Recruitment the HSC Team have made a commitment to communicate to all relevant staff and recruiting managers.</p>	<p>Good</p> <p>Review</p>	<p>30/04/2018</p> <p>30/11/2017</p> <p>31/03/2018</p> <p>17</p>	<p>Current Position at 22/02/18 - Overdue IA Validation in progress. February Update: Draft checklist has now been produced. Proposed pre-employment process map has now been developed. Meeting to discuss with Internal Audit on 21 February. This will also be included in the Care Home Assurance Framework. Agreed revised date for April 2018 in January with Internal Audit. IA note: Observed proposed process 21/03/18. Further evidence requested prior to consideration for this issue to be closed off and verified.</p>	<p>Cathy Wilson, Operations Manager</p>
SW160115S.7	SW1601	Social Work - Pre-Employment Verification	Health & Social Care	SS.7	Medium	<p>Procedures should be produced by the HSC Recruitment Co-ordination Team in conjunction with HR Recruitment Team and senior HSC Management to ensure the recruitment process is safe, consistent and compliant with appropriate legislation and CE policies. This should include the requirement to complete the "PVG/ Disclosure Risk Assessment Form" and "Record of Meeting on PVG/ Disclosure Form".</p>	<p>All nominated candidates should be requested to bring their copy of the PVG certificate to the pre-employment checks meeting in order to allow managers to make an informed decision as to whether to proceed with the recruitment process or to rescind the offer.</p>	<p>HSC Recruitment Co-ordination Team will work with HR Recruitment Team to develop safe and consistent processes including the requirement to update both of the PVG / Disclosure Forms noted. Procedures to be strengthened to ensure that we are up to date to date to reflect safe storage and retention procedures. HSC will formally communicate this to all relevant staff and recruiting managers, including the safe storage and retention periods of both forms. Confirmation of this to be sent to Locality Managers.</p>	<p>IA Validation in Progress</p>	<p>30/04/2018</p> <p>30/11/17</p> <p>31/5/17</p>	<p>Current Position at 22/02/18 - Overdue IA Validation in progress. February Update: Draft checklist has now been produced. Proposed pre-employment process map has now been developed. Meeting to discuss with Internal Audit on 21 February. This will also be included in the Care Home Assurance Framework. Agreed revised date for April 2018 in January with Internal Audit. IA note: The above process map does not fully cover the original finding, recommendation and management action made within the audit report. A further meeting will be requested with the Operations Manager and the HSC Recruitment Team leader to agree a way forward.</p>	<p>Cathy Wilson, Operations Manager</p>	
SW160115S.7	SW1601	Social Work - Pre-Employment Verification	Health & Social Care	SS.7	Medium	<p>The HSC Recruitment Co-ordination Team carry out 'Bulk interview' on a monthly basis for Care Home and Homecare posts where there are a number of different posts required at different locations around the city. This is due to a high volume of staff movement within these posts, which due to the nature of the posts are required to be filled swiftly. However, it was established that the 'Locality Manager' who the nominated candidate reports to on their first day of work is not necessarily the same manager who has interviewed the candidate or taken the candidate through the pre-employment checks to check a their identification. It is acknowledged that this carries the risk that the person who turns up for work may not be the person that was interviewed.</p>	<p>Risk of identification fraud resulting in the Council employing a candidate who does not have the skills or experience required to fulfil the duties of the post. Risk of financial sanctions in Right to Work UK legislation.</p>	<p>All nominated candidates should be requested to bring photographic identification with them which should be checked and verified by the 'Locality Manager' on the candidate's first day of work. Failure to bring the appropriate identification should result in the candidate being refused to start work within the Council. This should be embedded within HSC and Safer and Stronger Communities procedures, and communicated to relevant staff.</p>	<p>Locality Managers to seek confirmation from either recruiting managers and/or location managers to ensure that candidates are being requested to bring photographic ID on their first day of work. This process will also be embedded within the HSC and Safer &amp; Stronger Communities procedures and communicated to all relevant staff.</p>	<p>IA Validation in Progress</p>	<p>30/04/2018</p> <p>30/11/17</p> <p>31/5/17</p>	<p>Current Position at 22/02/18 - Overdue IA Validation in progress. February Update: Draft checklist has now been produced. Proposed pre-employment process map has now been developed. Meeting to discuss with Internal Audit on 21 February. This will also be included in the Care Home Assurance Framework. Agreed revised date for April 2018 in January with Internal Audit. IA note: Observed proposed process 21/03/18. Further evidence requested prior to consideration for this issue to be closed off and verified.</p>	<p>Cathy Wilson, Operations Manager</p>
HSC150315S.3	HSC15031	Personalisation	Health & Social Care	SS.3	Medium	<p>Scottish Government collects data on SDS uses through annual and quarterly statistical surveys of local authorities. The answers to survey questions are based on data held in SWIS. The accuracy and completeness of data input is therefore essential. There have been several changes to the assessment process and data captured in the past year such as Eligibility for services (on which data is required by Scottish Government) has been recorded since January 2015. Initial steps to support assessments were in use for new contacts between August 2014 and May 2015 but are now used only for crisis care. A new personal support plan was introduced in October 2015. When a new personal support plan is used, Option 4 is now recorded as a combination of Option 1, 2, and 3. There was no cut-off date after which all assessments would be carried out using new templates. The full process of assessment and arranging care can be lengthy. This means that there are several months' worth of recording assessments running concurrently, with different data contained in each one. It is therefore difficult to extract complete and accurate data for management information and for reporting to Scottish Government.</p>	<p>Data on SWIS is used to provide internal and external reporting which is likely to be incorrect. Data quality is affected where several processes to capture the same information are in use. There are over 500 practitioners completing assessments on SWIS; multiple processes the ages over a short period of time increase the likelihood of errors in data input.</p>	<p>Further changes to the assessment process are expected over the next year as a result of the Transformation Programme and integration with the NHS. A change management process should be in place to minimise the number of process and recording changes through the year, implement clear cut-off dates, and to ensure changes are communicated to staff clearly. In the meantime, Research and Information Teams should be aware of the likely inconsistencies in data recorded and ensure that reports are thoroughly reviewed before issue.</p>	<p>A change management process will be established and overseen by the SDS Infrastructure Steering Group. The inconsistencies in data recording are a result of numerous changes to processes and trying to reduce the recording burden of implementing these on frontline practitioners. The Research and Information Team are aware of all changes to recording practice and take these into account. A summary of all changes and the impact on data extraction has also been produced.</p>	<p>Overdue</p> <p>11/3/18</p> <p>11/2/17</p> <p>30/06/17</p>	<p>Current Position at 28/02/18 - Overdue IA Note: Request for further clarification / evidence issued 17/01/18. Position at 11/01/18 - Overdue IA Validation in Progress. Compliance and Data Quality Team Manager now in place, rest of team audit for 8/1/18. Draft project plan agreed by Assessment and Review Board (copy supplied to Internal Audit for validation).</p>	<p>Mary McIntosh, Business Services Manager</p>	

HSC15035.6	HSC1503	Personalisation	xx Integration	SS.6	Medium	Since October 2015, all personal care plans must be signed off by a senior. This is a measure introduced to improve the quality of personal support plans. We obtained a report of all personal support plans completed between October 2015 and January 2016. We identified 44 cases out of 811 (5.4%) where the system recorded that the assessor who prepared the personal support plan also signed it off. This was reflected in the variable quality of the 25 personal care plans we reviewed as part of our audit work.	The quality of personal support plans is a vital aspect of delivering SDS and ensuring that people receive the care that they choose and need. A lack of review may affect the quality of care received.	All personal care plans should be signed off by a senior, as required by HSC policy. 'Workarounds' on Swift should be deactivated to prevent this breach of segregation of duties occurring.	Ensure that there is a mechanism in place on SWIFT for the senior to record that they have signed off the support plan. All personal care plans should be signed off by a senior at the time of the review will show that the senior has both prepared and reviewed the plan. Data quality reports will be set up to identify any support plans signed off by the assessor who produced the plan. Sector Managers and seniors to ensure appropriate oversight and sign off by senior for the personal care plans	Overdue	#####	30/06/18	Current Position at 28/02/18 - Overdue - IA Note: Request for further clarification / evidence issued 17/01/18 11/12/17	Mary Mcintosh, Business Services Manager	
HSC15045.1	HSC1504	Care Sector Capacity	xx Integration	SS.1	Medium	A Joint Strategic Needs Assessment (JSNA) has been drafted by the Research and Information team in preparation for health and social care integration. This analyses demographics across the city and the attendant pressures on social care provision such as life expectancy, morbidity, deprivation, prevalence of unpaid carers and employment levels (affecting both need for social care and the availability of carers). While the JSNA gives a sophisticated analysis of the current demographic and economic profile of the city, it is a snapshot based on historic statistics. Forecasting is limited to variation in growth according to the National Records of Scotland population projections by age group. The demographic trends and pressures on social care provision identified in the JSNA have not been translated into the likely effects they will have on demand for services in the medium to long term. This means that the Council does not have a robust forecasting model of demand for social care in the City to inform its strategic planning.	Lack of robust forecasting models impedes informed strategic planning of future service provision. New service structures and initiatives may be rolled in an ad-hoc manner without sufficient consideration of the impact on existing services or the need for changing demands caused by foreseeable movements and trends in the population.	Forecasting - The JSNA should be developed into a robust forecasting model for demand for social care in the City. This should involve an appropriate level of scrutiny of the reliability of the data used and the assumptions used in the model. We recommend that an officer from Health and Social Care is involved in the development of the JSNA in order to assess the assumptions used. The forecasting model should include a sensitivity analysis to assess the likely impact of variation in forecast trends. This is particularly important given the recognised breadth and complexity of social and economic factors affecting demand for care. Gap Analysis - Once demand for homecare services has been forecasted, the Service should identify the gap between current and required capacity if the forecast is sufficiently nuanced, the Service will be able to identify the gap between available resources and need for different groups, types of care, and localities. Implementation - To date, population projections have generally been used to illustrate the need for service reform. The forecasting model and gap analysis should be used to inform strategic planning of Health and Social Care services.	Forecasting - The Edinburgh Health and Social Care Partnership's Strategic Plan includes as a priority the improvement of our understanding of the strengths and needs of the local population through the ongoing development of the JSNA. A working group has been established to carry out this work. Members include colleagues from Public Health in NHS Lothian as well as from the Health and Social Care Partnership. One of the work streams which we have been identified for the group is to further investigate methods of forecasting needs among specific groups, and our Public Health colleagues are supporting this work. Sensitivity analyses will be built into forecasting models. Gap Analysis - Existing methods enable the gap to be identified between demand and supply in broad terms. Further work will be done in conjunction with Strategic Planning and Contracting colleagues to provide analysis in relation to specific service models. Implementation - Improved understanding of the strengths and needs of local populations, and the gap between demand and supply, will be used to develop service models and will inform strategic planning.	#####	31/12/201	11/12/17	November Update - Overdue - IA Validation in progress. Further evidence supplied by Eleanor Cunningham for validation by Hugh Thomson	Wendy Dale, Strategic Commissioning Manager	
HSC16045.1	HSC1604	IB Data Integration & Sharing	xx Integration	SS.1	High	The governance processes in place are not sufficiently mature to support the vision of seamlessly sharing data between both parties to the IB. We observed the following areas of weakness: Roles and responsibilities are not well defined or communicated between CEC and NHS, in particular relating to: Management of access to critical systems; Reporting and escalation of issues; and Ensuring compliance with legal information governance regulations. Management structure - A process is currently ongoing to establish and capture cross-party system access requirements for the NHS, CEC and external parties (e.g. GP practice etc.). While we recognise that it is a complex task, at the time of the review, a management structure to manage access has not been established, and there is no clear roadmap or timeline that details when and how access will be implemented. In the interim system access is being granted to individuals on an ad-hoc basis. Communication strategy - During our review, it was observed that the communication strategy is not well defined. The IB does not promote awareness of its benefits or facilitate staff within CEC and NHS. This has resulted in a lack of awareness on the types of data, not originating from their 'home' organisation, which is now available to staff.	There is a risk that without clear roles and responsibilities, legal requirements or regulations are not met or are addressed in isolation. There is a risk that IB members and the executive board cannot monitor progress against strategic objectives effectively. With no clear implementation roadmap, the IB might experience recurring issues or miss important dependencies between requirements. If internal communication is not well defined, there is a risk that employees do not make best use of the available data with a knock on impact on patient/customer outcomes.	The IB should ensure roles and responsibilities for the management of access to critical systems, reporting and escalation of issues and compliance with legal regulations are clearly defined and communicated.	Nominated officer to be identified in respect of ICT and Information Governance to take responsibility for ensuring that appropriate governance arrangements are in place for both the Edinburgh Integration Joint Board (EIB) and the Edinburgh Health & Social Care Partnership (EHSCP)	Overdue	#####	31/12/201	0	Current Position 23/02/18 - Overdue February Update: Operations Manager has been in post from 1 December 2017. Handover appointment for ICT and Information Governance with Strategic Commissioning Manager completed in January 2018. The post holder is currently leading on the Information Governance (GDPR) for the Partnership and has had meetings with both NHS Lothian and Council Information Governance officers and has assisted in the recent delivery of the Memorandum of Understanding among CEC, the EIB and the NHS in relation to information sharing. For ICT, the Operations Manager will be leading on the system access requirements workstream for the Partnership	Michelle Miller, Interim Chief Officer, EHSCP
										Overdue	#####	31/03/18	11/03/17	Current Position Overdue February 2018 update - a copy of the outputs from the workshop on 11/01/2017 presented to the ICT and Information Governance Steering Group on 13/2/18 will be submitted as evidence by 30/09/17 separate email. IA Note - separate email not received	Wendy Dale, Strategic Commissioning Manager
										Overdue	#####	30/09/20	30/09/20	Current Position 26.02.18 - Overdue February 2018 update - following discussion at the ICT and Information Governance Steering Group on 13/2/18 it has been agreed that four short life working groups will be established to take this work forward. Once requirements have been identified they can be prioritised.	Wendy Dale, Strategic Commissioning Manager
										Overdue	#####	0	0	Current Position 26.02.18 - Overdue February 2018 update - a copy of the outputs from the workshop on 11/01/2017 presented to the ICT and Information Governance Steering Group on 13/2/18 will be submitted as evidence by separate email. IA Note - separate email not received.	Wendy Dale, Strategic Commissioning Manager
HSC16045.2	HSC1604	IB Data Integration & Sharing	xx Integration	SS.2	High	During interviews conducted with NHS and CEC, it was noted that two processes (specifically access management and communication protocols for data sharing) do not fully support the objectives of the IB. Responsibilities for ensuring that access rights to NHS and CEC systems remains appropriate have not been established. Currently, managers within NHS should notify CEC and vice versa of staff changes, leavers or movers. This allows access rights to be updated in line with revised operational requirements. However, there is no formal documented process or guidance that sets out the requirement to notify the two bodies of staff changes, and interviews reported that access control is inconsistently applied (for example not all managers notify their 'non-home' organisation of staff changes). Currently, communication protocols for data sharing are in place. However, we observed that these protocols were not fully established and not sufficiently mature enough on data protection to properly support the objectives of IB.	There is a risk of managers not being aware of their responsibilities to notify their 'non-home' organisation of staff changes. This could lead to access rights not being updated for leavers or movers and result in confidentiality of sensitive data being put at risk, leading to regulatory fines or censure. Inappropriate data sharing protocols increase the risk of data being inappropriately handled or misused, putting the confidentiality of sensitive patient data at risk, leading to regulatory fines or censure.	IB should ensure the communication protocols for data sharing are fully established and mature on data protection.	A pan Lothian General Data Sharing Protocol that facilitates trust among all parties (NHS Lothian, Edinburgh, East, West and Mid Lothian Councils and EIB) is now in place and the Memorandum of Understanding (MOU) defining the joint data controller responsibilities between the City of Edinburgh Council, NHS Lothian and the EIB is in the final draft. It is envisaged that the MOU will be signed by the parties by the end of June 2017. Once sign off has been achieved details will be shared with staff through the regular staff newsletter.	Overdue	#####	31/01/201	31/10/17	Current Position at 27/02/18 - Overdue Memorandum of Understanding has been signed off by Chief Officer and the Council's Chief Executive on 4 February 2018. HSC Corres officer has been contacted to prepare a staff message that will be sent from the Chief Officer to all HSC. Copy of Corres to be sent to Internal Audit for evidence. IA Note: Noted evidence has not been received.	Kavin Witham, Information Governance Manager, Corporate Governance
										Overdue	#####	30/09/17	30/09/17	Current Position at 27/02/18 - Overdue February 2018, Operations Manager has now been given a copy of a spreadsheet made in 2016, detailing current access and training requirements. Extensive work to validate this data has consultation with Locality Managers needs to take place.	Cathy Wilson, Operations Manager
HSC16045.3	HSC1604	IB Data Integration & Sharing	xx Integration	SS.3	Medium	During our audit procedures, we observed there are compatibility and connectivity issues when using CEC hardware at NHS locations or to access NHS owned systems and vice versa. CEC staff have experienced difficulties in connecting through Wifi at NHS sites and vice versa. Some systems, email, and some systems cannot be accessed using specific hardware such as mobile devices (i.e. tablets, mobile phones).	There is a risk of the operational efficiency and effectiveness being impacted by an inability to access systems in a timely manner.	The ICT and Information Governance Steering Group will ensure that changes are applied in a timely manner and access rights are regularly certified. This would provide assurance to system owners over the operating efficiency of these controls.	The ICT and Information Governance Steering Group will ensure a review of connectivity and hardware compatibility to be conducted with NHS and CEC sites, to ensure all staff can be fully operational wherever they are located.	Overdue	#####	31/12/17	Current Position at 27/02/18 - Overdue No status update received this month. Position 17/01/18 - Overdue The ICT and Information Governance Steering Group tasked specific individuals to produce the Survey Monkey questions for agreement at the next meeting of the Group on 22/12/2018. Revised implementation date 31/3/2018.	Wendy Dale, Strategic Commissioning Manager	
										Overdue	#####	0	0	December Update - Overdue - no response received	Lawrence Rockey, Head of Strategy & Insight
<b>Strategy and Insight</b>															
HSC16055.1	HSC1605	Service Level Agreements with Outside Entities	Strategy & Insight	SS.1	High	We reviewed the arrangements in place with organisations to which the Council provides professional services. Organisation Services provided 2015/16 Fees Lothian Valuation Joint Board Payroll services Accountancy services Internal Audit £ 20,100 SEStran Accountancy services Payments and procurement Insurance Treasury management Internal Audit Payroll services £ 23,350 Lothian & Borders Community Justice Authority countywide services Payments Internal Audit £ 22,000 CEC Holdings Accountancy services £ 20,000 Royal Edinburgh Military Tattoo Payroll services Treasury management Internal Audit £ 1,500 There was a current Service Level Agreement (SLA) in place with only one of those 5 entities (SEStran). The agreement had been set up in June 2014 for a period of 12 months, and has been extended further 3 times since then. There was a further SLA with the Lothian & Borders Community Justice Authority. This SLA expired in March 2016. The Council has continued to provide accounting support including accounts preparation to LBCA at the rates agreed in 2009. Additional services including accounts payable and internal audit were not included in this SLA. There were no SLAs in place with the remaining 3 entities. Services provided and fees charged were understood to be historic arrangements.	If service levels are not formally agreed with the other organisation, there is a risk that: There is a potential demand and increased resource pressure if the Council does not deliver services as expected by the counterparty. The Council may not receive appropriate remuneration for services provided; and Arrangements in place may not be appropriate or may conflict with other Council duties.	Service Level Agreements with the organisations to which Council provides professional services should be reviewed and/or established. These should set out services provided, key activities and deliverables, and the respective roles and responsibilities of the Council and the counterparty. Service Level Agreements should be for a defined period and rebilled regularly to ensure that agreed services and charges remain appropriate.	Directors to ensure that a service level agreement (SLA) has been established with all arms length organisations (ALIOs) that they support. The SLA should set out all services provided and received by the Council, key activities and deliverables, and the respective roles and responsibilities of the Council and the counterparty. The agreements should be for a one year period and refreshed annually to ensure that agreed services and charges remain appropriate.	Overdue	#####	Date required	0	December Update - Overdue - no response received	Lawrence Rockey, Head of Strategy & Insight

# Governance, Risk and Best Value Committee

10.00am, Tuesday, 5 June 2018

## Internal Audit Report – Housing Property Follow Up – May 2018

Item number 7.2  
Report number  
Executive/routine  
Wards  
Council Commitments:

### Executive Summary

---

The purpose of this paper is to present the outcomes of the Internal Audit (IA) follow-up review of Edinburgh Building Services (now Housing Property) to the Committee.

This review was requested by the Committee in December 2016 to confirm whether the management actions agreed to address the findings raised in the Edinburgh Building services review of Contract Management Arrangements and Processes (completed in August 2016) had been effectively implemented and sustained.

Both Housing Property and Repairs Direct have made significant progress with implementation of the findings raised. Some elements of three High rated findings have not been fully implemented as yet, resulting in exposure to both significant and moderate levels of residual service delivery risk. Consequently, two findings will be reopened. The residual management actions from two of the three Highs will be consolidated and reopened as one High, and the remaining High reopened as a Medium reflecting the moderate level of residual risk to be addressed.

Two new findings, one Medium and one Low have also been raised.



## Internal Audit Report – Housing Property Service Follow Up – May 2018

### 1. Recommendations

---

- 1.1 The Committee is requested to note:
  - 1.1.1 the outcomes of the May 2018 Housing Property follow-up review;
  - 1.1.2 the progress made by both HPS and Repairs Direct with implementation of agreed management actions to address the findings raised in the original August 2016 report;
  - 1.1.3 that the High and Medium rated findings to be re-opened are included in the total population of 30 historic IA findings to be re-opened as approved by the Committee on 8 May 2018.
  - 1.1.4 that implementation of the agreed management actions to address the High and Medium findings that have been re-opened and the new findings raised will be tracked as part of the monthly IA follow-up process.

### 2. Background

---

- 2.1 In August 2016, IA completed a review of Edinburgh Building Services (EBS) Contract Management Arrangements and processes, and raised nine findings (5 High; 2 Medium; 1 Low and 1 Advisory). Six of the findings raised related to revenue works performed by the service (4 High; 2 Medium; and 1 Advisory), whilst the remaining two (1 High and 1 Low) related to capital works.
- 2.2 One of the High rated findings raised reflected weaknesses in the Repairs Direct Customer Contact Centre performance as only 10% of calls from tenants were answered within 30 seconds, and 33% of incoming calls abandoned (as at April 2016). This reflected a significant deterioration in performance in comparison to April 2015 when 75% of calls were answered within 10 seconds, and only 6% of calls abandoned.
- 2.3 The outcomes of this review were presented to the Governance, Risk, and Best Value Committee (GRBV) in December 2016, who requested that IA provide a subsequent update on whether the management actions agreed to address the findings raised and mitigate service delivery risks had been effectively implemented and sustained.
- 2.4 Edinburgh Building Services (EBS), and Housing Asset Management services were combined in September 2016 to form Housing Property, and now provide a streamlined repair, maintenance and capital programme service across the portfolio



of council houses and Housing Revenue Account land. The service provided is subject to compliance with the Scottish Housing Regulator requirements.

- 2.5 As the findings raised in 2016 had not been effectively validated by IA prior to their closure, an additional review was added to the 2017/18 IA plan to confirm whether agreed management actions had been effectively implemented and sustained.
- 2.6 It has not been possible to fully test implementation of agreed management actions supporting closure of the High rated finding raised in relation to contract monitoring for capital works, as no new capital framework contracts have been authorised since June 2016.

This finding has been closed on the basis of evidence provided by management detailing the process to be applied in the event that capital works are required.

### 3. Main report

---

- 3.1 Both Housing Property Services (HPS) and Repairs Direct have made significant progress with implementation of the findings raised in the August 2016 Internal Audit of contract management arrangements and processes, with all agreed management actions supporting 2 High; 2 Medium; 1 Low and 1 Advisory findings fully implemented and effectively sustained.
- 3.2 Our review confirmed that elements of three High rated revenue works findings have not yet been fully implemented, resulting in exposure to both significant and moderate levels of residual risk associated with recording authorisation of invoices; employee training on invoice approval and authorisation; and quality assurance performed on contractor invoices and site inspections.
- 3.3 Two of the three High rated HPS findings will be reopened and tracked as overdue until all agreed management actions have been effectively implemented:
  - 3.3.1 Finding 1 will be reopened as a High, reflecting the significant level of the risks to be addressed;
  - 3.3.2 Finding 2 will not be reopened, as the remaining agreed management action to be implemented is covered by one of the outstanding agreed management actions in finding 1; and
  - 3.3.3 Finding 3 will be reopened as a Medium, reflecting the moderate level of risk to be addressed.
- 3.4 Whilst Repairs Direct has implemented all agreed management actions to close the original High rated finding, the expected uplift in performance has not yet been achieved. Consequently, a new Medium rated finding reflecting the need to review and re-baseline demand and resources and the development of an integrated improvement strategy and plan has been raised
- 3.5 One new Low rated finding has also been raised in relation to records management within the payments team.

## **4. Measures of success**

---

- 4.1 A robust HP service that is responsive to the needs of tenants and compliant with Scottish Housing Regulator requirements.

## **5. Financial impact**

---

- 5.1 None.

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

---

- 6.1 Implementation of IA findings raised will ensure that HPS service delivery risk is effectively managed.

## **7. Equalities impact**

---

- 7.1 None.

## **8. Sustainability impact**

---

- 8.1 Delivery of a sustainable service that will support effective management of the Council's housing stock across the City.

## **9. Consultation and engagement**

---

- 9.1 The IA report was finalised in consultation with HPS management; the Head of Place Development; and the Executive Director, Place.

## **10. Background reading/external references**

---

- 10.1 None.

### **Lesley Newdall**

Chief Internal Auditor,

Legal and Risk, Resources Directorate

E-mail: [lesley.newdall@edinburgh.gov.uk](mailto:lesley.newdall@edinburgh.gov.uk) | Tel: 0131 469 3216

## **11. Appendices**

---

Appendix 1 – Housing Property Services follow-up, Final Internal Audit report

# ***The City of Edinburgh Council***

## **Internal Audit**

**PL1702 - Housing Property follow up**  
Draft Report

9 May 2018

# Contents

1. Background and Scope	3
2. Executive summary	4
3. Detailed findings	5
Appendix 1 - Basis of our classifications	12
Appendix 2 -	
Appendix 3 – Terms of Reference	12

This internal audit review is conducted for the City of Edinburgh Council under the auspices of the 2017/18 internal audit plan approved by the Governance, Risk and Best Value Committee in March 2017. The review is designed to help the City of Edinburgh Council assess and refine its internal control environment. It is not designed or intended to be suitable for any other purpose and should not be relied upon for any other purpose. The City of Edinburgh Council accepts no responsibility for any such reliance and disclaims all liability in relation thereto.

The internal audit work and reporting has been performed in line with the requirements of the Public Sector Internal Audit Standards (PSIAS) and as a result is not designed or intended to comply with any other auditing standards.

Although there is a number of specific recommendations included in this report to strengthen internal control, it is management's responsibility to design, implement and maintain an effective control framework, and for the prevention and detection of irregularities and fraud. This is an essential part of the efficient management of the City of Edinburgh Council. Communication of the issues and weaknesses arising from this audit does not absolve management of this responsibility. High and Critical risk findings will be raised with senior management and elected members as appropriate.

# 1. Background and Scope

## Background

### Housing Property

Edinburgh Building Services (EBS), and Housing Asset Management services were combined (as part of the Council's transformation programme) in September 2016 to form Housing Property (HP), and now provide a streamlined repair, maintenance and capital programme service across the portfolio of council houses and Housing Revenue Account land. The service provided is subject to compliance with the Scottish Housing Regulator requirements.

In August 2016, an Internal Audit of contract management arrangements and processes was performed prior to transformation, and raised nine findings (5 High; 2 Medium; 1 Low and 1 Advisory). Six of the findings raised related to revenue works performed by the service (4 High; 2 Medium; and 1 Advisory), whilst the remaining two (1 High and 1 Low) related to capital works.

The outcomes of this review were presented to the Governance, Risk, and Best Value Committee (GRBV) in December 2016, who requested that Internal Audit provide a subsequent update on whether the management actions agreed to address the findings raised and mitigate service delivery risks had been effectively implemented and sustained.

In response to the contract management audit HP developed an action plan that included 35 specific actions to address the Internal Audit findings raised.

One of the actions included in the plan was development of a payment authorisation matrix for inclusion in the Housing Property procedure manual. Evidence of authorisation in line with payment matrix requirements is recorded on the compliance form supporting all invoice payments. Training has also been developed and delivered to both existing and new employees involved in invoice processing.

### Repairs Direct

The Repairs Direct contact centre receives repairs for requests directly from tenants and neighbourhood housing officers, and passes them to HP for action. Current call volumes are circa 8K per month in comparison to circa 10K calls received per month as at April 2016.

One of the High rated findings raised in the August 2016 report reflected weaknesses in Repairs Direct performance as only 10% of calls from tenants were answered within 30 seconds, and 33% of incoming calls abandoned (as at April 2016). This reflected a significant deterioration in performance in comparison to April 2015 when 75% of calls were answered within 10 seconds, and only 6% of calls abandoned.

## Scope

This objective of this review was to confirm whether all agreed management actions resulting from the EBS Contract Management audit completed in August 2016 have been effectively implemented and sustained. The scope also considered the design and operating effectiveness of any newly introduced controls in Housing Property.

Where management actions have been implemented, and our testing confirms that they have not been sustained, the historic audit findings will be re-opened.

The Housing Property action plan was reviewed to confirm that it was fully aligned with the audit findings, and was then used as the basis for our follow-up work.

For the full terms of reference see [Appendix 2](#).

## 2. Executive summary

### Total number of findings

Critical	-	-
High	1	reopened
Medium	2	1 reopened and 1 new
Low	1	new
Advisory	-	
<b>Total</b>	<b>4</b>	<b>-</b>

### Summary of findings

Both Housing Property (HP) and Repairs Direct have made significant progress with implementation of the findings raised in the August 2016 Internal Audit of contract management arrangements and processes, with all agreed management actions supporting 2 High; 2 Medium; 1 Low and 1 Advisory findings fully implemented and effectively sustained.

However, our review confirmed that elements of three High rated revenue works findings have not been fully implemented, resulting in exposure to both significant and moderate levels of residual risk associated with recording authorisation of invoices; employee training on invoice approval and authorisation; and quality assurance performed on contractor invoices and site inspections.

Consequently, two of the three High rated HP findings will be reopened and tracked as overdue until all agreed management actions have been effectively implemented.

- Finding 1 will be reopened as a High, reflecting the significant level of the risks to be addressed;
- Finding 2 will not be reopened, as the remaining agreed management action to be implemented is covered by one of the outstanding agreed management actions in finding 1; and
- Finding 3 will be reopened as a Medium, reflecting the moderate level of risk to be addressed

Whilst Repairs Direct has implemented all agreed management actions to close the High rated finding the expected uplift in performance has not yet been achieved. Consequently, a new Medium rated finding reflecting the need to review and re-baseline demand and resources has been raised.

Finally, one new Low rated finding has also been raised in relation to records management within the payments team.

Details of the control gaps identified from our testing and the High rated findings to be reopened are included at Section 3: Detailed findings. Appendix 2 also includes a detailed outcomes summary that maps the findings raised in the August 2016 report through to our testing outcomes and next steps.

# 3. Detailed findings

## 1. Original Finding 1 (High) - Allocation of works to contactors and authorisation of payments

### Findings

Our review established that three of the five agreed management actions required to support closure of this High rated finding have not been fully and effectively implemented. As the residual risk associated with the outstanding actions is considered significant, this finding will be reopened with a High rating.

Specifically:

#### **Management action 1 - invoice authorisation**

The key control supporting authorisation of invoices as per the payment authorisation matrix is evidence of authorisation recorded on compliance forms.

Review of a sample of 25 invoices and supporting compliance forms to confirm authorisation in line with the authorisation matrix included in the Housing Property procedure manual, identified the following moderate control gaps:

- 7 instances (28%) where the compliance form was not attached to the invoice held in archives therefore there was no evidence of invoice authorisation; and
- 1 instance where the compliance form had not been signed by a team leader and two operations managers, where a signature from the Housing Property Manager was required. It is acknowledged that the HPM was on annual leave.

#### **Management action 3 – employee training**

The following minor exceptions were noted in relation to delivery of training on work order and invoice processing processes:

- Five new employees started after delivery of initial training. Whilst an induction timetable for all new employees was in place, it did not include a space for employee confirmation of attendance at and completion of training, and attendance had not been recorded elsewhere; and
- Six staff on the Housing Property structure chart (circa 7.5% of the employees at team leader level and above) had not signed training attendance sheet. Their attendance was confirmed verbally by the Operations Manager.

#### **Management action 4 – quality assurance – contractor invoices**

Contractor invoices are subject to 100% quality checking prior to payment by the Housing Property compliance team, who produce a Contractor Payment Report detailing the invoices rejected and the supporting rationale.

The compliance team then performs a retrospective review of the quality checking process, however the methodology supporting this process has not been defined (for example, the sampling methodology to be applied) and the outcomes are not recorded.

A further check is then performed by operations managers. Confirmation of completion of the check is recorded in the new HP database, however the outcomes of the check are not recorded.

Business Implication	Finding Rating
<ul style="list-style-type: none"> <li>• HP Housing Property may be unable to demonstrate consistent application of payment approval authorities;</li> <li>• Employees may not aware of authorisation levels or procedures regarding the authorisation of work orders and invoices; and</li> <li>• Quality assurance sampling methodology and size may not be sufficient to identify inaccurate or potentially fraudulent payments to contractors.</li> </ul>	<div style="background-color: red; color: black; padding: 10px; width: 60px; margin: 0 auto;">High</div>
Action plans	
Recommendation	Responsible Officer
<ol style="list-style-type: none"> <li>1. The invoice authorisation compliance form should be completed, signed, and retained in line with the authorisation matrix for all invoices in excess of £5K;</li> <li>2. Approval authorisations to be applied in the absence of the Senior Manager (Housing Property) will be documented within existing procedures;</li> <li>3. Training attendance and completion on invoice and work order processes and authorisation should be recorded and retained; and</li> <li>4. The process to be applied when selecting samples and recording outcomes of invoice authorisation reviews should be documented, implemented, and consistently applied. Invoice sample selection should cover an appropriate range of invoice values and suppliers.</li> </ol>	<p>Willie Gilhooly, Acting Housing Property Manager</p>
Agreed Management Action	Estimated Implementation Date
<ol style="list-style-type: none"> <li>1. A stamp will be created and applied to all invoices that will record the appropriate authorisations in line with established approval limits;</li> <li>2. Approval authorisations will be documented within existing procedures;</li> <li>3. Induction training templates have been revised to include signatures of new employees to confirm and record attendance. For future training a check will be implemented to confirm that all attendees have signed the attendance sheet; and</li> <li>4. Risks associated with invoices will be considered at monthly HP management team meetings, and sample sizes selected and advised to the compliance team. Performance information detailing the outcomes of sample testing performed will be provided to the monthly contract management board meeting for review and action.</li> </ol>	<p>29 June 2018</p>

## 2. Original Finding 3 (High) – Quality Assurance

### Findings

Our review established that two of the six agreed management actions required to support closure of this High rated finding have not been implemented. As the residual risk associated with the outstanding actions is considered moderate, this finding will be reopened with a Medium rating.

Specifically:



### **Management action 2 – targeted site inspections**

Whilst HP completes a programme of site inspections, there is no established methodology supporting selection of and reasons for the sample of sites to be visited. Currently, site inspections are completed based on an absolute number (a target of 40 for each team leader which is currently not being achieved) instead of the 2% of completed jobs specified in the agreed management action. It should be noted that the target of 40 site visits exceeds the previously agreed 2% check based on current volumes of sub contracted work.

Additionally, there is no evidence available to confirm that site inspections provide appropriate coverage of individual trades; expenditure levels; customer feedback and any potential or reported safety risk or incidents.

### **Management action 1 – implementation of site inspection checklists**

Additionally, review of a sample of 25 site inspections checklists established some minor control gaps as 3 inspections were not scored and 2 were not signed by the relevant Quality Control Officer or Team Leader.

<b>Business Implication</b>	<b>Finding Rating</b>
<ul style="list-style-type: none"><li>• The sample of site inspections selected may not include high risk and high value works, resulting in inability to identify unacceptable quality or unsafe outcomes; and</li><li>• Weaknesses identified from site inspections are not addressed.</li></ul>	<b>Medium</b>
<b>Action plans</b>	
<b>Recommendation</b>	<b>Responsible Officer</b>
<ol style="list-style-type: none"><li>1. The process to be applied when selecting samples and recording outcomes of site inspections should be documented, implemented, and consistently applied; and</li><li>2. Invoice sample selection should be based on an appropriate percentage of completed works; cover an appropriate range of contractor spend and consider both reported safety concerns and customer feedback.</li></ol>	Willie Gilhooly, Acting Housing Property Manager
<b>Agreed Management Action</b>	<b>Estimated Implementation Date</b>
<ol style="list-style-type: none"><li>1. The contract board will retrospectively review the volume of subcontracted work each month, and confirm whether the current number of 40 site inspections remains appropriate or should be increased, as HP management is keen to maintain a minimum no of 40 monthly site inspections;</li><li>2. The contract board will also select the sample of site inspections to be performed, ensuring appropriate coverage of contractor spend and considering reported safety concerns and customer feedback; and</li><li>3. A briefing will be issued to all staff confirming that any site inspection checklist that are not fully completed will not be accepted by the Compliance team. The Compliance team will also record details of any incomplete property inspection checklists.</li></ol>	29 June 2018

### 3. New Finding - Repairs Direct

#### Findings

Following the original audit report in August 2016, an action plan was produced and implemented to improve the Repairs Direct contact centre performance and establish appropriate future performance targets, to support tenants when reporting housing repair requirements.

An interim Service Level Agreement (SLA) was also agreed between Housing Property Services (HP) and Customer in November 2017 that specifies an 80% stretch target for calls to be answered within 30 seconds and a 10% call abandonment rate. This rate exceeds the 55% target implemented across all other non critical services following Contact service transformation.

Whilst Repairs Direct implemented all of the agreed actions to support closure of the High rated finding and performance has improved (as detailed in the table below), it has not yet achieved the service levels delivered in April 2015, or met the agreed 80% call response rate SLA.

Managers have recognised that an integrated service improvement plan is required to bring performance in line with that of similar housing organisations and to support compliance with Scottish Housing Regulator and Social Housing Charter standards.

#### Analysis of Repairs Direct Performance

	Average Call volumes	Performance against 80% target	Abandoned Calls
March to July 2017	6,676	41%	21.2%
July to December 2017	8,897	56%	13%

Source: Contact Performance Update Dashboards

#### Business Implication

- Potential non compliance with Scottish Housing Regulator requirements;
- Increased risk associated with delays in responding to emergency repairs; and
- Potentially adverse impact on citizen experience and reputational damage.

#### Finding Rating

**Medium**

#### Action plans

#### Recommendation


1. An integrated service improvement plan is developed to align contact centre, localities and the repairs and improvement teams. Demand is reviewed and baselined;
2. Performance targets are reviewed and reset at a realistic and achievable level;
3. Sufficient resources are allocated to support performance delivery; and

#### Responsible Officer

Michael Thain, Head of Place Development

4. Meetings are established between senior HP and Customer management to review and challenge performance.	
<b>Agreed Management Action</b>	<b>Estimated Implementation Date</b>
1. Agree integrated service improvement strategy and plan;	30 September 2018
2. Review year end results and agree interim SLA, to align performance with compliance with regulatory requirements and benchmarked against performance of other similar landlord organisations. ; and	31 May 2018
3. Implement new online forms for non emergency repairs, with associated automation to allow for greater focus on emergency repairs.	31 August 2018

#### 4. New Finding - Payments Records Management

Findings	
<p>During testing of Housing Property invoices, 25 invoices were requested from the Council's archives. The box containing one invoice could not be identified and one invoice could not be located in the box numbers provided.</p> <p>The payments team has subsequently sourced the correct box and also obtained a copy of the missing invoice from the supplier.</p>	
Business Implication	Finding Rating
<ul style="list-style-type: none"> <li>Original invoices cannot be located to support the audit trail of paid invoices; and</li> <li>Potential non compliance with Council records management policies and non compliance with current Data Protection and the forthcoming General Data Protection Regulations if sensitive information is recorded on original invoices.</li> </ul>	
Action plans	
Recommendation	Responsible Officer
Payments records management procedures should be reviewed, updated where required, and consistently applied when archiving invoices.	Sheila Haig, Customer Manager. Transactions: Assessment & Finance
Agreed Management Action	Estimated Implementation Date
Archiving procedure to be reviewed and refresher provided to all relevant staff.	31 May 2018

# Appendix 1 – Outcomes summary

Original Finding raised in August 2016	Rating	Status December 2017	Testing outcomes and next steps
<b>Revenue Works</b>			
1. Allocation of works to contactors and authorisation of payments	<b>High</b>	Partially implemented	<p><b><u>Testing Outcomes</u></b></p> <p>Three of the original five agreed management actions in relation to application of invoice approval authorities; employee training; and compliance checking performed by the HP compliance team have not been fully implemented.</p> <p><b><u>Next Steps</u></b></p> <p>This High rated finding will be reopened and tracked as overdue until all agreed management actions have been implemented as the remaining risks are significant.</p>
2. Scrutiny of Invoices	<b>High</b>	Partially implemented	<p><b><u>Testing Outcomes</u></b></p> <p>One of the original seven agreed management actions in relation to quality assurance has not been implemented. Management action required to address this finding is included in recommendation 1 above.</p> <p><b><u>Next Steps</u></b></p> <p>This finding will be closed and the outstanding management action addressed as part of finding 1 (above)</p>
3. Quality Assurance	<b>High</b>	Partially implemented	<p><b><u>Testing Outcomes</u></b></p> <p>Two of the original six agreed management actions in relation to site inspections have not been implemented.</p> <p><b><u>Next Steps</u></b></p> <p>As the remaining risks are moderate as opposed to significant, this finding will be reopened with a Medium rating and tracked as overdue until all agreed management actions have been implemented</p>

Original Finding raised in August 2016	Rating	Status December 2017	Testing outcomes and next steps
4. Repairs Direct	High	Fully implemented	<p><b>Next Steps</b></p> <p>Whilst all agreed management actions to close the High rated finding have been implemented, the expected uplift in performance has not been achieved.</p> <p>Consequently, a new Medium rated finding reflecting the opportunity to improve performance has been included at finding 3.</p>
5. Contract Monitoring	Medium	Fully implemented	N/A
6. Management Information	Medium	Fully implemented	N/A
7. Manual Process	Advisory	Fully implemented	N/A
<b>Capital Works</b>			
1. Contract Monitoring	High	Fully implemented	No new capital contracts have been authorised since June 2016. However, delegated authority approval dated 27 January 2017 in favour of the Housing Property Manager is available for contract values of up to 5 million, signed by Executive Director of Place.
2. Capital projects procured by third parties	Low	Fully implemented	N/A

# Appendix 1 - Basis of our classifications

Finding rating	Assessment rationale
<b>Critical</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Critical</b> impact on operational performance; or</li> <li>• <b>Critical</b> monetary or financial statement impact; or</li> <li>• <b>Critical</b> breach in laws and regulations that could result in material fines or consequences; or</li> <li>• <b>Critical</b> impact on the reputation or brand of the organisation which could threaten its future viability.</li> </ul>
<b>High</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Significant</b> impact on operational performance; or</li> <li>• <b>Significant</b> monetary or financial statement impact; or</li> <li>• <b>Significant</b> breach in laws and regulations resulting in significant fines and consequences; or</li> <li>• <b>Significant</b> impact on the reputation or brand of the organisation.</li> </ul>
<b>Medium</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Moderate</b> impact on operational performance; or</li> <li>• <b>Moderate</b> monetary or financial statement impact; or</li> <li>• <b>Moderate</b> breach in laws and regulations resulting in fines and consequences; or</li> <li>• <b>Moderate</b> impact on the reputation or brand of the organisation.</li> </ul>
<b>Low</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Minor</b> impact on the organisation's operational performance ; or</li> <li>• <b>Minor</b> monetary or financial statement impact; or</li> <li>• <b>Minor</b> breach in laws and regulations with limited consequences; or</li> <li>• <b>Minor</b> impact on the reputation of the organisation.</li> </ul>
<b>Advisory</b>	<p>A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.</p>

# Appendix 3 – Terms of Reference

## Place

### Terms of Reference – Edinburgh Building Services

To: Paul Lawrence, Executive Director of Place

From: Lesley Newdall, Chief Internal Auditor

Date: 27<sup>th</sup> November 2017

Cc: Michael Thain, Head of Place Development

Alexander Burns, Housing Property Manager - Housing & Regulatory Services

This review is being undertaken as part of the 2017/18 internal audit plan approved by the Governance, Risk and Best Value Committee in March 2017.

#### Background

In August 2016, an Internal Audit of contract management arrangements and processes was conducted for two service areas, Edinburgh Building Services (EBS), and Housing Asset Management. The two service areas joined together on 5 September 2016 to form 'Housing Property' through the transformation programme and provide a streamlined repair, maintenance and capital programme service to council houses and Housing Revenue Account land.

In December 2016, Internal Audit submitted a report to the Governance, Risk, and Best Value Committee (GRBV), detailing the outcomes of the EBS Contract Management review.

The audit raised 9 Findings raised (5 High; 2 Medium; 1 Low and 1 Advisory), and EBS has confirmed that all agreed management actions have now been completed.

GRBV requested that Internal Audit provide an update on recommendations to GRBV by November 2017.

#### Scope

This review will confirm whether all agreed management actions resulting August 2016 Contract Management review have been effectively implemented and sustained, and support provision of a progress update to GRBV in January 2017. Our scope will also consider the design and operating effectiveness of any newly introduced controls in EBS.

Where management actions have been controlled, and our testing confirms that controls have not been sustained, audit recommendations will be re-opened.

#### Limitations of Scope

Our scope is detailed above, and there are no specific scope limitations.

#### Approach

Our audit approach is as follows:

- Obtain an understanding of the management actions implemented to address the control weaknesses identified in relation to work allocation; contractor monitoring; invoice scrutiny; and quality assurance through discussions with key personnel, review of systems documentation and walkthrough tests;

- Confirm whether the key risks associated with these processes are being effectively managed;
- Confirm that the controls that have been implemented have been sustained; and
- Test the operating effectiveness of the key controls.

The sub-processes and related control objectives included in the review are:

Sub-process	Control Objectives
	Ensure that management actions to address the following Internal Audit recommendations have been effectively implemented and maintained:
Allocation of works to contractors and authorisation of payments	<ul style="list-style-type: none"> <li>• The existing delegation of financial limits for authorisation of repair orders to Repairs Direct and authorisation of invoices will be reviewed and revised. Repair orders and invoices of high value will subject to secondary approval.</li> <li>• The allocation of works process (assigning work to a procured contractor) will be reviewed and a robust system identified and embedded to ensure that an officer does not authorise the payment of any works which they ordered</li> <li>• All staff involved in authorisation of work and payments will be trained in these new limits and processes.</li> <li>• Role of compliance teams will be strengthened and include a percentage audit of authorisation processes and secondary approvals. Any anomalies will be reported to the Housing Property Manager.</li> <li>• Contract Management Board meetings will be set up and held monthly, chaired by Housing Property Manager. These board meetings will scrutinise contract management across the service, for both revenue and capital works. A quarterly report will be brought to the Housing and Regulatory Services Senior Management Team.</li> </ul>
Scrutiny of Invoices	<ul style="list-style-type: none"> <li>• Letter will be sent to contractors re-iterating the requirement to comply with all aspects of invoice submissions. Where this is not complied with the invoice will be rejected.</li> <li>• Schedule of Rates (SORs) have been re-issued to contractors and Team Leaders.</li> <li>• Variation to any works order will require to be agreed in advance of work being carried out. Any variation above a set financial limit will require sign off by Team Leader or Operations Manager, depending on the value. This will be communicated to contractors.</li> <li>• Process for authorisation of invoices will be reviewed ensuring clarity on authorisation limits, what information/documentation must be present for sign off, where invoices should be rejected.</li> <li>• All relevant staff will be retrained on revised procedures including SORs.</li> <li>• Random selection of invoices from each contractor will be investigated each month by the Compliance Team to ensure that agreed submission and authorisation processes are being followed. Any anomalies will be reported to the Housing Property Manager</li> <li>• Contract Management Board meetings will be set up and held monthly, chaired by Housing Property Manager. These board</li> </ul>



	<p>meetings will scrutinise contract management across the service, for both revenue and capital works. A quarterly report will be brought to the Housing and Regulatory Services Senior Management Team.</p>
Quality Assurance	<ul style="list-style-type: none"> <li>• An improved Site Inspection Checklist has been devised, which includes a scoring framework for works.</li> <li>• Site inspection will be targeted to contractors, and individual trades based on analysis of increased expenditure, customer feedback and any potential or reported safety risk or incidents. The programme will target 2% of jobs completed.</li> <li>• Empty Homes and Kitchen and Bathroom inspections will be included as part of the quality assurance check process. This would provide an additional 2,500 inspections within the programme.</li> <li>• All relevant staff will be retrained on revised procedure.</li> <li>• Independent Review of Gas Safety Processes and Standard of Work to be carried out.</li> <li>• Contract Management Board meetings will be set up and held monthly, chaired by Housing Property Manager. These board meetings will scrutinise contract management across the service, for both revenue and capital works. A quarterly report will be brought to the Housing and Regulatory Senior Management Team.</li> <li>• Discussions were held with Procurement Services on Housing Property being early adopters of revised corporate contract management processes.</li> </ul>
Repairs Direct	<ul style="list-style-type: none"> <li>• The recommendation to consider accelerating Channel Shift at Repairs Direct will be taken to Senior Managers in the Resources directorate.</li> <li>• Performance measures set out in the SLA will be jointly scrutinised and monitored on a monthly basis.</li> <li>• Staffing at Repairs Direct to be reviewed and additional staff put in place.</li> <li>• Revised shift patterns to be implemented.</li> </ul>
Contract Monitoring	<ul style="list-style-type: none"> <li>• Contract Management Board meetings will be set up and held monthly, chaired by Housing Property Manager. These board meetings will scrutinise contract management across the service, for both revenue and capital works. A quarterly report will be brought to the Housing and Regulatory Services Senior Management Team.</li> <li>• Within the new Housing Property Structure the focus of the in-house Compliance team will be to audit all aspects of the practices and procedures of contract management and to report findings directly to the Housing Property Manager. Members of team will be trained in role and required processes.</li> <li>• Letter will be sent to contractors re-iterating the requirement to comply with all aspects of invoice submissions. Where this is not complied with the invoice will be rejected.</li> </ul>
Management Information	<ul style="list-style-type: none"> <li>• EBS will work with Finance colleagues to agree a formula to calculate the true cost of EBS operatives and external contractors.</li> </ul>

	<ul style="list-style-type: none"> <li>• A business case to procure a consultant to review the SOR rates will be put forward to Commercial Procurement Services.</li> <li>• A review of the cost of external and internal resources will be carried out.</li> </ul>
Manual Processes	<ul style="list-style-type: none"> <li>• Refresher training to be rolled out to all relevant staff regarding all aspects of authorisation or work and invoices including checking of SORs. Where schedule of rates have not been applied, the invoice will be rejected.</li> <li>• The requirements for the new ICT system to support electronic invoicing will form part of the scoping document which will be submitted to ICT team.</li> </ul>
Contract Monitoring	<ul style="list-style-type: none"> <li>• Bi monthly meetings will be held with contractors which will include review of KPI performance, quality of work, cost and safety.</li> <li>• Capital contracts will be included in the remit of the Contract Management Board which will sit on a monthly basis, chaired by the Housing Property Manager. Reports on KPIs, quality, cost and safety will be reviewed by the contract management board so that any issues will be quickly identified and risk managed appropriately.</li> </ul>
Capital projects procured by third parties	<ul style="list-style-type: none"> <li>• Housing Property will ensure that all contracts are approved in line with contract standing orders. All delegated authority approval will be evidenced for records.</li> <li>• Compliance Team will audit compliant sign off of contracts as part of their monthly audit; any anomalies will be reported to Housing Property Manager and Head of Service.</li> </ul>

### Internal Audit Team

Name	Role	Contact Details
Lesley Newdall	Chief Internal Auditor	<a href="mailto:lesley.newdall@edinburgh.gov.uk">lesley.newdall@edinburgh.gov.uk</a> 0131 429 3216
Dheeraj Shekhar	Auditor	<a href="mailto:dheeraj.shekhar@edinburgh.gov.uk">dheeraj.shekhar@edinburgh.gov.uk</a> 07753458625

### Key Contacts

Name	Title	Role	Contact Details
Paul Lawrence	Executive Director – Place	Review Sponsor	0131 529 7325
Michael Thain	Head of Place Development	Key Contact	0131 529 2426
Alexander Burns	Housing Property Manager	Key Contact	0131 529 5890

### Timetable

Fieldwork Start	21 November 2017
-----------------	------------------

Fieldwork Completed	12 December 2017
Submission of Draft Report	22 December 2017
Response from Auditee	15 January 2018
Final Report to Auditee	26 January 2018

---

### Follow Up Process

Where reportable audit findings are identified, the extent to which each recommendation has been implemented will be reviewed in accordance with estimated implementation dates outlined in the final report.

Evidence should be prepared and submitted to Audit in support of action taken to implement recommendations. Actions remain outstanding until suitable evidence is provided to close them down.

Monitoring of outstanding management actions is undertaken via monthly updates to the Director and his executive assistant. The executive assistant liaises with service areas to ensure that updates and appropriate evidence are provided when required.

Details of outstanding actions are reported to the Governance, Risk & Best Value (GRBV) Committee on a quarterly basis.

---

## Appendix 1: Information Request

It would be helpful to have the following available prior to our audit or at the latest our first day of field work:

- The file containing evidence of implementation of recommended action points

This list is not intended to be exhaustive; we may require additional information during the audit which we will bring to your attention at the earliest opportunity.

# Governance, Risk and Best Value Committee

10.00am, Tuesday 5 June 2018

## Internal Audit and Risk – Update on service delivery model

Item number	7.3
Report number	
Executive/routine	
Wards	
Council Commitments	

### Executive Summary

---

A report was presented to the Governance, Risk and Best Value Committee in April 2016 setting out a proposed new model of working for the Internal Audit and Risk functions of the Council.

The Head of Legal and Risk was requested to bring back a report one year after implementation of the new model in April 2017. This report discharges that request and provides the Committee with an update on delivery through the new model of working.

## Internal Audit Report – Update on service delivery model

### 1. Recommendations

---

- 1.1 The Committee is recommended to note the content of this report.

### 2. Background

---

- 2.1 The improvements made in the Council's internal audit function, as well as its risk management arrangements, through the co-source arrangements with PwC have been well documented and are outlined in previous reports to Committee in May and October 2013, May 2014, March 2015, June 2015 and April 2016.

### 3. Main report

---

- 3.1 The April 2016 report to this Committee signalled a change of approach in that the Council would seek to reduce the level of the co-source arrangements with PwC and move to employ a substantive Chief Internal Auditor and Chief Risk Officer.
- 3.2 It was proposed that, to ensure that the Internal Audit and Risk functions maintained the strength and depth of expertise, the continuation of a co-source "light" arrangement was to be retained through a new procurement.
- 3.3 A new procurement was carried out in late 2016 and PwC were the successful provider. The Council entered into a new agreement with PwC for the provision of Internal Audit and risk services from March 2017 until 31 March 2019, with the option to extend for a further two years. This contract operates on a service drawdown basis and includes provision for both specialist and generalist support. In late 2016 a recruitment process was completed for the posts of both Chief Internal Auditor and Chief Risk Officer and the successful candidates commenced with the Council in Spring 2017.
- 3.4 The Head of Legal and Risk was requested to bring back a report after a year following implementation of the new service delivery model. This report discharges that request.

## **Internal Audit**

- 3.5 Lesley Newdall commenced as the Council's Chief Internal Auditor in May 2017.
- 3.6 In terms of service delivery there have been some key benefits to having a substantive Chief Internal Auditor employed by the Council. These include a growing and consistent knowledge of the Council's areas of operations, as well as the ability to build strong and trusted relationships with colleagues as part of one organisation. There have also been significant financial benefits when compared to the co-source arrangements.
- 3.7 As at March 2017 the Internal Audit team comprised the Chief Internal Auditor, two Principal Audit Managers and four Internal Auditors. This team was supplemented by co-source resource from PwC to allow the annual audit plan to be delivered.
- 3.8 To further enhance knowledge and capacity within the team, the Chief Internal Auditor recommended that the drawdown of three, three-week blocks of generalist audit capacity from the co-source provider be replaced by the recruitment of two new Senior Internal Auditors.
- 3.9 The recruitment process for these posts has commenced and one internal candidate has been successfully promoted to Senior Internal Auditor. Recruitment for the two remaining vacancies for Auditor and Senior Auditor is ongoing.
- 3.10 As Committee is aware from the report provided in May 2018, a historic issue has been identified in relation to previous effectiveness of the Internal Audit follow-up process, which has resulted in non-compliance with Public Sector Internal Audit Standards (PSIAS). This will be reflected in the 2017/18 Internal Audit annual opinion to be presented to Committee in July 2018. Upon identification, this issue was addressed through implementation of a manual follow-up process in September 2017, with implementation of a fully automated solution scheduled for July 2018. The new system-based solution is designed to make the follow-up of audit findings more streamlined, effective and user-friendly.
- 3.11 The Internal Audit team has faced some resource pressures when delivering the 2017/18 plan and further funds were allocated to the team on a one-off basis to assist with this. Given the issues identified within the report to this Committee in May in relation to the historic audit follow-up process and ongoing staff absence at Principal Audit Manager level, these resource challenges remain.
- 3.12 Resourcing challenges have also had an impact on the Internal Audit quality assurance process, which has not been completed in 2017/18. This will also be reflected in the 2017/18 Internal Audit annual opinion. The risks in relation to PSIAS non-compliance and internal quality assurance have been included in the Resources Directorate risk register.
- 3.13 The issue of current Internal Audit resource challenges is addressed in another report to this Committee today.

- 3.14 The Chief Internal Auditor has developed a strong working relationship with Scott Moncrieff as the Council's external auditors and partnership working arrangements have been established in order to avoid duplication and minimise impact on services.
- 3.15 Overall, notwithstanding the present resource challenges, the changes within the Internal Audit team has been positive for the Council, achieving a higher quality and independent service in a cost-effective manner.
- 3.16 The co-source "light" arrangement also appears to be working well, enabling to Council to draw on specific expertise as required.

### **Risk**

- 3.17 Duncan Harwood commenced as the new Chief Risk Officer with the Council in February 2017. The Corporate Risk Team is presently 2.8 FTE, with one Chief Risk Officer and two Principal Risk Officers.
- 3.18 An internal audit was carried out on risk management in late 2016 and, since then, work has been undertaken to help strengthen the Council's risk management framework and to cascade and embed knowledge and understanding of risk management within the organisation. It is, however, recognised that this is very much still work in progress and that understanding and acceptance of risk management as a beneficial tool in the Council still requires to be more embedded.
- 3.19 The Chief Risk Officer presented a paper to the Corporate Leadership Team in February 2018 outlining further improvements which are intended to strengthen the risk management framework through 2018-19. These include updating the Council's enterprise risk management policy and procedures (including re-setting the Council's risk appetite), delivering risk identification workshops for some Council services and introducing a new software solution which will assist in the recording, monitoring and reporting of risk across the Council.
- 3.20 Quarterly Risk and Assurance Committees and Risk Management Groups are now established in all Directorates. The Corporate Risk Team is working with services to encourage Directorates to regularly update and challenge the content of their risk registers. Representatives from Internal Audit and Health and Safety attend these Committees to seek to ensure that relevant risks, issues and performance within those areas are considered appropriately. Risk Management Groups focus on risk at an operational and managerial level and provide a mechanism for the collective assessment, scrutiny and escalation of risks to the appropriate Committee where required.
- 3.21 The Corporate Risk Team are working alongside colleagues from NHS Lothian to establish and embed risk management within the Health and Social Care Partnership. Work is currently underway to review and update the Partnership's risks, and embed risk management within the Partnership localities. Risks to the Council which arise from the work of the Partnership will be escalated and reported through the Council's existing risk management structures. The Corporate Risk Team are also currently considering any impacts of the change in reporting lines for Safer and

Stronger Communities when it moves to become part of the Communities and Families Directorate.

- 3.22 The Corporate Risk Team is working with service areas to improve the early identification and flow of specific risks to ensure that risks are appropriately and timeously escalated through the relevant registers and committees. Once more fully embedded, this will significantly improve the Council's ability to prioritise and manage risks effectively.
- 3.23 Members of the Corporate Risk Team now provide input at each Leaders' Induction session, ensuring that all new leaders have an appropriate understanding of their responsibilities as they relate to risk management. Two new e-learning packages have also been created which provide updated guidance and information for managers and staff working at all levels.
- 3.24 The Corporate Risk Team are also working alongside teams in Strategy and Insight, particularly in Strategic Change and Delivery, to improve the reporting mechanisms between projects, performance and risk.
- 3.25 There are two outstanding Internal Audit actions. One has now been closed and the other requires the implementation of the new Enterprise Risk Management Policy and Risk Appetite. These documents will be submitted to the Corporate Policy and Strategy Committee in August 2018 which will enable closure of the relevant outstanding actions.

#### **4. Measures of success**

---

- 4.1 The Council has high quality Internal Audit and Risk services delivered in a cost-efficient manner which provide the Council with assurance that the Council is operating in an appropriate manner and consistently identifying and addressing any key risk and control gaps.

#### **5. Financial impact**

---

- 5.1 The current service model is funded by the Legal and Risk Service budget. Any financial pressures arising are being monitored and will be resolved or reported as required.

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

---

- 6.1 Having effective Internal Audit and Risk services is of key importance to ensure the Council is operating in an appropriate manner and identifying and addressing any key risk and control gaps.



## 7. Equalities impact

---

7.1 Not applicable.

## 8. Sustainability impact

---

8.1 Not applicable.

## 9. Consultation and engagement

---

9.1 Not applicable.

## 10. Background reading/external references

---

- 10.1 [GRBV Committee 23 May 2013 - Internal Audit Co-Source Update Report](#)
- 10.2 [GRBV Committee 10 October 2013 - Internal Audit Co-Source Update Report](#)
- 10.3 [GRBV Committee 22 May 2014 - Internal Audit Co-Source Update Report](#)
- 10.4 [GRBV Committee 5 March 2015 - Internal Audit & Risk Service Delivery Update Report](#)
- 10.5 [GRBV Committee 18 June 2015 - Internal Audit & Risk Service Delivery Update Report](#)
- 10.6 [GRBV Committee 21 April 2016 - Internal Audit & Risk Service: Delivery Model Report](#)

### **Stephen S. Moir**

Executive Director of Resources

Contact: Nick Smith, Head of Legal and Risk, [nick.smith@edinburgh.gov.uk](mailto:nick.smith@edinburgh.gov.uk) Tel: 0131 529 4377

## 11. Appendices

---

None.

# Governance, Risk and Best Value Committee

10.00am, Tuesday, 5 June 2018

## Accounts Commission: Local Government in Scotland – Challenges and Performance 2018

Item number	7.4
Report number	
Executive/routine	Routine
Wards	n/a
Council Commitments	n/a

### Executive summary

---

Following the publication in November 2017 of its Scotland-wide review of 2016/17 local government financial performance, the Accounts Commission has now issued a complementary, forward-looking report assessing councils' readiness to confront the growing challenges that lie ahead. The report re-emphasises a number of previous messages of relevance to all councils in Scotland, including the need for robust financial and service planning, appropriately-resourced transformational change programmes and close working with elected members and communities in prioritising services to deliver key outcomes and secure financial sustainability.

## Accounts Commission: Local Government in Scotland – Challenges and Performance 2018

### 1. Recommendations

---

- 1.1 Members of the Governance, Risk and Best Value Committee are asked to:
  - 1.1.1 note the contents of the report; and
  - 1.1.2 refer the report to the Finance and Resources Committee for its consideration.

### 2. Background

---

- 2.1 At the meeting of the Governance, Risk and Best Value Committee on 16 January 2018, members considered the key findings of the Accounts Commission's Financial Overview 2016/17 report. The report concluded that in light of increasing demand and reducing funding, the financial challenges facing all councils had continued to grow, with savings correspondingly more difficult to identify and greater use made of reserves, in some cases to support routine service delivery.
- 2.2 Given an accompanying increase in debt levels in some authorities, robust medium-term planning, transparent reporting and effective leadership were identified as being key to securing on-going financial sustainability. In confronting the challenges of necessary service redesign and prioritisation, close working amongst officers, councillors, stakeholders and partners will be vital.
- 2.3 As in 2016/17, the financial overview report has been supplemented by a follow-up *Challenges and Performance* report, released on 5 April 2018, providing a high-level, independent view of the challenges facing councils, assessing how well they are addressing these and what more they can do going forward. The recommendations of the report intentionally complement those set out in the earlier Financial Overview.
- 2.4 The *Challenges and Performance* report's findings are aimed primarily at councillors and senior officers, supporting them in their increasingly complex and demanding roles. As with previous similar reports, [a self-assessment checklist](#) (with the corresponding questions included at relevant points within the report) is provided to assist councillors in understanding their own council's position and scrutinising its performance, thereby informing the difficult decisions that

undoubtedly lie ahead. [An interactive online tool](#), facilitating inter-authority comparison of councils' performance, has also been developed.

- 2.5 As with similar previous publications, in view of its Scotland-wide coverage, the report's contents are correspondingly general, although the underlying issues presented resonate with those faced within Edinburgh. Other reports focusing specifically on the Council's activities are, however, regularly considered by the Finance and Resources and Governance, Risk and Best Value Committees. Of particular relevance is the Council's own [Annual Audit Report](#), considered by the Governance, Risk and Best Value Committee on 26 September 2017.

### 3. Main report

---

#### Overview of report and key messages

- 3.1 The Accounts Commission report comprises three distinct sections. The first (on pages 10 to 20) provides a succinct, high-level overview of the challenges facing all councils, with a useful summary of the key UK and Scottish policy drivers included on pages 11 to 13. This overview also incorporates commentary and analysis of the differing impacts of demographic change on key demand-led services across Scotland's councils, all set against a backdrop of on-going reductions in real-terms funding levels and significant legislative reform.
- 3.2 Exhibit 4 on page 19 confirms Edinburgh's estimated overall population growth as the second-highest in Scotland in proportionate terms between 2014 and 2039, increasing by 21% over this period. Within this overall increase, growth is particularly pronounced amongst those of pensionable age or above, amounting to almost 70%. Expected growth in those aged 0 to 5 is also amongst the highest in Scotland.
- 3.3 The report highlights the resulting increase in the proportion of councils' budgets allocated to education and, in particular, health and social care, with a consequent impact on "non-protected" services outside these areas such as cultural services, regulatory functions and corporate services. This emphasises not only the importance of effective service prioritisation but the need to consider different and innovative ways of managing demand within these core areas. Against a backdrop of reducing resources, protection needs to be relative rather than absolute, with all functional areas requiring to contribute in meeting overall savings targets.
- 3.4 The second and third sections of the report then proceed to examine how councils have responded to these challenges, emphasising that further incremental changes will not be sufficient to deliver the required level of savings and sustain performance improvement. The report therefore reiterates the importance of longer-term financial planning, aligned with comprehensive workforce planning approaches, improved productivity and the importance of digital solutions to deliver savings and make services more efficient, as well as

the need for effective political and managerial leadership in considering all options for service delivery and transformation, underpinned by robust option appraisal.

### **Relevance to Edinburgh**

- 3.5 As noted above, given the report's Scotland-wide coverage, there are few Edinburgh-specific references. The report also provides considerable contextual information, intentionally complementing and reinforcing recommendations included in the earlier *Financial Overview* report.
- 3.6 On this basis, rather than commenting in detail on specific report references, members' attention is drawn to a number of the points made with regard to the earlier report as follows:
- 3.6.1 the Council was one of the first in Scotland to introduce a long-term financial plan, doing so in 2009. The plan captures movements in key expenditure (and income) factors influencing the Council's activities. The content of the plan is reviewed on a regular basis, with the outcome of the most recent review to be reported to the Finance and Resources Committee on 12 June 2018;
  - 3.6.2 the Council adopted a corporate charging policy framework in June 2014, with increases in most discretionary fees and charges linked to wider changes in inflation rates to supplement the level of investment in key services;
  - 3.6.3 in line with the position for Scotland as a whole, the Council has afforded relative protection to education and social work services in recent years' budgets. As is set out in the report, however, given that expenditure in these areas accounts for over two-thirds of the Council's budget and is increasing with each year of relative protection, all areas need to contribute to addressing savings requirements going forward if financial sustainability is to be secured;
  - 3.6.4 the Council was one of a minority in Scotland that increased their levels of reserves in 2016/17 against the backdrop of an overall Scotland-wide reduction of £32m. The Council's 2016/17 external audit concluded that an effective approach to the management of reserves was in place, with the combination of unallocated and earmarked reserves appropriate to the risks it faces and the annual Risks and Reserves report considered by the Finance and Resources Committee identified as an example of good practice. In this vein, the Council has applied earmarked reserves in 2017/18 in meeting, for example, building dilapidation liabilities and obligations associated with its waste disposal contract;

- 3.6.5 the Scotland-wide demand-driven nature of a number of service overspends in 2016/17 mirrors the experience in Edinburgh, with the 2018/19 budget framework subsequently providing additional investment in the areas of Health and Social Care and Safer and Stronger Communities. This additional investment is, however, only affordable through the identification of corresponding savings elsewhere within the budget, with a consequent need for much more fundamental consideration of what the Council does and how it does it;
- 3.6.6 enhanced senior officer and elected member scrutiny at the inception, development and implementation stages have seen significant improvements in the proportion of savings subsequently delivered in recent years, with nearly 90% by value delivered in both 2015/16 and 2016/17;
- 3.6.7 no use of general (unallocated) reserves was assumed in approving either the 2017/18 or 2018/19 budget. In view of external audit recommendations around enhancing in-year transparency of the use of earmarked reserves, however, a review of practice elsewhere is being undertaken and will be incorporated in subsequent Council-wide revenue monitoring reports;

## **4. Measures of success**

---

- 4.1 The report reiterates a number of principles of sound financial management and assesses councils' current practices against these. The Council's own arrangements were assessed to be effective as part of the 2016/17 Annual Audit process, with expenditure contained within budget for the tenth successive year and almost 90% of approved savings delivered.
- 4.2 In the more immediate context of the 2018/19 financial year, the key targets are achieving a balanced overall budget outturn position and successful delivery of approved savings and key service performance indicators.

## **5. Financial impact**

---

- 5.1 Delivery of a balanced budget in any given year is contingent upon the development, and subsequent delivery, of robust savings, alongside management of all risks and pressures, particularly those of a demand-led nature.

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

---

- 6.1 An annual report on the risks inherent in the budget process is considered by the Finance and Resources Committee, usually in January, and referred to Council as part of setting the revenue and capital budgets.
- 6.2 The savings assurance process is intended to ensure that, as far as is practicable, those proposals approved by Council deliver the anticipated level of financial savings in a way consistent with the expected service impacts outlined in the respective budget templates. Subsequent delivery is reported to the Finance and Resources Committee on a quarterly basis.
- 6.3 Wider progress in the delivery of targeted outcomes is assessed as part of annual performance updates, the most recent of which was reported to Council in [November 2017](#). Going forward, Executive Committees will consider an overview of performance relevant to their area, scrutinising indicators, improvement actions, issues and opportunities, on an annual basis.
- 6.4 The performance framework will be reviewed annually and will include refreshing the measures, actions, milestones and targets to ensure that the data collected is useful in terms of being able to measure performance and delivery against strategic aims, outcomes and commitments. This annual cycle will ensure that the framework provides timely information needed to lead and scrutinise performance but with enough flexibility to be able to change and adapt as necessary.
- 6.5 The effectiveness of the Council's wider governance framework is similarly assessed on an annual basis, with [the most recent such review](#) reported to the Governance, Risk and Best Value Committee on 28 November 2017.

## 7. Equalities impact

---

- 7.1 Proposals comprising the budget framework are assessed for their corresponding potential equalities and human rights impacts. The results of this assessment are reported to the Finance and Resources Committee to allow members to pay due regard to them in setting the Council's budget.

## 8. Sustainability impact

---

- 8.1 The proposals comprising the budget framework are also subject to an assessment of their likely corresponding carbon, climate change adaptation and sustainable development impacts, with the results reported to the Council as part of annual budget-setting.

## 9. Consultation and engagement

---

- 9.1 As in previous years, the Council's budget framework for 2018/23 was the subject of a number of weeks' engagement, with the key findings reported to the Finance and Resources Committee on 8 February 2018.

### **Stephen S. Moir**

Executive Director of Resources

### **Andrew Kerr**

Chief Executive

Contact: Hugh Dunn, Head of Finance

E-mail: [hugh.dunn@edinburgh.gov.uk](mailto:hugh.dunn@edinburgh.gov.uk) | Tel: 0131 469 3150

Contact: Laurence Rockey, Head of Strategy and Insight

E-mail: [Laurence.rockey@edinburgh.gov.uk](mailto:Laurence.rockey@edinburgh.gov.uk) | Tel: 0131 469 3493

## 10. Background reading/external references

---

[City of Edinburgh Council 2016/17 Annual Audit Report to the Council and Controller of Audit](#), Governance, Risk and Best Value Committee, 26 September 2017

[Implementing the Programme for the Capital – Council Performance Framework 2017/22](#), City of Edinburgh Council, 23 November 2017

[Corporate Governance Framework 2016/17](#), Governance, Risk and Best Value Committee, 28 November 2017

[Accounts Commission – Local Government in Scotland – Financial Overview](#), Governance, Risk and Best Value Committee, 16 January 2018

## 11. Appendices

---

One – [Accounts Commission – Local Government in Scotland – Performance and Challenges 2018](#)



# Governance, Risk and Best Value Committee

10.00am, Tuesday 5 June 2018

## Response to GRBV decision on historic Internal Audit findings

Item number 7.5  
Report number  
Executive/routine  
Wards  
Council Commitments:

### Executive Summary

---

The purpose of this paper is to present the Council's response to the decision of the Governance, Risk, and Best Value Committee ("GRBV") in May 2018 in relation to historic Internal Audit findings.

Statements have been obtained from each Directorate that confirms their ability and capacity to address all the full population of current, historic and emerging Internal Audit ("IA") findings and their capacity to support delivery of the 2018/19 Internal Audit annual plan.

These statements are supported by a Council wide action plan ("Action Plan") that addresses the points raised by the GRBV decision, and confirms that services will prioritise workloads to ensure appropriate focus on implementation of their remedial actions.

The implications for Internal Audit capacity is under consideration by the Executive Director of Resources.

To ensure dissemination of the decision, the Chief Executive has also issued a communication reminding staff that scrutiny and mitigation of risks identified during internal audits is the responsibility of all to ensure reduced risks and improved performance, thereby protecting frontline services through the efficient use of finances.

Finally, a reporting format has been designed to support referrals of overdue Internal Audit findings to the relevant Executive Committees for their attention and follow-up.

## Response to GRBV Motion on historic Internal Audit findings

### 1. Recommendations

---

- 1.1 It is recommended that the Committee notes the Council's response to the decision on historic Internal Audit findings.

### 2. Background

---

- 2.1 Following presentation of a report on historic Internal Audit findings, a motion on the Council's approach and capacity for addressing both current and historic Internal Audit findings was agreed at Committee in May 2018. The terms of the agreed decision are attached at Appendix 1 for reference.
- 2.2 The decision included a requirement to consider the adequacy of resources in Internal Audit and requested the creation of a suitable reporting format enabling referral of overdue Internal Audit findings to the relevant Executive Committee for their attention and follow-up.

### 3. Main report

---

#### **Total Population of Internal Audit Findings**

- 3.1 As at 16 April 2018, there were a total of 86 open IA findings (High; Medium and Low). Of these, 39 (45%) were designated as being overdue.
- 3.2 A further 30 historic High and Medium IA findings have been reopened as overdue based on self-attestation by Directors and Heads of Service. A further 56 draft findings (approximately two-thirds of which are high or medium rated) are included within draft IA reports that are being finalised as part of the 2017/18 Internal Audit plan. Additional findings are also expected to be raised from three ongoing reviews that have not yet reached draft reporting stage.
- 3.3 Consequently, the Council will need to address a population of circa 170-180 findings, including 67 (circa 40%) that are presently overdue.
- 3.4 Note that this total excludes the 53 low rated IA findings raised between 1 April 2016 and 31 March 2017 that were not included in the Council wide self-attestation exercise. Directors will address these separately as the focus is currently on the high and medium risks.

- 3.5 Since the decision at the May Committee meeting, the following progress has been made:
- 3.5.1 There are 67 overdue findings within the full population of 116 open and overdue findings. All 67 now have clear next steps and actions if they are not already recommended for closure;
  - 3.5.2 39 findings are with Internal Audit recommended for closure, pending validation of completion of the relevant management actions;
  - 3.5.3 72 findings are designated 'Will be treated - in progress by Service Area';
  - 3.5.4 5 findings have been closed;
  - 3.5.5 All Directors have confirmed that they do not expect any adverse impact on Service Area workloads. This will continue to be assessed by CLT as the relevant actions are progressed.

### **Director Statements and Action Plans**

- 3.6 Statements have been obtained from each Directorate that confirms their ability and capacity to address this population of IA findings and support delivery of the 2018/19 IA plan. Each Director has confirmed that they are satisfied with the Action Plan submitted for their Directorate and that they have sufficient resource to support closure of the current open and overdue IA findings, the emerging findings from draft IA reports and the planned 2018/19 audits.
- 3.7 These statements and the Action Plan address the points raised in the decision, and details how services will prioritise workloads to ensure appropriate focus on implementation of their remedial actions. The Action Plan is attached at Appendix 2. It should be noted that Internal Audit has not yet reviewed the adequacy of actions and timeframes detailed in the consolidated Action Plan given the tight timeframes for preparation by service areas and reporting.
- 3.8 A list of ongoing Internal Audit work within each Directorate is set out in Appendix 3.
- 3.9 The Chief Executive will be monitoring each Directorate's audit actions on a regular basis and this will continue to be regularly reported to CLT. In addition, challenge panels will be put in place to ensure that actions are being progressed.

### **Internal Audit Resources**

- 3.10 The impact on Internal Audit capacity is presently being considered by the Executive Director of Resources.

### **Communication**

- 3.11 To ensure dissemination of the decision, the Chief Executive has also issued a communication reminding staff that scrutiny and mitigation of risks identified during internal audits is the responsibility of all to ensure reduced risks and improved performance, thereby protecting frontline services through the efficient use of finances. This message will be reinforced by a further message from the Chief Executive in a video supporting the launch of the new IA follow-up system and rebranding in July, and training delivered by the IA team.

## **Executive Committee Referral Report**

- 3.12 A reporting format has been designed to support referrals of overdue Internal Audit findings to the relevant Executive Committees for their attention. This is attached at Appendix 4.

### **4. Measures of success**

---

- 4.1 Appropriate action is taken by Service Areas to address service delivery risks associated with IA recommendations that have not been implemented or implemented and not effectively sustained.

### **5. Financial impact**

---

- 5.1 There are potentially financial risks associated with historic IA findings that have not been addressed. However, although these have not been quantified, they are not expected to be material as financial risk is also subject to review by external audit.

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

---

- 6.1 Risks identified by IA have not been effectively addressed and mitigated by Service Areas.

### **7. Equalities impact**

---

- 7.1 Not applicable.

### **8. Sustainability impact**

---

- 8.1 Not applicable.

### **9. Consultation and engagement**

---

- 9.1 Not applicable.

## 10. Background reading/external references

---

- 10.1 [Internal Audit - Historic Internal Audit Findings - Item7.3](#)
- 10.2 [GRBV Historic Internal Audit Findings Motion - Item 7.3](#)
- 10.3 [Internal Audit Annual Plan - Item 7.2](#)

### **Andrew Kerr**

Chief Executive

Contact – Nick Smith, Head of Legal and Risk, [nick.smith@edinburgh.gov.uk](mailto:nick.smith@edinburgh.gov.uk) | Tel: 0131 529 4377

## 11. Appendices

---

Appendix 1 – GRBV Decision

Appendix 2 – Action Plan

Appendix 3 – List of ongoing Internal Audit work within service areas

Appendix 4 – Executive Committee Referral Report

# Addendum by the Conservative Group

## Appendix 1

### Governance, Risk & Best Value Committee

8 May 2018

### Item 7.3 – Historic Internal Audit Findings

Committee:

Requests Chief Executive to provide a fully populated version of Table 1 at Appendix 2 to the next meeting of GRBV detailing:

- 1) Audit Finding identified;
- 2) Current position of Audit Finding; has it been treated, ignored or whether it is no longer extant;
- 3) How each outstanding Audit Finding is to be treated to minimise the risk to the Council and the timescale in which necessary actions will be carried out;
- 4) The resource required by each Directorate to carry out the actions detailed at 3 above;
- 5) Any additional resource required by the Council's Internal Audit function to ensure that the actions identified in the paragraphs above can be undertaken;
- 6) Where any additional resource identified will come from and the impact of this on Service Delivery;

Further that a list of audit work being carried out by each Service is prepared and brought to each Committee so consideration can be given to what projects can be delayed or set aside in order to create sufficient time for staff to carry out the remedial actions required.

Reminds officers and Councillors that scrutiny and mitigation of risks as identified during internal audits is the responsibility of all to ensure reduced risks and improved performance thus protecting frontline services via efficient use of finances and therefore recommends:

that high and medium level findings which are not treated by officers in the timescale agreed with Internal Audit (overdue findings) are forwarded to the relevant Executive Committee with a revised report format which makes clear that it is the responsibility of Executive Committees to ensure that any high or medium audit findings within the remit of their Committee are dealt with by officers and risks appropriately treated or mitigated.

---

**Moved by** Councillor Mowat

**Seconded by** Councillor

## **Internal Audit - Open and Overdue Recommendations as at 13/04/2018**

The objective of this document is to provide Directorates and Service Areas with details of all open and overdue Internal Audit findings.

The report will be produced on the 10th of each month (or nearest working day) with responses from findings owners required by the 15th of each month

### **Current volume of Open and Overdue Internal Audit Findings as at 29 May 2018**

	<b>Open 13/04/2018</b>	<b>Historic Re- Opened</b>	<b>Totals</b>
Communities and Families	4	2	6
Health and Social Care	28	9	37
IJB	7	0	7
Resources (including Pensions and ICT)	23	7	30
Place	15	5	20
Strategy and Insight	6	7	13
Safer and Stronger Communities	3	0	3
<b>Total Open and Overdue Findings</b>	<b>86</b>	<b>30</b>	<b>116</b>



Reconciliation - Communities & Families

Open findings as at 13th April 2018

Service Area Code																				
Unique No	Project Code	Project Name	Group	Issue Code	Rating	Finding	Business Implication	Recommendation	Agreed Management Action	Status	Due Date	Revised Date	Revisions	Status Update	Owner	Audit Contact	Treated	Additional Resource Requirements	Impact on Service Workload	
CF1619 SS.3	CF1619	Complaints Process	Communities & Families	ISS.3	Medium	The Chief Social Work Officer conducted a review of complaints handling for secondary schools in 2015 and surveyed the head teachers of the 18 secondary schools which had not recorded a complaint in the previous years. 9 head teachers responded that they were unsure what type or level of complaints should be shared with the Advice and Complaints (Education) Service, and acknowledged that they had not followed the complaints procedure. Perhaps as a result of increased awareness of the complaints	Performance information is inaccurate as it does not include all Stage 1 complaints. There are not being reported/handled appropriately by the schools, meaning problems are not addressed early on and may escalate. Communities & Families Risk Group or Head	We recommend the Advice & Complaints (Education) Service issues guidance to schools on what should be handled and recorded. This may be delivered most effectively through forums such as the Communities & Families Risk Group or Head	The current Jadu form will be reviewed, in consultation with the wider work ongoing within Education Services. Complaint information can be collected at an earlier stage in the process.	Overturn	31/08/2017	31/07/2018		Subject to close	A meeting was held on the 3 May 2018 with the Chief Internal Auditor and Internal Auditor. There is no change in the process and the data recording process still applies. Education complaints cannot be logged on the Council wide complaints system (Captus). Robust procedures are in place to ensure that all Education complaints are recorded and responded to as per the Council's complaints process.  Andy Gray, Head of Schools and Lifelong Learning agreed to access the risk and is assured that the Education complaints are being recorded within timescale.	Frances Smith, Advice & Complaints Officer (Education)	Lesley Newdell	With IA for validation	N/A	N/A
CF1621 SS.2	CF1621	GIRFEC Named Person	Communities & Families	ISS.2	High	There is currently no defined Named Person allocation or process for children aged 16 to 18 no longer in secondary education.	A named person, or persons, should be defined to protect this group.	A named person, or persons, should be defined to protect this group.	This is in progress. Two "Getting it Right Implementation Officers" are seconded to develop this work. The Young People's Service is currently being considered as being the service in which Named Persons will be provided for under-16s who have left school. Implementation of this service is conditional on the requirement for a +16 Named Person Service remaining within the relevant legislation which is being progressed through Parliament by the Deputy First Minister.	Overturn	30/09/2018	N/A		The timescale for implementation of this part of the legislation is still entirely unclear and there is no local authority that has yet developed a specific 16+ named person service. It is the intention of children's services management to use existing services such as the Young People's Service and Family and Household Support to provide this service if and when required. This will meet any statutory obligation.	Andy Jeffries, Interim Head of Children's Services	Anne Smith	Will be treated in progress by Service Area	N/A	N/A	
CF1621 SS.3	CF1621	GIRFEC Named Person	Communities & Families	ISS.3	Medium	Although the GIRFEC legislation does not require documentation of chronology in Wellbeing Concern (WC) files, this currently works well in Child Protection (CP) files to enable analysis of history and patterns of concern, and is to be promoted as good practice. There is no single repository for all Wellbeing Concern and Child Protection notices to enable data sharing between SCD and Named Persons. Testing identified relevant information being recorded in the following mediums: Paper files, SEMS pastoral notes, Off the shelf packages such as "on the button" and SWIFT. Testing evidenced that the current GIRFEC Child Protection records management requirements are not being fully adhered to, resulting in breaches of the Council's data protection policy and General Data Protection Regulations (GDPR) (April 2017). The following areas for concern were identified: Child Protection meeting notes retained in Pupil Progress Records (PPR) files; Additional Child Protection files being sent to a feeder High School for	Lack of chronology in Wellbeing Concern files can result in difficulty analysing the history and patterns of concerns raised. Lack of a single repository for all Wellbeing Concern and Child Protection notices to enable data sharing between SCD and Named Persons. Testing identified relevant information being recorded in the following mediums: Paper files, SEMS pastoral notes, Off the shelf packages such as "on the button" and SWIFT. Testing evidenced that the current GIRFEC Child Protection records management requirements are not being fully adhered to, resulting in breaches of the Council's data protection policy and General Data Protection Regulations (GDPR) (April 2017). The following areas for concern were identified: Child Protection meeting notes retained in Pupil Progress Records (PPR) files; Additional Child Protection files being sent to a feeder High School for	A standard chronology template should be prepared for WC files and supported with guidance on the analysis of data, trends and preparing planning meeting summaries. Whilst we understand that the management accept the risk posed in relation to the current inability to share data, they should investigate the feasibility of using an established or introducing a new Data Management System (DMS) option by which the wellbeing chronology could be securely shared between relevant parties. Additionally, the SL and SCD registers should be updated to reflect the risk that data cannot currently be shared and could result in the risk of	1. Current seconded staff will develop a template for chronology. 2. GIRFEC training will reinforce the need for named person in school to put in place a chronology of wellbeing concerns. Training will also specify that where the level of concern leads to a lead professional being appointed (e.g. social worker), that person then becomes responsible for the preparation of the single child plan including subsequent versions of the chronology. 3. The risk of continuing to operate with separate electronic recording systems for schools and social care is accepted by senior management as no practicable solution currently exists within any of the 12 Local Authorities in Scotland. SL and SCD will update their risk registers to reflect this accepted risk. 4. There is good practice evident in special schools in relation to records management. The officers currently seconded to develop GIRFEC recording practice in schools will review the learning from this, issue guidance to schools about application of Records Management policy/procedures, and offer training as appropriate. 5. This is also understanding well to embed the use of Directors will ensure that a service level agreement (SLA) has been established with all arms level organisations (ALDOs) that they support. The SLA should set out all services provided and received by the Council, key activities and deliverables, and the respective roles and responsibilities of the Council and the counterparty. The agreements should be for a one year period and refreshed annually to ensure that agreed services and charges remain appropriate.	Overturn	29/12/2017	5. 31/08/2018	1. Subject to Close 2. Subject to Close 4. Subject to Close	1. Implemented - Chronology template was issued to schools in June 2017. 2. Implemented and Sustained - GIRFEC training is ongoing. 36/88 primary, 13/23 secondary and 111 special schools have been represented at training. Decision has yet to be made as to whether Wellbeing Application will be used for GIRFEC child planning process. Key Head Quarters contact still to be identified to oversee Wellbeing Application operational tasks. 3. This is being added to the C&F risk register by the Principal Risk Manager, full details of the risk has been provided. 4. A GIRFEC Practitioners Guide has been produced which covers guidance on the application of records management. 5. The wellbeing app has been trialled in 2 schools, a primary and a secondary. The outcome of the trial is that it has not proved to be an effective or efficient way to manage information and a management decision has been taken to disperse with it. Pastoral notes within SEMS are being used instead and we are in the process of embedding this across all schools by end of August 2018.	1. Martin Gemmill 2. Martin Gemmill 3. Maria Plant 4. Martin Gemmill 5. Andy Jeffries / Maria Plant	Anne Smith	Will be treated in progress by Service Area	N/A	N/A	
RE1360A	RE1360A	Service Level Agreements with Outside Entities	Communities & Families	ISS.1	Low	We reviewed the arrangements in place with 5 organisations to which the Council provides professional services. Organisations reviewed provided 2017/18 Fees Lethian valuation joint board; Payroll services; Accountancy services; Payments and procurement; Insurance; Treasury management; Internal Audit; Payroll services; 23, 35, Lethian & Borders Community Justice Authority; Accountancy services; Payments; Internal Audit; 22, 20, 000; C&F Edinburgh Military Tattoo; Payroll services; Treasury management; Internal Audit; 1, 500	If service levels are not formally agreed with the other organisation, there is a risk that: There is reputational damage and increased resource pressure if the Council does not deliver services as expected by the counter party; The Council may not receive appropriate remuneration for services provided; and Arrangements in place may not be appropriate or may conflict with other Council duties.	1. A formal Service Level Agreement (SLA) should be established to ensure that all referrals out with term times are communicated to the Named Person / head of establishment in a timely manner. 2. An agreed communication process should be established to support the SLA. This should include use of a standard secure communication process. 3. Where the named person anticipates that concerns may occur over holiday periods, they will call a child care planning meeting, the outcome of which will be referred to Social Care Direct, allowing social care staff to have clear information on which to act should concerns arise. 4. A service level agreement regarding prompt communication of concerns arising in holiday periods will be established between SL and SCD to ensure that all information is available no later than the first day and the newly introduced GDPR regulations. The new process should also include performance of	1. A formal Service Level Agreement (SLA) should be established to ensure that all referrals out with term times are communicated to the Named Person / head of establishment in a timely manner. 2. An agreed communication process should be established to support the SLA. This should include use of a standard secure communication process. 3. Where the named person anticipates that concerns may occur over holiday periods, they will call a child care planning meeting, the outcome of which will be referred to Social Care Direct, allowing social care staff to have clear information on which to act should concerns arise. 4. A service level agreement regarding prompt communication of concerns arising in holiday periods will be established between SL and SCD to ensure that all information is available no later than the first day and the newly introduced GDPR regulations. The new process should also include performance of	Overturn	30/11/2017	Closed		10/05 - Keith Twin - Principal Solicitor has advised that the Edinburgh Leisure Funding Agreement has been issued to Edinburgh Leisure for signing. This sets out the terms of the agreement.  Internal Audit concluded that it is now appropriate to close this audit action.	Alistair Gray / Andy Gray	Lesley Newdell	Closed	N/A	N/A	
CF1621	CF1621	GIRFEC Named Person 1. Arrangements for Out with Term Times	Communities & Families	ISS.1	High	Out with term times, there is no process for the Named Person / head of establishment to be informed of child concern referrals given that their establishment will be closed and that school staff are not required to be available to work during school holidays. During school holiday periods child concerns are always raised through Social Care Direct (SCD) in the first instance. Testing demonstrated that there is no service agreement and supporting process in place between schools and the Long Learning (SL) and SCD to ensure that the named person is made aware of concerns raised out with term time.  On receipt of concerns, SCD are currently contacting some (but not all) Named Persons on an ad hoc basis using a variety of different mediums, some of which are non-secure. This risks breaching the Council's Data Protection Policy and the General Data Protection Regulations (GDPR) (April 2017).	Current practice leads to the risk that: Wellbeing support action is delayed between SL and SCD should be established to ensure that all referrals out with term times are communicated to the Named Person / head of establishment in a timely manner. 2. An agreed communication process should be established to support the SLA. This should include use of a standard secure communication process. 3. Where the named person anticipates that concerns may occur over holiday periods, they will call a child care planning meeting, the outcome of which will be referred to Social Care Direct, allowing social care staff to have clear information on which to act should concerns arise. 4. A service level agreement regarding prompt communication of concerns arising in holiday periods will be established between SL and SCD to ensure that all information is available no later than the first day and the newly introduced GDPR regulations. The new process should also include performance of	1. A formal Service Level Agreement (SLA) should be established to ensure that all referrals out with term times are communicated to the Named Person / head of establishment in a timely manner. 2. An agreed communication process should be established to support the SLA. This should include use of a standard secure communication process. 3. Where the named person anticipates that concerns may occur over holiday periods, they will call a child care planning meeting, the outcome of which will be referred to Social Care Direct, allowing social care staff to have clear information on which to act should concerns arise. 4. A service level agreement regarding prompt communication of concerns arising in holiday periods will be established between SL and SCD to ensure that all information is available no later than the first day and the newly introduced GDPR regulations. The new process should also include performance of	1. A formal Service Level Agreement (SLA) should be established to ensure that all referrals out with term times are communicated to the Named Person / head of establishment in a timely manner. 2. An agreed communication process should be established to support the SLA. This should include use of a standard secure communication process. 3. Where the named person anticipates that concerns may occur over holiday periods, they will call a child care planning meeting, the outcome of which will be referred to Social Care Direct, allowing social care staff to have clear information on which to act should concerns arise. 4. A service level agreement regarding prompt communication of concerns arising in holiday periods will be established between SL and SCD to ensure that all information is available no later than the first day and the newly introduced GDPR regulations. The new process should also include performance of	Historic	30/08/2017	2. 29/05/2018	1. Subject to Close 3. Subject to Close	1. Implemented and Sustained - As part of Getting it Right Implementation Officers remit, the business continuity arrangements were communicated to the schools in advance of the summer holidays. Head of Service for Schools and Lifelong Learning will continue to issue prompt prior to holiday. 2. In progress - The drafting of the SLA has been assigned to the Schools and Lifelong Senior Manager and Children's Services Team Leader. The Acting Head of Children's Services has advised this will be in place 1 June. 3. Implemented - The Head of Children's Services agreed that this risk should be added to the GIRFEC Risk Register and assigned an owner. This has been added to the Risk Register. At the GIRFEC Leadership meeting on the 30 May the risk will be rated and key controls put in place for monitoring.	Andy Gray / Andy Jeffries	Lesley Newdell	With IA for validation	N/A	N/A	

CF1621	CF1621	GIRFEC Named Person 4. Consent to share information	Communities & Families	Medium	<p>There is an inconsistent approach to recording the request for consent from Parents/Careers to share information regarding Wellbeing Concerns. In a number of files reviewed, consent was not recorded adequately.</p> <p>Whilst the current child protection training specifies the need to obtain consent the requirement to record the outcome of the conversation adequately is not highlighted.</p>	<p>It may not be possible to evidence that the proper procedure has been followed, in the event of external inspection or challenge.</p> <p>There is an inconsistent approach to recording consent across the school Child protection process.</p>	<p>Recording Consent Conversations</p> <p>1. Where consent to sharing Wellbeing Concerns information is discussed with a Parent/Carer, this should be recorded as a consent conversation with the outcome clearly noted and the reason for action documented.</p> <p>2. Child Protection and GIRFEC training should emphasise the need to record all communication in relation to consent.</p>	<p>1. GIRFEC lead officer and child protection trainers have agreed training content on the need to record all communication.</p> <p>2. New combined paperwork for schools and partners will be created, which allows for the clear recording of consent or, in cases where consent has not been given, the reasons for this.</p>	Historic	31/08/2017	Suggest to Close	<p>1. Implemented - The Getting it Right Officers have worked closely with the Learning and Development Officers in Child Protection to ensure that there is a consistent message in training regarding the use of SEMs for recording Pastoral Notes, professional judgement and the creation of chronology. This section has been incorporated into both Child Protection and GIRFEC training offered by the Education Psychologists and delivered by the GRS Officers.</p> <p>2. Implemented - Combined paperwork has been created and is available on the ORS. <a href="http://www.edinburgh.gov.uk/downloads/file/10182/as-attachment-of-need-and-child-young-persons-planning-meeting">http://www.edinburgh.gov.uk/downloads/file/10182/as-attachment-of-need-and-child-young-persons-planning-meeting</a></p>	Martin Gemmell	With IA for validation	N/A	N/A
--------	--------	--	------------------------	--------	---	--	--	---	----------	------------	------------------	---	----------------	------------------------	-----	-----



















<p>REG34012</p> <p>Leithen Pension Fund Cyber Security</p>	<p>Medium</p>	<p>It is noted that the current policy is not fully consistent with the requirements of the Cyber Security Act. There is a formal, ongoing security governance framework in place. Without effective controls, the current security posture is not sufficient to ensure the security of the pension fund's information systems. The current security posture is not sufficient to ensure the security of the pension fund's information systems. The current security posture is not sufficient to ensure the security of the pension fund's information systems.</p>	<p>It is noted that the current policy is not fully consistent with the requirements of the Cyber Security Act. There is a formal, ongoing security governance framework in place. Without effective controls, the current security posture is not sufficient to ensure the security of the pension fund's information systems. The current security posture is not sufficient to ensure the security of the pension fund's information systems.</p>	<p>30/06/2017</p> <p>30/06/2018</p>	<p>Evidence/progress provided in IA Action in IA update</p>	<p>Leithen Brian Fairbairn,Chief Risk Officer, LFF</p>	<p>Leithen Chrisine Dora</p>	<p>With IA for Validation</p>	<p>N/A</p> <p>N/A</p>
<p>REG35011</p> <p>LFF - Information Governance</p>	<p>Medium</p>	<p>The Fund's records management framework and supporting processes require improvement to ensure that records are effectively managed in line with the Records Act requirements. The current records management framework is not sufficient to ensure the security of the pension fund's information systems. The current records management framework is not sufficient to ensure the security of the pension fund's information systems.</p>	<p>It is noted that the current policy is not fully consistent with the requirements of the Records Act. There is a formal, ongoing records management framework in place. Without effective controls, the current records management framework is not sufficient to ensure the security of the pension fund's information systems. The current records management framework is not sufficient to ensure the security of the pension fund's information systems.</p>	<p>28/02/2018</p> <p>N/A</p>	<p>Evidence/progress provided in IA Action in IA update</p>	<p>Leithen Brian Fairbairn,Chief Risk Officer, LFF</p>	<p>Chrisine Dora</p>	<p>With IA for Validation</p>	<p>N/A</p> <p>N/A</p>
<p>REG35012</p> <p>Leithen Pension Fund Review of IT Business Resilience and Disaster Recovery</p>	<p>High</p>	<p>Our review established that existing IT Business Resilience (ITBR) and Business Continuity (BC) processes are not sufficiently robust to provide assurance that systems and services are available in a prompt and orderly manner. The current ITBR and BC processes are not sufficient to ensure the security of the pension fund's information systems. The current ITBR and BC processes are not sufficient to ensure the security of the pension fund's information systems.</p>	<p>It is noted that the current policy is not fully consistent with the requirements of the ITBR and BC. There is a formal, ongoing ITBR and BC framework in place. Without effective controls, the current ITBR and BC framework is not sufficient to ensure the security of the pension fund's information systems. The current ITBR and BC framework is not sufficient to ensure the security of the pension fund's information systems.</p>	<p>30/06/2018</p> <p>28/02/2018</p>	<p>Evidence/progress for all these operational areas has been provided to IA.</p>	<p>Leithen Chris Scott/Chief Executive Officer, LFF</p>	<p>Leithen Leithen</p>	<p>With IA for Validation</p>	<p>N/A</p> <p>N/A</p>
<p>REG35013</p> <p>Leithen Pension Fund Review of IT Business Resilience and Disaster Recovery</p>	<p>High</p>	<p>Our review established that existing IT Business Resilience (ITBR) and Business Continuity (BC) processes are not sufficiently robust to provide assurance that systems and services are available in a prompt and orderly manner. The current ITBR and BC processes are not sufficient to ensure the security of the pension fund's information systems. The current ITBR and BC processes are not sufficient to ensure the security of the pension fund's information systems.</p>	<p>It is noted that the current policy is not fully consistent with the requirements of the ITBR and BC. There is a formal, ongoing ITBR and BC framework in place. Without effective controls, the current ITBR and BC framework is not sufficient to ensure the security of the pension fund's information systems. The current ITBR and BC framework is not sufficient to ensure the security of the pension fund's information systems.</p>	<p>30/06/2018</p> <p>28/02/2018</p>	<p>Evidence/progress for all these operational areas has been provided to IA.</p>	<p>Leithen Chris Scott/Chief Executive Officer, LFF</p>	<p>Leithen Leithen</p>	<p>With IA for Validation</p>	<p>N/A</p> <p>N/A</p>
<p>REG35014</p> <p>Leithen Pension Fund Review of IT Business Resilience and Disaster Recovery</p>	<p>High</p>	<p>Our review established that existing IT Business Resilience (ITBR) and Business Continuity (BC) processes are not sufficiently robust to provide assurance that systems and services are available in a prompt and orderly manner. The current ITBR and BC processes are not sufficient to ensure the security of the pension fund's information systems. The current ITBR and BC processes are not sufficient to ensure the security of the pension fund's information systems.</p>	<p>It is noted that the current policy is not fully consistent with the requirements of the ITBR and BC. There is a formal, ongoing ITBR and BC framework in place. Without effective controls, the current ITBR and BC framework is not sufficient to ensure the security of the pension fund's information systems. The current ITBR and BC framework is not sufficient to ensure the security of the pension fund's information systems.</p>	<p>30/06/2018</p> <p>28/02/2018</p>	<p>Evidence/progress for all these operational areas has been provided to IA.</p>	<p>Leithen Chris Scott/Chief Executive Officer, LFF</p>	<p>Leithen Leithen</p>	<p>With IA for Validation</p>	<p>N/A</p> <p>N/A</p>
<p>REG35015</p> <p>Leithen Pension Fund Review of IT Business Resilience and Disaster Recovery</p>	<p>High</p>	<p>Our review established that existing IT Business Resilience (ITBR) and Business Continuity (BC) processes are not sufficiently robust to provide assurance that systems and services are available in a prompt and orderly manner. The current ITBR and BC processes are not sufficient to ensure the security of the pension fund's information systems. The current ITBR and BC processes are not sufficient to ensure the security of the pension fund's information systems.</p>	<p>It is noted that the current policy is not fully consistent with the requirements of the ITBR and BC. There is a formal, ongoing ITBR and BC framework in place. Without effective controls, the current ITBR and BC framework is not sufficient to ensure the security of the pension fund's information systems. The current ITBR and BC framework is not sufficient to ensure the security of the pension fund's information systems.</p>	<p>30/06/2018</p> <p>28/02/2018</p>	<p>Evidence/progress for all these operational areas has been provided to IA.</p>	<p>Leithen Chris Scott/Chief Executive Officer, LFF</p>	<p>Leithen Leithen</p>	<p>With IA for Validation</p>	<p>N/A</p> <p>N/A</p>
<p>REG35016</p> <p>Leithen Pension Fund Review of IT Business Resilience and Disaster Recovery</p>	<p>High</p>	<p>Our review established that existing IT Business Resilience (ITBR) and Business Continuity (BC) processes are not sufficiently robust to provide assurance that systems and services are available in a prompt and orderly manner. The current ITBR and BC processes are not sufficient to ensure the security of the pension fund's information systems. The current ITBR and BC processes are not sufficient to ensure the security of the pension fund's information systems.</p>	<p>It is noted that the current policy is not fully consistent with the requirements of the ITBR and BC. There is a formal, ongoing ITBR and BC framework in place. Without effective controls, the current ITBR and BC framework is not sufficient to ensure the security of the pension fund's information systems. The current ITBR and BC framework is not sufficient to ensure the security of the pension fund's information systems.</p>	<p>30/06/2018</p> <p>28/02/2018</p>	<p>Evidence/progress for all these operational areas has been provided to IA.</p>	<p>Leithen Chris Scott/Chief Executive Officer, LFF</p>	<p>Leithen Leithen</p>	<p>With IA for Validation</p>	<p>N/A</p> <p>N/A</p>

Reconciliation - Safer and Stronger Communities

Open findings as at 13th April 2018

Unique No	Project Name	Group	Rating	Finding	Business Implication	Recommendation	Agreed Management Action	Status	Due Date	Revised Date	Revisions	Status Update	Owner	Audit Contact	Treated	Additional Resource Requirements	Impact on Service Workload
SSC1701/SS5	Short Term Homelessness Provision	Safer & Stronger Communities & C&WO	Medium	The Home Information System (HIS) database has been in place since 2000 to manage homelessness cases and collect data on statutory activity. Data held on HIS includes client history, information about family groups, records of placements. The system has three key users relating to this audit: Off-contract and 'spot' purchases are often agreed by phone. The agreed rates is recorded on the HIS database. This should then be used to check the accuracy of invoices (see Finding 2) The accuracy of invoices is checked against room occupancy logged in HIS each morning; and Management information (for example average length of stay) is generated from HIS. We identified multiple entries with inaccurate data including incorrect numbers of dependent children and errors in room rate. For example, one Premier Inn room was recorded at £47.78 per night. There is no audit trail in the database so charges cannot be tracked. This also means that there is no record of who agreed rates with off-contract BBAs and when. Most team members with access to HIS have edit access and can amend.	Management information may be inaccurate/risk of inaccurate payments where invoices are checked against database rates (once price check controls are implemented); and Risk that statutory reporting on families staying in B&B accommodation is inaccurate.	Implement an auditable process for recording previously established and ad hoc prices. This may involve restricting edit access to fields of the HIS database.	Access to edit B&B prices on HIS will be restricted by the addition of password protection for this element of the database, and only accessible to key personnel. Staff who authorise use of non-contracted properties ensure that details of the prices agreed and a booking confirmation are forwarded to the business support service to ensure accurate	Closed/Verified	31/07/2017	23/08/2017			Brian Stewart, Hotels & Temporary Accommodation Manager	Christine Shaw	Closed	N/A	N/A
				THE HIS database is not to be regarded in the near future though we recognise this is likely to be delayed due to delays in the wider ICT Transformation Programme). In procuring a new system, the team should consider Ability to record required information, including details of dependent children Ability to restrict edit access and implement automation protocols (where a new automation protocol is required).	The service is involved in the project implementing Northgate and will provide input in creating system specifications that include the type of data required, access restrictions, automation protocols, and an audit trail.	Closed/Verified	31/07/2017	23/08/2017			Brian Stewart, Hotels & Temporary Accommodation Manager	Christine Shaw	Closed	N/A	N/A		
				Data held on HIS should be audited and cleared.	Work is ongoing to migrate HIS to Northgate by 31 March 2018. Prior to the system migration, a full data cleanse will take place. Data retention guidelines will be applied fully once Northgate is in place. Currently there is no facility to cleanse HIS and the time and costs to deliver this would be prohibitive.	Not yet due	31/03/2018	Dec-18			Sean Davidson, Business Support Team Manager	Christine Shaw	Will be treated - in progress by Service Area	N/A	N/A		
SSC1703/SS1	CCTV Infrastructure	Safer & Stronger Communities & C&WO	High	There is currently no consolidated corporate strategy and standard operational procedures supporting consistent and legislatively compliant delivery of CCTV Services across Service Areas, and no established recharge process to enable recovery of CCTV costs incurred by the Council. There has also been no progress in addressing the findings highlighted in the Boston Network report which highlighted that significant investment in the CCTV technology infrastructure was required to support future delivery of the service. Finally, there is no clearly documented corporate plan to ensure that all CCTV operations will be compliant with General Data Protection Regulations effective from 25th May 2018.	Failure to operate consistently and effectively, and risk of potential legislative breaches. Reputational risk associated with major failure in CCTV infrastructure resulting in inability to provide the Service. Potential financial loss associated with failure to recharge costs. Potential non-compliance with new GDPR regulations.	1. A corporate CCTV Strategy and standard operational procedures should be designed and implemented. This should include establishment of a centralised CCTV delivery budget and a recharge process to enable recovery of costs and support income maximisation (where possible). 2. Standard processes should be developed for implementation across all service areas providing CCTV services. These should be aligned with applicable legal and regulatory requirements and should include (as a minimum) procedures covering: - Approval and registration of new CCTV equipment. - Prioritisation of requests for cameras in new locations and their allocation across geographical sites. - Identification and repair of damaged equipment. - Retention, archiving and destruction of footage that are aligned with the Council's Records Management policy and Data Protection Act requirements, and - Approval of requests for footage and the process for sharing footage in a secure manner. 3. An action plan should be designed and implemented to address the CCTV infrastructure findings highlighted in the Boston Network report, and a request submitted to Finance and the relevant Council Committees for funding to support investment. 4. A corporate CCTV risk register recording the consolidated risks associated with delivery of CCTV services should be prepared. These should include details of action plans to mitigate the risks identified, and appropriate action owners. The risk register should also be subject to regular ongoing review to ensure that risk and action plans remain appropriate. 5. A consolidated asset register should be prepared and maintained to record all CCTV equipment owned by the Council, its condition and location. 6. A corporate business continuity plan should be designed and implemented to support recovery of 7. A gap analysis should be performed and a corporate plan developed to ensure the service will be compliant with GDPR by 25th May 2018.	1. A CCTV working group has been established that is chaired by an Elected Member. The Lead Officer is the Manager, Community Safety. Three sub-working groups have also been established. The sub 'Strategy' group has been tasked with developing an overall CCTV Strategy with the objective of 'future proofing' the CCTV service. The strategy will include recommendations for establishment of a centralised CCTV delivery budget and a recharge process to enable recovery of costs and support income maximisation (where possible). It is not yet possible to commit to an agreed implementation date for the strategy which is likely to be confirmed in the next Internal Audit that the finding will be closed and development and approval of the strategy will be further in reviews scheduled to consider effective implementation of the strategy. 2. The sub 'Policy and Procedures' group will deliver a standard set of CCTV operational processes and procedures to be implemented across all three Service Areas. These will include the areas noted in the audit recommendation. 3. The objective of the sub 'Tactical Working Group' is to oversee and implement the upgrade of public space CCTV in line with Council wide technology and ensure it is compatible for future integration of council services. This will include the identification of funding sources to support the necessary CCTV investment. 4. S & E is expected that the strategy documents to include the establishment of one centralised CCTV operations centre and data centre for the Council. This will be supported by appropriate risk registers, asset registers and resilience plans. The requirement for standardised approaches in these areas will be reflected in the strategy document produced. Meantime, Security are undertaking exercise to fully document all security systems (including CCTV in detail) Asset Registers 5. Information Governance has performed their GDPR readiness review of three CCTV areas, and the questionnaire has been completed. Action plans are currently being developed.	Not yet due	27/09/2019			Rona Fraser, Community Justice Senior Manager	Lesley Newdell	Will be treated - in progress by Service Area	N/A	N/A	
				1. Immediate action should be taken to secure access to the Security Services file server and download CCTV images and a request made to the Information Governance team to carry out a review of any new procedures, ensuring compliance with relevant policies and legislation.	The server hardware at NPH has been updated and is now secured behind controlled access with monitoring. Access is restricted by controlled entry, and the installation of air conditioning should now negate the need to use the door open in summer to support ventilation. NPH is a 24/7 facility and would not normally be unstaffed. Security of the server and its data is addressed with a lockable filing cabinet. All procedures have been reviewed with policy guidance updated. The server will be manually transferred to Waverley Court in the event of a catastrophic failure / loss of service.	Not yet due	27/04/2018	30/06/2018			Will Hoag, P&M Security Manager	Lesley Newdell	Will be treated - in progress by Service Area	N/A	N/A		
				2. Internal and peer reviews should be incorporated in operating procedures and performed as per the requirements of the National Strategy for Public Space CCTV to ensure Data Protection Act compliance	2. Public Space supervisors undertake review of staff work on a monthly basis in line with legislation around CCTV Governance. This is to be rolled out across Security and Concierge services. Additionally, the new policies and procedures being developed will include the requirement to record that the reviews have been performed, and document the actions taken to address any gaps identified, and any Data Protection breaches.	Not yet due	28/09/2018			Rona Fraser, Community Justice Senior Manager	Lesley Newdell	Will be treated - in progress by Service Area	N/A	N/A			
				3. Service Area procedures should be reviewed and aligned with Corporate CCTV and Records Management procedures (with specific focus on retention periods for CCTV images on systems, and retention of downloaded CCTV footage), and reviewed at least annually.	3. The 'Policy and Procedures' sub group is developing a standard set of CCTV policy and procedures to be applied consistently across the entire council ICT Estate. These procedures will include records management requirements for CCTV images held on systems, and also downloaded CCTV images. The requirement for an annual review to confirm to incorporate any necessary changes will also be included.	Not yet due	28/09/2018			Rona Fraser, Community Justice Senior Manager	Lesley Newdell	Will be treated - in progress by Service Area	N/A	N/A			
				4. Risks associated with delivery of CCTV services should be identified and recorded on the relevant Service Area risk registers.	4. The Council's Risk Management team will be engaged to support a review of CCTV risk registers across all three areas, and ensure that the risk registers are refreshed. Risk registers will be standardised where possible. All security related CCTV risks have now been recorded on Property and Facilities Management risk register.	Not yet due	28/09/2018			Rona Fraser, Community Justice Senior Manager	Lesley Newdell	Will be treated - in progress by Service Area	N/A	N/A			
				5. Induction and ongoing training should be delivered to all CCTV staff and appropriate records maintained of completion.	5. The roll out of the new policies and procedures to be applied across all CCTV operations will be supported by employee briefings and training. The new policies and procedures will also include the requirement for induction training for all new employees and ongoing refresher training to be delivered by each respective Service Area lead. Properties and Facilities Management has prepared a training matrix. A training provider has been also identified and training course dates established throughout 2018 for service users. A security information page is also being prepared for publishing on the OIR.	Not yet due	30/11/2018			Rona Fraser, Community Justice Senior Manager	Lesley Newdell	Will be treated - in progress by Service Area	N/A	N/A			
				SSC1703/SS2	CCTV Infrastructure	Safer & Stronger Communities & C&WO	High	Lack of corporate strategy and standard operational procedures has resulted in three Service Areas (Public Space, Security, and Concierge) managing their CCTV services independently with differing standards of operational processes and controls, with examples of non-compliance with applicable legislation evident in all three areas. The following control gaps were identified consistently across all three Service Areas, and have been discussed separately with each: 1. Data protection regulations (the Seventh Principle), and the CCTV Information Security Policy (CIVIS/2700) were non-compliant as the CCTV file server and downloaded CCTV images were stored in an open, regularly unstaffed room that was occasionally open to public access. 2. There is no evidence of regular internal or peer reviews of CCTV operations as required by the National Strategy for Public Space CCTV to ensure compliance with Data Protection Act requirements. 3. Service Area procedures supporting CCTV operations were not up to date and had not been subject to periodic review, and current records management processes applied within the three service areas are not fully compliant with current Data Protection Act requirements and the Council's Records Management policy. An example of this was that all three service areas had different document retention processes, with Security applying a process of retaining footage until they have been formed that a Police case file is closed; Public Safety retaining footage until told by the court that the footage can be destroyed; and Concierge retaining footage for a year before deletion. 4. Risks associated with the operation of CCTV services have not been identified and recorded on Service Area risk registers. 5. No induction training and ongoing training and development is provided for CCTV team members to ensure they are aware of all applicable legislation; negative change set operational processes for the Service Area.	Financial penalty and reputational damage associated with breach of Data Protection legislation and Council Records Management policies. Failure to operate consistently and effectively, and risk of potential legislative and National Strategy breaches. Employees may unknowingly breach applicable legislation or Council policies.	1. The CCTV Working Group work are aspiring to meet the 'gold standard' for CCTV and work towards obtaining Surveillance Camera Commissioner (SCC) certification from a relevant UKAS accredited body. Updated policy/guidance issued to Head Teachers, Community Centres and Business Managers who have CCTV monitoring equipment on their premises directs any	Not yet due	27/04/2018	30/06/2018			Will Hoag, P&M Security Manager	Lesley Newdell
2. The Council's Risk Management team will be engaged to support a review of CCTV risk registers across all three areas, and ensure that the risk registers are refreshed. Risk registers will be standardised where possible. All security related CCTV risks have now been recorded on Property and Facilities Management risk register.	2. Public Space supervisors undertake review of staff work on a monthly basis in line with legislation around CCTV Governance. This is to be rolled out across Security and Concierge services. Additionally, the new policies and procedures being developed will include the requirement to record that the reviews have been performed, and document the actions taken to address any gaps identified, and any Data Protection breaches.	Not yet due	28/09/2018							Rona Fraser, Community Justice Senior Manager	Lesley Newdell	Will be treated - in progress by Service Area	N/A	N/A			



1	Realisation	& insight	<p>projects outwith the Change Portfolio that are being delivered by service areas that could potentially be categorised as 'significant' based on a broad set of criteria for inclusion in the Change Portfolio. Review of project governance across four of the projects included in the Change Portfolio established that projects are not being managed consistently, and identified several thematic control gaps. These included: <b>1</b> Standard business cases are not consistently produced. Project approval is often granted based on a paper presented to Council committees; <b>2</b> Failure to identify, record and monitor project benefits (refer finding 2); <b>3</b> Lack of clearly defined project plans that reflect project critical paths and key project dependencies; <b>4</b> Failure to identify, record, monitor and report project risks, issues, and dependencies; <b>5</b> Project governance minutes (e.g. steering group meeting minutes) do not consistently record attendees or meeting outcomes; <b>6</b> Weaknesses in the management and oversight of third parties involved in projects to ensure that their delivery is in line with contractual requirements; <b>7</b> Lack of secure arrangements supporting transfer of commercially sensitive and confidential information to and from third party suppliers involved in projects; <b>8</b> Lack of project management tools to support effective delivery of high risk or large scale projects (for example MS Project). Several projects are managing their project plans in Microsoft Excel which is not always adequate to support high risk or large scale changes; <b>9</b> Project close reports are not consistently completed when a project is closed.</p>	<p>crystallise and adversely impact project delivery; <b>10</b> Consolidated reporting provided by P&amp;G to the Change Board and GRBV is incomplete and inaccurate; <b>11</b> Third party supplier deliverables are not aligned with contractual requirements or Council expectations; <b>12</b> Breach of Data Protection Act requirements or leakage of commercially sensitive information; and <b>13</b> Areas for improvement or best practice are not identified, recorded, and shared when projects close.</p>	<p>Standard project management standards and processes should be owned and maintained by P&amp;G, with P&amp;G providing oversight to confirm that it is consistently applied.</p>	<p>A new Delivery Unit has been established with responsibility for the governance and oversight of all significant change projects. They will be responsible for ensuring consistent standards around reporting on a monthly basis to CLT.</p>	Not yet due	30/04/2019	In progress.	Scott Robertson, Portfolio & Governance Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A
				<p>P&amp;G reporting to the Change Board and GRBV should be reviewed and enhanced to demonstrate progress with all projects being delivered across the Council based on an appropriate set of standard monitoring metrics.</p>	<p>Reporting arrangements to both the Change Board, CP&amp;S and GRBV have been reviewed and agreed. A new dashboard was presented at the Change Board in December and will be refined over the next few months. A workshop with GRBV was held bi-annual reports to GRBV was agreed.</p>	Not yet due	29/06/2018	In progress.	Scott Robertson, Portfolio & Governance Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A	
				<p>Where projects will involve transfer of commercially sensitive or private sensitive data between the Council and third parties, the Information Governance Unit (IGU) should be consulted and details included in project Privacy Impact Assessments (PIAs). Where required, secure data transfer and storage arrangements should be established with third parties prior to commencement of projects. This requirement should be included in the project guidance made available by P&amp;G to all service areas, and considered as part of the business case approval process for all significant projects included in the portfolio of change.</p>	<p>Project guidance will be updated to reflect the requirements of the recommendation in conjunction with the IGU. Guidance will be developed with the involvement of the IGU.</p>	Not yet due	29/03/2019	In progress.	Scott Robertson, Portfolio & Governance Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A	
				<p>Provision of an appropriate range of project management tools to support effective project management and consolidated change Portfolio reporting by P&amp;G should be made available to all significant, high risk and large scale projects across the Council.</p>	<p>A project toolkit will be available on the Orb that includes key templates. These will be part of a wider best practice approach to how the council delivers change.</p>	Not yet due	29/06/2018	In progress.	Scott Robertson, Portfolio & Governance Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A	
				<p>A consolidated benefits realisation plan covering all Change Portfolio projects should be implemented and reported to the Change Board and GRBV to support effective monitoring of benefits across the portfolio.</p>	<p>The change board now receives monthly status updates detailing benefits realisation for all projects in the portfolio.</p>	Not yet due	28/09/2018	In progress.	Scott Robertson, Portfolio & Governance Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	N/A	
				<p>Benefits should be included as a criterion for inclusion of a project within the Change Portfolio. This will require time to embed and mature.</p>	<p>Agreed. Benefits realisation is part of the business case and no projects will come into the portfolio unless the business case and its contents have been approved. This will include approval of the project benefits, and a benefit owner. This will require time to embed and mature.</p>	Past due date	30/03/2018	Evidence provided to IA and awaiting confirmation from IA that this evidence has satisfied the agreed management action.	Scott Robertson, Portfolio & Governance Manager	Lesley Newdall	With IA for validation	N/A	N/A	





RES16065S_2	ICD Follow Up	Strategy & insight	Medium	<p>CEC agreed to the ICD that all employees would complete the e-learning module on Information Governance that was mandatory at the time (AIG). Since the ICD review frequent and consistent messages have been issued on information governance. Despite this, a number of council staff have still to complete the module. In addition, CEC agreed to undertake role-specific training for a number of higher-level data security roles. In some cases (A6, C20, C27) these training sessions have been planned, with materials provided for review. However, these sessions have not yet taken place, as many of the staff are relatively newly appointed and due to organisational structure and change across the Council. All role-specific training sessions agreed with the ICD are currently scheduled to be held by the end of Q2 2017.</p>	<p>Risk that staff do not properly understand the implications of data security within their role and the steps they can take to minimise risk to the Council.</p>	<p>All staff should complete the e-learning module and role-specific training courses should be conducted, as planned, by Q2 2017.</p>	<p>Existing Council employees who have not yet completed the IG e-learning module will be instructed/provided encouragement to do so. Once the e-learning module is complete, staff will be expected to update their knowledge of the Information Governance related policies on an annual basis as part of the annual policy refresh process. However, completion of the e-learning module may be considered excessive for front line manual workers who have minimal or no information governance responsibilities and a briefing note, prepared by the Information Governance Manager, will be used as an alternative for these particular employee groups.</p>	Overdue	30/05/2017	Suggest action is closed.	<p>Significant levels of training and awareness continue to manage and mitigate risks in this area, these include: dissemination of a briefing note for 'hard to reach' employees, mandatory induction on information governance, regular communications, GDPR and PIA workshops, role and service specific training sessions, Elected Member briefings, roadshows, and presentations to CLT. In addition, an e-learning module for managers has been launched and a GDPR e-learning module developed (planned launch early May 2018). The IG Communications Plan for 2018 continues to promote continued levels of awareness, utilising the various tools, training packages and methods as set out. Revised information governance policies (supported by communications) will again highlight manager responsibilities in ensuring employees have appropriate levels of information literacy and</p>	Margaret-Ann Love, Learning & Development Manager	Lesley Newdall	With IA for validation	N/A	No Impact
RES16065S_4	ICD Follow Up	Strategy & insight	Low	<p>These sharing agreements have been signed into a sample of data sharing agreements was carried out, and existing agreements have been improved significantly since the ICD visit in 2015. There was also evidence of good practice where some areas were creating new agreements to cover high risk areas that were previously assumed to be covered by the more general Patochian agreement. This continued review of existing agreements and the areas they cover should be encouraged. At the time of the audit, the data sharing agreement with the Integration Joint Boards (IJB) was still to be formally signed off, following the review of all agreements requested by the ICD (87). The new draft has been verbally agreed and is due to be signed off in June 2017. The Information Asset Register (IAR) has been established since</p>	<p>These actions, which were agreed with the ICD have not all been completed to the agreed standard, with implications on information security and data privacy.</p>	<p>The Council should implement these actions at the earliest possible opportunity.</p>	<p>Further role specific guidance will be identified and developed as part of the Council's preparations for compliance with the new General Data Protection Regulations which comes into force on 25 May 2018. This will concentrate on existing and new responsibilities under</p>	Past due date	31/07/2017	Suggest action is closed.	<p>The e-learning module for managers (intermediate level) was launched as part of a suite of Council-wide communications and awareness raising activities to celebrate Global Information Governance Day on 15 February 2018. It continues to be promoted as part of the Council's preparations for GDPR through compliance workshops and training. Further Council-wide communications around the e-learning module are scheduled for April - June 2018. Progress concerning the launch of the module has been reported to CLT and the Council's Change Board as part of the GDPR scrutiny process.</p>	Kevin Wibrabram, Information Governance Manager, Corporate Governance.	Lesley Newdall	With IA for validation	N/A	No Impact
RES16065S_4	ICD Follow Up	Strategy & insight	Low	<p>These sharing agreements have been signed into a sample of data sharing agreements was carried out, and existing agreements have been improved significantly since the ICD visit in 2015. There was also evidence of good practice where some areas were creating new agreements to cover high risk areas that were previously assumed to be covered by the more general Patochian agreement. This continued review of existing agreements and the areas they cover should be encouraged. At the time of the audit, the data sharing agreement with the Integration Joint Boards (IJB) was still to be formally signed off, following the review of all agreements requested by the ICD (87). The new draft has been verbally agreed and is due to be signed off in June 2017. The Information Asset Register (IAR) has been established since</p>	<p>These actions, which were agreed with the ICD have not all been completed to the agreed standard, with implications on information security and data privacy.</p>	<p>The Council should implement these actions at the earliest possible opportunity.</p>	<p>Further role specific guidance will be identified and developed as part of the Council's preparations for compliance with the new General Data Protection Regulations which comes into force on 25 May 2018. This will concentrate on existing and new responsibilities under</p>	Past due date	31/03/2018	Suggest action is closed.	<p>There has been a significant number of training and awareness raising events throughout 2017-18 (130+) which highlight specific roles and changed responsibilities under new data protection laws and information governance more widely. This effort has</p>	Kevin Wibrabram, Information Governance Manager, Corporate Governance.	Lesley Newdall	With IA for validation	N/A	N/A
CW1502	Governance Arrangements Arms Length Companies 4.Governance Reporting	Strategy & insight	Medium	<p>We would expect that the performance and operations of Arms Length Companies are subject to regular scrutiny by the relevant scrutinising committee. For our sample of Arms Length Companies we identified that 20 committees as follows over the period from January 2013 to August 2015 (i.e. 2 1/2 years):</p>	<p>The lack of regular scrutiny could lead to a significant reputational risk to the Council due to:</p> <ul style="list-style-type: none"> <li>lack of transparency in the relationship with Arms Length Companies; and</li> <li>inherent risks not being brought to the attention of the Council.</li> </ul>	<p>Executive Committees should review their arrangements for the scrutiny of performance and operations for each of the relevant companies.</p>	<p>Executive Directors have been assigned responsibility for Arms Length Companies and are responsible for ensuring that the respective Executive Committee can provide appropriate scrutiny. A report addressing proposed scrutiny arrangements will be considered on 2 June 2016.</p>	Historic	30/09/2016	Suggest action is closed.	<p>A report was considered by Council on 2 June 2016 and 30 June 2016 setting out new reporting arrangements for ALEOs. This divided the scrutiny between the executive committee and the Governance, Risk and Best Value Committee. The reporting responsibilities for ALEOs have been made clear to executive directors and to the ALEOs themselves. The requirement to scrutinise Council companies has been added to the Governance, Risk and Best Value Committee work programme.</p>	Gavin King, Democracy, Governance and Resilience Senior Manager	Lesley Newdall	With IA for validation	N/A	No Impact
RES1608	Risk Function: Governance, Strategy & Process 3.1 Project Governance & Risk Management	Strategy & insight	Medium	<p>Each year CEC undertakes a number of projects and programmes, many of which are material in value or nature. Currently there are over 20 projects and programmes which fall within the remit of the major projects portfolio (i.e. any project / programme over a value of £5million or which is particularly sensitive to the Council's reputation). CLT, Finance and Resources Committee and GBV receive bi-monthly, quarterly and six monthly updates respectively on progress and RAG status of all major projects. If risk management practices and associated project governance are well designed, aligned with the wider CEC enterprise-wide risk framework and embedded consistently across all projects, there is confidence that visibility, aggregation, escalation and management of risks is accurate, complete and timely.</p>	<p>Due to the bi-monthly nature of reporting and as project risk registers are not independently challenged, risks may not be escalated on a timely basis which, due to the materiality and political sensitive nature of projects, could result in significant financial and reputational damage to CEC should the risks crystallise or prompt action not be taken to mitigate or respond to the risks.</p>	<p>With support from the Risk Function, CEC's Transformation Team should ensure there is alignment of project risk to risk management and the management of assessment, reporting and aggregation of project risk, CEC should ensure independent challenge and oversight is provided to material project risks on a more frequent basis. Risk registers should be escalated and independently challenged, to enable early identification and escalation of potential risk failures prior to crystallisation.</p>	<p>Risk Management - Portfolio &amp; Governance Manager and CEO to agree how this disconnect in relation to the management of assessment, reporting and oversight of project risk is addressed and agree an approach (to be reflected and signed off) in the Portfolio Management Business Case on how tighter alignment between the enterprise wide risk management framework and that of projects/programmes is delivered within a framework that meets the portfolio governance and ERM needs. Any subsequent changes will be incorporated as an update to the ERM framework. Major Projects require Project and Programme Managers to manage risk on their projects and programmes and identify key risks in bi-monthly updates to the Portfolio &amp; Governance Manager. However, going forward there will be a recommendation that a standard approach to risk management is mandated for all projects and programmes (see above comment). This will include submission of a project risk register to the designated Steering</p>	Historic	30/11/2016	01/12/2018	<p>From 1<sup>st</sup> April 2018 Projects within the Council's Portfolio Major Projects require Project and Programme Managers to report monthly on risks on their projects and programmes. Key Portfolio Risks are also reported to the Change Board (CLT). In addition, there is ongoing dialogue with CLT on identifying future improvements which will be reflected in updated risk management documentation.</p>	Simone Hislop, Change Manager	Lesley Newdall	Will be treated - in progress by Service Area	N/A	No Impact
CG1515	Retention of Corporate Knowledge 1. Records Management Procedures.	Strategy & insight	High	<p>The Council's Records Management (RM) policy has been in force since September 2014 but the mandated local procedures to support compliance have not yet been fully embedded across the organisation.</p> <p>The Council Records Management policy states that staff must follow local administrative procedures which are documented within local Records Management Manuals. Whilst records management practices are documented and controlled in some Council services, there are, as yet, no formally approved records management manuals within the Council. We understand these will be developed over the next five years. The large transformation program underway in the council will stress the current local documentation and processes in</p>	<p>if RM practices are not documented, consistent, or embedded there is a risk that records and information are lost; and</p> <p>The Council may not be able to confirm they meet statutory regulatory requirements, due to the lack of monitoring of RM procedures, which could lead to fines or reputational damage for CEC staff and policies.</p>	<p>Develop a plan for roll out and review which must be tracked by the Information Council and appropriate senior management;</p> <p>A review of the 'state of play' of any RM documentation needs to be undertaken by each Directorate;</p> <p>Directorates / teams without a completed and approved RM manual must set a deadline and track through to completion; and</p> <p>The Council should develop common Records Management procedures for services such as Finance, Health and Safety and HR that can then be implemented in local directorates and teams.</p>	<p>Development and roll out of a 5 year implementation plan by the IGU for the creation and review of records management manuals across the Council to be included in this year's information governance annual plan</p> <p>The IGU will work with DRDs this year to review existing RM documentation - this will be incorporated into the implementation plan. Subsequent reviews will be split between the annual information governance maturity assessment and the IGU's rolling risk based review of RM manuals</p> <p>The IGU will work with the relevant service areas to investigate whether common procedures can be developed - this will be incorporated into the implementation plan</p> <p>The IGU to regularly report to the Information Council on progress with initial pilots, then the wider roll out and eventually a review and audit schedule</p>	Historic	01/12/2016	31/07/2018	<p>A new project brief and plan will be developed and submitted to the Council's Change Board by the end of summer to ensure that we meet our statutory commitments within the Council's 5 year records management plan (due for reassessment by the regulator in June 2021). Timescales, resource requirements and priorities will be reassessed as part of this exercise to ensure that statutory commitments can be met.</p> <p>Project Brief will be submitted to the Council's Change Board by July 18.</p>	Kevin Wibrabram, Information Governance Manager, Corporate Governance.	Lesley Newdall	Will be treated - in progress by Service Area	N/A	None - work has been prioritised as part of the IG workplan for 2018.



CG1515	Retention of Corporate Knowledge 2. Training	Strategy & Insight	Medium	<p>The Council has not yet completed training staff on Information Governance and Records Management resulting in not all staff having had the opportunity to understand what is expected of them regarding RM.</p> <p>Responsibility for the completion of training is devolved to line managers and subject matter experts, with no central tracking or monitoring in place. While it is mandatory for all staff to undertake the Information Governance training e-learn (which includes training on RM policy), this has not been completed by all staff (with only 21% completion as at 8th September 2015).</p> <p>In addition no specific training has been written or delivered to the directorates' Records Officers to enable them to understand their enhanced role</p>	<p>Good RM relies on understanding both good practice as well as responsibilities, with training and policy reading being key to this. If training is not undertaken, the policy is less likely to be understood and followed, thereby raising the risk of CEC not retaining information or records appropriately and potentially breaching their regulatory or statutory requirements.</p> <p>IGU need to assess the level of compliance and plan an approach to testing the RM policies and procedures across the Directorates; and</p> <p>Detailed communications to be issued by appropriate senior management on the</p>	<p>Training needs to be monitored by OD and reported to the appropriate senior management and the Information Council on a periodic basis, indicating the percent of staff that have completed or are still to complete the required training per Directorate;</p> <p>A specific training plan needs to be developed &amp; delivered to Directorate Records Officers;</p> <p>IGU will work with Communications to finalise and follow an information governance communications plan for this year that will incorporate messages about the importance of training and signposting to existing and developing IG training resources – including specific content for managers and more detailed records management content that goes beyond the foundation e-learning module.</p>	<p>DRD training to be finalised and rolled out by IGU</p> <p>IGU is currently finishing the development of an annual information governance maturity assessment that will assess compliance at local and corporate levels – with an initial pilot planned and a full roll out later in the year</p> <p>IGU will work with Communications to finalise and follow an information governance communications plan for this year that will incorporate messages about the importance of training and signposting to existing and developing IG training resources – including specific content for managers and more detailed records management content that goes beyond the foundation e-learning module.</p>	Historic	01/03/2016	01/12/2018	<p>Subject to the provision of appropriate evidence, Internal Audit will consider confiding this action with RES1617 (same action - see below). Maturity model assessment has been tested through Internal Audit with Schools and Community Centres to ensure the approach is valid and robust. Work is currently being undertaken to turn the process into a self-assessment exercise rather than specialist led interviews and assessments to ensure scalability across the Council. Aim is to test this new approach by the Autumn, with a full roll out at the end of the year to inform the 2019 IG annual plan.</p>	Kevin Wilbraham, Information Governance Manager, Corporate Governance.	Lesley Newdall	Will be treated - in progress by Service Area	Communications support will be required to promote the eventual roll out and buy-in from senior management to support the annual exercise.	No impact	
RES1617	Review of City of Edinburgh Council Information Governance Framework 1. Information Security	Strategy & Insight	High	<p>While the Council have an Electronic Information Security Policy, there is no evidence that it has been reviewed since 2004. It also lacked sections that would be expected within an Information Security Policy such as:</p> <p>An introduction stating what CEC are trying to protect and why;</p> <p>A statement of support for Information Security from the Board or CEO;</p> <p>A section that indicates how this fits with the wider policy framework;</p> <p>A section to discuss the minimum control objectives to be achieved consistently across the Council; and</p> <p>How assurance over compliance with the policy will be achieved.</p> <p>The Council have policies that staff annually attest to reading, including:</p> <p>Employee Code of Conduct;</p>	<p>Without ongoing assurance against the policy the Council have an incomplete, inconsistent and out of date policy relating to how information is protected across the Council;</p> <p>The lack of an up to date policy and robust training programme creates the risk of inconsistent behaviour in relation to protecting information;</p> <p>Breaches may not be escalated promptly and in timely manner</p>	<p>Review and refresh the Information Security Policy to apply recognised standards, leveraging sources of security management good practice, such as the ISO/IEC 27000 series of standards, or making use of endorsed assurance schemes such as adopting the Cyber Essentials Scheme.</p> <p>Schedule and maintain annual reviews of the Information Security Policy across all key stakeholders, including legal, compliance and business representatives;</p> <p>Review the approach to gain ongoing assurance that the Information Security Policies requirements are embedded across the</p>	<p>The information governance maturity model will be used to audit information security arrangements across the Council to ensure that controls are embedded and followed. Incident reporting will also help to inform this process by identifying risk areas. Similarly, the Council Information Asset Register will also help to identify security risks to Council information, ensuring that Council information is being properly managed.</p>	Historic	01/12/2016	01/12/2018	<p>Maturity model assessment has been tested through Internal Audit with Schools and Community Centres to ensure the approach is valid and robust. Work is currently being undertaken to turn the process into a self-assessment exercise rather than specialist led interviews and assessments to ensure scalability across the Council. Aim is to test this new approach by the Autumn, with a full roll out at the end of the year to inform the 2019 IG annual plan.</p> <p>Responsibility to update and expand the Information Register will rest with individual Information Asset Owners. Guidance and training to reinforce this message will be published and disseminated as part of our GDM preparations and will be circulated and on offer by the end of July. Maintaining the information asset register in light of frequent updates will be challenging within existing resource. Buy-in from senior management to support the Information Asset Register is also a requirement.</p>	Kevin Wilbraham, Information Governance Manager, Corporate Governance.	Lesley Newdall	Will be treated - in progress by Service Area	Communications support will be required to promote the eventual roll out and buy-in from senior management to support the annual exercise.	Maintaining the information asset register with frequent updates will be challenging within existing resource. Buy-in from senior management to support the Information Asset Register is also a requirement.	No impact
RES1617	Review of City of Edinburgh Council Information Governance Framework 2. Information Governance Readiness	Strategy & Insight	Medium	<p>The Information Governance unit have a clear definition for the role of Data Steward and are working with the Information Asset Owners (IAO) to establish this network of Officers as per the annual plan of the Information Council. However at 18 August 2015 these roles were not filled, missing the planned 31 July 2015 target. These individuals are responsible for implementing Information Governance controls where controls are not place within the Directorates, including routine identification and resolution of Data Quality issues, monitoring compliance with Information Governance and reviewing projects to meet governance requirements and identify risks.</p> <p>The Data Council has been established as a sub group of the information council which regularly meets to discuss risks and issues regarding data.</p>	<p>Directors may not fully implementing the Information Governance Framework and therefore not managing information in line with statutory or regulatory requirements;</p> <p>Data quality issues are already causing a delay to the CAFM project and there is a risk that they may cause operational inefficiencies and costs, or staff are not utilised effectively and data used for analysis and decision making is</p>	<p>Data Stewards should be identified within each Directorate and fully trained and supported to deliver on their roles and responsibilities;</p> <p>A baseline measurement against the Information Governance strategy should be undertaken within each Directorate;</p> <p>Manager self-assessments should be conducted and reported to the appropriate senior management on an annual basis;</p> <p>Data Quality issues should be logged and tracked by a central resource and reviewed at the Data Council committee meetings as a standing agenda item; and</p>	<p>Data Stewards have been identified through the development of the Council's Information Asset Register. A training needs analysis has been undertaken that will inform specific training needs for this and other information management roles within the Council to supplement existing guidance and documentation. Training content is currently under development which will be aligned to the Council's new induction and mandatory learning Framework. The Information Governance Unit has completed the development of content for an annual information governance maturity model that will assess IG compliance at local and corporate levels. This will provide a baseline measurement in relation to the information governance strategy. Delivery methods are currently being investigated with IG, with initial pilot planned for June with a full roll out later in the year. The maturity model content and assessment criteria has also been aligned to Internal Audit's own audit methodology as part of the Schools Assurance Framework</p>	Historic	01/12/2016	01/10/2018	<p>Develop an interactive e-learning package for nominated individuals with responsibilities for information management matters with content signposted from across the Information Governance policy Framework. This will be developed over the summer and rolled out over the autumn.</p>	Kevin Wilbraham, Information Governance Manager, Corporate Governance.	Lesley Newdall	Will be treated - in progress by Service Area	The training will be dependent on support from Learning & Development and buy-in from senior management to support the undertaking and training	No impact	
RES1617	Review of City of Edinburgh Council Information Governance Framework 3. Training	Strategy & Insight	Medium	<p>The Information Governance policy states that all staff must undertake mandatory information Governance training and are required to attest to reading the policy on an annual basis. As at 8 September 2015, circa 21% of staff had completed the training that was launched in June 2015. The expected completion for all staff was the end of September 2015.</p> <p>While there is specific role profiles there was no evidence of formal training in place for Data Stewards, and Information Asset Owners to enable them to understand their roles and responsibilities as per the policy.</p>	<p>Information Governance framework is at risk of failing to fulfil its purpose as staff across the wider Council are unaware of their roles and responsibilities.</p> <p>The Information Governance 'roles and responsibilities' training plan should be developed immediately, with specific focus on Data Stewards, Information Asset Owners, Senior Information Risk Office and their Deputy, as well as Managers and any other specific staff as agreed by the Information Council.</p>	<p>Training needs to be monitored by OD and reported to the appropriate senior management and the Information Council on a periodic basis, indicating the percent of staff that have completed or are still to complete the required training per Directorate;</p> <p>The Information Governance 'roles and responsibilities' training plan should be developed immediately, with specific focus on Data Stewards, Information Asset Owners, Senior Information Risk Office and their Deputy, as well as Managers and any other specific staff as agreed by the Information Council.</p>	<p>The Information Governance e-learning module is mandatory for all Council staff. There have been numerous general and targeted communications within the organisation to remind staff to complete the module. As of 1 March 2016, 5887 members of staff have started the module – 72% of staff who have access to a PC. Of these, 5144 have passed. The IGU has also created a briefing note of key information governance messages which has been disseminated to 'hard to reach' staff who do not have access to PCs. This is also supported, where required, by tailored team briefings and training provided by the Data Protection Team.</p> <p>In addition, all staff have read the Council's information governance and data protection policies which are part of the Council's annual mandatory policy awareness programme.</p> <p>Upon completion of the Council's Transformation exercise and associated structural changes, all staff will be asked to undertake refresher training, including role specific training currently being developed.</p>	Historic	01/12/2016	01/09/2018	<p>Subject to the provision of appropriate evidence, Internal Audit will consider confiding this action with RES1617 (same action - see below). Maturity model assessment has been tested through Internal Audit with Schools and Community Centres to ensure the approach is valid and robust. Work is currently being undertaken to turn the process into a self-assessment exercise rather than specialist led interviews and assessments to ensure scalability across the Council. Aim is to test this new approach by the Autumn, with a full roll out at the end of the year to inform the 2019 IG annual plan.</p> <p>Risks in this area continue to be mitigated through a number of actions, including a completion of a manager's module and roll out, together with foundational level e-learning module, alongside specific content for GDM and records management, provides sufficient basic level coverage for all Council roles. This is being built upon with a face to face monthly training offerings that will target different groups within the Council, which will start in June and be promoted via Communications and Learning &amp; Development.</p>	Kevin Wilbraham, Information Governance Manager, Corporate Governance.	Lesley Newdall	Will be treated - in progress by Service Area	N/A	No impact	

### Appendix 3 - List of ongoing Internal Audit work within service areas

<u>Audit Title</u>	<u>Status</u>	<u>Comments</u>
<b>Health and Social Care</b>		
1. Care Inspectorate Report	Fieldwork	Currently in fieldwork and not yet possible to determine outcomes.
2. Purchasing Budget Management	Draft Report preparation	Initial findings discussed with H&SC – draft report being prepared for issue by IA
3. Community Care Capacity and Access	Draft Report preparation	Initial findings discussed with H&SC – draft report being prepared for issue by IA
4. Resources 5. Customer Transformation	Draft Report with IA	Draft report with IA for finalisation.
6. HR and Payroll - Drivers	Draft Report preparation	Outcomes discussed with HR and Place – draft report being prepared by IA.
7. CGI Contract Management and Cyber Maturity (PwC)	Draft Report preparation	Outcomes discussed with ICT – draft report being prepared by IA.
<b>Communities and Families</b>		
8. Foster Care	Final report issued	Final report was issued 11 May 2018.
<b>Lothian Pension Fund</b>		
9. Pension Tax	Final report issued	Final report was issued 30 April 2018.
<b>Place</b>		
10. Port Authority Security	Final report issued	Final report was issued 18 May 2018

11. St James project	Draft report with IA	Draft report with IA to finalise. Has been delayed as reports with High rated findings have been prioritised for completion.
12. Zero Waste project	Draft report with IA	Draft report with IA to finalise. Has been delayed as reports with High rated findings have been prioritised for completion.
13. Edinburgh Building Services	Final Report Issued	This review assessed whether the findings raised in the August 2016 review of contract management arrangements and processes had been implemented. 2 Historic findings have been reopened (one High and one Medium) and are included in the historic population of 30 findings to be reopened across the Council. Two new findings were also raised and these are reflected here.
14. Structures and Flood Prevention	Draft report preparation	IA preparing draft report.
15. Fleet Project	Fieldwork	Currently in fieldwork and not yet possible to determine outcomes.
16. Health and Safety – Waste and Recycling (PwC)	Draft report with Place	Draft report with management to finalise agreed management actions
<b>Strategy and Insight</b>		
17. Resilience	Draft report with IA	Management responses received and draft with IA to respond.
18. Council Wide 19. Phishing	Draft report with Resources - ICT	Awaiting revised management responses from ICT
20. Records Management – St Katherine's  Main impacts will be on Communities and Families and health and Social Care	Will complete in 2018/19 - Currently in fieldwork	Completion date to be determined. A project has now been established within Strategy and Insight to support completion. Likely that this review will continue into the 2018/19 plan year.
21. GDPR Readiness (PwC)	Draft report preparation	PwC specialist review. Initial outcomes have been discussed with management and the draft report is being prepared.

Time, day, date

## Internal Audit: Overdue internal audit findings referred from the Governance, Risk, and Best Value Committee

Item number

Report number

Executive/routine

Wards

Council Commitments

### Executive Summary

---

This report sets out details of all High and Medium rated overdue Internal Audit (IA) findings, that fall within the remit of the XXXX Committee.

As at date, there were a total of XX High and XX Medium rated overdue IA findings

It is the responsibility of senior management to implement agreed management actions to address internal audit findings within agreed timescales, to ensure that service delivery risks are effectively mitigated and managed, and frontline services protected.

It is the responsibility of the XXXX Committee to scrutinise and challenge officers, to confirm that they are taking appropriate steps to address overdue findings, ensuring that risks are appropriately treated or mitigated in a timely manner.

# Report

## Internal Audit: Overdue internal audit findings referred from the Governance, Risk, and Best Value Committee

### 1. Recommendations

---

- 1.1 Members of the XXXX committee are requested to:
- 1.2 Scrutinise the overdue Internal Audit findings;
- 1.3 Consider whether progress and the revised implementation date are appropriate given the ongoing risk that has not yet been addressed.

### 2. Background

---

- 2.1 In May 2018, the Governance Risk and Best Value Committee decided that all High and Medium rated Internal Audit overdue findings should be forwarded to the relevant Executive Committees for additional scrutiny and challenge.
- 2.2 The IA definition of an overdue Internal Audit finding is any finding where all associated agreed management actions have not been implemented by the final date agreed by management and recorded in Internal Audit reports.
- 2.3 IA overdue findings are reported monthly to the CLT and quarterly to the GRBV.
- 2.4 It is anticipated that the greater visibility that reporting to CLT; GRBV; and Executive Committees provides will result in more Internal Audit findings being closed on time, ensuring that the associated service delivery risk is effectively addressed.

### 3. Main report

---

- 3.1 There are a total of XX (XX High and XX Medium) overdue Internal Audit findings that fall within the XXXX committee's remit as at xxxx
- 3.2 Of these XX% are more than 3 months; XX% more than 6 months; XX% more than one year, and XX% more than 18 months old.

### 4. Background reading/external references

---

- 4.1 [Insert link to latest GRBV report](#)



Appendix 1: High and Medium rated Overdue Internal Audit Findings

Audit Report	Finding	Risk	Agreed Management Action	Original Date	Revised Date	Number of Date Revisions	Latest Update

# Governance, Risk and Best Value Committee

10.00am, Tuesday, 5 June 2018

## National and Local Scrutiny Plans 2018/19

Item number	7.6
Report number	
Executive/routine	
Wards	

### Executive Summary

---

Audit Scotland published the National and Local Scrutiny Plans in April 2018. This report details the planned scrutiny activity for the City of Edinburgh Council from April 2018 to March 2019.



## National and Local Scrutiny Plans 2018/19

### 1. Recommendations

---

- 1.1 The Committee is asked to note the report and the appendices.

### 2. Background

---

- 2.1 National Scrutiny Plan and the City of Edinburgh Council Scrutiny Plan 2018-19 were published in April 2018.
- 2.2 The plans provide a summary of the scrutiny activity and are based on risk assessment. They are designed to provide assurance to the public and to identify where scrutiny will make the most difference in service improvement.
- 2.3 National Scrutiny Plan summarises all planned strategic scrutiny activity from April 2018 to March 2019 in each of Scotland's 32 councils. It also covers work between scrutiny bodies and councils to validate self-evaluation that is designed to support improvement.

### 3. Main report

---

- 3.1 The National Scrutiny Plan (Appendix 1) identifies scrutiny activity for 2018/19 that will be undertaken by the Accounts Commission/Audit Scotland, Education Scotland and the Scottish Housing Regulator.
- 3.2 The new approach for auditing Best Value was agreed by the Accounts Commission in June 2016. Best Value will be assessed over the five year audit appointment with a Best Value Assurance Report (BVAR) for each of the councils, considered by the Accounts Commission at least once during this five year period.
- 3.3 The City of Edinburgh Council will not be subject to the BVAR this year. For 2018/19 the audit work will only focus on Best Value demonstration in improvement, partnership working and resource management. The Local Area Network (LAN) will continue to monitor the Council's financial position and plans as part of the annual audit process.

- 3.4 The City of Edinburgh Council will be subject to a range of risk-based and nationally driven scrutiny activity between April 2018 and March 2019.
- 3.4.1 A follow up of the CGI security management audit will be carried out by the external audit and the findings presented to the Governance, Risk and Best Value Committee in May 2018.
- 3.4.2 External audit will seek evidence that outcomes are improving and that the pace of improvement is managed in line with resources. The work will include consideration of the impact of transformation work, how effectively the council has identified improvement priorities, and how self-aware the council is in understanding its relative performance and improvement needs.
- 3.4.3 Over the course of 2018/19 the external audit will carry out audit work in respect of the Edinburgh Trams project (York Place to Newhaven).
- 3.4.4 The Care Inspectorate will monitor and report on progress against the recommendations arising from the joint inspection carried out in 2016.
- 3.4.5 Scottish ministers have asked the Care Inspectorate and scrutiny partners to lead a programme of joint inspections of service for children and young people. The ministers asked to provide assurance about how community planning partners are protecting and meeting the needs of children and young people who have experienced, or at risk of, abuse and neglect, and how they are working together to improve outcomes for children and young people who are subject to corporate parenting requirements. Up to five joint inspections a year are intended to be carried out, in 2018/19 one of these is likely to be in the Edinburgh area.
- 3.4.6 Education Scotland will engage in ongoing oversight and monitoring of education provision, as part of the support provided by Area Lead Officers, but will not engage in a formal scrutiny response other than planned inspections and reviews.
- 3.4.7 The Scottish Housing Regulator will monitor the council's progress across housing and homelessness. It will also review the Scottish Social Housing Charter data and carry out data accuracy visits. The Regulator may carry out thematic inquiries during 2018/19 or it may carry out survey or on-site work to follow up on published thematic reports.
- 3.5 The Local Scrutiny Plan (Appendix 2) shows the expected scrutiny activity in more detail. For some other scrutiny, the scrutiny bodies are still to determine their work programme and which specific council areas they will cover. Where the City of Edinburgh Council is to be involved, the relevant scrutiny body will confirm this with the Council and the LAN lead.
- 3.6 The Council will continue to support auditors in their planned audit work covering the main risk-based and nationally driven scrutiny activity.

#### **4. Measures of success**

---

- 4.1 Measures of success for the City of Edinburgh Council are noted as part of the annual audit process.
- 4.2 Progress in the scrutiny areas will be monitored and reported regularly to senior managers and partners.

#### **5. Financial impact**

---

- 5.1 There is no financial impact resulting from the report.
- 5.2 The Council budget framework updates are presented to Council Leadership Team and Committee on a regular basis and the next update will be considered by the Finance and Resources Committee on 12 June 2018.

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

---

- 6.1 The National and Local Scrutiny Plans complement the council's own internal risk management plans.

#### **7. Equalities impact**

---

- 7.1 Consideration of the equalities and rights impact forms part of the annual audit process.

#### **8. Sustainability impact**

---

- 8.1 Consideration of the sustainability impact forms part of the annual audit process.

#### **9. Consultation and engagement**

---

- 9.1 The Council has an ongoing dialogue with the auditors and will support them in their planned audit work covering the main risk-based and nationally driven scrutiny activity.

#### **10. Background reading/external references**

---

- 10.1 [City of Edinburgh Council – 2016-17 Annual Audit report to the Council and the Controller of Audit](#), Governance, Risk and Best Value Committee, 26 September 2017
- 10.2 [2016-17 Annual Audit Report and Review of Internal Controls – Progress Update](#), Governance, Risk and Best Value Committee, 16 January 2018
- 10.3 [City of Edinburgh Council External Audit Plan 2017-18](#), Governance, Risk and Best Value Committee, 20 March 2018

10.4 [2016-17 Annual Audit Report and Review of Internal Controls – Progress Update](#),  
Governance, Risk and Best Value Committee, 8 May 2018

**Andrew Kerr**

Chief Executive

Contact: Laurence Rockey, Head of Strategy and Insight

E-mail: [laurence.rockey@edinburgh.gov.uk](mailto:laurence.rockey@edinburgh.gov.uk) Tel: 0131 469 3493

## 11. Appendices

---

<b>Coalition Pledges</b>	All
<b>Council Priorities</b>	All
<b>Single Outcome Agreement</b>	All
<b>Appendices</b>	Appendix 1 – National Scrutiny Plan 2018/19 Appendix 2 – The City of Edinburgh Council Local Scrutiny Plan 2018/19

# National scrutiny plan 2018/19

A summary of local government  
strategic scrutiny activity



Prepared on behalf of the Strategic Scrutiny Group  
April 2018

ACCOUNTS COMMISSION 

 AUDIT SCOTLAND



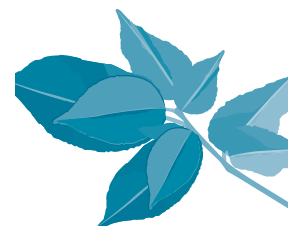
Inspectorate of  
Prosecution in  
Scotland



Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. We help the Auditor General for Scotland and the Accounts Commission check that organisations spending public money use it properly, efficiently and effectively.

---

# Contents



---

Background	4
Part 1. Direct scrutiny activity	5
Part 2. Additional scrutiny of interest	9
Endnotes	10
Appendix. The Local Government Scrutiny Strategic Group members	11

---

## Links

 PDF download

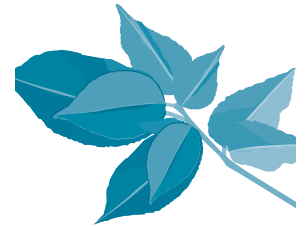
 Web link

---

---

# Background

---




**1.** The National Scrutiny Plan for local government has been jointly prepared by members of the Strategic Scrutiny Group (SSG). This group comprises Scotland's main public sector scrutiny bodies - the Accounts Commission for Scotland, Audit Scotland, Education Scotland, the Care Inspectorate, Healthcare Improvement Scotland, the Scottish Housing Regulator, Her Majesty's Inspectorate of Constabulary in Scotland, Her Majesty's Fire Service Inspectorate, Her Majesty's Inspectorate of Prisons and Her Majesty's Inspectorate of Prosecution. The SSG is convened and chaired by the Accounts Commission. Details of each organisation can be found in the [Appendix](#). In this report, they are collectively referred to as scrutiny bodies.

**2.** The SSG supports the delivery of better coordinated, more proportionate and risk-based local government scrutiny. Those scrutiny bodies directly relating to local government services - Audit Scotland (on behalf of the Accounts Commission), the Care Inspectorate, Education Scotland, the Scottish Housing Regulator and council external auditors appointed by the Accounts Commission (including private sector Audit Firms), work together through Local Area Networks (LANs) to share intelligence and agree the key scrutiny risks in each of Scotland's 32 councils.

**3.** Annually, each LAN prepares a Local Scrutiny Plan (LSP) setting out the planned scrutiny activity for the council concerned. LSPs also include nationally programmed scrutiny, such as the Care Inspectorate's joint inspections of services for children, young people and families and joint inspections of adult health and social care services. This approach, called Shared Risk Assessment (SRA), is designed to ensure well coordinated proportionate and risk-based scrutiny.

**4.** This 2018/19 National Scrutiny Plan (NSP) for local government is one of the key outputs from the SRA process. It is the ninth such plan and summarises all planned strategic scrutiny activity.<sup>1</sup> From April 2018 to March 2019 in each of Scotland's 32 councils. This strategic scrutiny activity can of course change during the year, particularly in response to any significant risks or events that may require immediate investigation.

**5.** A separate table showing planned scrutiny activity is available on the [Audit Scotland website](#) .

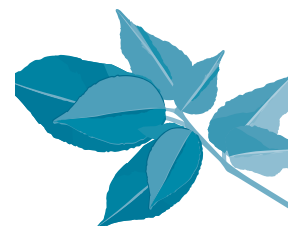


---

# Part 1

## Direct scrutiny activity

---



### National scrutiny programmes

**6.** There is a range of national scrutiny activity planned across councils over the next year and beyond. Where activity has been identified for 2018/19 that impacts on individual councils it is included in the National Scrutiny Plan. Significant pieces of national scrutiny activity, as well as developments in scrutiny approaches, are outlined below.

#### The Accounts Commission/Audit Scotland

##### Best Value


**7.** The Accounts Commission began to roll out its revised approach to Best Value auditing from October 2016. This includes an assessment each year of aspects of Best Value as part of an integrated annual audit. In addition, a public Best Value Assurance Report (BVAR) for each council will be published at least once in a five year period that will bring together an overall picture of the council drawn from a range of audit activity and the work of other scrutiny bodies.

**8.** The five year rolling programme of Best Value Assurance Reports is reviewed and refreshed annually by the Accounts Commission. The results of the SRA process will make a significant contribution to the audit intelligence that informs decisions about the programme, both in terms of the sequencing and timing of audits and the focus of audit work at individual councils.

**9.** Audit Scotland is currently carrying out work to produce a BVAR in Fife, Glasgow, East Ayrshire, West Dunbartonshire, Dumfries and Galloway and East Lothian councils. The current BVAR programme includes publication of a report in 2019 for North Lanarkshire, South Lanarkshire, Stirling, Highland, Scottish Borders, Perth & Kinross and Midlothian councils. The scope and timing of the work to be carried out, as part of the 2018/19 audit, will be discussed with each council.

##### National performance audits

**10.** Audit Scotland has several performance audits covering local government planned during 2018/19. These are part of a programme agreed by the Accounts Commission and Auditor General for Scotland (AGS) which is informed by the Accounts Commission's strategic audit priorities, public sector audit risks and policy developments, as well a wide range of policy monitoring and external engagement.

**11.** The programme includes audits covering children and young people's mental health, health and social care integration, city deals and the value for money of non-profit distributing (NPD) projects. Any engagement with individual councils is still to be determined. Further details on each of the audits in the performance audit programme for 2018/19 and beyond are available [here](#) .

### Housing benefit risk assessments


**12.** Audit Scotland will also continue to carry out a national programme of housing benefit risk assessments across councils during 2018/19. The Accounts Commission will continue to review its future approach to the scrutiny of benefits in light of the changing powers around social security in Scotland.

### Care Inspectorate

#### Health and social care integration authorities


**13.** Since April 2017, the Care Inspectorate and Healthcare Improvement Scotland (HIS) have a joint duty under the Public Bodies (Joint Working)(Scotland) Act 2014 to assess and report on the effectiveness of integration authorities' strategic plans. In these early stages of the integration of health and social care, the Care Inspectorate and HIS will report on the progress that integration authorities are making towards a more collaborative culture and integrated approaches to planning and delivering services, both of which should deliver improved outcomes for people in communities.

**14.** During 2018/19 the Care Inspectorate and HIS intend to visit three integration authorities to report on their progress. A key area of focus will be the measures they are taking to ensure they fully understand the current needs, and anticipate the future needs, of their communities and how they are jointly planning, commissioning and delivering services to meet these needs. The Care Inspectorate and HIS will be particularly looking to identify examples of good practice in engaging with communities to assess and plan to meet needs.

**15.** Audit Scotland's [Self-directed support: 2017 progress report](#)  noted that authorities' commissioning plans do not yet clearly set out how they will make decisions about changing services and re-allocating budgets in response to people's choices. In response, all joint inspections of strategic planning will examine how commissioning decisions are being influenced by self-directed support legislation.

**16.** Inspection activity to date has reinforced the critical importance of strong and effective care at home services to meet the aspiration of maintaining people in their own homes and communities for as long as possible and in line with their wishes. There are many services and supports that contribute to achieving this, including community health services, with directly provided and commissioned care at home services playing a very significant role. Over the next year, therefore, planning and commissioning of sufficient, stable and quality care at home provision will be a focus of joint inspections.

#### Thematic review of self-directed support

**17.** The Care Inspectorate will carry out a thematic review of self-directed support during 2018/19. Its aim is to build on the key findings of [Self-directed support: 2017 progress report](#) , exploring the ability and confidence of front line staff to implement self-direction support legislation by offering choice and control and making decisions with people about their support. Throughout the year, it will conduct an inspection in up to six areas across Scotland with the aim of identifying factors which support effective implementation of the legislation and barriers which require to be overcome. The Care Inspectorate will provide feedback on each area and publish an overview report, with the expectation that all areas will then use these findings to evaluate their own practice and make improvements where necessary.

### Joint inspections of services for children and young people

**18.** From April 2018, Scottish ministers have asked the Care Inspectorate to lead another programme of joint inspections of services for children and young people, in conjunction with Education Scotland, HIS and HMICS. Ministers have asked the Care Inspectorate to provide assurance about how community planning partners are protecting and meet the needs of children and young people who have experienced, or are at risk of, abuse and neglect, and how they are working together to improve outcomes for children and young people who are subject to corporate parenting requirements. The intention is to carry out five joint inspections in 2018/19. The Care Inspectorate has agreed with ministers that, for the duration of this programme of inspections, it will incorporate an area of specific enquiry each year, with the aim of identifying key lessons and best practice which all partnerships could use to support their own continuous improvement. It will publish an overview report at the end of each year.

### Community justice


**19.** The Care Inspectorate will work with Community Justice Scotland and other partners to support improvement in the implementation of the community justice strategy, to identify any particular risks and to carry out targeted scrutiny where this is required.

### Adult support and protection

**20.** The Care Inspectorate will report in May on a thematic review of Adult Support and Protection, carried out across six partnership areas in collaboration with colleagues from HIS and HMICS. During 2018/19, it will work with Scottish Government and colleagues to encourage partnerships to use this learning to review their own practice and to take any action necessary to strengthen their response to concerns.

### Education Scotland

**21.** Education Scotland, working in partnership with Audit Scotland, will carry out a programme of inspections to evaluate the progress made by local authorities in improving learning, raising attainment and closing the poverty related attainment gap. These inspections are initially focused on the nine local authorities who are designated as challenge authorities within the Scottish Attainment Challenge.<sup>2</sup> All nine challenge authorities will be inspected by the end of 2018, with Education Scotland providing four weeks' notice prior to carrying out individual inspections (and as a result these are not shown on the associated activity map). Other authorities may be included in due course; particularly those authorities currently subject to enhanced monitoring as a result of shared risk assessment.

**22.** Following publication of [Education Governance: Next Steps](#)  in June 2017, six Regional Improvement Collaboratives (RICs) were established. Each RIC will formulate its own regional improvement plan and each plan will be agreed with the Chief Inspector of Education. Support and challenge from within the collaborative teams and from Education Scotland Regional Advisers will ensure that each of the regional improvement plans takes account of all available evidence on performance and that the selection of educational strategies and interventions is appropriate to the particular regional context.

**23.** Over the coming year Education Scotland will continue to inspect community learning and development (CLD) services and the quality of careers information and guidance services delivered by Skills Development Scotland across council areas. It also plans to carry out a validated self-evaluation of educational

psychology services in one local authority area towards the end of 2018. Education Scotland will also work with stakeholders and other public bodies to create new approaches to scrutiny that take account of education reform, provide assurance and support system-led improvement.

### **Scottish Housing Regulator (SHR)**

**24.** The SHR may carry out thematic inquiries during 2018/19 or it may carry out survey or on-site work to follow up on published thematic reports. The SHR will also review the Scottish Social Housing Charter data submitted by landlords and may carry out data accuracy visits during the second half of 2018/19.

Where councils are to be involved in a thematic inquiry, any follow-up work to a published thematic inquiry, or a data accuracy visit, the SHR will confirm this directly with the council and the LAN lead.

---

# Part 2

## Additional scrutiny of interest

---




**25.** In addition to the direct scrutiny planned for local government, there is a range of other scrutiny activity that touches on local government, as outlined below.

### **Her Majesty's Fire Services Inspectorate (HMFSI)**

**26.** HMFSI will continue to inspect Scottish Fire and Rescue Service (SFRS) local service delivery across Scotland. These inspections will examine, among other things, local scrutiny and engagement between the SFRS and councils. As part of its programme, HMFSI intends to inspect service delivery in Edinburgh, Dumfries and Galloway and North Lanarkshire during 2018/19. HMFSI also has a programme of thematic inspection planned, but this work is unlikely to result in contact with local authorities. However, HMFSI may also carry out ad hoc inspections in response to specific events, which could involve contact with local authorities.

### **Her Majesty's Inspectorate of Constabulary in Scotland (HMICS)**

**27.** HMICS remains committed to assessing the quality of local policing as experienced by communities across Scotland, with an emphasis on the impact of the Community Empowerment (Scotland) Act 2015. During 2018/19, it will inspect G Division, which covers East Dunbartonshire, East Renfrewshire and Glasgow. Divisional inspections will cover partnership working and in particular, local scrutiny and engagement between Police Scotland and councils and the local Community Planning Partnership and Community Safety Partnership. Local police inspections also include a 'plus' element, which aims to investigate national issues through a local lens. These elements are subject to separate reports published on its website [www.hmics.org.uk](http://www.hmics.org.uk) .

### **Her Majesty's Inspectorate of Prisons for Scotland (HMIPS)**

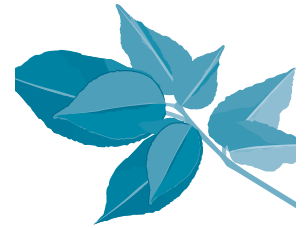
**28.** HMIPS will inspect prisons in Scotland, jointly with Healthcare Improvement Scotland, Education Scotland, the Care Inspectorate and the Scottish Human Rights Commission. Each prison will be monitored on a weekly basis by volunteer Independent Prison Monitors who are allocated to each prison. Reports of findings from both inspection and monitoring are published regularly throughout the year.

### **Inspectorate of Prosecution in Scotland (IPS)**

**29.** In the Scottish Year of Young People, the IPS will conduct a thematic review of the prosecution of young people in the Sheriff Court. The review will assess the availability and use of diversion schemes provided by local authorities. It will also seek to identify areas of good practice, which may be of benefit to those involved in implementing the Community Justice (Scotland) Act 2016 both at local and strategic levels. As part of its programme, IPS will continue to inspect service delivery by the Crown Office and Procurator Fiscal Service at both a national and local level.

---

# Endnotes



- 
- ◀ 1 Strategic scrutiny work does not include scrutiny activity carried out at service unit or institution level, such as inspections of individual schools or care homes, or the annual financial audit of public bodies.
  - ◀ 2 The nine challenge authorities are: Clackmannanshire, Dundee, East Ayrshire, Glasgow, Inverclyde, North Ayrshire, North Lanarkshire, Renfrewshire and West Dunbartonshire councils.

# Appendix

## The Local Government Scrutiny Strategic Group members



Accounts Commission	The Accounts Commission is a non-departmental public body (NDPB). The Accounts Commission is the public's independent watchdog for local government in Scotland. Its role is to examine how Scotland's 32 councils manage their finances, help these bodies manage their resources efficiently and effectively, promote Best Value and publish information every year about how they perform.
Audit Scotland	Audit Scotland is a statutory body providing services to the Accounts Commission and the Auditor General for Scotland (AGS). Working together, the Accounts Commission, the AGS and Audit Scotland ensure that public sector bodies in Scotland are held to account for the proper, efficient and effective use of public funds.
Care Inspectorate	The Care Inspectorate is a non-departmental public body (NDPB). The Care Inspectorate's purpose is to provide assurance and protection for people who use care, social work and children's services.
Education Scotland	Education Scotland is an executive agency. It is the Scottish Government's national development and improvement agency for education. It is charged with providing support and challenge to the education system, from early years to adult learning, in line with the government's policy objectives.
Healthcare Improvement Scotland	Healthcare Improvement Scotland (HIS) is a health body. The function of HIS is to improve the quality of the care and experience of every person in Scotland every time they access healthcare by supporting healthcare providers.
Her Majesty's Fire Service Inspectorate	The Fire Service Inspectorate in Scotland exists to provide independent, risk based and proportionate professional inspection of the Scottish Fire and Rescue Service. Its purpose is to give assurance to the Scottish public and Scottish ministers that the service is working in an efficient and effective way, and to promote improvement in the service. Through this, the Inspectorate provides external quality assurance to the service, and provides support to the service in delivering its functions.
Her Majesty's Inspectorate of Constabulary in Scotland	Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) provides independent scrutiny of both Police Scotland and the Scottish Police Authority. Its approach is to support Police Scotland and the Authority to deliver services that are high quality, continually improving, effective and responsive to local needs. It can inspect other UK police services that operate in Scotland and are members of the National Preventive Mechanism, inspecting police custody centres to monitor the treatment and conditions for detainees.
Her Majesty's Inspectorate of Prisons for Scotland	Her Majesty's Chief Inspector of Prisons for Scotland provides oversight and scrutiny of the 15 prisons in Scotland, by way of inspection and monitoring, in order to report on the conditions in prison and the treatment of prisoners. Monitoring is conducted by volunteer Independent Prison Monitors, who are required to visit every prison every week, to respond to prisoners' requests and to monitor conditions. HMIPS also has responsibility for inspecting court custody cells and the conditions in which prisoners are transported.

---

Inspectorate of Prosecution in Scotland	The Inspectorate of Prosecution in Scotland is headed by HM Chief Inspector who reports directly to the Lord Advocate.  The aim of the inspectorate is to enhance the quality of service and public confidence in the Crown Office and Procurator Fiscal Service through independent inspection and evaluation.
Scottish Housing Regulator	The Scottish Housing Regulator (SHR) is a non-ministerial department. The statutory objective of the SHR is to safeguard and promote the interests of people who are or may become homeless, tenants of social landlords, or recipients of housing services provided by social landlords.

---



# National scrutiny plan 2018/19

## A summary of local government strategic scrutiny activity

This report is available in PDF and RTF formats,  
along with a podcast summary at:

[www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk) 

If you require this publication in an alternative  
format and/or language, please contact us to  
discuss your needs: 0131 625 1500

or [info@audit-scotland.gov.uk](mailto:info@audit-scotland.gov.uk) 

For the latest news, reports  
and updates, follow us on:



Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN

T: 0131 625 1500 E: [info@audit-scotland.gov.uk](mailto:info@audit-scotland.gov.uk) 

[www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk) 

# City of Edinburgh

# Council

## Local Scrutiny Plan

## 2018/19



April 2018

# City of Edinburgh Council

## Local Scrutiny Plan – April 2018 to March 2019

### Introduction

1. This local scrutiny plan sets out any scrutiny risks identified by the local area network (LAN), proposed scrutiny responses and expected scrutiny activity for the City of Edinburgh Council during the financial year 2018/19.
2. The scrutiny risks and responses are based on a shared risk assessment undertaken by a local area network (LAN), comprising representatives of all the scrutiny bodies who engage with the council. The shared risk assessment process draws on a range of evidence with the aim of determining any scrutiny risks in the council and the IJB.
3. Expected scrutiny activity across all councils in Scotland informs the National Scrutiny Plan for 2018/19, which is available on the Audit Scotland website.

### Scrutiny risks

4. The Accounts Commission agreed the overall framework for a new approach to auditing Best Value in June 2016. Best Value will be assessed over the five year audit appointment, as part of the annual audit work. In addition a Best Value Assurance Report (BVAR) for each council will be considered by the Accounts Commission at least once in this five year period. The BVAR report for the City of Edinburgh Council is not planned in the period covered by this scrutiny plan. The Best Value audit work planned this year will focus on the council's arrangements for demonstrating Best Value in the following areas:
  - Improvement
  - Partnership working
  - Resource management.

Findings will be reported in the Annual Audit Report.

5. Audit Scotland has several planned performance audits covering local government planned during 2018/19 informed by the Accounts Commission's strategic audit priorities, public sector audit risks and policy developments, as well a wide range of policy monitoring and external engagement. It will be carrying out audits covering children and young people's mental health, health and social care integration and the value for money of non-profit distributing (NPD) projects. Any engagement with individual councils is still to be determined. Further details on each of the audits in the performance audit programme for 2018/19 and beyond are available at <http://www.audit-scotland.gov.uk/our-work/future-work/our-work-programme>.

6. The council has a well-developed Financial Strategy and clear understanding of future pressures and the impact on the medium term financial position. However a Revenue Budget Framework update in February 2018 highlighted that the council is projecting a cumulative savings gap to 2022-23 of £151.2million with no clear plan at this stage to deliver the required savings. In addition, financial risks such as demand pressures on health and social care, and the impact of EU withdrawal place additional uncertainty on the council's future budgets.
7. The council continues to implement a third phase of the transformation programme, along with the programme management necessary to deliver on this challenging target.
8. The LAN will continue monitoring the council's financial position and plans as part of the annual audit process.
9. In August 2015 the council awarded CGI the contract for the provision of ICT services. Since the contract commenced, however, the council has reported that CGI has underperformed on the contractual commitments. Transformation programmes have missed the original delivery dates, and in some cases the revised delivery date and this has meant that the council has been unable to realise the benefits and/or savings envisaged. At the outset, the contract was expected to save the council at least £45million over the first seven years. Improvements have been made; however this has not been at the pace required by the council or in line with the contract specifications. A paper was presented to the Governance, Risk and Best Value Committee in August 2017, giving members an overview of the services delivered by CGI including options available to the council regarding contractual remedies.
10. In 2017, the Governance, Risk and Best Value Committee considered an external audit report on the effectiveness of security management controls within CGI over the council's ICT network. Following consideration of external audit's findings, the Governance, Risk and Best Value Committee requested external audit carry out a follow up review on the audit recommendations and report back to it at the January 2018 meeting. The Governance, Risk and Best Value Committee has requested a further report to be presented at its May 2018 committee.
11. A follow up of the CGI security management audit will be carried out by external audit and the findings presented to the Governance, Risk and Best Value Committee in May 2018.
12. While the council acts to tackle areas of poor performance, including developing improvement plans, in some service areas, including waste, roads and delayed discharges performance remains poor. During 2016/17 Edinburgh regularly had the highest number of delayed discharges of any integration authority in Scotland.
13. The LAN will consider the council's approach to improvement through the best value work carried out by external audit. External audit will seek evidence that outcomes are improving and that the pace of improvement is managed in line with resources. The work will include consideration of the impact of transformation work, how effectively the

council has identified improvement priorities, and how self-aware the council is in understanding its relative performance and improvement needs.

14. In September 2017, the council approved the commencement of Stage 2 activities in respect of the tram extension (York Place to Newhaven). Stage 2 of the project is the procurement phase, and is scheduled to take approximately 12 months. Public consultation will also commence during Stage 2. Stage 2 milestones include the completion of tender evaluations by September 2018. Subject to approval by council, the main construction contract is expected to be awarded, and stage 3 of the project approved by November 2018.
15. Following the original trams project, which was completed after significant delays and over-spends, an independent inquiry chaired by Lord Hardie was convened and is currently underway. Lord Hardie is expected to publish his findings by Summer 2018, to allow recommendations and lessons learned to be built into the final contract for award for the York Place to Newhaven project.
16. Audit work will be carried out, by external audit, over the course of 2018/19 in respect of the Edinburgh Trams project (York Place to Newhaven).
17. A joint inspection of health and social work services for older people was carried out by the Care Inspectorate and Healthcare Improvement Scotland in the autumn of 2016. The inspection highlighted several areas which were evaluated as weak and one as unsatisfactory. The Care Inspectorate has since been engaging with officers in Edinburgh and collaborating with colleagues in the ihub and the Scottish Government to support the partnership with the improvement agenda. This work will continue and the Care Inspectorate will monitor and report on progress against the recommendations arising from the joint inspection carried out in 2016.
18. From April 2018, Scottish ministers have asked the Care Inspectorate to lead a programme of joint inspections of service for children and young people, with scrutiny partners Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland. Scottish ministers have asked the Care Inspectorate to provide assurance about how community planning partners are protecting and meet the needs of children and young people who have experienced, or at risk of, abuse and neglect, and how they are working together to improve outcomes for children and young people who are subject to corporate parenting requirements. The intention is to carry out up to five joint inspections a year; in 2018/19 one of these will be in the Edinburgh area.
19. There is strong strategic leadership in Schools and Lifelong Learning Services. The council has appropriate governance arrangements in place to ensure that educational provision is well organised and well led. Scrutiny outcomes, including inspections, have been positive, overall, in recent years. However, a number of recent inspections, across sectors, have evaluated some important aspects of provision as satisfactory or weak. Outcomes for young people are generally improving but are, overall, less positive than

outcomes for young people with similar needs and backgrounds from across the country. Approaches being taken to ensure quality improvement within education are appropriate and have the capacity to lead to improvements in provision.

20. Overall there are a few concerns with the council's educational provision. In 2018/19, Education Scotland will engage in ongoing oversight and monitoring as part of the support provided by Area Lead Officers but will not engage in a formal scrutiny response other than planned inspections and reviews.
21. The council has 12 schools participating in the Schools Programme of the Scottish Attainment Challenge. Schools have Pupil Equity Funding plans in place and are being progressed. Education Scotland will continue to liaise with establishments as appropriate.
22. To assess the risk to social landlord services, SHR has reviewed and compared the performance of all Scottish social landlords to identify the weakest performing landlords.
23. It found that the council has weaknesses in relation to: complaints handling and complaints responded to within the SPSO timescales; rent collected and arrears; SHQS exemptions and abeyances and 'repairs completed 'right first time'. In relation to the council's homelessness service, it identified risks in relation to provision of temporary accommodation; use of B&Bs; length of time in temporary accommodation; lost contacts before discharge of duty; repeat assessments; case duration and percentage of RSL lets to homeless households.
24. The Scottish Housing Regulator (SHR) will monitor the council's progress in addressing the housing and homelessness service weaknesses identified in this plan. It will review the council's quarterly performance management reports and meet council officials as necessary.
25. The Scottish Housing Regulator (SHR) may carry out thematic inquiries during 2018/19 or it may carry out survey or on-site work to follow up on published thematic reports. The SHR will also review the Scottish Social Housing Charter data submitted by landlords and carry out data accuracy visits during the second quarter of 2018/19. Where councils are to be involved in a thematic inquiry, any follow-up work to a published thematic inquiry, or a data accuracy visit, the SHR will confirm this directly with the council and the LAN lead.

## Scrutiny activity

26. Any expected scrutiny activity between April 2018 and March 2019 is shown in Appendix 1. For some of their scrutiny activity in 2018/19, scrutiny bodies are still to determine their work programmes and which specific council areas they will cover. Where a council is to be involved, the relevant scrutiny body will confirm this with the council and the appropriate LAN lead.

27. In addition to specific work shown in Appendix 1, routine, scheduled audit and inspection work will take place through the annual audit process and the ongoing inspection of school and care establishments by Education Scotland and the Care Inspectorate respectively. The outcomes of this work will help to inform future assessment of scrutiny risk.

March 2018



## Appendix: Scrutiny activity

Scrutiny body	Scrutiny activity	Date
Audit Scotland	Audits covering children and young people's mental health, health and social care integration and the value for money of non-profit distributing (NPD) projects	2018/19
External Audit	<ul style="list-style-type: none"> <li>Audit work will be carried out over the course of 2018/19 in respect of the Edinburgh Trams project (York Place to Newhaven).</li> <li>A follow up of the CGI security management audit will be carried out and the findings presented to the Governance, Risk and Best Value Committee in May 2018.</li> </ul>	2018/19 May 2018
Care Inspectorate	The Care Inspectorate will continue to work with the Edinburgh partnership to support improvement and will monitor and report on progress against the recommendations arising from the joint inspection carried out in 2016.	Ongoing
Education Scotland	Care Inspectorate led multi-agency inspection of children's services	Q4 2018/19
Education Scotland	No additional scrutiny is required beyond on-going and statutory work.	
Scottish Housing Regulator	The Scottish Housing Regulator (SHR) will monitor the council's progress in addressing the housing and homelessness service weaknesses identified in this plan. It will review the council's quarterly performance management reports and meet council officials as necessary.	Quarterly
Scottish Housing Regulator	The Scottish Housing Regulator (SHR) may carry out thematic inquiries during 2018/19 or it may carry out survey or on-site work to follow up on published thematic reports. The SHR will also review the Scottish Social Housing Charter data submitted by landlords and carry out data accuracy visits during the second quarter of 2018/19.	2018/19



# City of Edinburgh Council

## Local Scrutiny Plan

### 2018/19

#### A summary of local government strategic scrutiny activity

This report is available in PDF and RTF formats, along with a podcast summary at:

[www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk) 

If you require this publication in an alternative format and/or language, please contact us to discuss your needs: 0131 625 1500

or [info@audit-scotland.gov.uk](mailto:info@audit-scotland.gov.uk) 

For the latest news, reports and updates, follow us on:



Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN

T: 0131 625 1500 E: [info@audit-scotland.gov.uk](mailto:info@audit-scotland.gov.uk) 

[www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk) 

# Governance, Risk and Best Value Committee

10.00am, Tuesday, 5 June 2018

## Edinburgh Partnership – Review and Consultation of Governance and Partnership Working Arrangements

Item number	7.7
Report number	
Executive/routine	
Wards	All
Council Commitments	

### Executive Summary

---

The Culture and Communities Committee at its meeting on 26 October 2017 considered a report on the establishment of Locality Committees which included proposals for a review and consultation of community planning structures and working arrangements. The Edinburgh Partnership agreed the requirement for a review and consultation at its meeting on 7 December 2017 subject to consideration of the scope and timescale.

The Edinburgh Partnership agreed the final proposals for the work programme at its meeting on 8 March 2018. The Locality Committees in the last meeting cycle noted the update on the Edinburgh Partnership approach as set out in Appendix 1.

## Edinburgh Partnership – Review and Consultation of Governance and Partnership Working Arrangements

### 1. Recommendations

---

- 1.1 To note the contents of this report.

### 2. Background

---

- 2.1 The Council in establishing locality committees as part of the new governance framework acknowledged the potential for enhancing community planning arrangements at neighbourhood and locality levels. On this basis, a proposal for a review and consultation of these arrangements was agreed at the City of Edinburgh Council meeting on 26 October 2017 and was referred to the Edinburgh Partnership for formal agreement.
- 2.2 The Edinburgh Partnership at its meeting on 7 December 2017 agreed the requirement for this work. Detailed consideration of the scope and timescale was remitted to a Project Board comprising Edinburgh Partnership members, with recommendations to be submitted to the Edinburgh Partnership Board for approval.

### 3. Main report

---

- 3.1 The Edinburgh Partnership at its meeting on 8 March 2018 agreed the recommendations of the Project Board on the scope and timescale for the review and consultation of governance and partnership working arrangements as set out in the report attached as Appendix 1.
- 3.2 The approach will encompass all community planning arrangements in the city and be carried out in two phases, an initial review followed by a formal period of consultation. This is in line with the process originally proposed by the Council, and reflects the complexity of the work and need to maximise stakeholder involvement.
- 3.3 The review phase will be designed to assess the effectiveness, strengths and challenges of the current arrangements, opportunities for improvement and identify future governance models. Through engaging with stakeholders involved in the current community planning arrangements, it provides an opportunity to develop a shared understanding and expectations for community planning in the city moving forwards.
- 3.4 The review findings will be used to inform the consultation phase which will involve a wider range of stakeholders. The stakeholder mapping and the methodology for

this phase of the process will be set out in a consultation plan to be agreed by the Edinburgh Partnership Project Board.

- 3.5 The timescale for the work has been extended, with the planned completion now October 2018. This accommodates Easter and Summer holiday periods to maximise stakeholder involvement. The Edinburgh Partnership acknowledged that this extension may lead to increased uncertainty and concern, particularly for the community and voluntary sectors, regarding participation in community planning arrangements, and specifically at a neighbourhood/locality level. In response the Edinburgh Partnership confirmed that the existing arrangements in the city would continue pending the outcome of the work programme.

#### **4. Measures of success**

---

- 4.1 Measures of success will be identified as part of the work programme development process.

#### **5. Financial impact**

---

- 5.1 Delivery costs will be met from within existing resources with partners being encouraged to provide support. The resource implications of implementing a new model of governance and partnership working will require to be identified and considered as part of the development process.

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

---

- 6.1 The key risks associated with the programme of work relate to stakeholder involvement and expectations. These will be managed through taking a collaborative approach.

#### **7. Equalities impact**

---

- 7.1 Community planning activity contributes to the delivery of the Equality Act 2010 general duties of advancing equality of opportunity and fostering good relations.
- 7.2 An Integrated Impact Assessment will be carried out as part of the development process.

#### **8. Sustainability impact**

---

- 8.1 There are no adverse impacts arising from this report.

#### **9. Consultation and engagement**

---

- 9.1 The work will be a collaborative process involving community planning stakeholders in the city. The governance and partnership working consultation will be carried out in accordance with the Council's agreed consultation framework. The framework is based on established best practice from across the UK and was developed with specialist advice and support from the Consultation Institute. Activity will also be informed by the National Standards for Community Engagement.

## 10. Background reading/external references

---

10.1 None

### **Andrew Kerr**

Chief Executive

Contact: Michele Mulvaney, Strategy Manager (Communities)

E-mail: [michele.mulvaney@edinburgh.gov.uk](mailto:michele.mulvaney@edinburgh.gov.uk) | Tel: 0131 469 3541

## 11. Appendices

---

Appendix 1 – Edinburgh Partnership Future Programmes of Work Report



# THE EDINBURGH PARTNERSHIP

Consent or Decision

## Edinburgh Partnership - Future Programmes of Work

### Executive Summary

1. The Edinburgh Partnership Board, at its meeting on 7 December 2017, agreed to carry out a review and consultation of community planning governance arrangements. This decision was informed by a proposal from the City of Edinburgh Council which identified an opportunity to enhance arrangements in the city and to develop a new approach. This was to be framed within the context of the existing governance review as set out in the draft Edinburgh Partnership Protocols considered by the Board at its meeting on 28 September 2017. A Project Board was established to lead on this programme of work.
2. Work is also being progressed to develop a new community plan, in accordance with the Community Empowerment (Scotland) Act 2015, as agreed by the Board in December 2016. The original timeline for producing the plan was April 2018. The Board agreed at its meeting on 7 December 2017 for the plan to be streamlined and focused on a limited number of priorities. This requires a further period of detailed work and engagement with the plan now proposed to be produced for October 2018.
3. To maximise stakeholder involvement and enable the governance arrangements and new community plan to be aligned, it is proposed to carry out these programmes of work concurrently. This paper sets out proposals for this, providing summary details of the approach and timescales, for the agreement of the Board.
4. Contact: Michele Mulvaney, Strategy Manager (Communities), Gavin King, Democracy, Governance and Resilience Senior Manager  
(email: [michele.mulvaney@edinburgh.gov.uk](mailto:michele.mulvaney@edinburgh.gov.uk)/[gavin.king@edinburgh.gov.uk](mailto:gavin.king@edinburgh.gov.uk))

### Recommendation

1. The Board is recommended to:
  - i. agree the proposed approach and timescale for the review and consultation of community planning governance arrangements;
  - ii. confirm the continuation of existing community planning arrangements and, specifically Neighbourhood Partnerships, pending the outcome of the governance review and consultation process;

- iii. note the outstanding actions in relation to the Strategic Planning Framework agreed by the Board in March 2017 will be progressed as part of the proposed programmes of work;
- iv. agree the revised timescale and approach to the development of the new community plan;
- v. note that support for the Board and Project Board in developing and delivering these programmes of work will be provided by the Edinburgh Partnership Lead Officers' Group; and
- vi. agree that these processes should, where possible and appropriate, be cognisant of and, maximise the opportunity for, Edinburgh to inform the Scottish Government Local Governance Review.

## Main Report

### The Review

1.1 The Board at its meeting on [7 December 2017](#) agreed that a review and consultation of community planning governance arrangements was required. This was to be taken forward by a Project Board, with nominations sought from members. This has been established and comprises:

- Third Sector Interface – Ella Simpson (Project Board Chair)
- City of Edinburgh Council – Councillor Melanie Main
- Scottish Fire and Rescue Service – Kenneth Rogers
- Police Scotland – Mark Rennie
- NHS Lothian – Brian Houston
- Edinburgh Equality and Rights Network – Paul Wilson
- Edinburgh Association of Community Councils – David Bewsey

The Project Board met on 17 January and 26 February 2018 to consider the scope and timescales for the programme of work.

1.2 Community planning structures in the city have evolved over time in response to legislative changes, the public sector reform agenda and the need for greater efficiencies. This has resulted in a governance model comprising three levels: city, locality and neighbourhood. The Project Board agreed to look at community planning at all levels in the city, and, as a first step, requested a mapping exercise of the existing arrangements. This involved a survey of all lead partners for existing community planning partnerships/groups in the city, as shown in the structure chart in Appendix 1, and as identified in the draft Edinburgh Partnership Protocols.



- 1.3 The survey focused on several areas including the remit, membership, decision making role, statutory responsibilities, linkages and community involvement/influence of the partnership/group. Whilst an initial snap shot, the findings highlighted some areas of weakness in the current arrangements. These included a lack of clarity about decision making roles and statutory requirements, together with varying levels of community involvement/ influence and linkages across the community planning arrangements.
- 1.4 In considering these initial responses, the Project Board recognised that there was an opportunity through the review and consultation process to streamline and simplify arrangements to:
- provide a shared understanding and clarity of purpose;
  - maximise stakeholder influence/participation; and
  - provide greater accountability and transparency.
- 1.5 The original paper considered by the Board in December 2017 proposed a two stage process, an initial review followed by a formal period of consultation. This remains the recommended approach, recognising the complexity of the task and the need to maximise stakeholder participation including public and voluntary sector partners, community councils and other community groups.
- 1.6 The review phase will assess the effectiveness, strengths and challenges of the current arrangements, opportunities for change/improvement and identify potential future governance models. It also provides an opportunity to develop a shared understanding of existing arrangements and the expectations for community planning in the city moving forwards. Practice from out with Edinburgh will also be used to inform the potential future approach.
- 1.7 The findings from the review will aim to provide a coherent basis for the formal consultation. The proposed timescale for each of the key phases is set out in Appendix 2, with completion of the work planned for October 2018. The timescale has been extended from the original proposal to accommodate key holiday periods to optimise stakeholder involvement and allow for a meaningful process.
- 1.8 The Project Board in proposing this extension, acknowledged that it may increase uncertainty and concern for the community and voluntary sectors regarding their participation in community planning, particularly at a neighbourhood level. Given this, the Board is asked to confirm that existing arrangements in the city, and specifically the Neighbourhood Partnerships, will continue pending the outcome of the review and consultation process.
- 1.9 With the Community Empowerment (Scotland) Act 2015 replacing the previous legislation governing community planning, there is an opportunity to take a critical view of arrangements within this context to ensure they meet the duties and requirements placed on public bodies. An important consideration within this is





the legislative requirements placed on community planning partnerships in respect of strategic planning. The Edinburgh Partnership Strategic Planning Framework 2016-2028 sets out the range of strategic plans the Partnership has responsibility for 'approving' (the Board supports the strategic plan and has a legal role in approving as a result of primary legislation), or 'endorsing' (the Board supports the strategic plan and has a duty to endorse as a result of statutory or national guidance). The Board at its meeting on 30 March 2017 agreed a range of actions to simplify and align this Framework including the need for a review in 2018 as part of the development of the new community plan. It is proposed to address this as part of the programmes of work set out in this report.

### **The Community Plan**

- 1.10 The Board considered progress on the development of the new community plan at its meeting on 7 December 2017 and noted that this should be streamlined and focused on a limited number of priorities. This feedback was considered by the Edinburgh Partnership Lead Officers' Group, which is responsible for supporting the development and delivery of the new plan, together with the opportunity to link the development process with the review and consultation of governance arrangements.
- 1.11 Consequently, a revised programme of work is now proposed with this to be carried out concurrently to the governance review and consultation process. Key considerations will include an appraisal of the appropriateness of the priorities previously proposed based on the current evidence base and Board requirement to achieve a tighter focus, together with the linkage to the outcomes in the recently agreed Locality Improvement Plans and the City Vision 2050.
- 1.12 As a first step a workshop is proposed to be held in March 2018 involving lead officers from the community planning partnerships/groups in the city. This will aim to identify potential priorities for the new plan, with options being subject to a critical assessment based on whether they
  - i. address poverty and inequality;
  - ii. require genuine partnership working
  - iii. are 'thorny' issues that need to be tackled collectively by partners.

The findings from the workshop will then be subject to a further period of engagement with the final plan being produced by October 2018.

- 1.13 Support for the Board and Project Board in the development and delivery of the programmes of work set out in this report will be provided by the Edinburgh Partnership Lead Officers' Group. Progress reports will be provided to the Board at its meetings in June and September 2018.

## Local Governance Review

- 1.14 The Scottish Government has launched its Local Governance Review which aims to consider the future of local democracy in Scotland. A period of engagement will run through 2018. It is proposed that the Board programmes of work should, where possible and appropriate, be cognisant of and, maximise the opportunity for, Edinburgh to inform this National activity.

Contribution to:	(eg)	Low	Medium	High		
♦ Sustainability		1	2	3	4	5
♦ Equality		1	2	3	4	5
♦ Community Engagement		1	2	3	4	5
♦ Prevention		1	2	3	4	5
♦ Joint Resourcing		1	2	3	4	5

Michele Mulvaney – Strategy Manager (Communities)  
 Gavin King - Democracy, Governance and Resilience Senior Manager

Contact details:  
[michele.mulvaney@edinburgh.gov.uk](mailto:michele.mulvaney@edinburgh.gov.uk)  
[gavin.king@edinburgh.gov.uk](mailto:gavin.king@edinburgh.gov.uk)

# Edinburgh Partnership Board

## Strategic Advisory Groups

Edinburgh Alcohol and Drug Partnership  
Edinburgh Community Learning and Development Partnership  
Edinburgh Partnership Lead Officer Group  
Locality Management Board  
Chief Officers Group  
Compact Partnership

## Strategic Partnerships

Economic Development Strategic Partnership  
Health and Social Care Partnership  
Edinburgh Children's Partnership  
Edinburgh Community Safety Partnership  
Edinburgh Sustainability Development Partnership

## Integration

Joint Board

## Localities

Locality Management Board  
Locality Leadership Teams  
Locality Workstream Groups  
Team Around Place Health & Wellbeing  
Children's Services Management Group  
Economy & Employability  
Community Improvement Partnership

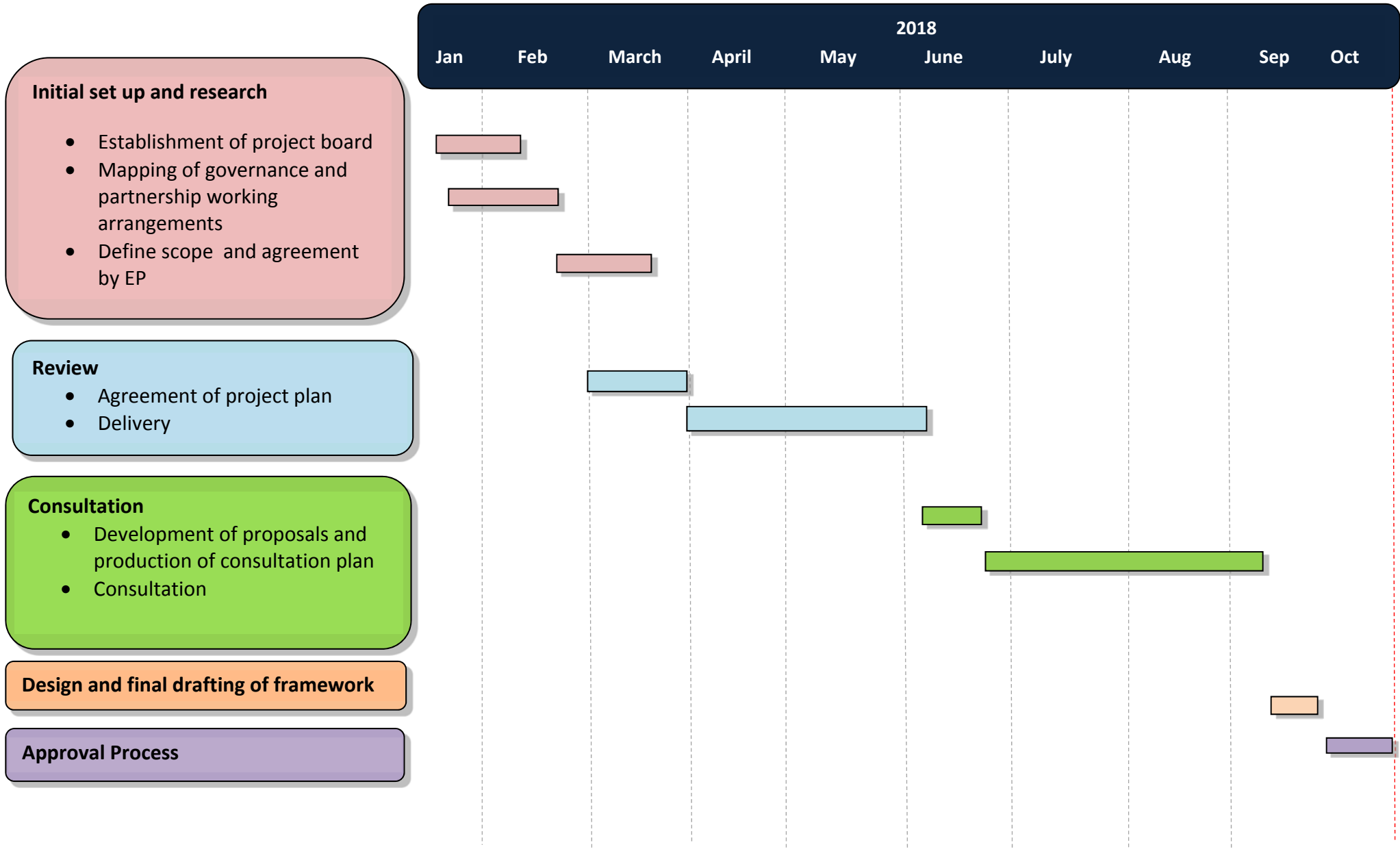
## Neighbourhood Partnerships

Almond	City Centre	Craighentiny & Duddingston
Forth	Inverleith	Letih
Liberton & Gilmerton	Pentlands	Portobello & Craigmillar
South Central	South West	Western Edinburgh

## Locality Planning Partnerships

North West Locality Reference Group  
North East Locality Reference Group  
South East Locality Reference Group  
South West Locality Reference Group

# Project plan – Edinburgh Partnership Review and Consultation of Governance and Partnership Working Arrangements



## Initial set up and research

- Establishment of project board
- Mapping of governance and partnership working arrangements
- Define scope and agreement by EP

## Review

- Agreement of project plan
- Delivery

## Consultation

- Development of proposals and production of consultation plan
- Consultation

## Design and final drafting of framework

## Approval Process

# Governance, Risk and Best Value Committee

10.00am, Tuesday, 5 June 2018

## Complaints Management - Update

Item number 7.8  
Report number  
Executive/routine  
Wards  
Council commitment: [Delivering a Council that works for all](#)

### Executive Summary

---

The Information Governance Unit and the Corporate Complaints Management Group (CCMG) led a Council-wide review of complaints management across Council services, and developed a Corporate Complaint Improvement Plan (Improvement Plan) to strengthen arrangements in this area. This report sets out progress against the Improvement Plan, and highlights improved performance figures for 2017-18.

## Complaints Management - Update

### 1. Recommendations

---

- 1.1 Committee is asked to note:
  - 1.1.1 the implementation of the Improvement Plan; and
  - 1.1.2 improved complaints performance across the organisation.

### 2. Background

---

- 2.1 The Scottish Public Services Ombudsman (SPSO) is the external regulator for complaints management across the public sector. In 2012, it published a local authority model complaints handling procedure to establish a standard approach to complaints management and handling. The model was adopted by the Council in 2013 as part of its own complaints procedures.
- 2.2 The Council's approach to complaints management is service-led. Council services are responsible for responding to all Stage 1 and Stage 2 complaints. However, to provide a more coherent and strategic approach to complaints management, a strategic complaints function was created under the Information Governance Unit in 2016. The Unit provides a single point of reference for advice and support, and leads the work of the Corporate Complaints Management Group (CCMG) which promotes and facilitates better complaints management throughout the organisation.
- 2.3 As part of the work of the CCMG, an Improvement Plan was developed following a Council-wide review and consultation process. The Improvement Plan was based on SPSO's Complaints Improvement Framework which helps organisations assess and demonstrate the effectiveness of their overall complaints handling arrangements through self-assessment criteria.
- 2.4 The development of the Improvement Plan was reported to GRBV in October 2017. The remainder of this report sets out progress and improvements against the plan, and highlights improved performance figures for 2017-18.

### 3. Main report

---

- 3.1 The Council-wide review into complaints handling identified several areas for improvement. These included: inconsistencies in recording practices and classification of complaints; not meeting the timescales set by the SPSO;

uncertainty around roles and responsibilities; a lack of assurance around complaint responses; and a need to review and revise Council processes and training.

- 3.2 These and other issues were captured in the Improvement Plan with associated actions. The Improvement Plan is managed and monitored through the Council's Change Management Board and is now nearing completion. Key improvements to date are set out below.
- 3.2.1 A Corporate Complaints Policy has been drafted following extensive consultation with Elected Members, Corporate Leadership Team, Council services, the SPSO and members of the public. It sets out agreed standards for recording, managing and reporting complaints, and clearly defines roles and responsibilities in relation to complaints management. It also confirms the Council's commitment to using complaints in a positive way as a learning tool to improve service delivery and the customer experience. The policy will be presented to the Council's Corporate Policy and Strategy Committee for approval in August 2018.
- 3.2.2 The Council's Complaints Handling Procedure has also been subject to extensive consultation and revised as appropriate to support the new Corporate Complaints Policy. It also incorporates the latest best practice guidance from the SPSO, and the standards developed by the Scottish Local Authority Complaint Handlers Network. This includes defining agreed complaint categories which will enable consistent recording across the organisation, and increase the Council's ability to analyse complaints data and learn from it.
- 3.2.3 The streamlining of Council systems which are used to record complaints will also help to promote consistent recording and analysis, and reduce duplication. The majority of Council services are now using Capture for complaints management, significantly reducing the number of systems used to four (Capture, Confirm, Datix and Jadu). This is a major step forward in advance of the proposed corporate CRM solution. A Capture Working Group has also been established to ensure that the system is used in a consistent way when recording and tracking complaints.
- 3.2.4 An outreach and engagement programme has also been established to highlight changes and to promote the importance of good complaint handling. This included: regular communications to employees, engagement with Council services, a revised customer satisfaction survey, and a new complaints leaflet. As part of this programme, an Internal Complaint Handlers Network has been set up to share best practice and learning around complaints management, and to advocate for a culture that values and learns from complaints.
- 3.2.5 Central to the complaints management process is the need for appropriate levels of training and awareness to support policy and procedure. The Council's e-learning module on handling complaints for Council employees is

being revised and is due to be launched in conjunction with the approved Corporate Complaints Policy in August.

- 3.2.6 Face to face training is also being developed around undertaking investigations and responding to Stage 2 complaints which can be complex and difficult. This is due to be launched in August and will be underpinned by a quality assurance programme specifically directed at Stage 2 complaints. The methodology and approach for the assurance work has been established, and will help to identify opportunities to improve practices, prior to any regulatory action being taken.
- 3.3 The appendix to this report contains the Council's Complaints Analysis for 2017-2018 which sets out comparative figures for the last three years. Based on the figures provided by service areas, the number of complaints received has decreased from 19,719 in 2016-17 to 10,541 in 2017-18. This welcome trend is also reflected in the number of complaints closed which has shown a decrease from 16,917 in 2016-17 to 9,863 in 2016-17. Nevertheless, of the total complaints received over the last financial year, only 61% were answered within the timescales set out by the SPSO.
- 3.4 There is clearly a need for further and sustained improvement and the CCMG and Internal Complaint Handlers Network will continue to monitor and promote compliance with the revised complaints management framework. However, to ensure appropriate levels of visibility and support around complaints management, performance information will form part of the Council's Performance Framework with bi-annual reporting to CLT and Elected Members.
- 3.5 It is envisaged as the improvements set out in this report are embedded across Council services, that the management of complaints will improve and that a positive complaints culture will continue to evolve.

## **4. Measures of success**

---

- 4.1 A complaints management framework that supports the efficient handling of complaints throughout the organisation through effective policy, procedure, and training, and aligns with SPSO best practice and standards.
- 4.2 A culture within the organisation that values complaints to improve services.
- 4.3 Meeting statutory indicators set by the SPSO, including timeous responses to any complaints raised.

## **5. Financial impact**

---

- 5.1 There are no financial aspects arising from this report. The focus of the Improvement Plan was to use existing resources in a more efficient and targeted way to drive Council-wide improvement and change.



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

---

- 6.1 The Council must meet various indicators set by the SPSO and consider any recommendations made by them in relation to complaints escalated by members of the public. Failure to do so can lead to poor customer service for citizens, reputational damage for the Council, and potential service inefficiencies.

## **7. Equalities impact**

---

- 7.1 There are no direct equalities issues arising from this report.

## **8. Sustainability impact**

---

- 8.1 There are no sustainability issues arising from this report.

## **9. Consultation and engagement**

---

- 9.1 There has been extensive consultation and engagement with Elected Members, Council services and external stakeholders in implementing the Improvement Plan, including an emphasis on customer experience and expectations.

## **10. Background reading/external references**

---

- 10.1 [City of Edinburgh Council Complaints Procedure](#)
- 10.2 [City of Edinburgh Council Corporate Complaints Improvement Plan](#)
- 10.3 [Complaints Management, Item 7.1, Governance, Risk and Best Value Committee, 31 October 2017](#)

### **Andrew Kerr**

Chief Executive

Contact: Laurence Rockey, Head of Strategy and Insight

E-mail: [Laurence.rockey@edinburgh.gov.uk](mailto:Laurence.rockey@edinburgh.gov.uk) | Tel: 0131 469 3493

## **11. Appendix**

---

Appendix 1 – Complaints Analysis 1 April 2017 to 31 March 2018



# Edinburgh Council Complaints Analysis

1 April 2017 – 31 March 2018

---



**A Forward Looking Council**



**An Empowering Council**

# Introduction

This year the Council has completed a corporate review of its strategic management of complaints, and has been implementing the Corporate Complaints Improvement Plan.

Key areas of developments include:

- Development of a Complaints Policy including stakeholder and public consultation.
- Review and revision of the Complaints Procedure.
- Review of Corporate Complaints Management Group (CCMG) to facilitate strategic oversight of complaints management.
- Development of training options and establishment of a Complaint Handlers Network to enable services who are invited to share best practice.
- Review of complaint recording to enable improved reporting and analysis (this includes the introduction of standard complaint categories and the establishment of a Capture User Group).
- Development of a Customer Satisfaction Survey to align with the SPSO's requirements.
- Development of a Quality Assurance process to monitor Stage 2 complaint investigations.
- Revised reporting to Corporate Leadership Team.

## Complaints closed

# 9,863

### Place

Q1 – 1887  
Q2 – 1806  
Q3 – 1684  
Q4 - 1886

### Resources

Q1 – 459  
Q2 – 324  
Q3 – 371  
Q4 - 303

### C&F

Q1 – 118  
Q2 – 91  
Q3 – 140  
Q4 - 140

### S&SC

Q1 – 87  
Q2 – 75  
Q3 – 87  
Q4 - 90

### Social Work

Q1 – 29  
**EHSCP**  
Q2 – 23  
Q3 – 44  
Q4 - 36

### Chief Exec

Q1 – 6  
Q2 – 14  
Q3 – 8  
Q4 - 26

### Multi

Q1 – 24  
Q2 – 55  
Q3 – 23  
Q4 - 25

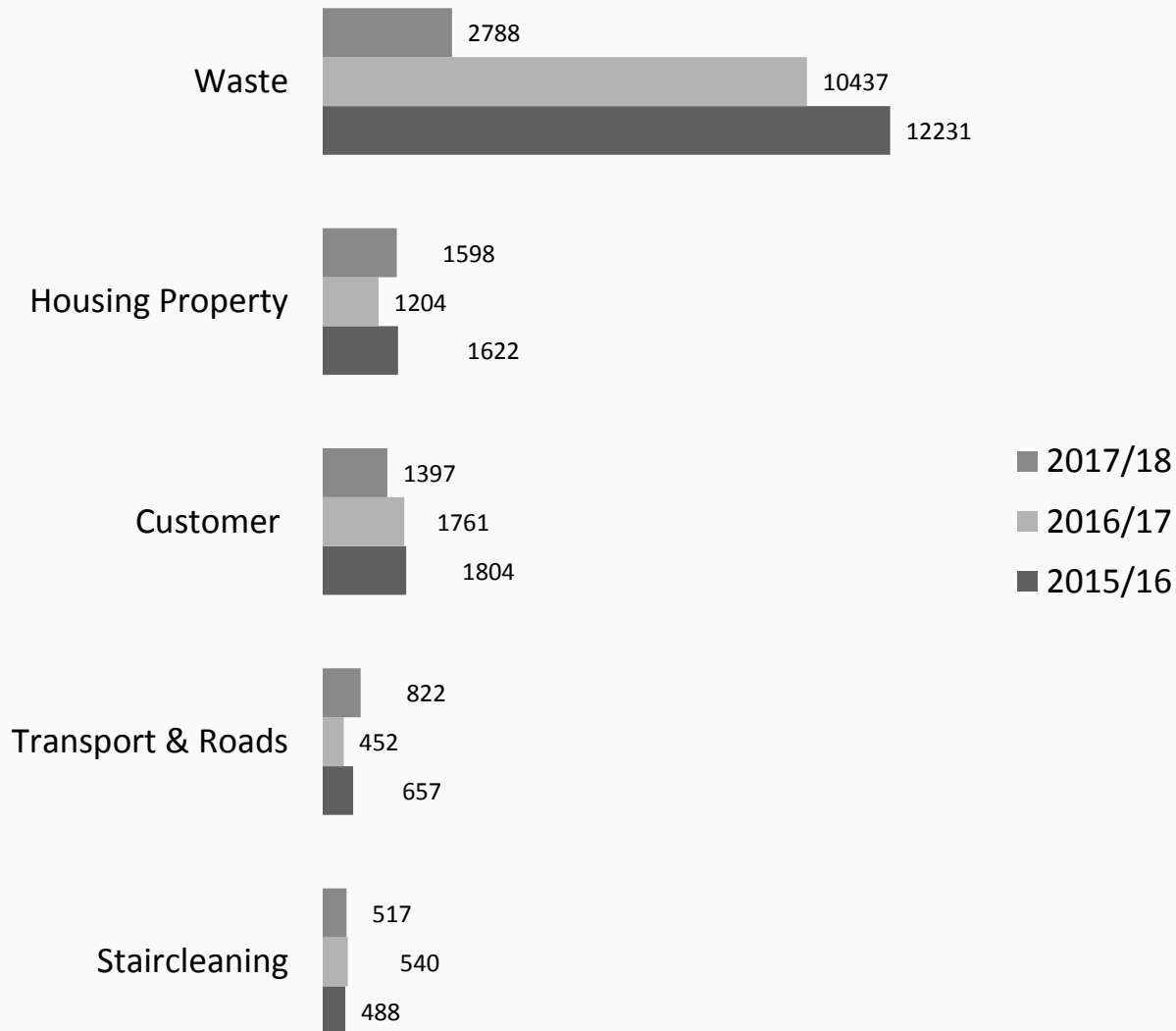
- 8,942 (91%) of the total number of complaints closed were frontline resolutions (stage 1) and 921 (9%) were investigations (stage 2).
- 2,788 complaints related to Waste (28%), followed by 1,598 complaints for Housing Property (16%).
- This is a significant improvement in comparison to previous years where the total number of complaints closed were 16,917 (2016/17) and 20,065 (2015/16).
- This improvement can primarily be attributed to the significant decrease in Waste complaints: 10,437 (2016/17) and 12,231 (2015/16).

# Performance against timescales

	Apr-Jun 17	Jul-Sept 17	Oct-Dec 17	Jan-Mar 18	2017/18
Chief Executive	33%	29%	63%	27%	33% (18/54)
Communities & Families	73%	62%	61%	72%	67% (328/489)
Resources	86%	90%	61%	77%	79% (1151/1459)
Place	58%	60%	64%	51%	58% (4214/7263)
Safer & Stronger	52%	53%	59%	43%	52% (175/339)
Social Work	14%	17%	N/A	N/A	14% (4/29)
EHSCP	N/A	N/A	16%	14%	16% (16/103)
Multi Directorate	70%	56%	65%	32%	56% (71/127)

- Overall, for 2017/18 for the total number of complaints, 61% of our customers received a response to their complaint within the timescales as set out by the SPSO. This is an improvement compared to 2016/17 where 54% were responded to within timescales. However it is a decrease in performance compared to 2015/16 with 69% of customers responded to.

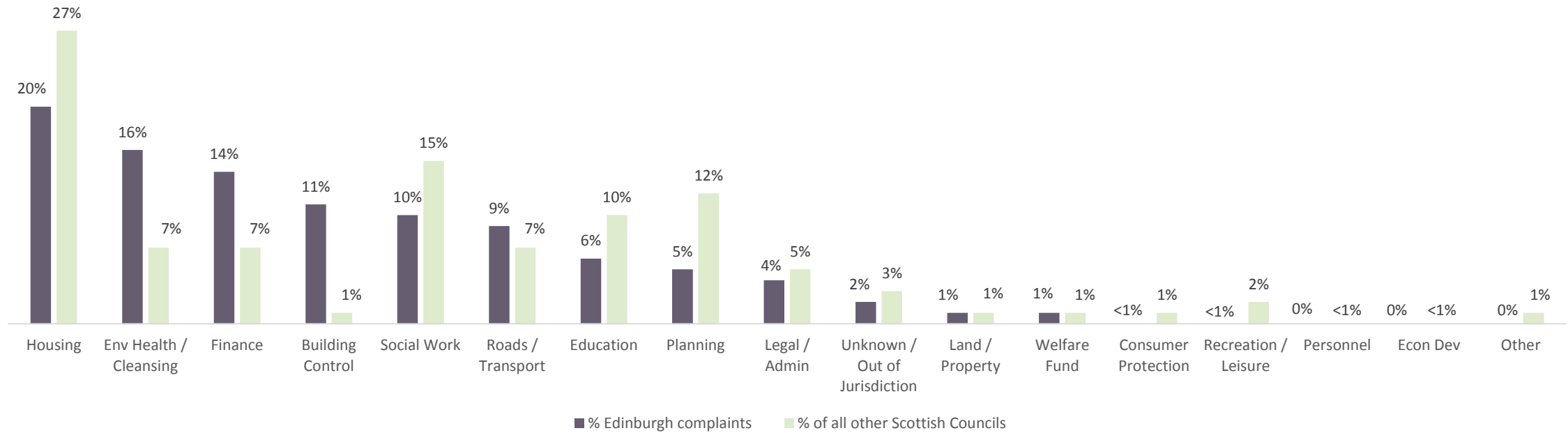
# Top 5 sources of complaints



- Waste complaints have significantly decreased over the last 3 years. The implementation of key actions from the Waste & Cleansing Improvement Plan (approved in Nov 16) have all had a positive impact on the overall performance of the service. Further service improvements are planned over the 2018/19 period.
- Customer (Council Tax, Benefits, Non-Domestic Rates, Customer Hub) has seen a steady decrease in the number of complaints over the last 3 years. This improvement can be attributed to improved customer care training; an improved automated service; channel shift; reduced backlogs and investment in internal resources.

# SPSO complaints comparison with whole sector

Edinburgh complaints to SPSO compared to all other Scottish Councils



- The total number of complaints received by the SPSO for all Scottish Local Authorities in 2016-17 was 1,499 (compared to 1,859 for 2015-16).
- 192 of these were about Edinburgh, followed by 138 for Glasgow.
- The majority of complaints from Edinburgh to the SPSO related to Housing (38), Environmental Health & Cleansing (31), Finance (26) and Building Control (21).
- Out of the 192 complaints made about Edinburgh, 21 (11%) were upheld / part upheld (compared to 15 out of 259 (8%) for 2015-16).



# Next Steps

- Launch of the Complaints Policy following Committee approval in summer.
- Finalise and roll out training programme for investigating officers (stage 2) to ensure a consistent approach. This will include a review of the complaints e-learning module for all staff.
- Quality Assurance programme to monitor stage 2 investigations will commence in summer.
- Agree reporting format to Senior Management Teams, to include more detailed analysis for each service.

For more information regarding Complaints please contact:  
Janette Young – [janette.young@edinburgh.gov.uk](mailto:janette.young@edinburgh.gov.uk); 0131 529 7544

For more information regarding the SPSO please contact  
Chris Peggie – [chris.peggie@edinburgh.gov.uk](mailto:chris.peggie@edinburgh.gov.uk); 0131 529 4494

---



**A Forward Looking Council**



**An Empowering Council**

# Governance Risk Best Value Committee

10.00am, Tuesday 5 June 2018

## Change Portfolio

Item number 7.9  
Report number  
Executive/routine  
Wards  
Council Commitments

### Executive Summary

---

To report on the Council's new approach to delivery of major capital projects, and update on the status of the portfolio in May.

## Change Portfolio

### 1. Recommendations

---

That the Committee note:

- 1.1 the new format for the Council's change portfolio;
- 1.2 the dashboard containing the status of projects within the portfolio as at the end of April in Appendix 1; and,
- 1.3 those projects which have been assessed as RED for two months of more.

### 2. Background

---

- 2.1 On 20 February the Governance Risk and Best Value Committee approved the Change Management Reform report which set in motion a new way to deliver change. We agreed to return to GRBV every six months to report on progress, and give members an oversight of delivery and risk.
- 2.2 Since February, we have developed a reporting tool and change portfolio pack which has been rolled out across all our major projects. CLT use the pack to monitor the overall shape and size of the portfolio; ensure that resource is managed well; that all projects are delivering to schedule, and that benefits are being realised.

### 3. Main report

---

- 3.1 Following the Strategy and Insight review, the Delivery Unit is now being formed and the senior manager for change and delivery has joined the council. The role of the Delivery Unit includes providing dashboard reporting to the monthly Change Board chaired by the Chief Executive, and to the Governance Risk and Best Value Committee every six months.
- 3.2 The monthly dashboard in Appendix 1 sets out the status of the portfolio as at the end of April.
- 3.3 In January Internal Audit issued a report on how the Council manages Projects, Programmes and Benefits Realisation. Work is well underway to develop and enhance good project and programme delivery practices across the organisation with supporting evidence submitted to address all actions due at the time of this report.

#### **4. Measures of success**

---

- 4.1 Success will be based on how well the Delivery Unit and Portfolio dashboard support the council to manage and monitor change, and ensure delivery of strategic objectives and coalition commitments. In doing so, we aim to ensure that the right projects are taken forward at the right time.

#### **5. Financial impact**

---

- 5.1 The financial impacts of significant change will also be reported through the revenue and capital monitoring process. The purpose of the pack is to give a holistic overview of all the change activity in the council so we can direct finances accordingly.

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

---

- 6.1 Implementation of the proposals will ensure greater transparency in decision making, management of risk, prompt remedial action, and provide assurance around the delivery of change.

#### **7. Equalities impact**

---

- 7.1 Equalities impact assessments are carried out within individual projects led by the SRO. They are addressed in separate reports to Council or Committee.

#### **8. Sustainability impact**

---

- 8.1 Sustainability impact assessments are carried out within individual projects led by the SRO. They are addressed in separate reports to Council or Committee.

#### **9. Consultation and engagement**

---

- 9.1 Consultation and engagement is carried out within individual initiatives and is addressed in separate reports to Council or committee.

#### **10. Background reading/external references**

---

10. None.

Andrew Kerr

Chief Executive

Gillie Severin, Strategic Change & Delivery Manager

E-mail: gillie.severin@edinburgh.gov.uk | Tel: 0131 469 3042

Simone Hislop, Change Manager

E-mail: simone.hislop@edinburgh.gov.uk | Tel: 0131 529 2145

## **11. Appendices**

---

Appendix 1 Portfolio Dashboard as at the end of April



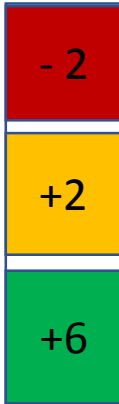
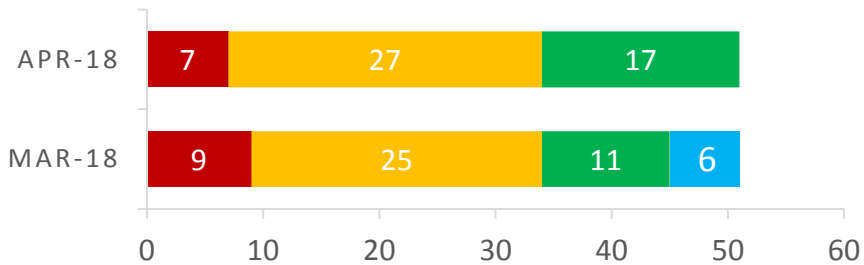
# **Change Portfolio**

**GRBV 5 June 2018**

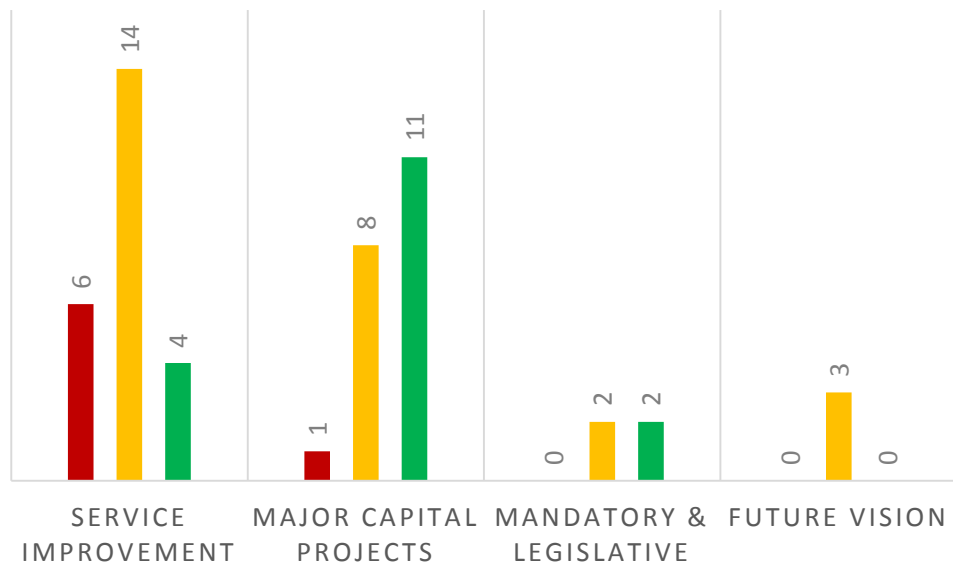
**Total number of projects in the Portfolio: 51**

Initiation: 4	Planning: 11	Pipeline: 0	Delivery: 36	Close: 0
------------------	-----------------	----------------	-----------------	-------------

### PORTFOLIO RAG STATUS



### RAG BY DEPARTMENT



### Current RED projects

#### Buildings Standards Improvement

Months at RED 2  
SRO: Michael Thain

#### AMS - Facilities Management Transformation

Months at RED: 2  
SRO: Peter Watton

#### AMS – Estate Rationalisation

Months at RED: 2  
SRO: Peter Watton

#### ICT – Enterprise Resource Planning (ERP)

Months at RED: 2  
SRO: Hugh Dunn

#### EH&SC - Service Transformation

Months at RED: 2  
SRO: Judith Proctor

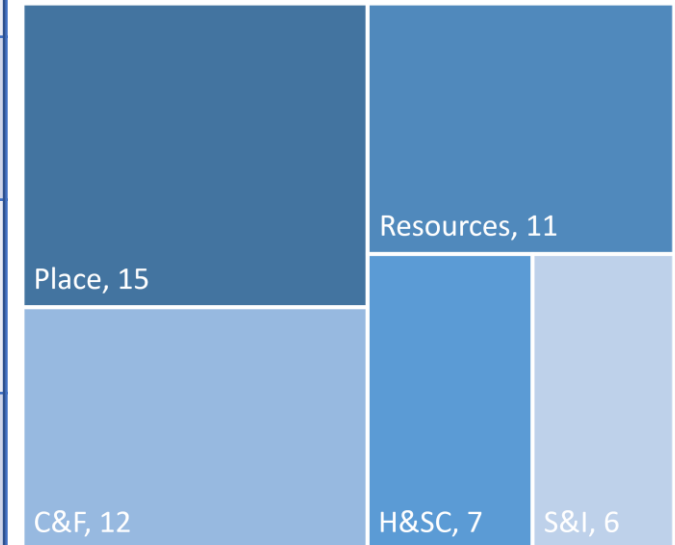
#### EH&SC - Support Planning Brokerage

Months at RED: 2  
SRO: Angela Lindsay

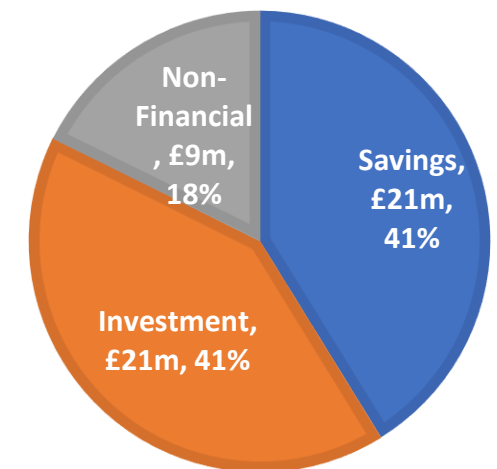
#### North Bridge

Months at RED: 1  
SRO: Gareth Barwell

### PROJECTS BY DIRECTORATE



### PROJECT BENEFIT BREAKDOWN





# Portfolio Update

The following projects have reported **RED** for 2 months or longer

Project	SRO	Description	Mitigating Actions
AMS – Estate Rationalisation	Peter Watton	This workstream of the AMS programme governs the planned disposal of property assets. To date, the ability to make sufficient progress with disposing of surplus assets has hindered the delivery of this workstream.	A formal update on the Asset Management Strategy and a proposed refresh of the underlying assumptions which were developed by external consultants is being explored with the Finance and Resources Committee on 12 June 2018.
AMS – Facilities Management (FM) Transformation	Peter Watton	As part of the originally approved Asset Management Strategy programme plan, there was an intention to reduce the costs of FM Services, aligned to have a smaller, fit for purpose operational estate. However, with the estate footprint having grown, primarily due to new builds since 2015, FM costs continue to rise. This has also directly impacted the ability to remodel FM service delivery arrangements and has contributed to delays with phase 1 changes to the Janitorial service.	This workstream is interdependent upon the ability to rationalise the estate of the Council and thereby reduce the costs of providing FM Services. As part of the AMS report to the Finance and Resources Committee on 12 June 2018, revisiting these assumptions will be proposed.
EH&SC – Support Planning & Brokerage	Angela Lindsay	There is a risk that insufficient assessing/reviewing resource within the locality teams will continue to have a negative impact on the timely completion of the Support Planning/ Telecare workstream and the realisation of financial benefits.	More robust, central programme management established, with a single implementation plan. Associated resource plan being developed.
EH&SC – Service Transformation (self-directed support)	Judith Proctor	Senior management resource required to scope and develop proposals to transform service delivery with a greater focus on self-directed support.	This will be a priority task for the new head of operation who starts in early June.
Building Standards Improvement	Michael Thain	Scottish Government have reappointed the service for a one year period on the condition that tailored support is provided by the Scottish Government in the form of an improvement team to help deliver a more sustainable improvement plan.	Project team started working with the Scottish Government Improvement Team (SGIT) - 01/05/2018. Working with Scottish Government Improvement Team to re-baseline and prioritise improvement programme.
ICT – Enterprise Resource Planning (ERP)	Hugh Dunn	The current ERP project, as part of the overall ICT Transformation Programme, has been formally paused as part of the re-set arrangements with our partners, CGI. This project has therefore been moved into a close down phase, to ensure that lessons learned, intellectual property and future business requirements are fully captured.	This project will close and, as part of the re-set of the ICT Transformation Programme, a new ERP solution and project is being scoped, which will be initiated in due course. The new project will form part of the Change Portfolio reporting in the future, but the current project will be discontinued.

# Portfolio Update

## Major Capital Projects

Project / Programme Name	SRO	Mar	Apr
West Princes St. Gardens (inc. Ross Fountain)	Paul Lawrence	R	A
North Bridge	Gareth Barwell	A	R
Fleet Review	Gareth Barwell	A	A
EDI Transition	Michael Thain	A	A
Street Lighting – LED Replacement	Gareth Barwell	A	A
Edinburgh St. James	Paul Lawrence	A	A
21 <sup>st</sup> Century Homes	Michael Thain	A	A
National Houses Trust	Michael Thain	G	G
Meadowbank Redevelopment	Crawford McGhie	G	G
Zero Waste	Gareth Barwell	G	G
Tram Extension - Proposed	Paul Lawrence	A	A

School Name	SRO	Mar	Apr
New St Johns PS	Crawford McGhie	A	A
New Boroughmuir HS	Crawford McGhie	G	G
Early Year – Stage 3	Robbie Crockatt	G	G
New Queensferry HS	Crawford McGhie	G	G
New South Edinburgh PS	Crawford McGhie	NEW	G
New Broomhills PS	Crawford McGhie	NEW	G
New Victoria PS	Crawford McGhie	NEW	G
Rising School Rolls	Crawford McGhie	G	G
New St. Crispins	Crawford McGhie	G	G

# Portfolio Update

## Service Improvement

Edinburgh Health & Social Care	SRO	Mar	Apr
Support Planning, Brokerage	Angela Lindsay	R	R
Service Transformation (self-directed support)	Judith Proctor	R	R
Workforce Management & Agency Control	Mark Grierson	A	A
Assessment Backlog & Transport Review	Judith Proctor	A	A
Reablement & Homecare Efficiency	Judith Proctor	A	A
Responder Service Contract Review	Mark Grierson	A	A

Asset Management Strategy	SRO	Mar	Apr
Facilities Management Transformation	Peter Watton	R	R
Estate Rationalisation	Peter Watton	R	R
Asset Condition	Peter Watton	G	A
Investments	Peter Watton	G	G

Programme / Project Name	SRO	Mar	Apr
Waste & Cleansing Improvement Plan	Gareth Barwell	A	A
Communal Bin Review	Gareth Barwell	NEW	A
Roads Improvement Plan	Gareth Barwell	A	A

ICT Transformation	SRO	Mar	Apr
Enterprise Resource Planning (ERP)	Hugh Dunn	R	R
Barclaycard Online Payments	Innes Edwards	R	A
Intranet	Simon Higgins	A	A
Enterprise Content Management (ECM)	Carolann Miller	A	A
End User Compute (EUC) / hardware refresh	Carolann Miller	R	G
Voice / Contact Centre	Carolann Miller	A	G

Programme / Project Name	SRO	Mar	Apr
Building Standards Improvements	Michael Thain	R	R
Customer Transformation Programme	Nicola Harvey	A	A
Edinburgh Leisure – Sports Facilities in schools	Andy Gray	A	A
Travel Demand Management	Alistair Gaw	NEW	A
SWIFT Replacement	Tom Cowan	G	G

# Portfolio Update

## Mandatory & Legislative

Mandatory	SRO	Mar	Apr
Looked After Children & Merged File Review	Laurence Rockey	A	A
GDPR Implementation	Laurence Rockey	A	A
Edinburgh Partnership Review and Consultation of Governance and Partnership Working Arrangements	Laurence Rockey	A	G
Edinburgh Partnership Community Plan 2018/ 22 (LOIP)	Laurence Rockey	A	G

## Future Vision

Future Vision	SRO	Mar	Apr
2050 Edinburgh City Vision	Laurence Rockey	A	A
Edinburgh and South-East Scotland City Deal	Laurence Rockey	A	A
Local Development Plan 2	Paul Lawrence	NEW	A

# RAG STATUS GUIDELINES

RED	Amber	Green
<ul style="list-style-type: none"> <li>- The project requires immediate remedial action to achieve objectives</li> <li>- The timeline/cost/objectives are at risk</li> <li>- Significant obstacles or issues prevent the work team and consequently the programme from meeting plans</li> <li>- Even with corrective action, expected action may be insufficient to ensure outcomes/ benefits are met</li> <li>- 2 or more projects / workstreams are RED</li> <li>- 2 or more risks or issues are red</li> </ul>	<ul style="list-style-type: none"> <li>- The project has a problem but action is being taken to resolve this , or</li> <li>- The project has a potential problem has been identified and no action may be taken at this time but it is being carefully monitored</li> <li>- Some obstacles or issues put the work team at risk of meeting plans</li> <li>- Outcomes/ benefits likely to be achieved but action must be taken quickly</li> <li>- 1 - 3 projects / workstreams are AMBER</li> <li>- 0 to 2 projects / workstreams are AMBER</li> <li>- 2 or more risks or issues are RED</li> </ul>	<ul style="list-style-type: none"> <li>- The project is on target to succeed.</li> <li>- Face only minor obstacles, if any</li> <li>- High confidence in ability to implement plans</li> <li>- No issues are threatening the outcomes or benefits</li> <li>- 0 to 1 projects / workstreams are AMBER</li> <li>- No projects / workstreams are RED</li> <li>- No risks or issues are RED</li> </ul>
<ul style="list-style-type: none"> <li>- ACTION: Deep dive discussion at Change Board.</li> </ul>	<ul style="list-style-type: none"> <li>- ACTION: Raise awareness to the Project Board. The SRO will determine if an Exception Report is necessary.</li> </ul>	<ul style="list-style-type: none"> <li>- No action required.</li> </ul>

# Governance, Risk and Best Value Committee

10am, Tuesday 5 June 2018,

## Immediate Pressures and Longer Term Sustainability – Health and Social Care

Item number 7.10

Report number

Executive/routine

Wards

Council Commitments

### Executive Summary

---

This report sets out short-term actions that are underway, together with longer-term intentions, for the alleviation of pressures on services and budgets, and the service design changes necessary to support sustainability of health and social care in Edinburgh. The plan, attached as Appendix 1, was approved by the Edinburgh Integration Joint Board on 18 May.

## Immediate Pressures and Longer Term Sustainability – Health and Social Care

### 1. Recommendations

---

It is recommended that that Governance, Risk and Best Value Committee:

- 1.1 note the short-term actions underway, and the medium and longer-term actions set out in the plan at Appendix 1.

### 2. Background

---

- 2.1 Over the past two years, the Health and Social Care Partnership in Edinburgh has struggled with a range of pressures that have impeded the progress aspired to by the Integration Joint Board (IJB), the City of Edinburgh Council and NHS Lothian. These challenges relate to resources, performance and the requirement for organisational integration of staff groups from two separate organisations. Many of the challenges are articulated in the Care Inspectorate/Healthcare Improvement Scotland report of the inspection of older people's services, published in May 2017.
- 2.2 Much work is being done to address the specific recommendations in the inspection report, which is subject to a comprehensive programme management approach, and reported regularly to the IJB and the inspectors.
- 2.3 In addition, the Partnership, in collaboration with Council and NHS Lothian colleagues, has developed a plan to both alleviate short-term pressures and create the environment that will allow longer term, sustainable change.

### 3. Main report

---

- 3.1 The plan at Appendix 1 sets out first the key areas of development and change required. These cover: prevention; culture; demand management; service redesign; workforce development; business and IT support; and professional/clinical governance issues. The next section of the plan sets out short-term actions underway, which should be achieved in 2018/19, followed by the medium-term actions underway or planned for 2019/20; and finally, the longer-term changes necessary, which the Partnership aims to achieve by 2012.

- 3.2 There are 3 annexes. The first sets out the current position regarding people delayed in hospital; the second shows the governance arrangements established to monitor progress against the improvements agreed; and the third provides the financial context for the work.

## **4. Measures of success**

---

- 4.1 The plan sets out a strategic direction and activities that will ensure a sustained focus on improvement in a number of areas such as; the number of people delayed in an acute setting, length of stay in an acute setting, and admission and readmission to an acute setting. Given many of the pressures on the Health and Social Care Partnership's current performance relates to capacity in the care market other key measures of success will include the development of capacity and models to meet demand.
- 4.2 Following approval at the IJB meeting on the 18 May 2018 it was agreed that the Chief Officer will now lead work to develop further the plan, key milestones and trajectories. These will be reported to the IJB at a future meeting.
- 4.3 The IJB is also responsible for reporting progress against a number of key measures and these will relate to measures of success in relation to this plan. They include; the 9 National Health and Wellbeing Indicators, the draft Ministerial Strategic Group measures and the developing IJB performance framework.

## **5. Financial impact**

---

- 5.1 The precise financial requirements to deliver sufficient services to meet the long-term needs of the people of Edinburgh to an acceptable standard are difficult to determine when performance and capacity are not in balance. In the short-term, additional resources have been specified to assist in getting the Partnership into a steadier state (see Annex 3 of the plan). Thereafter, the long-term financial commitment required will be determined and reported to the IJB.

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

---

- 6.1 There is a danger that a singular and exclusive focus on addressing immediate, short-term pressures will not create the conditions necessary for long-term, sustainable change. Achieving this change successfully is the only way to avoid repeated financial crises, year on year.
- 6.2 Conversely, energy and attention focused solely on the longer-term changes require will leave people at risk now. The Partnership, IJB, Council and NHS Lothian must manage improvements across both these dimensions.



## **7. Equalities impact**

---

- 7.1 An Integrated Impact Assessment would be undertaken in respect any proposed changes that require it.

## **8. Sustainability impact**

---

- 8.1 A sustainability impact assessment would be undertaken in respect of any proposed changes that require it.

## **9. Consultation and engagement**

---

- 9.1 A draft of the plan was commented on by several Partnership and IJB stakeholders, including the Council and NHS Lothian. Engagement and consultation will be a key characteristic of any service or policy changes that might be proposed as part of the implementation of the plan.

## **10. Background reading/external references**

---

- 10.1 None.

### **Judith Proctor**

Chief Officer – Health and Social Care Partnership

Contact: Judith Proctor, Chief Officer – Health and Social Care Partnership

E-mail: [judith.proctor@edinburgh.gov.uk](mailto:judith.proctor@edinburgh.gov.uk) | Tel: 0131 553 8201

## **11. Appendices**

---

Appendix 1 – Edinburgh Health and Social Care Partnership – Plan to alleviate immediate pressures and establish the environment for longer term sustainability

## **Edinburgh Health and Social Care Partnership – Plan to alleviate immediate pressures and establish the environment for longer term sustainability**

### **Introduction**

The Edinburgh Health and Social Care Partnership (the Partnership) is subject to significant pressures across many dimensions, including: operational delivery; performance against targets, standards and quality; strategic planning; financial constraints; market shaping and capacity. In addition, the Partnership needs organisational development support to assist in the cultural changes required in bringing two historic agencies together, and business support to assist in the establishment of robust operational processes to ensure effective service delivery.

The Statement of Intent and Improvement Plan produced by the Partnership in the autumn of 2017 categorise the individual actions required to address a range of improvements across these dimensions. This document sets these actions in a wider context of the transformation necessary to get the Partnership from its current crisis position to a steady state, with resources and performance in balance, and with the capacity to meet the needs of adults for health and social care in ways that reflect their wishes; that are sustainable in the face of long-term demographics and budget constraints; and to a standard that meets the expectations of the city and the regulatory bodies.

The Edinburgh Integration Joint Board (IJB) was legally established in June 2015. It agreed its first Strategic Plan in March 2016 and took on full responsibilities and powers in April 2016.

Following the formal establishment of the IJB, attention focused on the integration of staff groups from the two partner organisations (the City of Edinburgh Council and NHS Lothian), and the associated restructuring, organisational review and meeting of agreed savings targets. Although this activity was necessary and legitimate, it detracted from the operational delivery improvements that were required.

Although the range of IJB and Partnership responsibilities is extensive, much of the attention to date has focused on the critical, but relatively narrow area of people in acute hospitals whose discharge home or to more appropriate settings is delayed. The disproportionate negative impact on people's health and well-being of remaining in hospital when there is no clinical need to be there, coupled with the high cost of this inappropriate care and the damaging impact on other parts of the health and care system, is the reason for this understandable attention. Addressing it effectively will have much wider positive outcomes for the whole system, creating as it should the capacity and resources to support a higher volume of people in need.

Despite the inevitable emphasis on people delayed in hospital, the Partnership and IJB are aware of the needs of a much higher number of people living at home who also depend heavily on support. The improvements set out in this paper are intended to benefit *all* the citizens of Edinburgh who need health and social care services, support and protection.

The extreme pressures on the whole system and the urgency with which these need to be tackled led to two positive decisions. First, the acknowledgement from the IJB, the Council and NHS Lothian that additional financial resources are required; and second, that concerted, shared effort and non-financial resources are also needed over the short- to medium-term. These resources and commitment must be coordinated and targeted effectively if they are to have a lasting, positive impact. Whilst an immediate relief of the pressure on the system is required, more sustainable, long-term relief depends on a different use of resources, and the former should not jeopardise the latter if we are to avoid a vicious cycle of recurring crises.

The IJB has agreed outline strategic commissioning plans for: older people; mental health; primary care; and disabilities. During 2018, these will be developed into full strategic commissioning plans, which will provide the detail and the financial implications of many of the issues set out in this paper.

Set out below are **eight** key categories across each of which sustained change is required to achieve the ambitions of the IJB and the Partnership. Each section includes a brief explanation of the key issues. This is followed by proposals for the use of additional resources in support of the short-term (**2018**) relief of immediate pressures, and the medium-term (**2019**) actions required to ensure the right context for the change the partners are seeking. It then sets out the Partnership's long-term vision (**2021**), and the activity that depends on a sustained commitment to ensure these changes make a permanent difference, given the known demographics of need and likely future resource constraints.

1. **Prevention** – we need a sustained and meaningful shift of attention and resources towards preventative and early intervention activity that will reduce dependency on acute services and crisis support. This activity must range from universal/life-style support in early years, to secondary and tertiary prevention at each life-stage and dependency state. At the secondary/tertiary end of this spectrum, there needs to be an expansion of our support to carers, respite, etc., which will lead to a reduction in presentations and admissions to hospital, as well as improvements in general well-being and independence. Without such a shift, the care and support system as we know it will be unsustainable in the near future, overwhelmed by higher and higher levels of acute need.
2. **Wider cultural change** – our traditional model of health and social care support is based on expectations that formal care will be provided largely by public services, as part of a long-standing social contract, based on taxation contributions in exchange for universal benefits. Whereas the public funding envelope has reduced significantly in recent years, public expectations regarding the level and standard of provision have not reduced to the same extent. We need to begin a 'big conversation' with stakeholders about what it is realistic to expect in terms of public service support, and what might be a reasonable contribution to people's care from individuals, their relatives, their neighbours and their communities. Self-directed support is intended to assist in this cultural shift. It seeks to replace our current model of **deficit-based** assessment ('what is wrong and what can public services offer to fix the problem'), with a **strength-based** approach ('what are all the things you can do, either independently or with informal family/community supports, and what is the residual gap, if any, for which public services are required'). There is evidence that formal care is over-prescribed in Edinburgh, and that the tolerance to risk is lower than in other areas. For example, at 16.58 hours per person, Edinburgh has the third highest average hours per person in Scotland. In comparison, Aberdeen provides an average of 12.70 hours per person and Glasgow 9.30 hours per person.<sup>1</sup> These characteristics are impacting on the Partnership's capacity to meet expectations. There is a difficult balance to achieve here. It will require open and honest debate regarding the relative risks to people waiting without support for services they may never receive, against changing expectations to assume more personal/family/community contribution to self-care and support.

Full and effective integration also requires significant cultural change for staff. The organisational development work on which this depends needs to be formalised and resourced.

---

<sup>1</sup> <http://www.gov.scot/Publications/2017/12/3849>

3. A **Reduction** is required in the volume of demand and expectation that is generated from initial requests for assistance. At present, all requests for health and social care are screened, however, most still progress to a waiting list for an assessment. Following assessment, most then result in a wait for allocation of a formal service. This results in long waits at each stage; unmanageable pressure on capacity; high levels of dissatisfaction; and often unnecessary expenditure. We need to redesign the system to create opportunities at each stage in the process for people to receive the right information or support at the right time. A new system would need to include:
  - i. accurate web- and telephone-based information about: eligibility levels for formal services and realistic waiting times, alternative community supports, information about self-care/self-help and private providers of domestic services and care and support, benefits advice, charging, etc.
  - ii. opportunities for self-assessment and direct access to equipment
4. This will reduce the volume of people waiting for an assessment; it will increase satisfaction rates because people will be able to access relevant and appropriate help either directly or much faster. It will speed up our response times, reduce 'false positives' and align the need for formal care more closely with its availability. This will leave a **smaller volume of higher level need** for formal care at home, residential and nursing provision, or other specialist care. This smaller volume will allow the Partnership to commission higher quality care at a market rate that ensures both capacity and sustainability.
5. This change of landscape must be complemented by a **redesign** of some of the Partnership's internal, high cost, direct care services. These include **Hospital at Home, Reablement, Intermediate Care, and other similar intensive support**, including emergency responses. At the time of the Partnership's organisational review, these relatively small individual services were disaggregated to the localities. It is not clear whether this was the best option, and the Partnership, together with NHS Lothian and the Scottish Government, is exploring options for redesigning a more substantive, specialist service, focused on alternatives to admission to hospital and facilitating early discharge. This will need to complement an **increase in effective, bed-based intermediate care**. Effective intermediate care can reduce dependency by up to 35%<sup>2</sup>, and the Partnership must develop this form of care as a major contributor to prevention and demand management. This redesign must include faster and more effective matching of provision to individual need.
6. **Workforce development:** effective integration requires a focus on organisational development, leadership and support for staff groups who are being asked to work in a new environment. The factors driving the choices we need to make to deliver sustainable services cannot be limited to counterbalancing the impact of demand growth and budget reductions through prevention and a shift in the balance of care and/or a reduction in overall entitlement. In addition, the Partnership needs to consider the shape, size and skill mix of the workforce it will require to operate effectively in the landscape we are trying to mould. The Partnership must also shape a 'market' that will provide a skilled and sustainable workforce, from which we can commission the services described in our strategic plans. We need to consider how we support the costs of the Fair Work Convention and the Living Wage; and how the policy intentions of self-directed support,

---

<sup>2</sup> National Audit of Intermediate Care – Summary Report England, November 2017, NHS Benchmarking Network Document Reference NAIC2017

integration, prevention and self-care are accommodated. Health and social care job demand is projected to rise; however, similar growth is forecast in the retail and hospitality sectors, and competition for the low paid workforce between sectors is likely to become fiercer. Edinburgh is already carrying significant recruitment and retention challenges in respect of adult social care. Alongside this, the necessity to invest in and grow the low paid/low skilled early years workforce to deliver on the Scottish Government's commitment over the next 18 months will undoubtedly be to the detriment of the local adult social care workforce, and will add to the pressures to meet demand through the current models of care.

This added depth to the picture gives us an imperative for change. Without radical renegotiation and redesign, we will not have the people to deliver the type and level of care that citizens expect. The fact that the status quo is unsustainable on this very tangible level is an opportunity to unite and increase our risk appetite for: investing in prevention; a radically different model of care at home; increased volunteering; and support for carers. It also points to a need for a more proactive approach to empowering and supporting self-management, realistic care and a continued move towards self-directed support and active demand management.

7. The Partnership's ability to focus on these critical and transformational priorities is dependent not only on financial resources and a timetabled, monitored action plan, but also requires **adequate business support, processes and IT infrastructure**. The organisational review, which began integration and structural change in 2016, was not completed, and was not supported by sufficient consideration of the need for organisational development, information technology, business processes and communication. The move to localities requires further work and support if the anticipated benefits are to be realised in full. The effective implementation of improvement plans needs to be adequately resourced with project management, organisational development and business support. In addition, further, smaller scale service reviews remain outstanding, leaving staff uncertain, improvements at risk, and savings/efficiency targets unmet. Examples of required reviews include strategic planning, commissioning and contracting; primary care support; service access (Social Care Direct); telecare/ community equipment services; and intermediate care/reablement/Hospital at Home.
8. **Professional/clinical governance and quality** – the integration of staff groups with different employers, terms and conditions and professional backgrounds, requires careful consideration of a range of HR issues and governance arrangements. Each professional group is subject to the registration requirements of a different governing body and to that body's code of conduct. Notwithstanding these different expectations, the principles of integration require the seamless delivery of coherent, coordinated services. The Partnership is seeking to integrate the management of services and governance and quality assurance systems, whilst maintaining clarity regarding different lines of professional and clinical accountability. Further work is required in this area to provide all stakeholders with the necessary assurances.

### **ACTION**

#### **Short Term – 2018**

Addressing the critical pressures on the system caused by people delayed in hospital and people awaiting assessment in the community is the immediate priority for the Partnership. Improvements achieved in learning disabilities and mental health services provide an example of how a strategic approach to transformation and capacity-building should support the changes needed in older people's services. **Annex 1** sets out the current position regarding

delays in hospital, together with the key contributory factors. Short-term improvement actions centre on addressing these factors and are summarised below.

- A project has been established to clear the waiting list for assessments. Funded on a temporary basis, a team of assessors has been appointed and trained. The project aims to clear all assessment waits by the end of July 2018. The project manager is seconded from one of the localities, and will now also manage the agreed review of high cost transport for people with learning disabilities, which aims to align the meeting of assessed need with the promotion of independence and a reduction in costs.

### **Underway**

- The implementation of self-directed support is being refreshed to ensure a meaningful shift to this new way of assessing need and brokering appropriate levels and type of support. The intention is to meet people's expectations quicker and more effectively, and make better use of individual strengths and family/community resources and assets, both maximising and prolonging independence. A Support Planning and Brokerage pilot in North East is progressing this work. The project is seeking to effect major culture change, providing flexible and safe support, focused on "good conversations" about what is important to people. The project will involve widescale reviews of existing packages of care, identifying creative and more cost-effective alternatives to traditional services wherever possible. Rather than await its conclusion, this will now be accelerated to allow the anticipated benefits to apply across the city at a faster pace. The staff training schedule has been extended between April and December 2018, so that a cohort of staff from all localities and some hospital staff will be able to adopt the new approach. The training programme includes provision for 'training the trainers', which will allow Partnership staff to deliver the training on an ongoing, sustainable basis. **Underway**
- This training will support the related action to redesign the assessment process, which will apply a strength-based approach and emphasise self-directed support. The underlying principles are that informal supports should be explored to support individual strengths, and formal care will only be required where residual needs cannot be met in this way. This will begin to change the culture of assumed dependency, and free up capacity. The new assessment will be closely aligned to the redesigned carers' assessment, which has been co-produced with carers, in readiness for the introduction on 1 April 2018 of the new carers' legislation. **Underway**
- A programme to design the optimal model for the provision of community-based services to support people to live at home in Edinburgh is underway. This will consider the sustainability and affordability of meeting the current and future demand. The programme is aligned to the Edinburgh Health and Social Care Partnership's early intervention and prevention activity to manage demand and build individual and community capacity and resilience. The programme will take account of the changing nature of care and support needs, including increasing people's choice and control through self-directed support. The work will consider options to develop a market fit to meet future needs in collaboration with providers, service users, carers, care workers, representative bodies and trade unions to coproduce the new specification. This will include plans for the commissioning and re-procurement of the Care at Home contract to replace the current contract due to expire in 2019. The programme will also address the longer-term focus for internally delivered services within the overall strategy to meet the demand for both mainstream and specialist support. This dedicated programme of work is being established to respond to current capacity challenges and to design the future model. The key elements are set out below.

- Opportunities to manage demand more effectively and reduce costs based on analysis of the capacity required. This will take account of the shift to a more asset-based approach, drawing upon individuals' and community resources and strengths. The Support Planning and Brokerage approach encourages innovation in service development by empowering people to transition from being passive recipients of limited services to active, self-directing consumers of a full spectrum of local support and care solutions.
  - Opportunities to improve or change the current Care at Home contract to increase capacity and make more effective use of external provision for delivery of mainstream care.
  - Redesign of internally delivered Reablement, Intermediate Care and Homecare to optimise value for money and effectiveness will be within the scope of this work.
  - Identifying preferred option/s for an alternative delivery model to blend external and internal delivery of mainstream and specialist services. **Underway**
- Purchase of additional care home beds has been under negotiation between the Partnership and the independent sector since the proposal was approved by the IJB in December 2017. This capacity will begin to come on stream at the beginning of April 2018. In addition to relieving some delayed discharge pressure, it will also allow for consideration of the shape and type of residential, respite, nursing and intermediate care beds required in the longer-term. This intention is reflection in the outline strategic commissioning plan for older people, and will developed in detail in the full strategic commissioning plan for older people, which will be produced by December 2018. **Underway**
- The process of matching assessed need to supply of formal care must be accelerated. A pilot has been agreed with a private company specialising in matching. The pilot is at no cost to the Partnership. The model mirrors that used by online companies for hotel or travel bookings. The pilot will run for 6 months and then be reviewed by the Partnership. If successful, it will contribute to reduced delays and improved satisfaction rates. It will also free up current Partnership matching resources to be applied in support of other improvement projects. **Underway**
- Hospital at Home is operating in the South-West and South-East localities, and was funded through additional Scottish Government resources for winter planning to operate in the North-East until the end of March 2018. There is no provision in the North-West. This service has the potential to make a far more significant contribution to reducing admissions to hospital, shortening length of stay and accelerating discharges. Formal evaluation of the cost benefits is required, together with consideration of how other specialist in-house domiciliary services could be reorganised to complement Hospital at Home. This would include reablement, intermediate care and rapid response services. The 2016 organisational review disaggregated these services across the four localities. A review is required to confirm whether this is the correct deployment of these resources or whether an alternative might improve responsiveness, coordination and access. A workshop for Partnership, NHS Lothian, Council and Scottish Government colleagues took place on 1 May and began to scope the options to deploy these resources more effectively. This is a significant opportunity to help reduce admissions to hospital, shorten stays, and accelerate discharge, whilst also making much better use of the Partnership's highest cost domiciliary services. **Planned (requires project management capacity)**
- A data cleansing and business process improvement project was agreed to assist with finalisation of the move to localities, which had not been achieved within the original planned timescale. This is timetabled to conclude by the end of March 2019.

## Underway

### Medium Term – 2019

Increased support to carers will contribute significantly to reducing the need for formal care, and to the avoidance of admissions to hospital. Preparation for the new carers' legislation is on track, and the intention to increase the availability of respite beds, as part of the older people's strategic commissioning plan, will supplement this.

In addition, the Partnership supports voluntary organisations in Edinburgh through grant funding of approximately c£4.5m. A review of how these resources are targeted to drive forward our agreed priorities of tackling inequalities, and enhancing prevention and early intervention has begun. As with support for carers, the intention is to help reduce the demand for formal care. **Underway**

Benchmarking data (see footnote 3 above) suggests that there is an over prescription of formal care in Edinburgh, and figures indicate that the average support allocation for higher dependency is some 5 hours per week above the national average. The Partnership's performance for reviews is poor, with over 5000 reviews outstanding. A programme of prioritisation has been developed, focusing on the highest cost packages and those where it is considered that appropriate reductions could be made, freeing up capacity to meet the needs of people waiting for a service. **Planned**

Making significant inroads in this area will require changes on different levels, from the new assessment/review procedure to a change in culture of expectation, and tackling a long-standing, if anecdotal, history in the city of risk aversion. Developing a culture of realistic care, akin to the Scottish Government's realistic medicine initiative, will require engagement of all Partnership staff, acute clinical/nursing colleagues, local and national politicians, regulatory bodies, partner organisations and most importantly, service users and their families/carers. The principle that should underpin our approach to assessment is that an acute setting is the wrong place to consider a person's short- or long-term support needs. The assumption should be that a person who does not need to acute medical care should return home or be discharged to an intermediate care service for their needs to be assessed. **To be planned (requires project management capacity)**

The move to localities reflects the intention to bring service planning, performance and quality closer to local communities. In the implementation of this new model, consideration needs to be given to whether the current single point of access to services for the whole city remains the most effective process, or whether it creates duplication, delays and the danger of risks and vulnerabilities being missed. An options appraisal for access is under development and will be considered by the Partnership in May, followed by a report to the IJB, for an anticipated implementation during 2018/19. Irrespective of the outcome of this options appraisal, there is a need to consider the business support requirements for the localities to function as envisaged. These requirements will be reviewed as part of this work stream. **Planned**

At present, a significant proportion of requests for support are routed to the Partnership and join a queue for an assessment. This creates pressure on the system, delays in response times, and potentially increases risk and vulnerability. We need to develop a service offer that includes the opportunity for self-assessment and signposting for direct access to equipment and informal supports; and clearer communication regarding eligibility. Directing people to more appropriate assistance or resources at their first point of contact controls expectations and reduces demand on formal services. This would bring into better balance the demand for professional assessment and the staffing resources to complete these within our agreed standards. A more varied and responsive community-based landscape of informal supports is



consistent with our ambitions to prolong independence. **To be planned (requires project management capacity)**

### Longer Term (2021)

Without undermining or underestimating the critical priority to address the immediate pressures facing the Partnership, the deployment of resources and energy needs to support the achievement of the IJB's longer-term vision, the main characteristics of which are summarised below.

- A profound shift in whole system culture will have been achieved in three years, with a clearly understood emphasis on supporting higher numbers of older people, people with disabilities and people with mental health problems to live in the community for as long as possible. The profile, particularly of older people living the community, will have changed markedly. They will be frailer and with higher levels of need than at present.
- Significantly more efficient use will be being made of the acute system. The Partnership's anticipatory care activity will reduce the need for attendance at hospital, and only those people with genuinely acute medical needs will be occupying hospital beds.
- Where people are being supported in the community by formal services, they will experience a more joined up and coordinated input from Partnership staff, irrespective of professional role. These formal services will complement a wide and varied range of community supports, which will form the mainstay of a preventative and person-centred approach to health and social care in the city.
- There will be more effective co-ordination between Partnership and acute staff and systems. The Partnership will be operating in a steady state regarding delays. The focus will have turned to the front door of hospitals and the joint activity needed in relation to unscheduled care. This will bring significant changes in pathways, processes, staff and clinical roles and responsibilities, and how resources are deployed across the whole system.
- Fewer older people with non-medical needs, such as loneliness, will present to their GP, but will instead be more connected to the community supports we will have helped to build across the city. This will assist us to make the best possible use of GP time and resource, particularly as clinical activity is shifted away from the acute system.
- There will be an even greater emphasis on family and carer support, building on the significant progress made in preparing for the requirements of the new carers' legislation. Families generally want to maintain their caring role in the community for as long as possible. The Partnership will help many more families achieve this, reducing demand for paid support.
- There will be a greater and more effective application of technology to help sustain both the carers' role and community living. This will combine the use of technology-enabled care for people with higher level needs who require support from the Partnership, with generally available technology that individuals and their families may choose to purchase from the open market to provide reassurance at the early stages of frailty.
- There will be closer and more effective partnership working with the housing sector in the city to help maintain tenants in their home for longer.

- The care home sector will look different. The resident population will have much higher levels of dependency and the average length of stay will be shorter, as people are supported for longer in their own home. This will present challenges to both the independent sector and the Partnership's own provision, in terms of staff skills mix and specialist clinical support for GPs, if we are to avoid revolving door admissions to hospital.
- The Partnership's collaboration with the third sector in the city will have matured further, building on the activity of recent years. The third sector has a key role in supporting and enabling the city's residents and mitigating against their premature presentation to the health and social care system.

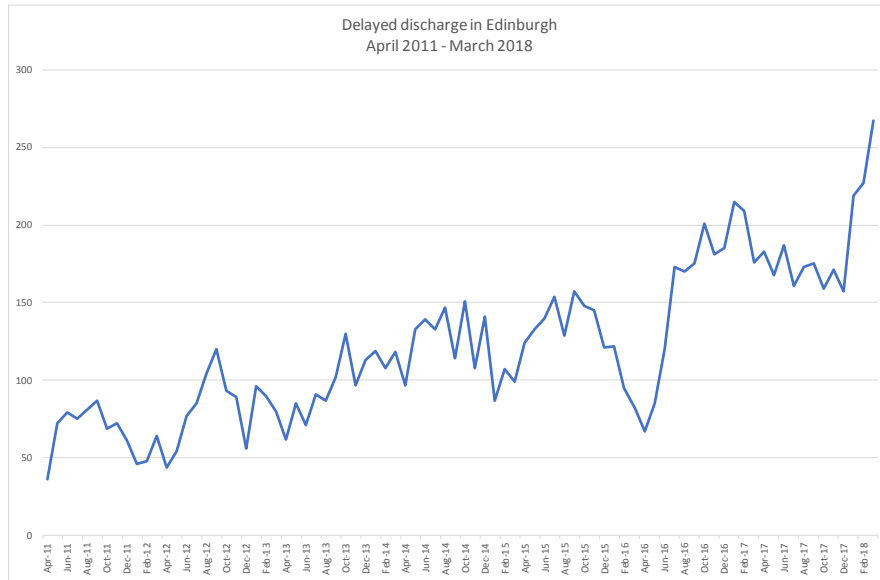
**Annex 2** sets out the current arrangements for the governance of the plans set out here.

**Annex 3** sets out the financial planning for achieving the actions articulated above (investment and disinvestment); and shows the planned trajectory for the impact of increased capacity.

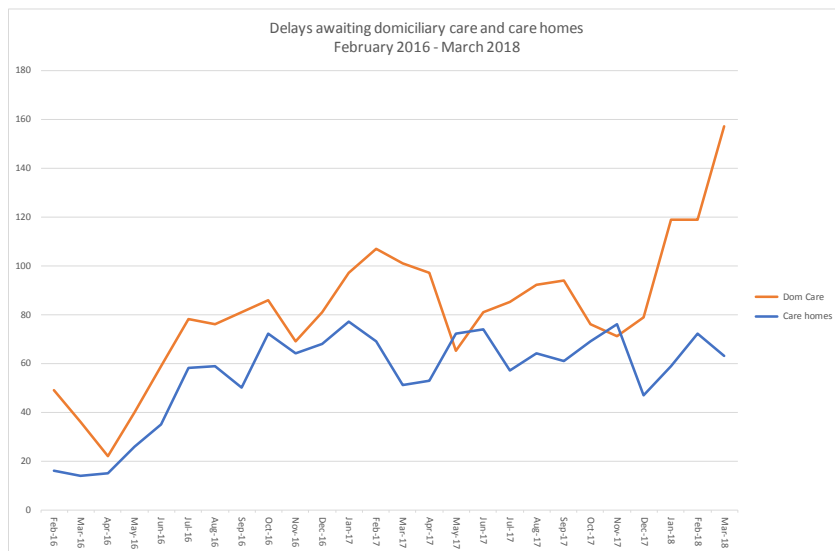
**Michelle Miller**  
**May 2018**

### Delayed Discharges from Acute Hospital

1. Delays have been rising since April 2016. Any slight downward trend during 2017 was not sustained, and in March 2018 these remain critically high.



2. The main reason for delay generally continues to be people waiting to go home. This has increased noticeably in recent months. The graph below shows the number of people waiting for a care home place and those waiting for a package of care for the last two years. Prior to April 2015, the reason for delay was generally waiting for a care home place.



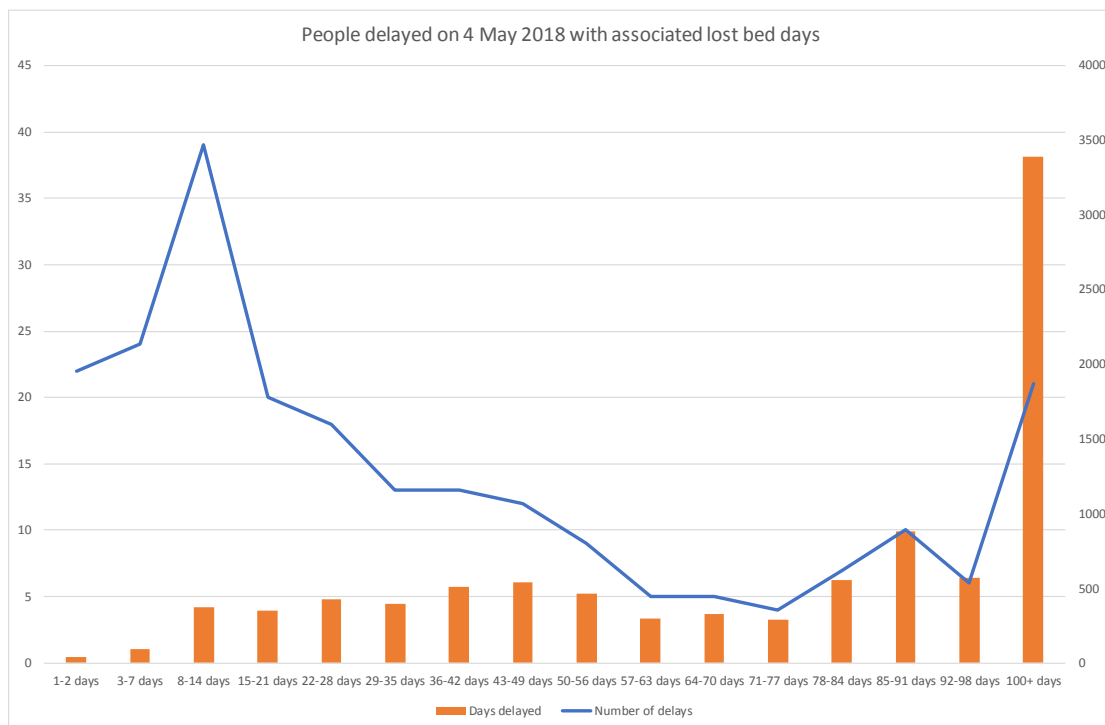
3. At the February 2018 census, there were 7,025 bed days lost associated with delays for Edinburgh residents (compared with 8,525 in May 2015). Although this is an improvement, Edinburgh compares poorly to other partnerships across Scotland. In addition, in January 2018, Edinburgh had

the third highest number of delays due to people with incapacity for whom court processes are required to allow decisions to be made on their behalf.

- Overall, delays are spread almost equally throughout the city, slightly fewer in North East, explained by the lower older population in that locality and South East, however complex delays are concentrated in South East. The number of complex delays in South East, has been reducing in recent weeks. The two western localities are both similar in terms of reportable, complex and overall delays. The early-May figures indicate the following number of delays by locality:

	Reportable	Complex	Total
North East	49	1	50
North West	72	2	74
South East	41	8	49
South West	60	0	60

- The number of people delayed for reportable reasons by delay length, and the associated lost bed days, are shown in the graph below. Over half the people delayed are delayed for less than one month with a fifth delayed for less than a week. There is a spike in people delayed for 13 weeks and for 15 weeks or more.

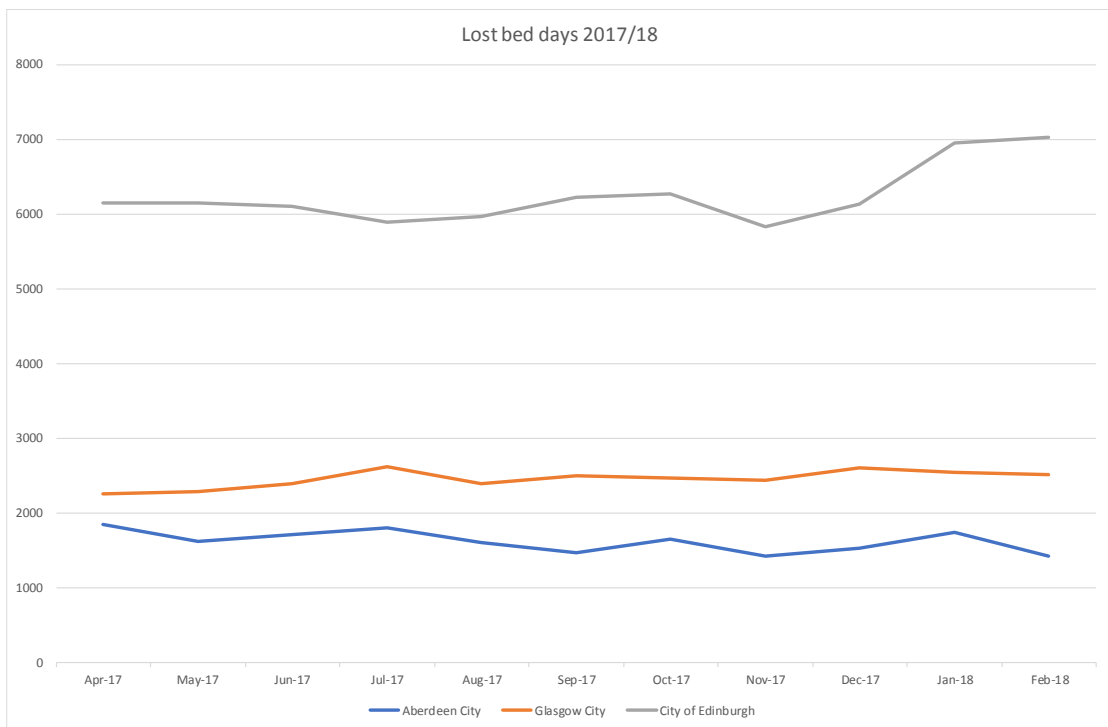


- Although the number of lost bed days was relatively stable in Edinburgh during 2017, the number of lost bed days has increased since November. The number of lost bed days in Glasgow were substantially lower and more comparable with Aberdeen, despite the difference in population size. One reason for lost bed days being lower in Glasgow is the 90

## DRAFT

Intermediate Care beds available as step-down and step-up. Glasgow commissioned these beds to reduce delayed discharges by providing a more appropriate setting for assessment, matching and rehabilitation.

7. Note that the lost bed day figures for Edinburgh, and other authorities where the delayed patient was in an NHS Lothian hospital, have recently been revised for the five months from September 2017 to January 2018. This is due to a coding error that has been identified for patients whose delay ended between census date and the day that the file was submitted to ISD.



8. Set out below are some of the key factors contributing to this performance.
  - a. Too many older people are admitted to hospital when there could/should be safe and effective alternatives; and too many people remain in hospital because there is a perceived risk in discharging them. This risk averse culture does not take account of the risk to people of remaining in hospital when they no longer need to be there.
  - b. There is a lack of intermediate care provision, either home- or bed-based. Intermediate care provides a far more appropriate setting in which people's needs can be assessed accurately. In addition, research shows that effective intermediate care can reduce dependency by up to 35%, impacting positively not only on outcomes for people, but on cost and system capacity. Sufficient volume of intermediate care will be a core contributor to significant

## DRAFT

reductions in people delayed in acute settings.

- c. The Partnership's specialist 'in-house' provision is piecemeal, high-cost and not coordinated effectively. This constrains capacity and efficiency, producing both gaps and duplication.
  - d. Assessment and authorisation processes are cumbersome and bureaucratic, as is service matching, and there is a culture of assumption that all need must be met by formal services.
  - e. There is a shortage of care home capacity at the National Care Home Contract rate; and a shortage of care at home capacity at the current contract price or at the standard required by the contract.
  - f. This lack of capacity is compounded by a tendency to over-prescribe care (as compared with other partnership areas), and by poor performance in reviewing provision.
9. The actions set out in the main document, in the Statement of Intent and in the Improvement plan are all intended to address these issues.

DRAFT

Annex 2



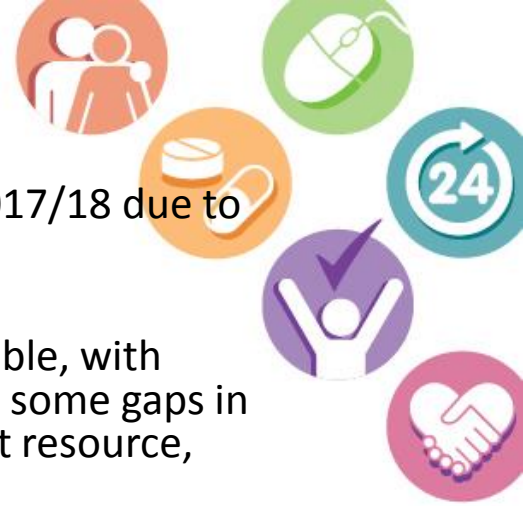
# Edinburgh Health and Social Care Improvement Programme 2018/19

Delivery Approach and Resourcing

March 2018

# Summary

- Key workstreams failed to deliver all the anticipated benefits in 2017/18 due to a lack of dedicated resource to drive progress.
- The scope of the 2018/19 programme needs to be more manageable, with appropriate resources allocated to support delivery. There are still some gaps in terms of both Senior Responsible Officer and project management resource, and these need to be resolved as a matter of urgency.
- There will be 2 distinct programmes, with clear lines of governance – one to oversee the Savings Programme and one to oversee the Improvement Programme. Regular reporting to the Council’s Corporate Leadership Team and Change Board and to the Integration Joint Board will form part of the governance arrangements.
- Smaller or less complex “business as usual” savings do not need to be subject to the same programme rigour and governance. These should be removed from the formal savings programme and delivered as business as usual, with delivery monitored by Finance and through normal line management arrangements.
- There is confusion and duplication between work streams involved in reviewing packages of care. The telecare expansion programme will be subsumed into the Support Planning and Brokerage programme, with one single implementation plan developed to drive delivery.

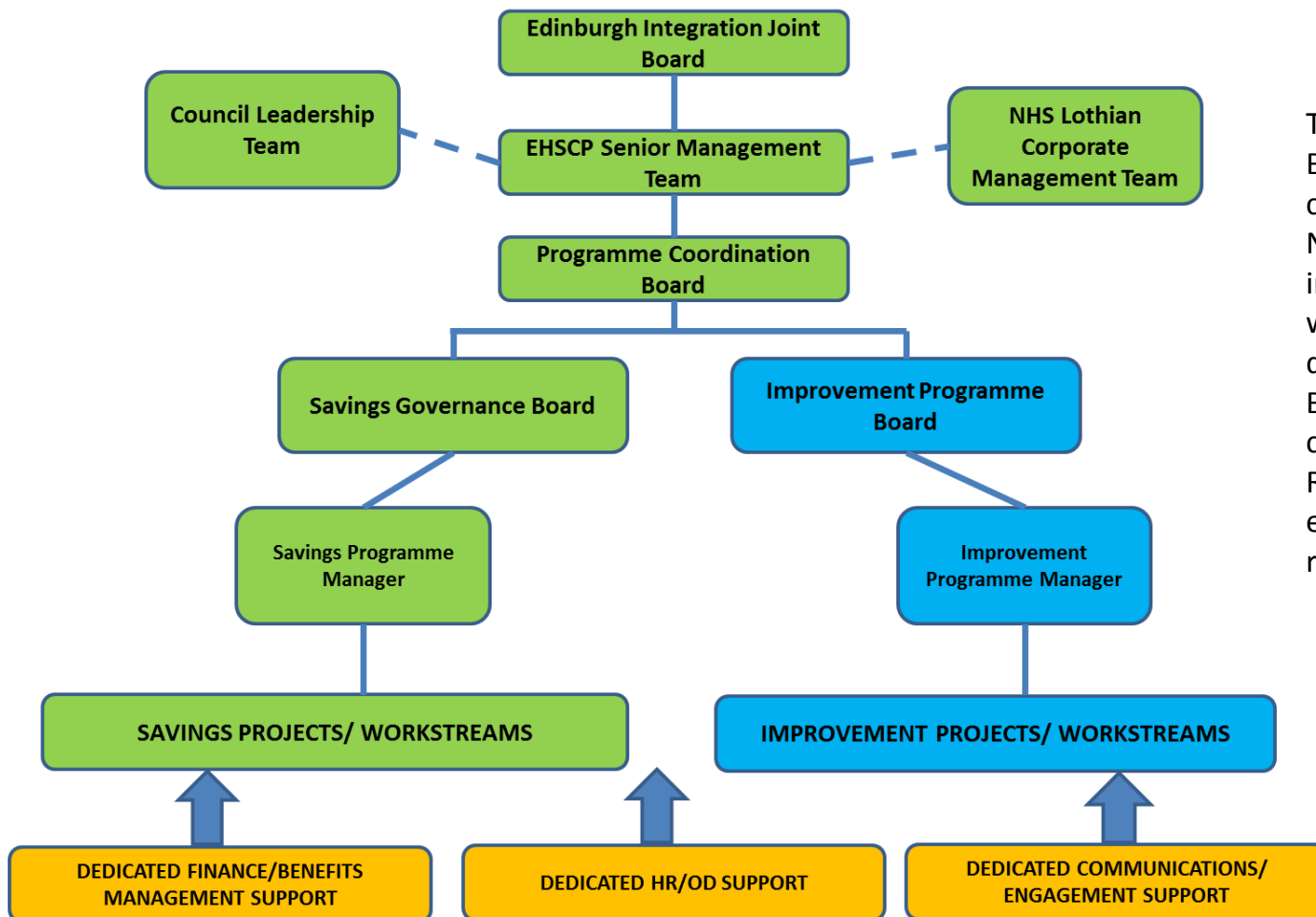




# Revised Programme Governance Structure



The scale of the overall Improvement Programme for the Partnership is significant. There is a gap in programme and project management resource to drive day-to-day delivery on the ground. Two separate, but linked programmes have been created – one to manage those work streams delivering financial savings and one to manage improvement work streams. This governance structure will establish separate programme managers and programme boards to drive delivery. Additional delivery resource will also be provided by Ernst & Young to supplement the in-house resources in the savings programme. .



The Savings Governance Board as currently constituted will continue. Non-savings related improvement programme work will be overseen by a dedicated Improvement Board. The remit of the current Assessment and Review Board will be expanded to take on this role.

# Council Delegated Services – Financial Plan 2018-19

The table below sets out the proposed details of the savings plan for Council delegated services for 2018/19. This plan will form the basis of the agreed savings governance programme for the coming financial year. The smaller savings are not included in the formal programme, but dealt with as part of business as usual. Details of the proposed formal savings governance programme are outlined in the next slide.

Savings Initiative / Additional Funding	£m	Accountable Officer
Disability Services (Interim Review)	£0.7m	Mark Grierson
Legal Services	£0.2m	Colin Beck
Discretionary Spend	£0.2m	Pat Wynne
Disability Services Review	£0.5m	Mark Grierson
Review of Sleepover / Night-time Services	£0.4m	Mark Grierson
Review of Transport	£0.2m	Sylvia Latona
Review of Charges	£0.4m	Wendy Dale
Review of Grants	£0.4m	Wendy Dale
Transformation - Telecare and Support Planning / Brokerage	£3.0m *	Katie McWilliam / Angela Lindsay
Workforce Management (including Agency Expenditure)	£1.1m	Pat Wynne
Service Transformation (Self Directed Support)	£1.0m	Michelle Miller
Homecare and Reablement – Efficiency and Productivity Improvement	£1.0m *	Mike Massaro-Malinson
	<b>£9.1m</b>	

\* Assumes £4m estimated savings are “non-cash” and are achieved through release of capacity through Telecare, Support Planning and Brokerage and Homecare / Reablement productivity initiatives.

# NHS Lothian Delegated Services – Pressures and Savings/ Additional Funding 2018/19



Pressures 2018/2019	£m	Accountable Officer
Baseline Overspend - Prescribing	£3.5m	Locality Managers
Baseline Overspend - Services	£2.3m	CMT
Pay Awards	£1.9m	N/A
Non Pay	£1.1m	Locality Managers
Service Pressures – Community Equipment Store	£0.2m	Locality Managers
Hospital Drugs	£0.2m	Sheena Muir
Prescribing Growth	£3.8m	Locality Managers
Strategic Investment – agreed Business Cases	£0.2m	
	<b>£13.2m</b>	

Savings Initiative / Additional Funding	£m	Accountable Officer
Baseline Uplift - Pay	£1.9m	
Non Recurring Resources - Prescribing	£4.4m	
Efficiencies – Clinical Productivity	£0.1m	Sheena Muir
Efficiencies – Prescribing Quality Initiatives	£0.2m	Locality Managers
Efficiencies - Workforce	£0.6m	Pat Wynne
<b>Total Savings / Funding</b>	<b>£7.2m</b>	
<b>Residual Financial Gap</b>	<b>£6.0m</b>	

# NHS Delegated Services – SMT Financial Plan 2018-19 – Potential Savings



Savings Initiative / Additional Funding	£m	Accountable Officer
Efficiencies – Clinical Productivity	£0.5m	Moira Pringle
Efficiencies – Prescribing Quality Initiatives FYE / Roll Out	£0.4m	Locality Managers
Efficiencies - Workforce	£0.2m	Pat Wynne
Locality Prescribing Efficiencies	£2.3m	Locality Managers
Locality Service Efficiencies	£1.4m	Locality Managers
Hospital and Hosted Efficiencies	£0.4m	Sheena Muir
Strategic / Corporate Efficiencies	£0.2m	tbc
GMS Efficiencies	£0.6m	David White
	<b>£6.0m</b>	

# Scope of Savings Programme



## PROPOSED PROGRAMME WORK STREAMS

Review of High Cost Transport Packages

Support Planning and Brokerage (including Telecare Expansion)

Home Care and Reablement Optimisation

Workforce Management and Agency Control

Night time/Sleepover Review

Service Transformation – Self Directed Support

Council Disability Services Review

\* Assessment Backlog

NHS Lothian Efficiency Workforce

NHS Lothian Efficiency Prescribing Efficiencies

Assessment Backlog project does not deliver savings, but will be managed as part of this programme due to the synergies with the Support Planning work stream.

## PROPOSED BUSINESS AS USUAL WORK STREAMS

Council Grants Review

Council Discretionary Spend

Council Legal Services Saving

Council Charging Review

NHS Lothian BAU efficiency - Localities

NHS Lothian BAU efficiency – Hospital & Hosted

NHS Lothian BAU efficiency – Central Services

NHS Lothian BAU efficiency – Strategic Services

NHS Lothian BAU efficiency - GMS

# Approach to Delivery



## CO-ORDINATION OF REVIEWING ACTIVITY

Telecare Expansion, Support Planning and Brokerage and the Transport Review savings all require a coordinated approach to the review of packages of care. There is a risk of duplication of effort. Progress has been hampered by resourcing issues (both project management resource and practitioner resource in locality teams) and problems with data quality.

Reviewing/reducing traditional packages of care through the use of asset-based approaches is key to releasing additional capacity to deal with unmet demand. Greater focus and discipline are needed to drive delivery. There is a need for better coordination of reviewing activity and this needs to be closely aligned with the data cleansing work to ensure practitioners have access to up-to-date records on existing service users.

### The following action has been agreed:

- Establish one single work stream for reviewing activity, with one overall implementation plan driving the completion of reviews by locality teams.
- Central programme management to oversee the scheduling and tracking of activity and work closely with locality teams to drive the pace of delivery. Current programme manager to take a more hands on role in this.
- Telecare expansion reviewing becomes subsumed in the Support Planning and Brokerage implementation plan. Holistic reviews will be completed, with the potential for telecare solutions being considered as part of a broader, asset-based approach.
- This requires a resetting of the implementation plan, but NOT a departure from the agreed, approved business case assumptions.

# Approach to Delivery



## **CO-ORDINATION OF ASSESSMENT ACTIVITY, DATA CLEANSING AND COMPLIANCE**

In addition to the reviewing based work streams, a temporary project has been established to address the backlog of assessments. This project will not release savings, however, due to the synergies with the reviewing work streams, this work is also aligned as part of this programme and subject to the same programme management arrangements.

The temporary data compliance team is a key enabler of the assessment and reviewing work streams. Better forward planning of review activity will allow data cleansing work to be completed in advance, significantly improving the both the quality of data available and the timescales within which reviews/assessments can be completed.

The data compliance team reports through the Assessment and Review Board, but links with the savings work streams will be strengthened, and a representative from the team will attend Savings Governance meetings going forward.

## **BUSINESS AS USUAL SAVINGS**

Some savings are required as part of the financial plan, which can be dealt with as business as usual, and which do not require a project/programme approach, due to their size and relative lack of complexity. These will be removed from the formal programme to ensure resources are targeted on the most significant work streams. Delivery of non-programme savings will be monitored by Finance and through normal line management arrangements.

# PROGRAMME RESOURCING GAPS

PROJECT/ WORK STREAM	SRO	RESOURCE CURRENTLY IN PLACE	RESOURCE GAP	COMMENTS
CEC Savings programme manager	MOIA PRINGLE	Jessica Brown	N/A	The Partnership may wish to consider recruitment of second PM to manage NHS Lothian side of savings programme.
CEC Improvement programme manager	MICHELLE MILLER	PROG MANAGER VACANT	1 FTE programme manager	Additional resource required to manage non-savings related elements of improvement programme. Full programme for 2018/19 needs to be scoped.
Support Planning and Brokerage	ANGELA LINDSAY	PROJECT MANAGER VACANT	1 FTE project manager	Additional dedicated delivery resource to be provided by EY.
Telecare Expansion	KATIE MCWILLIAM	PROJECT MANAGER VACANT	N/A	Assuming telecare and Support Planning and Brokerage work streams are combined, PM role could be merged.
Assessment backlog	MICHELLE MILLER	PROJECT MANAGER - Sylvia Latona	N/A	Temporary team now largely in place.
Home Care and Reablement Efficiency	MIKE MASSARO-MALLINSON	PROJECT MANAGER - Julie McNairn	N/A	Locality engagement needed to support implementation of efficiencies.
Workforce Management	PAT WYNNE	PROJECT MANAGER – VACANT	1 FTE project manager	SMT approved recruitment of temporary PM for 12 months. Recruitment underway.
Night time/sleepover review	MARK GRIERSON	PROJECT MANAGER – VACANT	1.0 FTE project manager	PM required to work with SRO over 12 month period to ensure delivery of savings. Could also support disability service review if board decides that additional PM rigour required.
Disability Services Review	MARK GRIERSON	N/A	N/A	SRO advises no need for additional PM resource – managers in the service will lead the review.
Service Transformation – self directed support	VACANT	PROJECT MANAGER -	TBC	Work stream urgently needs to be scoped and appropriate resource identified.



## Investment and Disinvestment

There are 4 separate, but linked, elements to the investment plan:

Short-term improvement funding	Financial plan investment	IJB provisions	Existing bed-based investments
•£4.5m	•£4.8m	•£2.3m innovation funding •£1.5m for older people	•£23.6m

These are discussed in turn in the sections below.

### a. Short-term improvement funding

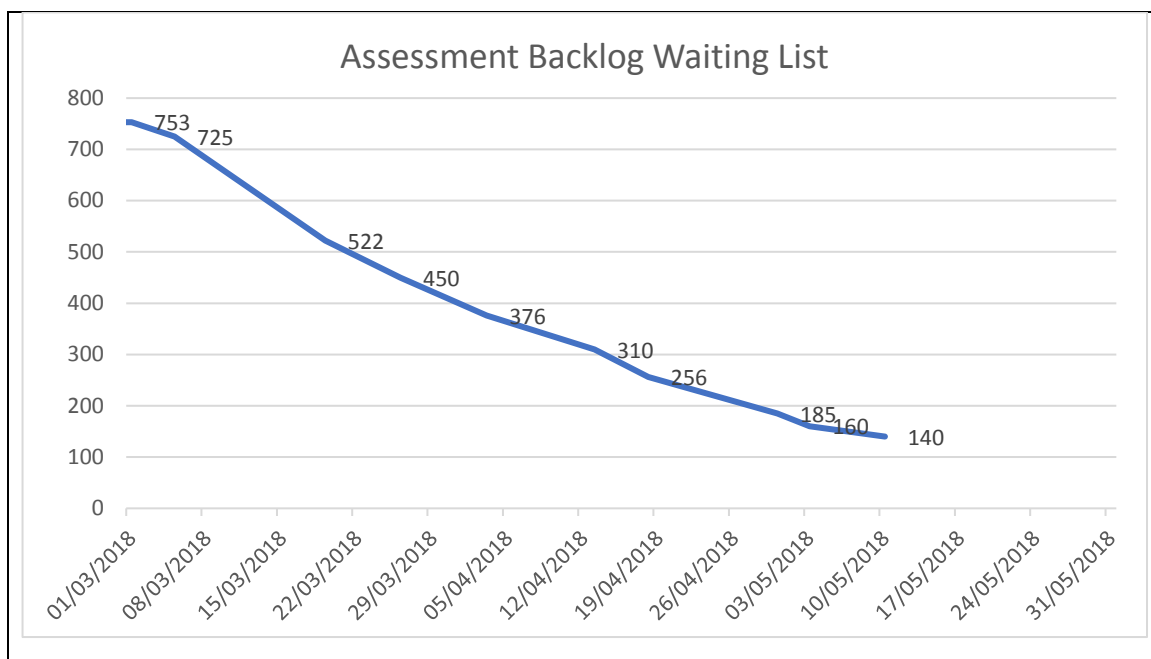
In December 2017, the IJB agreed a range of short-term measures to facilitate a minimum level of recovery from the current position. This required an injection of one-off additional resource to relieve the most urgent pressures focused on the following 3 priorities:

#### Priority 1 – reducing the backlog of assessment and reviews

Assessments to ensure adequate consideration of risk to vulnerable people who are not known to services, but who have expressed a need for support; and reviews to ensure appropriate levels of service continue to be provided, with potential identification of opportunities for increasing capacity or reducing costs. In November 2017, 1,913 people were waiting for an assessment. On 3 May 2018, this number had reduced to 1486; over the same period, the number of people waiting for an assessment reduced from 5,534 to 4809. To complete the backlog assessments over a 7-month period, whilst continuing to address new workload as this arises, was anticipated to cost in the region of £498k. This investment will support the assessments/reviews to take place; but did not cover the provision of a service, if required.

#### Progress

The team became operational on 7 March, although it is not yet up to full establishment. The immediate focus is on those assessments with the longest waits, and reviewing service users with packages of care with a high transport component. 725 outstanding assessments have been transferred to the team in the first instance, and this has reduced steadily, as shown in the table below. The team has a target date of 30 June to complete the full complement of assessments. Data is being collated on the outcome of the assessments.



**Priority 2 – reducing the number of people whose discharge from hospital is delayed**

To take immediate, one-off action to alleviate urgent pressures on acute health services and allow longer term work in support of a sustainable strategic shift, £3m was earmarked to purchase capacity in care homes above National Care Home Contract rates on a strictly one-off basis. This would also respond to the highest levels of need waiting in the community

**Progress**

Following an invitation to all providers to submit proposals, agreements are being concluded that will deliver an additional 67 beds across the city. 26 of these are already in place, with the others coming on-stream in the coming months. The use of these beds is discussed in more detail in **section d** of this annex.

**Priority 3 – establishing efficient and consistent business processes**

To be realised effectively, the vision to operate a model that brings service delivery and accountability closer to local communities needs to be supported by efficient and robust operating procedures. This requirement was not fully implemented as part of Health and Social Care's transformation programme during 2016/2017, and this is hampering progress in terms of both performance and budgetary control. A short-life team will facilitate effective and accountable budget monitoring; streamlined work flow; speedier response times; and meaningful data management. A temporary project team to address this weakness will cost £313k over a period of 16 months.

### **Progress**

The team has been established and work is progressing.

- The business support administrators are focusing on the out-of-date reviews. 1,200 records cleansed to date. Problems identified are primarily inaccurate details recorded on SWIFT. This data cleanse is almost complete. The next stage is to work with locality teams to re-schedule out of date reviews. Liaison with EY to coordinate. 4,700 out of date review on SWIFT.
- The system and process management meetings are underway. These are chaired independently by the Council's Strategy and Insight service.
- Working closely with assessment and review project to assist with updating records accurately. Agreed process in place.
- Detailed progress reports prepared fortnightly for Senior Management Team.

### **Contingency**

Although not explicit in the IJB paper, this left a contingency of £689k out of the total funding set aside of £4,500k.

### **Progress**

A dedicated programme of work is being established to design the optimal model for the provision of community-based services to support people to live at home in Edinburgh. This will consider the sustainability and affordability of meeting the current and future demand.

EY will be commissioned to deliver this programme, which will align to the Partnership's earlier intervention and prevention strategy to manage demand and build individual and community capacity and resilience. Specifically, it will take account of the changing nature of care and support needs, including increasing service user choice and control through self-directed support. The

work will consider options to develop a 'market' (both internal and external) fit to meet future needs in collaboration with providers, service users, carers, care workers, representative bodies and trade unions to coproduce the new specification. This will include plans for the commissioning and re-procurement of the care at home contract to replace the current contract due to expire in 2019. The programme will also address the longer-term focus for internally delivered services within the overall strategy to meet the demand for both mainstream and specialist support.

The cost of this work will be funded from the contingency with the balance used to resource the Partnership's challenging improvement programme.

#### **b. Financial plan investment**

The 3 partner bodies (the Council, IJB and NHS Lothian) share the common goal of reducing the number of people waiting either at home or in hospital for assessment and services. They are working closely to identify and implement a range of solutions to address both the short- and longer-term impacts, as set out elsewhere in this paper. To this end, the partners have recognised the associated financial impact through their respective financial planning processes.

The Council's element of the Partnership's financial plan is summarised in the table below and incorporates the following investments:

- the full-year impact of current expenditure trends, including deferred staff savings
- anticipated inflationary pressures (pay awards and contract inflation)
- implementation of government policy and legislation (Carers Act)
- projected demographic pressures (in Learning Disability services and the continuing growth in care at home for older people); and
- provision to increase care at home capacity to address the long-standing delays for service (see further details below).

These investments are offset by funding sources, including additional Council funding, the full share of the £66m included in the local government settlement and delivery of savings.

Despite this, the plan remains out of balance by £10,300k. To address this:

- the Council has provided £4,000k in its budget agreed in February 2018
- NHS Lothian has indicated its intention to make provision in its financial plan to set aside an additional equivalent sum for the IJB during 2018/19; release of the funding will follow agreement of the associated trajectories for improvement; and
- the IJB is considering a proposal to allocate £1,800k on a non-recurring basis against the £2,300k and is committed to identifying the balance of £500k.

The recurrence of the NHS Lothian and IJB contributions will be reviewed during 2018/19.

	Cash £k	Non- cash £k
--	------------	-----------------

<b>Investments</b>		
Baseline overspend	7,100	
FYE of 17/18 growth	2,000	
Deferral of staff savings	1,100	
Pay awards and inflation	6,007	
Carers (Scotland) Act 2016	1,200	
Demography – disabilities	2,000	
Increase in care at home capacity	4,800	4,000
Other	230	
<b>Increase in costs</b>	<b>24,437</b>	<b>4,000</b>

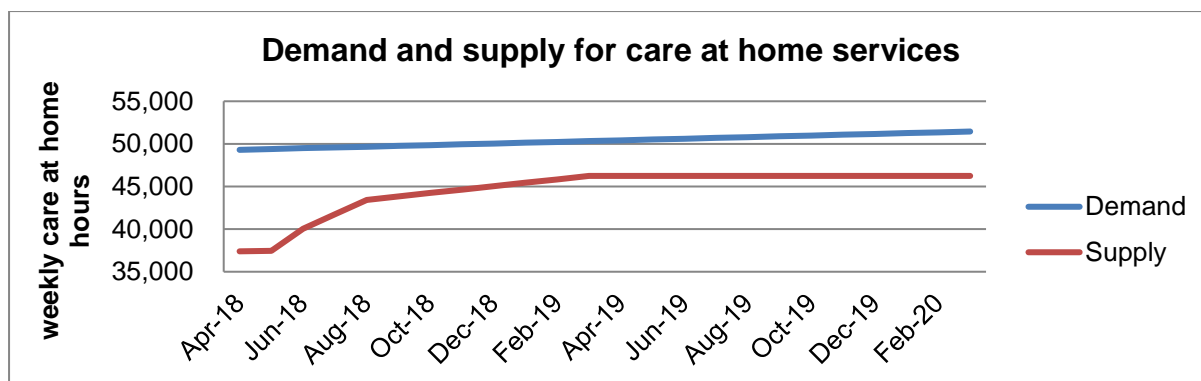
<b>Funded by</b>		
Savings	5,100	4,000
Baseline uplift in Council offer	3,000	
Local government finance settlement (share of £66m)	5,537	
Social care fund (disabilities)	500	
	<b>14,137</b>	<b>4,000</b>

As can be seen in the table, incorporated in the plan is provision to increase care at home capacity to the value of £8,800k. This increase in capacity will be partly generated internally by reducing average package sizes through: the use of support planning techniques; by substituting technological solutions for traditional care provision; and by increasing the productivity of the in-house home care and reablement teams. These initiatives are targeting a reduction in cost of £4,000k, releasing nearly 3,700 hours and supporting service delivery to an estimated 300 people annually. This in turn leaves an additional £4,800k of “cash” investment.

At the average package size of 12.2 hours and average hourly rate of £17.92 for purchased services, this would provide services for an additional 422 people a year, giving a total reduction of 724 people who are currently waiting for a service.

In addition, we know that demand for services is growing at around 3% each year, in line with demographic changes in the population.

Modelling has been undertaken based on these 2 factors (the existing waiting list and the impact of demographic growth). This demonstrates that whilst the investment initially addresses the gap between “demand for” and “supply of” of services, the impact of growth means that this position is not sustainable. Even with this level of investment, the number of people waiting never reduces to zero over the next 2 years. The lowest point is at March 2019, where 553 people would be waiting and the impact of growth increases this to 705 by the end of March 2020. This is demonstrated in the graph below:



These numbers are estimates, and being based on a range of assumptions, will not mirror the actual position precisely. However, they do illustrate that without further action, even with additional investment, the system will remain “out of balance”.

The “Sustainable Community Support” work stream will address this, both in the short- and longer-term. Part of the work will explore sustainable models for the service, as well as a range of short-term initiatives to increase available capacity across both the internally provided and externally purchased services. This work will be co-produced with a range of stakeholders.

### **c. IJB provisions**

#### *Innovation funding*

Edinburgh’s share of the Integrated Care Fund was £8,900k, around 50% of which was used to underpin core services. Following a review in January 2017, the IJB agreed to ring-fence £2,300k as a fund to support innovation. Detailed plans have not yet been developed and in 2017/18, this money was used as a contribution to the £4,500k discussed above.

Colleagues from Healthcare Improvement Scotland (HIS) have introduced us to the concept of “community-led support”, based on work undertaken elsewhere to expand community capacity and reduce demand for formal services. This approach, aligned with the ongoing grants review focused on primary prevention, will form a key plank of our strategy to improve health and wellbeing and manage future demand.

The grants review is due to report to the IJB in May 2018 and the next step in terms of community-led support is to bring together colleagues from HIS, the national development team for inclusion (who are sponsoring community-led support) and key Partnership officers to develop an outline proposal by the end of June 2018.

#### *Investment in older people’s services*

The Scottish Government established the Social Care Fund in 2016/17 to support the sustainability of social care services and to provide funding to implement a range of government policies. The IJB, cognisant of the pressures facing services for older people, agreed to invest £1,500k in this area, pending the development of detailed plans.

In early 2018, the IJB published 5 outline strategic commissioning plans, one of which was for older people. This plan sits alongside the initiatives set out in this paper.

### **d. Existing bed based investments**

The outline strategic commissioning plan for older people sets out the vision for the development of services in Edinburgh. It highlights that significant resources are tied up in

## DRAFT

inappropriate bed-based facilities in the city and states the IJB's medium-term intention to invest this money differently. A high-level estimate assesses these costs at £24,607k, broken down as follows:

	£k
Oaklands Care Home	1,499
Interim facilities (Gylemuir House/Liberton Hospital)	6,397
Hospital-based complex clinical care (HBCCC)	9,900
Acute beds	6,811
<b>Total</b>	<b>24,607</b>

Whilst work to develop the proposals set out in the outline plan and to produce the associated business cases is ongoing, the current assumption is that these monies would be supplemented by the £1,500k IJB provision discussed above. This investment would be applied over a 5-year period to deliver a net, additional 100 beds across the city, in a combination of care homes and alternative care settings. The £3,000k short-term improvement money will be used to buy places on an interim basis until the longer-term plans are in place.

Over the 5-year period, the outline plan is not balanced, with a current shortfall of £3,087k. This will be refined as the programme is developed further, and will ultimately have to be reduced to zero by the end of the 5-year period. A summary is included in the table below:

	# beds	£k
Care homes	61	2,795
Care villages	480	26,400
<b>Total cost</b>	<b>541</b>	<b>29,195</b>
Funding released	442	24,607
IJB investment		1,500
<b>Difference</b>	<b>99</b>	<b>3,087</b>

Bed provision would change over the 5-year period as follows:

	18/19	19/20	20/21	21/22	22/23
Care homes	72	102	76	61	61
Jardine	57	57	57	57	0
Care village	0	0	0	240	480
Oaklands	(29)	(29)	(29)	(29)	(29)
Liberton	(62)	(62)	(62)	(62)	(62)
Gylemuir	0	0	0	(36)	(36)
HBCCC	0	0	0	(60)	(180)
Acute	0	(15)	(15)	(105)	(135)
<b>Net bed changes</b>	<b>38</b>	<b>53</b>	<b>27</b>	<b>66</b>	<b>99</b>

With the associated financial implications:

DRAFT

	18/19 £k	19/20 £k	20/21 £k	21/22 £k	22/23 £k
Care homes	2,860	4,733	2,990	2,795	2,795
Jardine	1,665	3,329	3,329	3,329	0
Care village	0	0	0	13,200	26,400
Oaklands	(749)	(1,499)	(1,499)	(1,499)	(1,499)
Liberton	(1,415)	(2,829)	(2,829)	(2,829)	(2,829)
Gylemuir	(1,000)	(1,000)	(1,000)	(3,569)	(3,569)
HBCCC	0	0	0	(3,300)	(9,900)
Acute	0	(757)	(757)	(5,297)	(6,811)
<b>Net cost</b>	<b>1,361</b>	<b>1,977</b>	<b>234</b>	<b>2,830</b>	<b>4,587</b>
<b>Funded by</b>					
Improvement funding	1,200	1,800			
IJB provision				1,500	1,500
<b>Net cost</b>	<b>161</b>	<b>177</b>	<b>234</b>	<b>1,330</b>	<b>3,087</b>



# Governance, Risk and Best Value Committee

10am, Tuesday 5 June 2018

## Whistleblowing update

Item number

Report number

Executive/routine

Wards

Council Commitments

### Executive summary

---

This report provides a high level overview of the operation of the Council's whistleblowing service for the period 1 January to 31 March 2018.

## Whistleblowing update

### Recommendations

---

- 1.1 To note the report.

### Background

---

- 2.1 The Council launched its confidential whistleblowing hotline service, provided by independent company Safecall, on 12 May 2014.
- 2.2 This report covers the period from 1 January to 31 March 2018.

### Main report

---

#### Reports to Safecall

- 3.1 During the reporting period Safecall received four new disclosures as follows:

Category	Number of disclosures
Major/significant qualifying disclosures	0
Minor/operational qualifying disclosures	4
Category to be determined	0
Non-qualifying disclosures	0

#### Whistleblowing Review - Action Plan Progress

- 3.2 Officers continue to explore options for the monitoring and reporting of management actions that result from whistleblowing investigations. Systems already in use by other services, for the monitoring and reporting of other types of management actions, will be evaluated for their adaptability and any associated costs.

The Monitoring Officer will bring forward a report and his recommendations in this regard in the Autumn.

### **Whistleblowing Policy**

- 3.3 Proposed revisions to the policy were approved by the Finance and Resources Committee on 27 March 2018.

### **Measures of success**

---

- 4.1 Employees feel able to report suspected wrongdoing as early as possible in the knowledge that:
- 4.1.1 their concerns will be taken seriously and investigated appropriately;
  - 4.1.2 they will be protected from victimisation; and
  - 4.1.3 the provisions of the whistleblowing policy ensure all matters at the Council are fully transparent and officers are accountable.

### **Financial impact**

---

- 5.1 The cost of the whistleblowing service for the three month period 1 January to 31 March 2018 was £4,725 (exclusive of VAT).
- 5.2 Investigation costs for the period were £3,260.50 (exclusive of VAT).

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

---

- 6.1 The whistleblowing policy was developed and agreed to complement existing management reporting arrangements and to ensure employees have the right to raise concerns in the knowledge that they will be taken seriously, that matters will be investigated appropriately and confidentiality will be maintained.

### **Equalities impact**

---

- 7.1 There are no direct equalities implications arising from this report.

### **Sustainability impact**

---

- 8.1 There are no sustainability implications arising from this report.

### **Consultation and engagement**

---

9.1 There was consultation with the trades unions to secure a local agreement in relation to the revised whistleblowing policy.

## **Background reading/external references**

---

[Finance and Resources Committee 27 August 2015: item 7.13 - Review of Whistleblowing Arrangements](#)

[Finance and Resources Committee 27 March 2018: item 7.4 - Whistleblowing Policy](#)

### **Andrew Kerr**

Chief Executive

Contact: Nick Smith, Council Monitoring Officer/Head of Legal and Risk

E-mail: [nick.smith@edinburgh.gov.uk](mailto:nick.smith@edinburgh.gov.uk) | Tel: 0131 529 4377