

# Notice of meeting and agenda

## Governance, Risk and Best Value Committee

10:00am, Tuesday, 30 October 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 –

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## **1. Order of Business**

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- 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**

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- 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**

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- 3.1 If any

## **4. Minutes**

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- 4.1 Minute of the Governance, Risk and Best Value Committee of 25 September 2018 – submitted for approval as a correct record (circulated)

## **5. Outstanding Actions**

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- 5.1 Outstanding Actions – 30 October 2018 (circulated)

## **6. Work Programme**

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- 6.1 Governance, Risk and Best Value Work Programme – 30 October 2018 (circulated)

## **7. Reports**

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- 7.1 Quarterly Status Update – ICT Programme – report by the Executive Director of Resources (circulated)
- 7.2 Annual Assurance Schedule – Resources – report by the Executive Director of Resources (circulated)
- 7.3 Internal Audit: Training Attendance and Feedback – report by the Executive Director of Resources (circulated)
- 7.4 Edinburgh Health and Social Care Partnership: Internal Audit Update Report and Assurance Arrangements – report by the Chief Officer, Edinburgh Health and Social Care Partnership (circulated)
- 7.5 Asset Management Strategy Transformation Programme – Update – referral from the Finance and Resources Committee (circulated)
- 7.6 School and Early Years Playgrounds Development – referral from the Education, Children and Families Committee (circulated)

## 8. Motions

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8.1 None.

### **Laurence Rockey**

Head of Strategy and Insight

## Committee Members

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

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

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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

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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.

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# Item 4.1 - Minutes

## Governance, Risk and Best Value Committee

10.00am, Tuesday, 25 September 2018

### Present

Councillors Mowat (Convener), Main (Vice-Convener), Bird, Jim Campbell, Child (substituting for Councillor Munro), Duggart, Howie, Osler (substituting for Councillor Lang) and Rae.

### 1. Minute

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#### Decision

To approve the minute of 28 August 2018 as a correct record.

### 2. Outstanding Actions

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

#### Decision

- 1) To agree to close the following Actions:  
**Action 10** – Complaints Management - Update – briefing note circulated on 19 September 2018
- 2) To update **Action 5** – Employee Engagement Update 2017 – analysis work was still being carried out, with a report expected to come to the Corporate Policy and Strategy Committee in December 2018 and to the Governance, Risk and Best Value Committee in January 2019.
- 3) To otherwise note the outstanding actions.

(Reference – Outstanding Actions – 25 September 2018, submitted.)

### 3. Work Programme

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#### Decision

To note the Work Programme.

(Reference – Governance, Risk and Best Value Committee Work Programme – 25 September 2018, submitted.)

#### **4. Internal Audit Update Report: as at 31 August 2018**

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Details were provided of Internal Audit (IA) reviews completed as at 31 August 2018, progress with the 2018/19 IA plan and current IA priorities.

##### **Decision**

- 1) To note the outcomes of the audit of Transfer of the Management of Development Funding Grant.
- 2) To note the progress with the delivery of the 2018/19 Internal Audit plan and the carried forward 2017/18 audits.
- 3) To note the progress with follow-up of open Internal Audit findings.
- 4) To note that the new follow-up system had been effectively implemented and would be supported with ongoing training delivered through September 2018.

(References – Governance, Risk and Best Value Committee, 31 July 2018 (item 5); report by the Executive Director of Resources, submitted.)

#### **5. Internal Audit: Overdue Findings and Late Management Responses as at 31 August 2018**

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An update was provided on all overdue Internal Audit (IA) findings, and audit reports issued in draft, where final management responses had not been received within the agreed service standard timeframes. There were 141 open IA findings across the Council as at 31 August 2018, including the 30 historic findings that were reopened earlier in the year. A representative from the External Auditors was present for this item.

##### **Decision**

- 1) To note the status of overdue findings arising from Internal Audit reports as at 31 August 2018.
- 2) To note that Internal Audit was focussed on reviewing the significant quantity of evidence provided by directorates/divisions to support the closure of open and overdue findings during August 2018, with a five-week window (to 5 October 2018) being given to services to address and resolve any subsequent Internal Audit queries raised prior to findings being formally recorded as overdue (where appropriate).
- 3) To agree that an update on the three outstanding overdue findings for Place Directorate would be provided at the next meeting.

(References – Governance, Risk and Best Value Committee, 5 June 2018 (item 4); report by the Executive Director of Resources, submitted.)

## **6. Internal Audit Reports – Drivers Health and Safety and Resilience**

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The outcome of the final two Internal Audit (IA) reviews that supported the 2017/18 Internal Audit opinion, Drivers Health and Safety and Resilience, were presented.

Both reviews identified some significant control weaknesses. Management actions and implementation dates had been agreed and would be monitored as part of the ongoing IA follow-up process to ensure that agreed management actions were implemented and the risks identified mitigated effectively.

### **Decision**

- 1) To note the outcomes of the Drivers Health and Safety and Resilience reviews.
- 2) To note the Council-wide risks associated with the findings raised.
- 3) To note that agreed management actions would be monitored as part of the Internal Audit follow-up process.

(References – Governance, Risk and Best Value Committee, 31 July 2018 (item 4); report by the Executive Director of Resources, submitted.)

## **7. City of Edinburgh Council – 2017/18 Annual Audit Report to the Council and the Controller of Audit**

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Details were provided of the principal findings arising from the City of Edinburgh Council's 2017/18 external audit, which focused primarily on the review of the financial statements, but also included consideration of the Council's financial management, financial sustainability, governance and transparency and arrangements to secure and demonstrate value for money.

### **Decision**

- 1) To note that, following the audit process, it was anticipated that an unqualified audit opinion would be issued on the Council's Annual Accounts for 2017/18.
- 2) To refer the audited Annual Accounts for 2017/18 to the Finance and Resources Committee for approval and thereafter to Council for noting.
- 3) To note that, following approval by the Finance and Resources Committee, the audited Annual Accounts would be signed and submitted to the external auditor.
- 4) To note the areas of strength identified within the wider scope audit work and that progress in the delivery of the remaining improvement actions set out in the action plan in Appendix 4 of the auditor's report would be reported to the Committee during the year.

- 5) To agree that Place Directorate would provide a briefing note to members on the housing issues in the report.
- 6) To agree that a report be brought back to committee to provide a progress update on the Roads Improvement Programme.
- 7) To agree that the Governance, Risk and Best Value Committee Work Programme would be updated to include two overview reports; one on Housing and one on Health and Social Care, covering outstanding audit issues and the direction of travel. The Health and Social Care report was expected to include details of Integration Joint Board (IJB) governance and the responsibilities of the IJB and the Council.

(References – Governance, Risk and Best Value Committee, 26 September 2017 (item 8); report by the Executive Director of Resources, submitted.)

## **8. Looked After Children – Transformation Programme Progress Report**

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The Education, Children and Families Committee had considered a report on the progress of the Looked After Children transformation programme. The report was referred by to the Governance, Risk and Best Value Committee for consideration.

### **Decision**

To note the report by the Executive Director for Communities and Families.

(References – Education, Children and Families Committee, 14 August 2018 (item 10); referral from the Education, Children and Families Committee, submitted.)

## Governance, Risk and Best Value Committee

October 2018

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
1	26/09/16	<a href="#">Corporate Leadership Team Risk Update</a>	To request that progress reports on the additional precautionary surveys 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.	Executive Director of Resources	15 January 2019		The Edinburgh Schools Inquiry update report will be considered at Corporate Policy and Strategy Committee on 4 December. It will be referred onto GRBV thereafter (15 January 2019)
2	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	31 March 2019		A project is currently underway to look at short term interventions to increase

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
	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	Chief Officer, Edinburgh Health and Social Care Partnership			<p>efficiency and contact time within the internal Home Care and Reablement service. This will consider issues such as sickness absence management, mobile working technology, 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</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							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 system would need to interface effectively with the replacement for Swift.
3	20/04/2017	<a href="#">Governance of Major Projects: progress report</a>	1) To note the review underway for how change was reported and managed across the Council which will also include strengthening of governance arrangements around	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>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 and Best Value Committee following consideration at the Education, Children and Families</p>		November 2018		2) <b>Recommended for closure</b> – referral report on the agenda for 30 October 2018.



No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			<p>Committee.</p> <p>3) To request communication with teachers, parents and parent councils on the progress with WiFi provision in schools</p>		June 2017	June 2017	<p><b>CLOSED</b></p> <p>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.</p>
4	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	January 2019		<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</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							<p>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>
5	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	Chief Executive	January 2019		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

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							<p>committee to address the results.</p> <p><b><u>UPDATE</u></b></p> <p>The employee survey closed at the end of June 2018. Analysis work is still being carried out, with a report expected to come to the Corporate Policy and Strategy Committee in December 2018 and to the Governance, Risk and Best Value Committee in January 2019.</p>
6	26/09/2017	<a href="#">Internal Audit: Overdue Recommendations and Late</a>	<p>1) To request an update on:</p> <p>a) the progress of</p>	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
		<a href="#">Management Responses</a>	<p>actions due to close in September.</p> <p>b) Mortuary Services</p> <p>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.</p>		October 2018		2) <b>Recommended for closure</b> – on the agenda for 30 October 2018.
7	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</a>	To accept the high-level principles subject to further information on how elected members could best engage with the process.	Chief Internal Auditor	27 November 2018		An update will be provided to Committee in August 2018 on how elected members can best engage with the process.

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
		<a href="#">Edinburgh Integrated Joint Board Audit and Risk Committee</a>					
8	20/03/18	<a href="#">Internal Audit Quarterly Update Report Quarter 3 – (1 October – 31 December 2017)</a>	<ol style="list-style-type: none"> <li>1) To circulate performance information in regard to third party suppliers for Adult Drug and Alcohol services to members for information.</li> <li>2) To ask that Internal Audit provide a future update on GDPR readiness.</li> <li>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</li> </ol>	<p>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>November 2018</p> <p>28 August 2018</p> <p>May 2018</p>	<p>8 May 2018</p>	<p><b>CLOSED</b></p> <p><b>CLOSED</b></p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			Edinburgh Alcohol and Drug Partnership.				
9	05/06/18	<a href="#">Internal Audit Report - Housing Property Follow Up - May 2018</a>	To ask the Executive Director of Place to provide updated information on gas inspection records.	Executive Director of Place	Awaiting update		<b>Recommended for closure</b> – briefing note will be circulated to members before committee on 30 October 2018.
10	05/06/18	<a href="#">Change Portfolio</a>	To ask for a report on the Asset Management Strategy Programme Dashboard following a report on the matter being considered by the Finance and Resources Committee	Executive Director of Resources	October 2018		<b>Recommended for closure</b> – the Asset Management Strategy Transformation Programme – Update Report was considered at F&R on 27 September has been referred to GRBV – on the agenda for 30 October 2018.
11	31/07/18	<a href="#">Internal Audit Opinion and</a>	To request that each Director bring forward a	Chief Executive and all	15 January 2018		<b><u>3 October 2018</u></b>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
		<a href="#">Annual Report for the Year Ended 31 March 2018</a>	plan on how they will strengthen the control environment within their Directorate and in future include reference to this within each Director's assurance statement.	Executive Directors			Assurance schedules will be reported as follows:  Resources – 30 October 2018  Place and C&F – 27 November 2018  Health & Social Care and Chief Executive (Strategy and Insight including Comms – 15 January 2018
12	31/07/18	<a href="#">Licensing Forum - Update on Review of Constitution and Membership</a>	To note the progress made on reviewing the appointment process and constitution, with a revised process and constitution to be submitted to the City of Edinburgh Council for approval.	Executive Director of Place	November 2018		An update on this will be prepared for Committee in November 2018
13	31/07/18	<a href="#">Expansion of Early</a>	To ask the Chief Executive	Chief Executive	April 2019		A report is

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
		<a href="#">Learning and Childcare from 600 – 1140 hours by 2020. Audit Scotland Report and Risks</a>	to submit a report to the Edinburgh Partnership on workforce planning.				scheduled to go to the Education, Children and Families Committee in March 2019 and will be reported to the Edinburgh Partnership thereafter.
14	28/08/18	<a href="#">Revenue Monitoring 2017/18 – Outturn Report</a>	To request a briefing note on the work undertaken to ensure uptake of the Council Tax Reduction Scheme.	Executive Director of Resources	September 2018		<b>Recommended for closure</b> – briefing note circulated on 26 September 2018.
15	28/08/18	<a href="#">Committee Reporting</a>	To request a report by the end of 2019 to monitor the impact of the steps taken to improve the process.	Chief Executive	End of 2019		
16	25/09/18	<a href="#">Internal Audit: Overdue Findings and Late Management Responses as at</a>	To agree that an update on the three outstanding Overdue Findings for Place Directorate would be provided at the next	Executive Director of Place	30 October 2018		<b>Recommended for closure</b> (pending update from the Head of Place Development and



No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
		<a href="#">31 August 2018</a>	meeting				the Head of Place Management on 30 October 2018.
17	25/09/18	<a href="#">City of Edinburgh Council – 2017/18 Annual Audit Report to the Council and the Controller of Audit</a>	<p>1) To agree that Place Directorate would provide a briefing note to members on the housing issues in the report.</p> <p>2) To agree that a report be brought back to committee to provide a progress update on the Roads Improvement Programme.</p> <p>3) To agree that the Governance, Risk and Best Value Committee Work Programme would be updated to include two overview reports; one on Housing and one on Health and Social Care, covering outstanding</p>	<p>Executive Director of Place</p> <p>Executive Director of Place</p> <p>Executive Director of Place</p>	<p>October 2018</p> <p>November 2018</p> <p>January 2019</p>		<p>1. <b>Recommended for closure</b> – briefing circulated to GRBV members on 12 October 2018.</p> <p>2. Roads Improvement Plan progress update will be presented to Committee in November 2018.</p> <p>3. An overview report on Housing is being prepared for January's GRBV Committee.</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			audit issues and the direction of travel. The Health and Social Care report was expected to include details of Integration Joint Board (IJB) governance and the responsibilities of the IJB and the Council.				

## 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	15 January 2019 7 May 2019 September 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	15 January 2019 7 May 2019 September 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	July 2019
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	August 2019
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 2019
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	August 2019

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, as part of the quarterly Status of the ICT Programme Update
11	Audit Charter	Scott Moncrieff	Annual Audit Charter	External Audit	Executive Director of Resources	Council Wide	Annually	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		November 2018
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	27 November 2018 19 February 2019 7 May 2019
15	Whistleblowing Quarterly Report		Quarterly Report	Scrutiny	Chief Executive	Internal	Quarterly	27 November 2018 19 February 2019 7 May 2019
16	Workforce Control	Staff	Annual report	Scrutiny	Executive Director of Resources	Council Wide	Annual	July 2019
17	Committee Decisions	Democracy	Annual report	Scrutiny	Chief Executive	Governance, Risk and Best Value	Annual	Date TBC Re-examine after improved

						Committee		information tracking.
18	Monitoring of Council Policies	Democracy	Annual report	Scrutiny	Chief Executive	Council Wide	Annual	Spring 2019
19	Edinburgh Shared Repairs Service and Legacy Closure Programme	Review	Progress reports	Scrutiny	Executive Director of Resources	All	Six-monthly	February 2019
20	Revenue Monitoring	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Quarterly	November 2018 March 2019 June 2019
21	Capital Monitoring	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Quarterly	November 2018 March 2019 June 2019
22	Revenue Outturn	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	August 2019
23	Capital Outturn and Receipts	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	August 2019
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	August 2019
26	Treasury – Mid-term report	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	January 2019

27	Status of the ICT Programme	Review	Progress Reports	Scrutiny	Executive Director of Resources	Council Wide	Quarterly	October 2018 February 2019
28	Annual Assurance Schedules	Review	Progress Report	Scrutiny	All Directorates	Council	Annual	October 2018 (Resources) November 2018 (Place and Communities and Families) January 2019 (EIJB and Chief Executive)

### Section C – Council Companies

28	Edinburgh Leisure	Review	Progress Report	Scrutiny	Executive Director for Communities and Families	Council Wide	Annual	November 2018
29	Capital Theatres	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	November 2018
30	Capital City Partnership	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	May 2019
31	Transport for Edinburgh	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	June 2019
32	Lothian Buses	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	June 2019
33	Edinburgh Trams	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	June 2019
34	Edinburgh International	Review	Progress Report	Scrutiny	Executive Director of Resources	Council Wide	Annual	September 2019

	Conference Centre							
35	Marketing Edinburgh	Review	Progress Report	Scrutiny	Chief Executive	Council Wide	Annual	September 2019



## GRBV Upcoming Reports

## Appendix 1

Report Title	Type	Flexible/Not Flexible
<b>November 2018</b>		
Revenue Monitoring - Review	Scrutiny	Flexible
Capital Monitoring - Review	Scrutiny	Flexible
Governance of Major Projects	Scrutiny	Flexible
Review of CLT Risk Scrutiny	Scrutiny	Flexible
Change Portfolio	Scrutiny	Flexible
Update on Internal Audit Capacity to Deliver the 18/19 Audit Plan	Scrutiny	Flexible
CIPFA Benchmarking Results Report (IA)	Scrutiny	Flexible
Whistleblowing Quarterly Reports	Scrutiny	Flexible
Edinburgh Leisure – Annual Review	Scrutiny	Flexible

Festival City Theatres Trust – Annual Review	Scrutiny	Flexible
Principals 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	Scrutiny	Flexible
Governance of Major Projects – Boroughmuir High School	Scrutiny	Flexible
Annual Assurance Schedule – Place	Scrutiny	Flexible
Annual Assurance Schedule – Communities and Families	Scrutiny	Flexible
<b>January 2019</b>		
Internal Audit: Overdue Recommendations and Late Management Responses	Scrutiny	Flexible
Internal Audit Quarterly Activity Report	Scrutiny	Flexible
Accounts Commission	Scrutiny	Flexible
Treasury – Mid-term report	Scrutiny	Flexible
Annual Assurance Schedule – Edinburgh Integration Joint Board	Scrutiny	Flexible
Implementation of Garden Waste Charge	Scrutiny	Flexible

Outstanding Audit Issues – Housing	Scrutiny	Flexible
Outstanding Audit Issues – Health and Social Care	Scrutiny	Flexible
<b>February 2019</b>		
Review of CLT Risk Scrutiny	Scrutiny	Flexible
Whistleblowing Quarterly Report	Scrutiny	Flexible
Edinburgh Shared Repairs Service and Legacy Closure Programme	Scrutiny	Flexible
Status of the ICT Programme	Scrutiny	Flexible

# Governance, Risk and Best Value Committee

10.00am, Tuesday 30 October 2018

## Quarterly Status Update – ICT Programme

Item number	7.1
Report number	
Executive/routine	
Wards	All
Council commitments	

### Executive Summary

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The purpose of this report is to provide a quarterly progress update for the Council's ICT programme of work. The Council and our ICT partner, CGI, have continued to work positively together to increase the pace of delivery to improve core ICT services, achieve continuous improvement and progress the associated major systems changes and developments which will better enable and enhance our citizen facing services and the internal business operations of the Council.

Since the last update to Committee, the Finance and Resources Committee and the CGI Board has approved the formal re-setting of the agreement between the the Council and CGI and this has led to a refreshed governance framework, agreed volumes of work and greater accountability, along with an updated series of ICT transformation projects. This revised agreement continues to provide greater assurance across the quality, performance, cost and delivery of the whole ICT programme, which has continued to evidence positive progress across several areas.

## Quarterly Status Update – ICT Programme

### 1. Recommendations

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- 1.1 It is recommended that the Committee reviews and scrutinises the quarterly update.

### 2. Background

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#### **ICT strategy**

- 2.1 The City of Edinburgh Council's current strategy is to focus on understanding citizen and colleague needs to deliver the outcomes that matter to them. By defining the Council's approach around the benefit that citizens and colleagues will receive, through enablement by ICT and Digital, we will maximise the value that can be delivered from our reducing resource base. This will help us to deliver a 'One Council' focus to designing and sourcing our ICT and Digital provision whilst enabling citizen and colleague-centric delivery, i.e. what the Council needs to deliver the services where and how service users need them.

#### **CGI – The Council's ICT Partner**

- 2.2 Our partnership with CGI will save the Council an estimated £6m per annum against the 2015/16 ICT baseline spend, totalling £45m over the first seven years. This savings delivery is on track to be achieved and is fully assumed as part of the Council's Medium Term Financial Framework and planning assumptions.
- 2.3 The term of the contract awarded was for "up to nineteen years" to CGI, with periods awarded as 7 years initially, with the option for the Council to extend by 5 years, a further 5 years, and a final 2 years. CGI are contractually responsible for providing to the Council: service transition, service transformation and operational ICT services delivery, initially comprised of a number of Output Based Specifications (OBS), these include base services, utility services, and business case development services.
- 2.4 As part of the re-set to the partnership agreement with CGI, we have agreed to alter some of the commercial elements and OBS requirements to ensure that further value for money can be achieved, during the remainder of the initial contract period, and to bring the content of relevant OBS up-to-date with current Council requirements and the technology now available from the market.

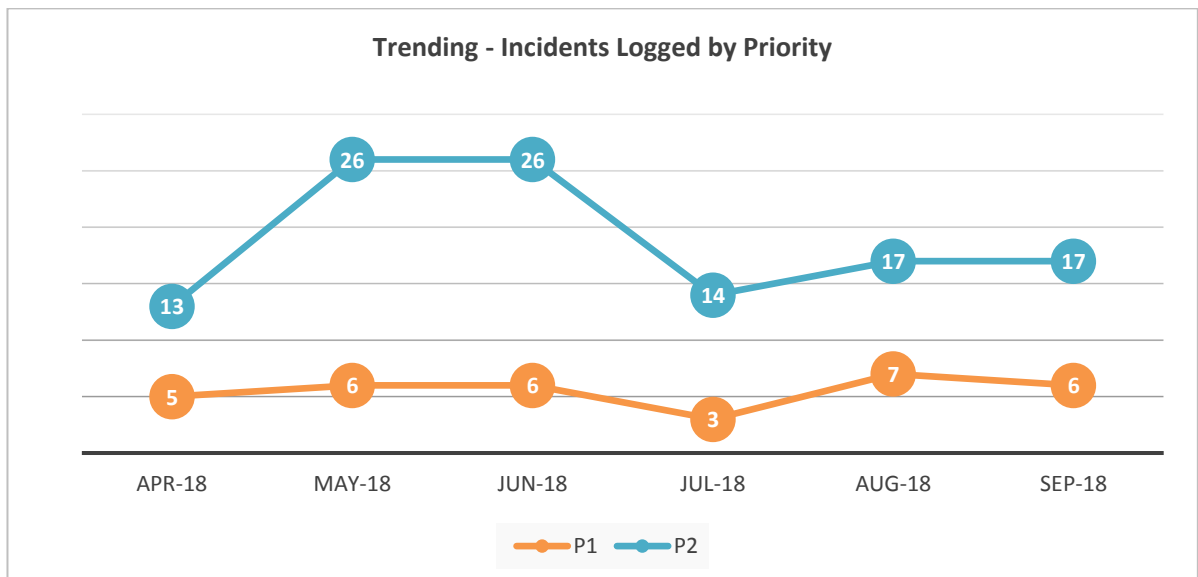
### 3. Main report

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- 3.1 Since the last update to the Governance, Risk, and Best Value Committee (GRBV), there has continued to be further improvement in both core ICT service and ICT transformation deliverables.
- 3.2 In June, the partnership agreement was re-set, and during September all the associated and detailed contract variation changes were formally agreed, providing both the Council and CGI with a stronger platform for future success. Following the reset, focus has continued on the six priority ICT transformation projects, specifically:
- Enterprise Resource Planning (ERP);
  - Citizen Digital Enablement (CDE);
  - Housing Repairs and Mobile Working;
  - Web Content Management Refresh;
  - Enterprise Content Management and Intranet; and,
  - Business Intelligence

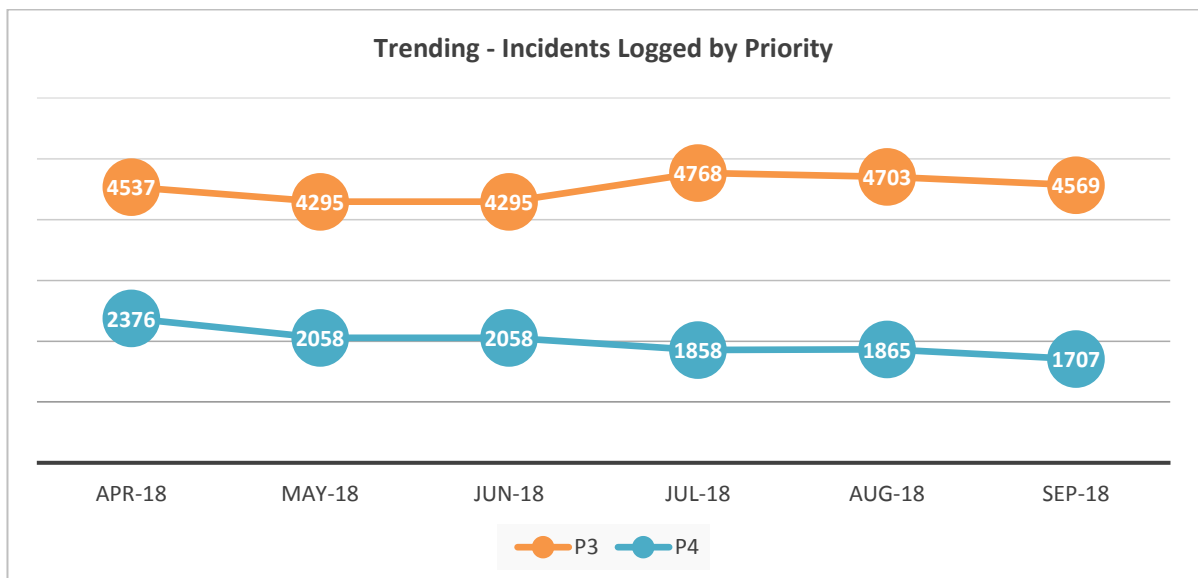
#### **Core ICT Service Performance**

- 3.3 Service performance is driven through a set of twenty-five key contractual measures which, in turn translate to a set of key performance indicators (KPIs).
- 3.4 Since the last report to Committee, there has been continued improvement in core ICT service provision with 95% percent of all existing service level agreements met or exceeded during the last quarter. This is an increase of 4% compared with the previous quarter.
- 3.5 There has been a stabilisation in the number of Priority 1 and Priority 2 severity incidents experienced compared with last quarter. The KPI targets for the resolution of Priority 1 and Priority 2 severity incidents has also been consistently met.



3.6 External benchmarking of these highest severity incidents indicates that our incident rate remains below the industry average, however we continue to investigate, where possible, root cause of these incidents as part of our Problem Management Process.

3.7 The volume of non-critical Priority 3 and Priority 4 incidents remains consistent and shows a slight downwards trend overall. The ratio of incidents to users is less than 0.5 calls per user per month.



### ICT Programme – Change Portfolio

3.8 The portfolio of major change projects that the ICT programme is responsible for delivering, includes a series of critical service developments and improvements. Several these have already been delivered (see section 3.9 for status) whilst some have been subject to the reset described in section 3.2 above. All are being tracked and measured, a selection of these major change projects is outlined as follows:

- 3.8.1 Wide Area Network (WAN): To deliver a high bandwidth, fibre-based wide area network delivering improvements in operational efficiency, productivity, reliability, and scalability to enable the next generation of digital learning opportunities in city schools and to improve commercial and cultural opportunities for live event streaming, webcasting and conferencing in the city's cultural venues. These network enhancements have been introduced across the estate.
- 3.8.2 LAN (LAN) and Voice: to reduce infrastructure costs and complexity, to implement flexible 'find me/follow me' call routing, allowing remote and mobile working and to create opportunities for further innovations and savings through agile working practices. Core network, voice and contact centre enhancements have been completed, with a small number of sites left to be resolved.
- 3.8.3 IT Device Refresh: to allow anytime, anywhere access to e-mail, important documents, contacts, and electronic calendars across devices, to share large, hard-to-email files both inside and outside the Council. The deployment of the End User Devices has commenced with installation of new desktops to pilot sites in schools and libraries. The introductions of e-mail and calendar enhancements are in plan for pilot implementation across quarter 4.
- 3.8.4 The Enterprise Resource Planning Project (ERP), will deliver change and improvements to the way in which Financial, Human Resources, Payroll, Procurement, Banking and other corporate transactions, records and processes of the Council operate. This will involve business change within the relevant functions of the Resources Directorate, but will also lead to step changes in the business processes, levels of transparency, reporting and information used across the whole Council by managers and staff at all levels. This programme is now well underway with formal project boards meeting fortnightly.
- 3.8.5 Customer Digital Enablement ('Channel Shift'): to improve citizen engagement with real time, online transactions across Council services, to increase operating efficiencies and significantly reduce the cost of end-to-end transactions and to improve citizen insight and enabling agile and rapid development of future online services.



3.9 The status of the major change projects, as assessed by the Council, is as follows:

Project	Status as at Sept 2018	Target completion date	Status update
Enterprise Resource Planning (ERP)		Revised Plan 30/09/2019	Weekly working groups in place; Project Board meetings chaired by the Executive Director of Resources as the Senior Responsible Officer are fortnightly; weekly status reporting and risk management is in place. Operational teams, ICT, CGI Technical Architect, Comms and Internal Audit all included in regular meetings. "As Is" Process Mapping is 70% complete. All Process Mapping expected to complete by Dec-18.
Customer Digital Enablement (Channel Shift)		Reset Completion Date June 2019	The initial phase rollout of the Customer Relationship Management (CRM) functionalities of Web Chat; Knowledge base, and E-mail Integration and Web Chat has now been successfully completed. Activity is now focused on solidifying systems and enhancing the overall service to provide a council self-sufficient platform for digital enablement. This project moved to Amber, from Red status in early October as work began on scoping the CRM system.
Housing Repairs and Mobile Workings		June 2019	Activity is now underway in relation to delivering an enhanced solution for the Housing repairs team that will additionally provide a strategic mobile workforce capability that can be utilised by the council in other business areas.
Web Content Management		April 2019	Activity is underway with the City of Edinburgh Council web content provider, to completely overhaul the look, feel and personalisation of the council website. This will provide a modern and intuitive approach to engaging with City of Edinburgh Council by both residents and visitors.
Enterprise Content Management		September 2019	Analysis has been completed on the new Enterprise Content Management and Intranet solution which will be utilising Microsoft Sharepoint. A proof of concept is underway in relation to the City Region Deal and will provide a platform for engaged internal communications and document control.
Business Intelligence		December 2019	Overall clarification on Management Information and Business Intelligence (BI) requirements is currently in progress to ensure alignment on both current and future needs and capability. The solution will provide a consolidated BI service that will provide visual operational performance and the ability to undertake key trend and analysis activity.

ICT Device Refresh		Agreed completion date of 30/6/2019	<p>3 High Schools were refreshed as pilot sites during the summer break. Issues are being worked through and the valuable lessons learned have been implemented. A review has been carried out and work is in ongoing to ensure the lessons learned are demonstrated for the next high school. A number of primary schools have been refreshed with low number of issues being recorded.</p> <p>Corporate ICT estate refresh has commenced with libraries being the first business area to receive new hardware and build this has progressed with low number of issues being reported.</p> <p>Corporate laptop deployment will commence following successful User Acceptance Testing (UAT). This is required to ensure all security enforcing protocols are functioning and members can access corporate functions beyond the office network.</p> <p>Email migration has commenced with an 80-user pilot group who have provided valuable feedback -2 technical issues remain once they have been cleared a smaller pilot user group will be used before commencing full migration for corporate mail users</p> <p>The completion date of 30 June 2019 remains on track for achievement.</p>
Local Area Network (LAN)		03/11/2017	All sites have had the network upgraded and some outstanding remedial work is being finalised as business as usual activity, including centralised fax provisions.
Wide Area Network (WAN)		Complete	Project closed
Libraries Phase I		Complete	Project closed
Room Bookings		Complete	Project closed
Parent Pay		Complete	Project closed
Cashless Catering		Complete	Project closed
BACS		Complete	Project closed
Bulk Printing		Complete	Project closed
Contact Centre		Complete	Project closed
Telephony (Voice)		Complete	Project closed
AIM / ACR		Complete	Project closed
iTrent – IE11		Complete	Project closed
iWorld		Complete	Project closed

Boroughmuir High School		Complete	Project closed
EBS		Complete	Project closed
Elections		Complete	Project closed
QMatic		Complete	Project closed
Portobello High School		Complete	Project closed
Intelligent Automation		Complete	Project closed
Customer Contact - Workforce Management		Complete	Project closed
James Gillespie High School		Complete	Project closed
St John's Primary School		Complete	Project closed

3.10 In addition to the major projects detailed above, which is not an exhaustive list, there is also a large volume of small and complex changes.

#### **Governance and Contract Management**

3.11 The Council and CGI have a governance model in working order and there are various boards and governance meetings used to manage the entire ICT programme.

3.12 An Internal Audit in respect of CGI Contract Management arrangements was completed, with PWC involvement, with no High rated findings identified. A total of 2 Medium rated findings were identified, which are being progressed by ICT and CGI.

#### **Security Management**

3.13 Security Improvements are being addressed by the Council and CGI teams collaboratively. These improvements cover a range of security disciplines from user account management through to network improvement workshops. Patch Management has seen a significant change to drive improvement that is being implemented currently. Vulnerability testing has continued across the corporate infrastructure and work is currently underway to review and interpret the testing results. The Windows 2003 server decommissioning projects are continuing with only a small residual number of servers to address.

3.14 The Council has now established a Cyber and Information Security Steering Group, chaired by the Executive Director of Resources, as the Council's nominated executive lead for cybersecurity. This group is proactively leading the work across all Council services to deliver the requirements of the Public-Sector Cybersecurity Action Plan as required by the Scottish Government, including the submission of the Council's self-assessment against the CyberEssentials standard in October.

Additional work being led by this Group includes a review of the ICT Acceptable Use Policy and future training plan for all staff.

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

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- 4.1 There are a series of detailed contractual success measures, including a suite of key performance indicators. However, the main measure of success is to deliver an effective and efficient ICT programme of works on time and within budget which improves citizen and user satisfaction and experience.
- 4.2 A wholly revised series of key performance indicators (KPIs) that take much more explicitly into account customer/end user satisfaction, as well as service performance and delivery issues, is being currently being developed by the Council and CGI.

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

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- 5.1 Our partnership with CGI will save the Council at least £6m per annum against the 2015/16 ICT baseline spend, totalling £45m over the first seven years, is on track to be achieved and is assumed as part of the Council's Medium Term Financial Framework and planning assumptions.
- 5.2 The Council has realised further financial benefits arising from the re-set variation agreement which are not detailed in this report owing to their commercial confidentiality. These benefits are being profiled fully by the Customer Services and IT Division, supported by Finance, and will be reported to the Finance and Resources Committee.

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

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- 6.1 The Council's Corporate Leadership Team (CLT) risk register formally identifies ICT capabilities as a risk and is ensuring that sufficient mitigations and active management of risks continues to be undertaken. This is further complemented by risk reporting and management in respect of information governance, including GDPR implementation.
- 6.2 The Council's Change Board actively monitors and tracks progress on all council wide programmes ensuring that targeted action is taken should timelines, benefits or costings deviate from the original business case, this includes the ICT programme.

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

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

## 8. Sustainability impact

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8.1 There are no sustainability implications arising from this report.

## 9. Consultation and engagement

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9.1 There are no formal consultation and engagement implications arising from this report.

## 10. Background reading/external references

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10.1 ICT and Digital Strategy: <http://ictanddigitalstrategy.org.uk/>

10.2 [Status of the ICT programme](#) – report to Governance, Risk and Best Value Committee – 16 January 2018

10.3 [Quarterly Status Update – ICT Programme](#) – report to Governance, Risk and Best Value Committee – 31 July 2018

### **Stephen S. Moir**

Executive Director of Resources

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E-mail: [Nicola.harvey2@edinburgh.gov.uk](mailto:Nicola.harvey2@edinburgh.gov.uk) | Tel: 0131 469 5016

## 11. Appendices

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11.1 None.

# Governance, Risk and Best Value Committee

10.00am, Tuesday 30 October 2018

## Annual Assurance Schedule – Resources

Item number	7.2
Executive/routine	
Wards	
Council Commitments	

### Executive Summary

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The purpose of this report is to present the Annual Assurance Schedule from the Executive Director of Resources to the Governance, Risk and Best Value Committee for scrutiny and to note that an action plan will be developed in response to areas where controls need to be enhanced.

## Annual Assurance Schedule – Resources

### 1. Recommendations

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- 1.1 To note the Resources Directorate annual assurance schedule, submitted for scrutiny.
- 1.2 To note that an action plan is being developed to respond to the issues identified in the annual assurance statement, which will be combined with other Directorate plans to provide a composite action plan for reporting to the Corporate Policy and Strategy Committee.

### 2. Background

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- 2.1 Each year the City of Edinburgh Council requires that the individual Executive Directors complete certificates of assurance that represent their professional view of the effectiveness and appropriateness of controls in their areas of responsibility. These certificates support the writing of the Annual Governance Statement which is a component part of the authority's Statement of Accounts.
- 2.2 An assurance schedule, to help prompt Executive Directors and relevant Heads of Service to consider various aspects of their control environment, is circulated in advance of certificates.
- 2.3 On 31 July 2018 the Chief Internal Auditor, in her annual opinion, reported weaknesses in regard to the Council's internal controls for the year ended 31 March 2018. The Governance, Risk and Best Value Committee requested that an action plan from each Directorate be developed to identify how they are going to improve internal controls.
- 2.4 On 7 August 2018 the Corporate Policy and Strategy Committee also considered the Internal Audit Opinion and called for an update report on Directorate actions to strengthen controls including the timescales for implementation.

### 3. Main report

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- 3.1 The Resources schedule (appendix 1) was completed and returned to the Strategy and Insight Division, which includes the corporate governance team, after which a Certificate of Assurance was issued. This informed the drafting of the Annual

Governance Statement, submitted to Council as part of the Unaudited Annual Accounts on 28 June 2018.

- 3.2 The Certificates of Assurance require that Heads of Service and Executive Directors confirm that:
  - 3.2.1 they have considered the effectiveness of controls in their service area/directorate, including controls in place to mitigate major risks to their service area/directorate's objectives;
  - 3.2.2 to the best of their knowledge, appropriate controls are in operation upon which they can place reasonable assurance and that there are no significant matters arising that should be raised specifically in the Annual Governance Statement (or otherwise); and
  - 3.2.3 they have identified actions that will be taken to continue improvement.
- 3.3 The schedule is completed by each Head of Service and then the relevant Executive Director, or by a nominated senior manager on their behalf.
- 3.4 Before signing their Certificate of Assurance, the Head of Service or Executive Director concerned should personally assure themselves that the schedule has been completed accurately.
- 3.5 An action plan for Resources is attached at appendix two. This includes actions in relation to identified internal control weaknesses. In each instance a responsible officer and a deadline for completion is included.

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

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- 4.1 Improved internal controls and good governance throughout all service areas.
- 4.2 Identification of areas where controls require strengthening.

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

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- 5.1 The annual assurance process and production of the annual governance statement is contained within relevant service area budgets.

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

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- 6.1 The assurance schedule exercise acts as a prompt for service areas to think about good governance and the internal control environment. Action plans support improvements in areas where weaknesses have been identified.
- 6.2 Completed schedules are reviewed by a group led by the Democracy, Governance and Resilience Senior Manager and consists of representatives from Internal Audit and Governance.



## 7. Equalities impact

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7.1 There are no direct equalities impacts as a result of this report.

## 8. Sustainability impact

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8.1 There are no direct sustainability impacts as a result of this report.

## 9. Consultation and engagement

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9.1 The annual assurance schedule exercise is a corporate activity concerned with internal controls and does not require consultation or external engagement.

9.2 The Annual Assurance Schedule template for 2017/18 was drafted using input from the Council's subject matter experts. This included contributions from Resilience, Internal Audit, Health and Safety, Corporate Governance, Legal Services, Finance and Human Resources.

## 10. Background reading/external references

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10.1 [City of Edinburgh Council – 28 June 2018 – Unaudited Annual Accounts 2017-18](#)

10.2 [Internal Audit Opinion and Annual report for the Year ended 31 March 2018, report to Governance, Risk and Best Value Committee, 31 July 2018](#)

### **Stephen S. Moir**

Executive Director of Resources

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## 11. Appendices

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Appendix 1 – Resources - Annual Assurance Schedule

Appendix 2 – Resources - Action Plan

# Executive Director of Resources

## Schedule to Support Evidence of Assurance for the Annual Governance Statement

For the year end 31 March 2018

<b>Directorate</b>	Resources				
<b>Completed by</b>	Veronica Wishart	<b>Job title</b>	Senior Executive Assistant	<b>Date completed</b>	25.5.2018
<b>Signed off by</b>	Stephen Moir	<b>Job title</b>	Executive Director of Resources		
<b>Print name of signatory</b>	Stephen Moir	<b>Date of signature</b>	17.5.2018		

## Introduction

The Statement of Accounts 2017/2018 includes the Annual Governance Statement signed by the Council Leader, the Chief Executive and the Head of Finance. The Annual Governance Statement is supported by Certificates of Assurance from each of the Executive Directors.

The Certificates of Assurance require Executive Directors to confirm that:

1. they have considered the effectiveness of controls in their directorates, including controls in place to mitigate major risks to their directorate's objectives;
2. to the best of their knowledge, appropriate controls are in operation upon which they can place reasonable assurance and that there are no significant matters arising that should be raised specifically in the Annual Governance Statement (or otherwise); and
3. they have identified actions that will be taken to continue improvement.

Completing this schedule helps prompt Executive Directors to consider various aspects of their control environment before signing their Certificate of Assurance. Executive Directors should seek assurance through issue of a similar schedule to their Heads of Service to satisfy themselves that effective controls are in place across all service areas.

**This schedule should be used as a prompt to think about good governance and the internal control environment and is not an exhaustive list.**

## Guidance on completing the schedule

The schedule should be completed by the Executive Director or by a nominated senior manager (suggested managers to provide information and/or responses are highlighted below). Additional guidance notes are provided throughout the document.

Before signing the Certificate of Assurance Executive Directors should ensure that this schedule has been completed accurately.

Please note that although evidence does not need to be attached to the completed schedule, accurate reference should be made to any supporting evidence because **responses made in the schedule may be subject to audit at a later date.**

Your assessment should consider how your directorate's arrangements would stand up to external scrutiny. When completing the schedule please include your assessment of the directorate's compliance and, if your assessment is partially or not compliant, please note planned improvement actions in the relevant column.

Please return your completed schedule to [governance@edinburgh.gov.uk](mailto:governance@edinburgh.gov.uk) no later than **Friday 27 April 2018**.

<b>Section</b>	<b>Requirements</b>	<b>Supporting officers</b>
Section 1	Internal Control Environment	Head of Service
Section 2	Risk and Resilience	Service Area Risk Committee Representative/Resilience Co-ordinator
Section 3	Workforce Controls	Head of Service
Section 4	Council Companies	Senior Relationship Lead / Company Observer(s)
Section 5	Policy	Head of Service
Section 6	Governance and Compliance	Head of Service
Section 7	Information Governance	Directorate Record Officers
Section 8	Health & Safety	SMT Health & Safety Lead
Section 9	Performance	Head of Service
Section 10	Commercial and Contract Management	Head of Service
Section 11	Change and Projects	Head of Service
Section 12	Financial Control	Service Area Financial Manager or Representative
Section 13	Group Accounts	RESOURCES only
Section 14	National Agency Inspection Reports	Head of Service
Section 15	Internal Audit, External Audit & Review Reports	Head of Service
Section 16	Progress	Executive Director

For further information or assistance please contact:

**Gavin King**

Democracy, Governance and Resilience Senior Manager  
Strategy & Insight  
529 4239 or [gavin.king@edinburgh.gov.uk](mailto:gavin.king@edinburgh.gov.uk)

**Laura Callender**

Governance Compliance Manager  
Strategy & Insight  
529 3655 or [laura.callender@edinburgh.gov.uk](mailto:laura.callender@edinburgh.gov.uk)

1 Internal Control Environment requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
1.1	You must have internal controls and procedures in place throughout your directorate that are proportionate, robust, monitored and operate effectively.	<p>Please describe and/or give examples of the controls and procedures that you have in place and how these are monitored, tested, and reported.</p> <p>We continue to make progress in consolidating the improvements introduced in recent years whilst promptly actioning further recommendations made following internal and external reviews.</p> <p><u>Financial Controls</u> A number of improvements have been implemented in recent years, including:</p> <ul style="list-style-type: none"> <li>• full documentation of all procedures for the various roles within the section;</li> <li>• development of an anti-money laundering policy;</li> <li>• introduction of independent review of monthly income and expenditure account reconciliations, prepared in accordance with detailed, updated guidance; and</li> <li>• additional independent authorisation of changes to, and assessment of the on-going appropriateness of, Bankline access rights.</li> </ul> <p>The most recent assessment of the controls' effectiveness was included in <a href="#">Scott Moncrieff's 2016/17 review of the Council's key controls</a>, reported to the Governance, Risk and Best Value Committee (GRBV) on 26 September 2017. No specific recommendations for improvement in this area were made, contributing to an overall internal control framework that was assessed to be well-designed and effective.</p>	Partially compliant	

Significant improvements have been achieved in recent years in **procure-to-pay compliance**, particularly with the introduction in April 2014 of a mandatory purchase order policy. The target by value of 80% of Oracle expenditure being initiated by means of a purchase order has been exceeded in every month since May 2017 and, along with related indicators covering such areas as levels of on-contract spend, is subject to monthly reporting to the Resources Management Team. The phased introduction of electronic invoicing has also reduced the risk of error through manual input whilst supporting other initiatives to direct spend, wherever possible, through contracted suppliers.

Internal audit work undertaken in 2015 resulted in improvements being put in place with regard to **contract mobilisation** documentation and the **use of procurement cards**, the latter increasing oversight of spend in this area. A number of further improvements, initially intended to be linked to the roll-out of Business World, were actioned in 2016, including a full review of **contract register contents** by responsible Category Managers, complemented by the introduction of password protection and restricted-access folder storage. Migration of the procurement pipeline to a Sharepoint site has also provided a full audit trail of changes made.

Following the establishment of a dedicated Contract and Grants team within Commercial and Procurement Services in August 2017 and in-depth analysis of ten initial pilot projects, work is also now well underway to improve **contract management practice** across the Council as part of creating value at both pre- and post-contract award stage. In addition to the existing [Procurement Handbook](#), a draft Contract Management Manual and toolkit have been developed, alongside introduction of “early warning” alerts in respect of potential financial stability concerns and improved monitoring of major sub-contractor performance.

Following feedback from elected members, additional details are now also reported to Committee in respect of contracts awarded under delegated authority and/or by means of waiver. Use of waivers is subject to a documented process and should not be used to abrogate responsibility for appropriate planning. The most recent report to Committee was considered in [March 2018](#).

Human Resources (HR) controls

Specific projects in relation to operations e.g. Getting the Basics Right Programme within HR, Compliance team etc is currently underway.

The annual Workforce Controls report will be considered by Finance and Resources Committee in June 2018. The intention is for this report to provide an insight into

Design and consultation underway on the new proposed HR Operating model. This seeks to address controls and risks

Council workforce metrics and trends for workforce Full Time Equivalent (FTE), and outline how the Council has implemented a single dashboard and Management Information (MI) process to provide the organisation with consistent, regular, and accurate workforce MI/data to facilitate workforce controls, strategic workforce planning, and to measure performance. Reporting at Council and Directorate level is now available and will be reported to Management teams (CLT/RMT etc).

The Council faces unprecedented financial challenges and savings. The revised in-year saving requirement for 2018/19 is £20.9m, with significant further incremental annual savings requirements thereafter, together totalling £151.2m by 2022/23. In order to monitor change through the Council's Transformation Programme, monthly workforce dashboards are reported to Committee. The last report was [approved in March](#) 2018.

To allow the Council to make informed decisions on its recruitment plans, as reported to [Committee in November](#), the HR service worked with senior managers to produce detailed information on permanent, fixed term and agency recruitment. Whilst that work was being completed, limited recruitment continued in areas such as schools, social workers and roles funded by the Housing Revenue Account, a recruitment pause was applied for all other roles, with enhanced controls

however, recognise that this will take time to embed.



being operated by Executive Directors. This pause has now been lifted.

As [previously reported](#), as part of the Transformation Programme, Committee agreed to time bar of one year (from date of leaving) before re-engagement or re-employment of former employees who had left employment with the organisation via Voluntary Early Release Arrangement / Voluntary Redundancy (VERA/VR). This is reviewed and the last report considered at [Committee in February 2017](#).

The Council has in place a Corporate Policy Framework which enables a consistent application of policy assurance processes across the organisation. At the Corporate Policy and Strategy (CP&S) Committee in February 2017, in considering the [Avoidance of Bullying and Harrassment Policy](#), a request was made for a review of the [current policy assurance process](#) in relation to HR Policies. GRBV scrutinised the proposed process and referred the report to C&PS Committee for decision. As a result of the review, the report made recommendations to streamline the assurance process in relation to these policies, while ensuring it still maintains a focus on best practice, continuous improvement and robust governance. Additionally, this report recommended that HR Policies be exempt from the application of Corporate Policy Framework templates, but instead are presented to Committee as they would be available to staff.

In June 2017, the Corporate Leadership Team (CLT) agreed to review the list of key policies previously deemed to be essential learning for all existing Council employees regardless of job role and to move from an annual policy refresher cycle to a streamlined biennial key policy refresher effective from Autumn 2018. Following further external benchmarking and review of best practice across a number of organisations, a report was considered at CLT early May and agreed to move to a campaign based approach for essential learning.

The Resources Management Team (RMT) continues to regularly review controls and targets for and sickness absence, agency and overtime expenditure as part of the 'Performance' item on a monthly basis.

#### Sickness

For the month of March 2018, sickness absence was 5.19%, down from January and February.

In January 2018, RMT agreed the principle of implementing a Support and Challenge panels initiative to be progressed within the Directorate, with the first focus being on long and short-term absences. The panels are being run collaboratively with service areas, reviewing their high-level approach to absence and explore what support is required to achieve sustainable improvements to service area attendance. In [March 2018, Committee approved the Sickness Absence Policy](#) that replaced the Managing Attendance Procedure which has

			<p>been in use since 2018. This policy focuses on more on the promotion of employee wellbeing and makes it easier to follow.</p> <p><u>Overtime</u></p> <p>The overtime target was overspent by £0.559m. Targets for 2018/19 are being considered at present.</p>		
1.2	You must have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.	Please describe and/or give examples of the controls and procedures that you have in place and how these are monitored, tested and reported.	<p><u>Council companies</u></p> <p>As noted in last year's submission, the independent review of the governance arrangements for the Council's companies in late 2012, a range of improvements was introduced, including new service and funding agreements and more regular consideration of performance information by executive committees.</p> <p>A follow-up assessment to Audit Scotland's earlier national study <u>Arm's Length External Organisations: are you getting it right?</u> was undertaken in 2014, with the results <u>reported to the Governance, Risk and Best Value Committee in August 2014</u>. The revised arrangements were assessed to be well aligned to good practice, with service and funding agreements clearly linked to strategic objectives, priorities and targets and regular dialogue with the organisations concerned in place.</p> <p>This work was developed further as part of a governance review of all of the Council's companies undertaken in 2015/16 and <u>reported to Council in June 2016</u>. The review resulted in further recommendations to strengthen the independent scrutiny afforded through the Council's observer role, including</p>	Compliant	

attendance at all Board and Audit Committee meetings and regular receipt of updated management accounts and risk registers, maintained as part of a core set of documents for each company. The Head of Property and Facilities Management (P&FM) and Corporate Finance Senior Manager attend all relevant meetings of EDI, EICC and CEC Holdings held during the year, with the required core documentation also collated and thereafter verified by Internal Audit

In May 2018, Audit Scotland will publish the key findings emerging from its recent ALEO performance audit, within which Lothian Buses will be included as a case study. An action plan, incorporating any actions will be prepared in light of these findings.

Partners / Third Parties

Effective controls and procedures are in place to monitor the performance of key partners such as CGI, Sheriff Officer, PWC etc through regular, formal reports and performance monitoring meetings which identify and ensure an effective response to risks and issues.

As reported in last year's submission, Catering and Cleaning Significant Trading Organisations (STOs) have been de-badged and no longer treated as arm's length companies. Both functions are now fully embedded within Facilities Management (FM) and are currently being reviewed

through the Transformation Programme and BAU to enhance the service provision.

In [October](#), GRBV considered a report on the corporate element of Edinburgh Catering Services, that included an update on the current trading forecast and an explanation of what had caused the recurring deficit position and measures being taken to bring the service into a balanced and longer-term profitable position. A progress report was considered by [GRBV in March](#), prior to a fuller report being submitted later in the year, following the closure of year-end accounts and a confirmed outturn position.

F&R Committee receive bi-monthly progress reports on the implementation of the [Asset Management Strategy Transformation Programme](#) (AMS).

The vast majority of the Council's ICT is delivered via the Partnership with CGI. The CGI contract allows for a strong control framework, the output from which is reviewed by the ICT SMT and at various joint governance forums. Service delivery is subject to robust challenge and follow up. [Regular Status](#) of the [ICT Programme reports](#) have been considered by Committee.

Within Legal and Risk some services are delivered by external firms through the legal framework agreement. Controls and procedures are in place through the

			<p>agreement with an agreed protocol with each of the firms.</p> <p>PWC are the Council's co-source provider for Internal Audit (IA) and they are managed through a contract.</p> <p>A full suite of Service Level Agreements (SLA) in respect of Treasury, Insurance and Accountancy services provided to external bodies has been developed. A SLA is in place for the provision of insurance services with Scottish Borders Council. An SLA is in place with the Edinburgh IJB for the provision of IA services. SLA's for other joint Boards the LVJB and SesTran are in place and the one for the Edinburgh Tattoo are in the process of being refreshed.</p> <p>All third-party contracts are awarded through a compliant procurement process and reported via the relevant committee as necessary. Recent examples include: <a href="#">Award of Clerk of Works Framework</a>; <a href="#">Open Framework Agreement for Learning and Development</a>; <a href="#">Award of contract for the provision of Occupational Health Services and Employee Assistance Programme</a>.</p>		
1.3	Your internal controls and procedures and their effectiveness must be reviewed regularly.	Please describe how these are reviewed, by whom and how often.	The Directorate internal controls and procedures are subject to regular review by the work of internal and external audit, as well as internal good management practice. The Council's internal audit annual plan for 2018/19 was agreed at CLT and reported to <a href="#">GRBV in March 2018</a> . The plan includes an increased number of Council-wide and multiple service area	Partially Compliant	

reviews. These have been included to provide assurance on the key controls established to manage the most significant risks associated with services and processes that span across the Council.

CLT and GRBV receive [quarterly Internal Audit \(IA\) updates reports](#) which provides details of IA reviews completed in that quarter and gives an update on delivery of the IA plan. CLT/GRBV scrutinise the [IA overdue recommendations and late management responses](#) regularly, which highlights audit reports that have been issued in draft where final management responses have not been received within the two-week service standard.

Progress in implementing the actions emerging from both internal and external audit reviews is also considered by the RMT on a monthly basis

A validation exercise was carried out to establish whether the Council was exposed to significant service delivery risks relating to audit activity from 1 April 2015. An audit risk was identified within IA in relation to follow up; recording; and closure of findings raised since 1 April 2015. Consequently, IA has been non-compliant with Public Sector Internal Audit Standards (PSIAS) requirements. Appropriate actions to address the historic service delivery risks have been agreed with CLT and a [report was considered at GRBV](#) on 8 May.

Actions to address historic audit findings that were not implemented or were implemented and not sustained (7 in total for Resources) are being addressed as part of a CLT action plan and response to a GRBV Motion. At the point of submission, the Executive Director considers that all 7 actions are now addressed.

In considering the Council's 2016/17 Annual Audit Report and the External Auditor's annual review of the Council's internal control framework on [26 September 2017](#), GRBV asked that updates be brought back to subsequent meetings, setting out progress against the agreed improvement actions. Following an earlier interim update provided to the Committee's meeting on [16 January 2018](#), [a report in May](#) set out the good progress made in implementation of the remaining actions.

Scott-Moncrieff were appointed as the Council's external auditor for the five-year term covering financial years 2016/17 to 2020/21 inclusive. The [external audit plan](#) for review year 2017/18 was approved at GRBV in March 2018 and outlines the proposed main areas of scrutiny and associated timescales over the coming year.

Each Division within the Directorate maintains and review their own risk register. Escalated risks and emerging issues are reviewed quarterly at the Directorate Risk and Assurance, which is chaired by the Chief Risk Officer.

A number of process reviews have taken place over the last year as online transactions have been introduced, this has included simplified processes and new structures.



			<p>Following extensive consultation with Directorates and Divisions, the Council's <a href="#">Contract Standing Orders</a> and <a href="#">Guidance on the Appointment of Consultants</a> were refreshed in June 2016 and, alongside a number of minor changes, combined in December 2017. Improvements have also been made to the process and controls over <a href="#">contract waivers</a>, ensuring their use is proportionate and consistent with the securing of best value and not a substitute for inadequate planning. The contents of the Council's <a href="#">Financial Regulations</a> were additionally updated in June 2017, with a further minor refresh planned in June 2018. Various other policies within the Directorate (<a href="#">HR</a>, <a href="#">Legal and Risk</a>, <a href="#">Customer and Finance</a>) are reviewed and assurance statements reported to Committee annually to ensure they remain relevant.</p>		
1.4	Did the last review of your internal control environment identify any weaknesses that could have an impact on the Annual Accounts?	Please include the date of the last review, whether any weaknesses were identified and, if so, how these have been or will be addressed.	<p>Progress in implementing recommendations from previous audit reports has been closely tracked by the CLT, RMT and GRBV Committee. These are reviewed monthly by the Executive Director. These assessments, and generally prompt implementation of the recommendations, have attested to the soundness of current controls.</p> <p><a href="#">Scott-Moncrieff's 2016/17 review of the Council's system of internal controls</a>, the results of which were reported GRBV in September 2017, also concluded that these controls were well-designed and effective. While not directly affecting the Finance function's activities, opportunities for</p>	No	

			<p>improvement in respect of documentation of payroll, Council Tax and NDR procedures, and control of relevant access system rights were however, identified, with progress in implementation reported to the Committee's subsequent meetings in January and <a href="#">May 2018</a>.</p> <p><u>The report on the Council's 2016/17 Audit</u> highlighted no matters of legality or material weakness in accounting or systems of internal control which could adversely affect the ability to record, process, summarise and report financial and other relevant data so as to result in a material misstatement in the financial statements.</p>		
1.5	Has the monitoring process applied to funding/operating agreements identified any problems that could have an impact on Annual or Group Accounts?	Please describe the arrangements you have in place, including an overview of the monitoring process and frequency of reporting, and summarise any problems that have been identified.	<p>Please refer to response 1.2 above.</p> <p>As intimated to GRBV on 28 September 2017, <a href="#">the report on the Council's 2016/17 Audit</a> confirmed that its interest in a number of subsidiaries and associates had been appropriately reflected.</p>	No.	
<b>2</b>	<b>Risk and Resilience requirements</b>	<b>Guidance notes</b>	<b>Response and reference to evidence</b>	<b>Assessment</b>	<b>Improvement actions</b>
2.1	<p>Your risk management arrangements should identify the key risks to your directorate (and the Council) including those arising from:</p> <ol style="list-style-type: none"> <li>1. Change (e.g. structural, service delivery, demographic and/or management)</li> <li>2. Partnerships (external and internal)</li> <li>3. Projects</li> </ol>	Please describe your risk management arrangements and confirm that these adequately cover the three categories listed.	<p>The Risk Management arrangements for the Directorate consist of:</p> <ol style="list-style-type: none"> <li>i. <b>Risk Management Group</b> comprising officer representation from each Division, representation and support from the Corporate Risk Team and ad hoc representation from other specialist teams as required (e.g. Strategy &amp; Insight, Resilience, etc.). <ul style="list-style-type: none"> <li>➤ Ensures identification and escalation of key risks to Resources</li> </ul> </li> </ol>	Compliant	

4. Legal or regulatory action(s), and  
5. Reputational damage.

directorate including risks arising from Change

- Ensures themes are identified and shared between directorates

ii. **Resources and Chief Executive Risk and Assurance Committee meetings are held quarterly** comprising RMT and other representation as required.

- Ensures escalation of risks as above plus identification and escalation of risks arising from partnerships (see Localities and H&SC below) and projects

iii. Representation at **CLT Risk Committee**

- Ensures risks are escalated appropriately
- The Council's top risks and the key controls in place to mitigate them are [presented to GRBV](#) for oversight and review.

iv. **Risk Registers** at RMT and Divisional levels. All registers are regularly reviewed and updated following Risk and Assurance Committee and in response to new information/incidents.

Programme/Project risks are managed through the relevant programme structures and are reported to the CLT Change Board on a Monthly basis. The standard project governance, for example in Customer Transformation, and was favourably audited during the year.

			<p>Privacy Impact Assessments (PIAs) and Integrated Impact Assessments (IIAs) are completed for all relevant risks i.e. data use, Welfare.</p> <p>Regular consultative meetings (Directorate Joint Consultative Committee) are held with the recognised trade unions and are chaired by the Executive Director. The Executive Director also has regular informal meetings with the Trades Union Side Secretary / UNISON Branch Secretary.</p> <p>The Executive Director also personally holds weekly executive reviews with CGI as a key partner to review issues, performance and progress.</p> <p>The Executive Director also undertakes regular, informal catch up meetings with External Audit, the Chief Internal Auditor, the Chief Risk Officer and Senior HR Business Partner, along with other key stakeholders.</p>		
2.2	You must have effective controls and procedures in place to manage the risks identified above to a tolerable level or actions put in place to mitigate and manage the risk.	Please describe the controls and procedures that you have in place.	<p>These actions are reviewed and managed through the Directorate Risk and Assurance Committee. Having the Risk Register in place identifies key controls and further actions to reduce the level of risk.</p> <p>In most cases, the Directorate's aim is to manage and mitigate risks, with very limited risk acceptance, although appreciating the Council's policy statement in risk appetite, by putting in place commensurate controls, so their potential</p>	Compliant	

impact, where this is to be tolerated, is practicable and cost-effective. Each risk owner is required to assess whether the level of residual/current risk management for that risk is at a tolerable level. Where risks have the potential to affect other service areas within or outside Resources, these are escalated as appropriate.

The Public Sector Internal Audit Standards (PSIAS) requires that the Chief Internal Auditor delivers an annual opinion to the GRBV and the purpose of the report is to present their opinion on the overall adequacy and effectiveness of the Council's framework of governance, risk management and controls. This report was considered in [August 2017](#) and whilst the framework was generally adequate, enhancements were required across the Council.

A proactive approach is taken on a monthly basis to review and update the Directorate's open and overdue audit recommendations. This includes ensuring that management responses and any supporting evidence can be provided to the IA team to allow them to close off and report accurately to both CLT and GRBV. An IA best practice guide for managing Audit recommendations is circulated to owners of IA open and overdue actions.

2.3	The robustness and effectiveness of your risk management arrangements must be regularly reviewed.	Please describe how you review your risk management arrangements, who does this and how often.	<p>Please refer to 2.2 above.</p> <p><b>First line</b> To ensure that our services are robustly and effectively managed and that the risks to achieving our objectives are appropriately mitigated, our policies and processes ensure that appropriately qualified, experienced staff are appointed and that management capability is kept under regular review through performance conversations.</p> <p><b>Second line</b> Our risk management architecture has been fully reviewed within the past year to ensure the reorganised Directorate and Council have the right arrangements to ensure robust and effective discussion, identification, mitigation and monitoring of risk.</p> <p>The quarterly Resources Divisional Risk Registers and Directorate risk register reviews ensure all types of risk are discussed and escalated regularly and that information and management is up to date and escalated. Otherwise, our culture of regular (weekly) RMT meetings ensures that emerging risks and/or issues are captured and dealt with promptly.</p> <p>In addition, the Directorate has robust second line defences in operation for HR, Finance, ICT, Health &amp; Safety, Commercial and Procurement and Internal Audit, with regular updates, scrutiny and review of</p>	Compliant	
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			<p>these areas at the RMT with relevant professionals present.</p> <p><b>Third line</b> In 2017, as part of their rolling programme, the internal audit team reviewed the Risk Team's Governance, Strategy and Process. This included review of arrangements in Resources. Some actions were identified to help continue embedding risk maturity across the organisation. None of the findings was Critical or High and these are informing the Risk Management Policy refresh which will be completed in August 2018.</p>		
2.4	Did the last review identify any weaknesses that could have an impact on the Annual Accounts?	Please include the date of the last review, any weaknesses that were identified and how these will be addressed.	<p>Overpayments to current and ex-employees dating back over the last 24 months have been identified by HR. These are Council wide and are not specific to Resources only. The sum involved amounts to circa £700k. The Head of Finance as the Section 95 Officer has been notified.</p> <p>Within Customer, following a request from the Head of Service a review identified issues with the correct compliance for bank account management in Children's Services and Health and Social Care as well as the lack of a formal financial write off process for anomalies in cash reconciliations. Audit actions and recommendations are currently being agreed and actioned as part of the audit outputs.</p>	Yes	<p>HR have developed a plan to address this. (1) an approach for existing employees (2) an approach to leavers (to contact individuals and agree a repayment plan to reclaim the monies).</p> <p>The findings from the Internal Audit that was commissioned are being fully implemented and sustained to address this.</p>

			<p>Whilst an area of PSIAS non-compliance was identified during the year with regard to IA validation and follow-up, the specific issue identified within IA is unlikely to impact the Annual Accounts.</p> <p>The Directorate Risk Register identifies and manages a range of major service issues that could have potentially significant consequences for the Council. These are assessed and appropriate action taken. These types of risk are ever-present and continually evolving. There are, however, no weaknesses that impact on the Annual Accounts.</p>		The CLT action plan and response to GRBV on historic audit issues is being used to drive improvements in this areas and compliance.
2.5	There must be appropriate escalation/communication to the directorate Risk Committee and CLT Risk Committee (as appropriate) of significant issues, risks and weaknesses in risk management.	Please describe the process for escalation/communication to the relevant Risk Committees.	The risk management arrangements described above are designed to review, identify, escalate and communicate significant issues, risks and weaknesses in risk management to the Resources and Chief Executive Risk Committee and the CLT Risk Committee. As necessary, officers with expertise in these areas are invited to ensure discussion and decisions are robust.	Compliant	
2.6	You should have arrangements in place throughout your directorate for the identification, recording and minimising of bribery risks.	Please describe these arrangements and how they are monitored and reported.	<p>The risk management arrangements described above are designed to identify, record and ensure mitigation of bribery risks.</p> <p>Refreshed guidance (i.e. <a href="#">checklists</a>) for managers and new employee's is available on the orb.</p> <p>All staff are reminded of their responsibilities, and the Council's zero-tolerance approach to bribery and corruption, as part of the <a href="#">essential learning</a> refresh exercise. Quarterly review of the</p>	Compliant	



			<p>of gift and hospitality registers is undertaken and closely monitored and any missing returns promptly followed up.</p> <p>The <a href="#">Fraud Prevention and Detection annual report</a> approved at Finance and Resources Committee in September 2017 outlined the activities undertaken by IA and the Corporate Fraud Investigation Team during 2016/17.</p>		
2.7	You should have arrangements in place to promote and support the embedding of the Council's Whistleblowing Policy and procedures, including raising awareness of the routes for concerns to be raised.	Please describe the arrangements you have in place, including the reporting of disclosures received by management to the Council's independent service provider.	<p>Staff are reminded of the Council's whistle-blowing arrangements as part of the essential learning annual policy refresh. Contact details for the Safecall hotline are also prominently displayed in Business Centres. Managers promote an open-door policy to support the reporting of any specific concerns.</p> <p>The Head of Legal and Risk within the Directorate has corporate oversight of Whistleblowing issues as Monitoring Officer. Update and annual reports are prepared by the Strategy and Insight Division and considered at CLT and <a href="#">GRBV</a>.</p> <p>Specific questions relating to Whistleblowing were included in the recent Colleague opinion survey.</p>	Compliant	
2.8	You should have arrangements in place throughout your directorate for the recording and addressing of audit actions.	Please describe these arrangements and how they are monitored and reported.	When weaknesses/risks have been identified by Internal or External Audit they are discussed with the relevant risk owner and a recommendation/approach to addressing the risk within an achievable timeframe is agreed.	Compliant	

			Within P&FM and ICT, dedicated resource has been identified to be responsible for the recording, tracking and addressing IA actions.		
2.9	<p>Your directorate should have appropriate resilience arrangements in place, including:</p> <ol style="list-style-type: none"> <li>1. A Service Area Resilience Group and Workplan</li> <li>2. A Resilience Coordinator and deputies for each essential activity area</li> <li>3. A Counterterrorism Coordinator and deputy</li> <li>4. A Building Incident Manager for each staffed Council premise.</li> </ol> <p>All who should have received the appropriate training.</p>	Please confirm your compliance with each requirement and how you ensure each is managed.	<p>The Corporate Finance Senior Manager acts as the Resources Resilience Co-Ordinator and is supported in this role by a number of deputies representing specific service areas across the Resources Directorate.</p> <p>Business Impact Assessments have been completed across the Directorate with only 3 to finalise within Finance.</p> <p>Each Division holds call trees' in the event of an emergency.</p> <p>Building Incident Managers have been identified for each of the corporate offices and are also in place at Murrayburn Print Centre and Woods Centre mail. These include resilience plans for each of these areas.</p> <p>Counterterrorism is encompassed within the broader resilience remits.</p> <p>The Executive Director and Heads of Service new in post were briefed on the Council's Resilience arrangements and liaise closely with the Resilience Specialist aligned to Resources.</p>	Compliant	

			<p>The Executive Director and a number of the Heads of Service were active participants in Exercise Border Reiver.</p> <p>The Directorate was also actively involved in leading the Council response to the severe weather experienced in Quarter 4 of 2017/18 and has contributed to the Lessons Learned.</p> <p>The Executive Director is a fully trained Gold Commander and has previously performed national executive on-call duties for the NHS in England and as an Executive on-call for a regional Ambulance Service.</p>		
2.10	Your business continuity plans and arrangements should mitigate the business continuity risks facing your directorate's essential activities.	Please detail the plans and arrangements you have in place and explain how and when these are reviewed and reported.	<p>The Resources Directorate is responsible for managing a wide range of service and strategic risks. While appropriate controls exist, it is understood that in some cases risks cannot be fully mitigated and business contingency arrangements are in place.</p> <p>Specific plans have been developed in the areas of the Directorate's activity where service continuity is most crucial, namely: Financial systems/Procurement, ICT (work is ongoing to align the required recovery times of essential IT systems and services). Contact plans were refreshed following Mitel system upgrade and this has increased resilience footprint across the city.</p> <p>Business continuity plans and business impact assessments have been completed for all key areas, as has an ICT Disaster</p>	Compliant	

3 Workforce Control requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
3.1 You should have arrangements in place to ensure workforce resources are managed properly, including compliance with payroll policies, overtime controls, absence management and performance eg. home/remote working.	Please describe these arrangements and how they are monitored and reported.	<p>Recovery prioritisation matrix. These have been tested for key areas, such as the contact centre during the year.</p> <p>Please refer to 1.1 above regarding the HR Controls which includes the established Support and Challenge panels that the Executive Director personally leads.</p> <p>Controls are in place for managers who action and authorise these activities. However, these processes would benefit from automation to minimise risks in input errors and more timely actioning.</p> <p>The Directorate supports and monitors the home, flexible working arrangements within service areas and measured for quality and output.</p>	Compliant	
3.2 You should have robust controls in place to manage off-payroll workers/contractors, including agency workers and consultants, ensuring approved framework contracts have been used and that those engaged are wholly compliant with the provisions of IR35 Council guidance and procedures.	Please detail the controls you have in place to ensure compliance and explain how these are monitored and reported.	A number of Divisions within the Directorate were instrumental in the development of guidance on relevant considerations in the applicability or otherwise of the provisions of IR35, as well as authoring the CSO's and Guidance on the Appointment of Consultants. The review was reported to <a href="#">Committee in December</a> 2017. Committee also considered the <a href="#">Consultant Costs report</a> in September which provided details of expenditure on consultants for the provision of professional services during 2016/17.	Compliant	

			<p>The Commercial Excellence programme has been underpinned by extensive partnership working with external consultants. Relevant staff have liaised closely with Ernst &amp; Young LLP (EY) colleagues round contract close in addressing all remaining contractual commitments and obligations whilst maximising the extent of knowledge transfer to CEC staff.</p> <p>Guidance was issued to all staff and Councillors in January 2018 to update them on changes to active directory accounts, which outlined the next step in improving the security of our systems which involves implementing changes to active directory (AD) accounts and our leavers' process. This included changes for council employees, agency staff and contactors.</p> <p>The Executive Director personally dip samples overtime claims and personally authorises all requests for agency workers or fixed term employees. All workforce related changes within the Directorate follow a business case approval process which requires HR, Finance, Head of Service and Executive Director approval to implement.</p>		
3.3	You must ensure that recruitment and selection is only undertaken by appropriately trained individuals and is fully compliant with Council policies and procedures, including vacancy approvals and controls.	Please describe how you ensure compliance.	All staff involved in recruitment processes need to demonstrate that they have undertaken the Recruitment and Selection e-learning module. All vacancies are approved and advertised in accordance with relevant policies and protocols.	Compliant	

			<p>In March, <a href="#">we launched the new improved recruitment process</a>, making the most of TalentLink (the myjobscotland portal), to provide a better experience for managers, candidates and new employees.</p> <p>The Orb was updated to include a range of <a href="#">supporting information</a> including a new <a href="#">elearning</a>, a short film and reading the guidance. A variety of communication methods were used to advise colleagues/managers of the new process.</p>		
3.4	You should have robust controls in place to manage new starts, movers and leavers, including induction and mandatory training, IT systems security (access and removal) and access to buildings and service users' homes.	Please describe the controls and monitoring in place.	<p>The Council-wide <a href="#">induction checklist</a> is used for all new starts, and as necessary, is tailored to the Division's own circumstances i.e. bespoke training runs across Customer for new staff including Contact, Council Tax. Staff changing roles similarly receive formal and informal training as appropriate.</p> <p>As with new starts, a <a href="#">leaver checklist</a> has been prepared, focusing not only on terminating physical access rights but necessary knowledge transfer linked to the individual's departure.</p> <p>Guidance has been refreshed on the orb.</p> <p>The starters and leavers internal audit recommendations during the course of the year have been fully implemented by HR, ICT and Property and FM.</p>	Compliant	

3.5	You must have robust controls in place to ensure that statutory workforce requirements are met, eg. PVG/disclosure checks, statutory registration/qualification, European Working Time Directive, right to work in the UK.	Please describe the controls you have in place, including monitoring and reporting arrangements.	<p>These controls are in place across the Directorate, and are visible particularly in HR as the team have been leading the compliance project across the organisation (i.e. right to work exercise)</p> <p>The <a href="#">guidance on the orb</a> has been refreshed to <a href="#">support managers</a> with the recruitment and selection process.</p> <p>Where applicable, staff have a professional obligation to undertake the necessary CPD for their professional body. Staff development is monitored as part of the regular 1:1 staff and annual conversations (<a href="#">Performance Management policy</a>)</p>	Compliant	
3.6	You should have arrangements in place to manage staff health and wellbeing, ensuring sickness absence is managed in compliance with the policy, including stress risk assessments and referrals to occupational health.	Please describe the arrangements you have in place to ensure compliance.	<p>Please refer to 1.1 re: HR Controls.</p> <p><a href="#">Sickness absence</a> is managed in accordance with agreed Council procedures. In recognising that such absence may be a symptom of underlying stress, particularly at a time of transition, active use of occupational health referrals is also in place. A new contract for Occupational Health Services and Employee Assistance Programme was approved at <a href="#">Committee</a> and awarded to People Asset Management Limited, (PAM) from 8 January 2018 to 7 January 2021. Monthly sickness absence reporting is provided to the Director/Head of Service and discussed at RMT as part of the performance item.</p> <p>Team and individual stress assessments are undertaken across the Directorate as necessary.</p>	Compliant	

3.7	You must ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.	Please detail how you monitor to ensure compliance.	<p>Individual development plans are in place for staff which include CPD. As required professional membership/exams (or equivalent experience) is specified within Job descriptions.</p> <p>The Directorate People Plan and Learning and Development Plan is reviewed quarterly by the Executive Director with the Senior HR Business Partner and the Learning and Development Consultant aligned to Resources.</p> <p>Essential Training compliance levels are reviewed by the Executive Director during the course of the year.</p> <p>Across the Directorate, a variety of activities are in place i.e. training log and comprehensive skills matrix; 'protected learning' within Finance which sets-aside thirty hours training which is monitored regularly and reported to team managers.</p> <p>The Directorate also specifically supports a range of development roles and opportunities, including Modern Apprenticeships, CIPFA Trainees in Finance/Audit and Legal Trainees.</p>	Compliant	
3.8	You should have arrangements in place to support and manage staff performance eg. regular 1:1/supervision meetings, performance/spotlight conversations.	Please describe the arrangements you have in place.	<p>All managers are actively supported in holding regular, rounded and constructive conversations with their staff. The <a href="#">Performance Management policy</a>, approved by Committee in 2016 includes various templates to assist in the 1:1 /team check in and annual conversation, which</p>	Compliant	



			<p>allows for discussions to take place on personal development.</p> <p>Managers attendance at the Conversation Spotlight workshop is strongly encouraged. Over the two-days this gives managers space to think about the conversations they have and to practice having them in a way that has the biggest positive impact on performance and relationships.</p> <p>As part of the Workforce Dashboard review by RMT and CLT, looking back and looking ahead conversations compliance and recording is regularly reviewed. The Resources Directorate is the highest performing part of the Council in this regard.</p>		
3.9	You must ensure compliance with HR policies and procedures across all service areas, eg. Code of Conduct, Disciplinary, Grievance, Bullying and Harassment.	Please describe how you monitor compliance across all service areas, eg. maintaining a register of gifts and hospitality, recording conflicts of interest, recording and approving secondary employment where required.	<p>The Directorate's hospitality register is updated and reviewed on a quarterly basis. As part of the annual conversation, or at suitable meetings, any actual, perceived or potential conflicts of interest also discussed with the employee(s) concerned and appropriately logged. Instances of secondary employment are furthermore recorded in accordance with Council policy in this area.</p> <p>Although managers operate in a visible and accessible manner and instances of such cases are therefore few in number, where necessary, formal conduct/disciplinary procedures are undertaken in line with relevant policies and grievances or claims of bullying and harassment are dealt with very carefully and seriously.</p>	Compliant	

4 Council Company requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
<p>4.1 You must have arrangements in place for the oversight and monitoring of the council companies you are responsible for, that give you adequate assurance over their operation and delivery for the Council.</p>	<p>Please describe the arrangements you have in place, including observer attendance at board meetings, monitoring and reporting on performance/development/risks, Governance Hub, etc.</p>	<p>As noted above, the Corporate Finance Senior Manager and Head of Property and Facilities Management have fulfilled the Council observer role for EICC, CEC Holdings Ltd and EDI Board respectively during the year, attending all Board and Audit Committee meetings and receiving and reviewing all relevant papers. Performance is monitored as part of the overall observer process or regular management information (MI) activity.</p> <p>Governance arrangements for the Lothian Pension Fund group of companies, LPFI and LPFE are robust and are overseen by the Pensions Committee and Pensions Audit Sub-Committee, as well as requiring Companies House registration for Company Directors.</p> <p>The Finance Division have continued to work closely with colleagues in other service areas to facilitate the EDI Group's transition strategy. Alongside associated work with Edinburgh Homes, Energy for Edinburgh and a newly-formed housing LLP, ensuring appropriate oversight of these companies' financial governance arrangements will be a key priority in the coming year.</p> <p>The Head of Legal and Risk attends the Council Governance Hub to gain risk oversight and provide assurance.</p>	<p>Compliant</p>	

			A Parking Shared Service is operated in conjunction with Place Directorate who manage and maintain the contract. A new contract is in place covering 2018-2020 regarding Non-Domestic Rates (NDR) services provided for Midlothian. This has appropriate governance and SLAs in operation.		
4.2	You must ensure that an appropriate Service Level Agreement, or other appropriate legal agreement, is in place for each Arm's Length External Organisation that you are responsible for.	Please confirm that this is the case, that each agreement is up to date and the frequency of review.	<p>Please refer to 1.2 above.</p> <p>Similar arrangements for the arm's length bodies noted at 4.1 above (Edinburgh Homes, Energy for Edinburgh and the newly-formed housing LLP) will be put in place once the scope and nature of requirements has been established.</p> <p>Parking and NDR service level agreements are included in the core contract. These are measured on a monthly basis and discussed/reviewed and monthly relationship meetings along with the service costs which are reviewed as part of the management overview.</p>	Compliant	
4.3	You must regularly consult and engage with recognised trade unions.	Please describe the arrangements you have in place.	<p>The Directorate plays an active and constructive role in the quarterly Joint Consultative Group with Members; Resources and Chief Executive Joint Consultative Committees and the CLT monthly Partnership at Work Forum ensure regular engagement, consultation and involvement of the Trades Unions.</p> <p>The Directorate operates an "open-door" policy with regard to any issues of a financial nature representatives may wish to discuss. The Trade Unions are consulted on a range of issues, particularly within HR</p>	Compliant	

			<p>or whenever there is a significant operational change anticipated.</p> <p>The Executive Director holds informal meetings with the Trades Union Side Secretary/UNISON Branch Secretary.</p> <p>The Council's Health and Safety Consultative Forum is held with the Trade Unions on a quarterly basis.</p>		
5	Policy requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
5.1	<p>You should have arrangements in place to ensure all directorate staff are made aware of and fully understand the implications of relevant existing and new council policies.</p>	<p>Please describe the arrangements you have in place at directorate level eg. Employee Handbook requirements, as well as locally in relation to operational and/or role specific requirements.</p>	<p><u>Council wide</u>  A variety of communication and training methods are employed to ensure staff within the Directorate are aware of all relevant new and existing policies (see 1.1 – essential learning and 2.6 above). The council's induction checklist as referred to in 3.4 above includes the essential policies new employee's need to be aware of.</p> <p>Approval is sought from the relevant Committee for Council policies and are reviewed either annually or as appropriate to ensure they are current, relevant and fit for purpose. Please refer to 1.3 above re: assurance statements reported to Committee.</p> <p><u>Finance</u>  Relevant staff groups are made aware of the contents of, and any changes to, more specialised documents such as the Anti-Money Laundering and Corporate Debt Policies. Working with service areas, a refreshed set of <a href="#">Contract Standing Orders</a>, taking account of new legislation and best practice, was developed in June 2016 (and</p>	Compliant	

			<p>subsequently further revised) to ensure that they continue to operate effectively and secure best value. Briefing sessions were arranged for all Procurement staff on their contents. In addition, staff have been briefed on the principal aspects of the Procurement Reform (Scotland) Act 2014 and Procurement Scotland Regulations 2016, including expectations around development of community benefit clauses and co-production, as part of contributing towards sustainable procurement practices.</p> <p><u>Customer</u> There is a regime of quality checking that tests the implementation of policies on an ongoing basis, staff are assessed and performance is recorded and discussed at the Review and Quality Assurance Forum.</p>		
5.2	You should have arrangements in place for the annual review of policies owned by your directorate, via the relevant executive committee, to ensure these comply with the Council's policy framework.	Please describe the arrangements you have in place to ensure the policies you are responsible for are up to date and fit for purpose (reflecting organisational changes, best practice, operational experience and legislative changes).	<p>In line with the corporate cycle of review, the results of an annual assurance review, covering all of the policies owned by the Directorate, are reported to Committee (see 1.3 above). The reviews concluded that these policies remained current, relevant and fit-for-purpose.</p> <p>Delivery of an updated ICT Acceptable Use Policy is due by the end of July 2018 and will be reported to Committee.</p> <p>The Council's refreshed Enterprise Risk Management Policy will be considered at CLT prior to being submitted to Committee in August.</p>	Compliant	

5.3	You should ensure that policies and procedures of particular relevance to services within your directorate are implemented in a planned and consistent manner.	Please describe the arrangements you have in place eg. action plans, training programmes, etc.	As noted above, compliance with these policies is reviewed on an on-going basis. A variety of communication and training methods are arranged i.e. managers news, orb updated etc. Any changes in policies are also communicated via Management Teams.	Compliant	
6 Governance and Compliance requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
6.1	You must ensure directorate staff are aware of their responsibilities in relation to the Council's governance framework eg. Committee Terms of Reference and Delegated Functions, Scheme of Delegation, Contract Standing Orders, Financial Regulations.	Please describe the arrangements you have in place to ensure operational decisions and activities are carried out within agreed parameters.	<p>Staff are briefed through a variety of communication and training methods and controls are in place.</p> <p>Relevant staff work closely with colleagues within Strategy and Insight in providing advice on, and ensuring alignment across a suite of governance related documents. While the content of these documents is inevitably technical, options to publicise their contents more widely have been used where applicable, such as circulating a one-page summary of the contents of the Corporate Debt Policy to all Finance staff. A one-page overview of these documents, including relevant hyperlinks, is also included as part of a range of core learning materials available to all staff.</p> <p>The <a href="#">Council's self-assessment</a> for the period 1 April 2016 to 31 March 2017 was reported to GBRV in November.</p> <p>The <a href="#">Finance Rules</a>, which set out in more detail the operational aspects of the high-level Financial Regulations, were also fully updated in October 2017 and published on</p>	Compliant	

			<p>the Orb. These Rules were assessed as comprehensive and current in the report on the Council's 2015/16 Annual Audit.</p> <p>Please refer to 5.1 regarding briefing sessions held for staff.</p> <p>The scheme of delegation is reviewed. A recent example was in relation to Shared Repairs where we had to repeal the existing Scheme of Delegation with regard to missing shares. This was reported to Committee in <a href="#">February 2018</a>.</p>		
6.2	<p>The authority, responsibility and accountability levels within your directorate should be clearly defined, with proper officer designation delegated, recorded, monitored, revoked and reviewed regularly to meet the requirements of the Scheme of Delegation.</p>	<p>Please describe the process for this including how this is undertaken, by whom and the frequency of review.</p>	<p>Following the appointment of the Executive Director of Resources in July 2017, a review of Proper Officer arrangements was undertaken.</p> <p>This included reviewing authority as follows:</p> <ul style="list-style-type: none"> <li>• Authority to sign deeds and documents (Head of P&amp;FM, LPF Chief Executive Officer; Chief Risk Officer LPF)</li> <li>• Authority to approve contracts (Head of P&amp;FM)</li> <li>• Sub-delegation of delegated authority (LPF Chief Executive Officer)</li> <li>• Scheme of Delegation (para 5) to Head of P&amp;FM</li> <li>• Delegation levels to the Head of Finance.</li> </ul> <p>In February, letters were issued to the Extended Resources Management Team (WLT Senior Managers and other identified postholders) to give Delegated Authority as part of the Scheme of Delegation, to allow</p>	Compliant	

them to dismiss employees of the Council within their service area, as advised by HR.

Within Legal and Risk, Proper Officer authority delegations were given to officers in Legal Services from the Head of Legal and Risk.

The Head of Finance's role as the authority's section 95 officer was approved by Council on 22 November 2012. Following the most recent Finance Division review, the Head of Finance has sub-delegated in writing a number of functions pertaining to his section 95 role in accordance with the Scheme of Delegation as follows:

- (Financial) approval of applications for voluntary release and/or voluntary redundancy;
- Approval of Bankline payments exceeding £500,000;
- Approval of procurement waivers between £3,000 and £25,000;
- Applications for, and acceptance of, grant funding awards; and
- Treasury borrowing and lending decisions

The Corporate Governance Team within Strategy and Insight hold and regularly monitors the Proper Officer delegations.



6.3	You should have arrangements in place to ensure your directorate's activities are fully compliant with relevant Scottish, UK and EU legislation and regulations.	Please describe the arrangements you have in place, including risk assessment, monitoring and compliance with statutory reporting requirements.	<p>All procurement-related activity is undertaken against a backdrop of EU legislation, with tendering thresholds and requirements set out in the CSO's. Consideration of State Aid-related issues also forms an integral part of the development of procurement planning, with staff liaising with colleagues in Legal Service to identify potential issues, and any necessary mitigating actions, at an early stage.</p> <p>Engagement with appropriate networks and Governance bodies e.g. SOLAR; IVVR to ensure all appropriate Council Tax, Non-Domestic Rates legislation is assessed and applied.</p>	Compliant	
<b>7 Information Governance requirements</b>		<b>Guidance notes</b>	<b>Response and reference to evidence</b>	<b>Assessment</b>	<b>Improvement actions</b>
7.1	Directorate staff must be made aware of their responsibilities in relation to the proper management of Council information, including the need to adhere to Council policies, procedures and guidance around: information governance; records management; data quality; information rights; information compliance; information security; and ICT acceptable use.	Please describe the arrangements in place and how these are monitored and reported.	<p>See 1.1, 2.7 and 3.9 above.</p> <p>Staff are briefed through a variety of communication and training methods and supporting controls are in place. This also includes initiatives to increase staff's awareness of the contents of the essential learning framework and their responsibilities to ensure the annual refresher is undertaken.</p> <p>As part of the Council's General Data Protection Regulation (GDPR) implementation preparations, training has been organised by the Strategy and Insight Division with the Directorate encouraged to attend. Managers have participated in a gap analysis to assess existing data protection awareness and to identify</p>	Compliant	

required improvement actions to achieve compliance.

Refreshers on key subjects are carried out i.e. how to report a breach; the ICT acceptable use policies are also widely communicated.

Customer Services, Property and Facilities Management, Finance (including Commercial and Procurement services) and Human Resources have a central team/point of contact to deal with FOI requests. The Executive Director's office receives a weekly report from the FOI team which lists all FOI's within the Directorate. This is reviewed and followed up as necessary, paying particular attention to FOI's that are due or have an overdue status.

A similar list is issued to Executive Directors to highlight FOIs that may include a sensitive or contentious matter, which he may wish to sign off on prior to responding. A 'dip sampling' process of FOI requests and responses has been instituted on a monthly basis. The Directorate Executive Support Team will select 4-5 FOI's across the services, to allow the Executive Director to see both the request and response before they are issued. This is to check the quality and consistency of responses within the Directorate.

7.2	Data sharing arrangements with third parties must be recorded, followed and regularly reviewed throughout all service areas in your directorate.	Please describe the arrangements in place and how these are monitored and reported.	<p>Staff are aware of their responsibility to ensure that information is shared in a compliant, controlled and transparent manner.</p> <p>A GDPR review was carried out for health and safety data handling in December 2017. An action plan is in place to implement recommendations from the review, including the need for privacy statements.</p> <p>Data sharing arrangements are now covered under privacy impact assessment (PIA) reviews which need to be completed and formally accepted before any data sharing or significant change can take place.</p>	Compliant	
7.3	Privacy impact assessments must be completed to assess risks to processes that handle personal data (when appropriate) throughout all service areas in your directorate.	Please describe the arrangements in place and how these are monitored and reported.	<p>Please refer to 7.2 above.</p> <p>Prior to providing individual-specific data to External Audit for systems testing, a detailed PIA was completed in June 2017 to facilitate the sharing of data for subsequent years' audits. The Finance Division is also playing the lead role in developing the PIA to accompany implementation of the finance elements of an ERP-based solution.</p> <p>IA completed a PIA to support the secure transfer of employee email data to PwC to support the recent Phishing audit.</p>	Compliant	

7.4	All directorate staff must be made aware of their responsibilities to report and manage data protection and information security breaches.	Please describe the arrangements in place and how these are monitored and reported.	Please refer to 7.1 above.  The <a href="#">Anti-Bribery and the Anti-Bribery procedure</a> is included as part of the essential learning refresher training to strengthen existing anti-corruption measures. This training requires employees to confirm that they have read and understood the requirements of the policy and procedure.	Compliant	
7.5	Information risks should be routinely recorded in risk registers and managed throughout all service areas in your directorate.	Please describe the arrangements in place and how these are monitored and reported.	Please refer to section 2 above.	Compliant	
7.6	Processes that manage Council records, created and used within your directorate, must be documented within approved procedures.	Please describe the arrangements in place for both core service records and business support records (e.g. Finance, HR, Health & Safety, Procurement etc.), as well as how these arrangements are reviewed and updated.	Staff are aware of their responsibility for creating, maintaining, retaining files and disposing of records and refer to the guidance on the <a href="#">Orb</a> .  Each Directorate has a nominated Directorate Records Officer. The Executive Director's Senior Executive Assistant works with Strategy and Insight colleagues which includes records created in the Directorate and reviewing the outstanding disposal orders of our records.	Compliant	

7.7	All Council records within your directorate should be routinely disposed of according to their relevant record retention rules and these disposals should be documented.	Please describe the arrangements in place and how these are monitored for compliance.	<p>All archived records are accompanied with planned disposal dates and reference to relevant disposal schedules. Retention schedules are in place within the Directorate.</p> <p>Tidy-up days are also organised when staff are encouraged to review their records and archive/dispose of these as appropriate. It is acknowledged, however, that improvements could be made in the recording of cases where records are disposed of.</p> <p>New GDPR legislation requirements for process and systems will be reviewed on a case by case basis.</p> <p>There is a risk which exists across the organisation in relation to paper based files held at Iron Mountain. These have recently been reviewed (as part of the HR Compliance project) however, the risk still exists for us an organisation (until such a time as we move to a new HR information system or upgrade the current one).</p>	Partially compliant.	Implementation of new HR system (with eradication of paper based employee files over time)
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8 Health & Safety (H&S) requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
<p>8.1 Directorate staff must be made aware of their responsibilities under relevant H&amp;S policies and procedures, including: Council Health and Safety Policy; Fire Safety Policy and Procedures; First-aid and Emergency Procedures; Stress Policy and Procedures; Accident, incident and work-related ill health reporting and investigation procedure; all other relevant health and safety policies and procedures (e.g. Asbestos, Water Safety).</p>	<p>Please describe the arrangements you have in place to meet these requirements and how these are monitored.</p>	<p>The Health and Safety (H&amp;S) Conference was held in November 2017, and the theme was ‘health and safety roles and responsibilities’. There were 300 attendees, with good attendance from the Directorate.</p> <p>IOSH Leading Safely is being rolled out to the Wider Leadership Team (WLT). This accredited course has previously been completed by the majority of Resources WLT.</p> <p>The <a href="#">Council Health and Safety Policy</a> was approved at Committee in March 2017. This sets out the roles and responsibilities of CLT, Executive Directors, Heads of Service, employees etc., and was communicated to all staff by the Chief Executive. Sub-policies for Asbestos and Fire, which set out roles and responsibilities, were approved by Committee in <a href="#">October 2017</a> and communicated to all staff.</p> <p>H&amp;S is included in induction training for all new staff, and the new leaders’ induction. It is also included in the now bi-annual essential learning policy refresher. There are also regular communications on health and safety in the Managers’ updates and Newsbeat. For example, a recent H&amp;S campaign to promote the reporting of incidents including ‘near misses’.</p> <p>H&amp;S information and guidance is available on the <a href="#">orb</a>. There are also regular</p>	<p>Compliant</p>	

			<p>communications on health and safety in the Managers' updates and Newsbeat.</p> <p>Staff are regularly advised of the support available to them i.e. <a href="#">EAP</a>. Team stress assessments are undertaken, i.e. Contact Centre, Finance, Legal, Health and Safety teams with action plans to address any issues identified.</p> <p>H&amp;S is included as standard agenda items at CLT and RMT on a weekly basis. Managers within the Directorate are encouraged to ensure that Health and Safety features on regular team meeting agenda and covered in 1:1's.</p> <p>As part of the Directorate's Risk and Assurance Committee and the Resources and Chief Executives Health and Safety group which are held quarterly, the Health and Safety dashboards are considered and scrutinised.</p>		
8.2	<p>You must have appropriate arrangements in place for establishing, implementing and maintaining procedures for the ongoing hazard identification, risk assessment and determination of necessary controls to ensure all H&amp;S risks are adequately controlled.</p>	<p>Please describe the arrangements you have in place and how these are monitored, reviewed and reported.</p>	<p>H&amp;S risk assessments are in place which identify hazards and risks, and necessary controls.</p> <p>The <a href="#">Health and Safety Performance report</a> was considered by Committee in March. The Council achieved a 16% reduction in the number of reportable injuries to employees in 2017 compared with the previous year, which further builds on the significant reductions in 2015 and 2016 (15% and 29% respectively). In the past 3 years, the Council has achieved an overall 49% decrease in the number of reportable injuries to employees, including a 69%</p>	<p>Partially compliant</p>	<p>Further work is planned to review the Health and Safety risk assessments for FM, once the new FM model is in place. H&amp;S risk profiling workshop is planned for 24 May 2018. This will help to identify key H&amp;S risks.</p>

			<p>decrease in major/'specified' injuries (such as fractures). However, the findings from health and safety audits and assurance reviews continue to highlight areas for improvement.</p> <p>The Corporate Health and Safety team carry out dynamic risk assessments when they visit sites and take appropriate precautions including wearing personal protective equipment.</p> <p><a href="#">Lone working guidance</a> and procedures are in place for the safety measures that should be taken when a person requires to work alone.</p> <p>Statutory compliance inspections, repairs and certificates are in place with approved contractors. A helpdesk facility is in place for emergency, routine and advisory requirements particularly related to mitigating hazards and associated risks operates within P&amp;FM. Statutory compliance is monitored on a monthly basis. A rolling programme of building condition surveys is designed to identify building condition and any associated visual hazards.</p>		
8.3	You must have competencies, processes and controls in place to ensure that all service areas in your directorate, and any other areas of responsibility, operate in compliance with all applicable H&S laws and regulations.	Please describe the arrangements you have in place and how these are monitored, reviewed and reported.	<p>As noted above, all managers and staff have been made aware of their respective responsibilities in respect of workplace health and safety.</p> <p>H&amp;S audits are carried out by H&amp;S competent persons in the Corporate Health and Safety Team to review compliance with applicable H&amp;S laws and</p>	Partially compliant	Occupational Health (OH) Service – work is underway to mobilise the new OH contract, including for health surveillance, which needs to be fully embedded to ensure this area is fully compliant.



regulations. The audits identify areas where improvements are required to ensure compliance. Progress to implement audit actions is monitored.

The audit findings are reported to the relevant Heads of Service and Executive Director.

As part of the Directorate's Health and Safety Group (chaired by the Executive Director of Resources) and Risk and Assurance Committee, the thematic audit findings are reviewed and scrutinised.

Specialist support and guidance is available from H&S competent persons in the Corporate Health and Safety Team.

The Council's Insurance Manager sits on two groups, the Council Health and Safety Consultation Forum and the Council Health and Safety Group. The role of the Insurance Manager on these groups is to provide management information in relation to Employer's Liability claims and to address any issues which may impact upon the Council's insurance programme.

Contracts/suppliers are procured to meet required standards and certifications. Works schedules are agreed and managed including all statutory inspections and any necessary repairs thereafter. All building works carried out in full compliance with CFM Regulations including clear definition of client roles. These are managed and monitored on a monthly basis.

The HR Division is currently leading the development of a new Driving at Work Policy, which is required to ensure the full suite of controls and processes are in place.

8.4	You must have appropriate arrangements in place for the identification and provision of H&S training necessary for all job roles, including induction training.	Please describe the arrangements you have in place and how these are monitored, reviewed and reported.	<p>Please refer to 8.1 above.</p> <p>A comprehensive H&amp;S training needs assessment is underway.</p> <p>H&amp;S training is available through the Corporate H&amp;S Training Programme (internal and e-learning courses), and a suite of external courses administered by HR's Leadership and Development Team. Fire Warden and First aid training is undertaken by the designated staff.</p> <p>Within P&amp;FM, specific H&amp;S training in key areas such as water safety and asbestos is also undertaken. Staff in technical areas have additional awareness of key construction related H&amp;S policies and procedures with formal processes put in place for surveyors to respond appropriately to any identified H&amp;S risks.</p>	Partially compliant	<p>Complete H&amp;S training needs assessment, and deliver the H&amp;S training requirements.</p> <p>The Corporate H&amp;S Training programme is under review.</p>
8.5	You must have a robust governance and reporting structure for H&S in your directorate.	Please provide the name of the SMT member in your directorate who sits on the Council H&S Group. Please also describe your governance and reporting structure for H&S and how you ensure that H&S issues across your directorate are brought to the attention of the Council H&S Group as appropriate.	<p>As noted above in 8.1 and 8.3</p> <p>A robust governance and reporting structure for H&amp;S is in place for the Resources Directorate, and is aligned with the Council's Risk Framework.</p> <p>The Executive Director of Resources and Head of P&amp;FM attend the quarterly Council H&amp;S Group. FM representatives attend the Communities and Families Risk Committee.</p> <p>Resources and P&amp;FM are also represented at the quarterly Council Health and Safety Consultation Forum.</p>	Compliant	

			<p>As part of the Directorate's Health and Safety Group (chaired by the Executive Director of Resources) and Risk and Assurance Committee, health and safety performance is reviewed and scrutinised.</p> <p>H&amp;S Working Groups are also in place for Fire Safety, Water Safety, and Asbestos.</p> <p>A weekly health and safety briefing note is prepared and circulated to CLT and RMT, where health and safety is a standing agenda item. Each Service area also has health and safety as a standing item at their management team meetings.</p> <p>Any significant H&amp;S risks and issues are escalated to the Executive Director of Resources by the Council's H&amp;S Senior Manager or Head of Property and FM on an ongoing basis. All building issues are reported to service areas while simultaneously responding to the issue.</p>		
9	Performance requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
9.1	Where performance monitoring identifies inadequate service delivery or poor value for money, you must have arrangements in place for reporting to CLT, Committee and/or Council.	Please describe your performance monitoring arrangements, including frequency of reporting, and provide detail of any such reports during the reporting period.	<p>The Resources Directorate performance dashboard is prepared by the Strategy and Insight Division, and is reported and scrutinised on a monthly basis to RMT. Key indicators are reported and any exceptions considered. Performance reports are also considered at CLT.</p> <p>Regular committee reporting for the services in the Directorate tracks performance trends, ongoing improvement activities and outcomes i.e. <a href="#">Contact Centre performance</a>, <a href="#">Status of the ICT</a></p>	Compliant	

			<p><a href="#">programme</a>, <a href="#">Asset Management Strategy</a>, <a href="#">Workforce dashboard</a> and <a href="#">Welfare Reform</a>.</p> <p>On 23 November 2017, the Council considered a report that detailed the approach to implementing the Programme for the Capital, including detail of the performance measures proposed for assessing progress against the 52 Commitments. The report was referred to the <a href="#">Corporate Policy and Strategy Committee</a> to allow further scrutiny of these measures.</p> <p>Formal external assessments of the Finance Division's performance have also been favourable, including comments on the effectiveness of current financial arrangements included in the 2016/17 Annual Audit Report and consistently-high elected member and service feedback on the Division's services.</p>		
9.2	You should have arrangements in place to implement and monitor improvement measures to address any service delivery or performance problems.	Please describe the arrangements you have in place and give details of improvement measures introduced during the reporting period, eg. exception reporting to CLT, and any outstanding issues.	<p>Performance reports to RMT and CLT are accompanied by exception reports and considered on a monthly basis. Any performance issues are identified and raised / escalated as necessary.</p> <p>A review is being undertaken within the FM service area and across P&amp;FM to strengthen service performance and delivery in line with SLAs and also includes possible structural changes.</p> <p>Arrangements to strengthen the Council's capability and capacity in the area of</p>	Compliant	

			contract management have been put in place through the creation of a dedicated team. These actions complement improvements introduced following previous Procurement Capability Assessment visits. A customer survey for the Finance Division was issued to stakeholders during May 2018. A service improvement plan, informed by a recent away day, is also under development.		
9.3	<p>You should have appropriate arrangements in place throughout your directorate for recording, monitoring and managing customer service complaints and customer satisfaction, including:</p> <ol style="list-style-type: none"> <li>1. Compliance with the complaints procedure, including stage 1 and 2 processes.</li> <li>2. Recording and analysing all complaints to identify service improvement.</li> <li>3. Implementation of improvement actions in relation to common complaints.</li> <li>4. Adherence to the Council's Managing Customer Contact in a Fair and Positive Way Policy, to support staff in handling difficult situations.</li> <li>5. Addressing recommendations from the SPSO in relation to the service area.</li> </ol>	Please describe the arrangements you have in place and how these are monitored, reviewed and reported.	<p>The Council follows the Public Service Ombudsman's Customer Complaints rules based on stage 1 and 2 complaint reporting and investigation. Complaints are recorded on the council's capture database with staff adhering to Council policies for <a href="#">complaints</a>.</p> <p>A dedicated complaints management team is established within the Customer Services and IT Division with extensive experience in this area. Systems are in place to monitor performance against time taken to respond to complaints in compliance within the Council's Corporate Complaints procedure.</p> <p>In conjunction with CGI, ICT are introducing improved customer suggestions and complaints process and will be published shortly.</p> <p>The Finance Division's successful Customer Service Excellence (CSE) re-accreditation assessment in March 2017 commented favourably upon the systems and range of measures in place to elicit customer</p>	Compliant	

			<p>feedback, both positive and negative. The Assessor concluded that the service has continued to demonstrate a high level of commitment to the development and delivery of customer-centred services, further observing that both customer journey mapping and customer insight were strong and that ongoing training and development undertaken demonstrated the service's commitment to the continued development of customer-focussed services</p> <p>Please refer to 7.1 above re: FOIs.</p>		
10 Commercial and Contract Management requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
10.1	You must have arrangements in place to ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders.	Please describe the arrangements in place and how these are monitored and reported.	<p>All procurement is undertaken in accordance with CSO's. Procurement staff are pivotal in promoting good practice across the Council and its partner organisations.</p> <p><a href="#">Procurement Handbook</a> and guidance documents e.g. <a href="#">CPS procurement strategy</a> provides prompts and references to CSO and is signed by all key stakeholders. Handover document and process requires a named contract owner.</p> <p>Reports are presented to the Finance and Resources Committee on the scope of <a href="#">contracts awarded across the Council every 6 months</a>. This provides visibility of those contracts awarded under 'Delegated Authority' (with a value below the threshold requiring Committee approval), inclusive of direct contract</p>	Compliant	Continued improvements include: review and revision of CSO annually; review of templates including handover process; updating handbook and ORB guidance as appropriate; new contract management manual and supplementary guidance.

			awards not openly tendered due to specific circumstance permitted in regulation and those awarded following a waiver of the Council's CSOs.		
10.2	You must have arrangements in place to ensure that there are named contract managers in place for every contract managed by the directorate and they are made aware of their contract monitoring and record keeping responsibilities.	Please describe these arrangements and how they are monitored and reported.	<p>Named contract managers are the responsibility of Executive Directors under CSO at the point of handover and implementation of the contract. The contract manager must be identified in the CPS handover document and the Council <a href="#">contract register</a>.</p> <p>Procurement staff have also worked closely with EY colleagues in developing a robust transition plan following the end of the Commercial Excellence Programme in March 2018</p>	Compliant	New contract management manual setting out contract monitoring and record keeping responsibilities and compliance.
10.3	You must have controls and procedures in place to ensure that contract and supplier monitoring is carried out and recorded in accordance with the contract terms.	Please describe the arrangements in place and how these are monitored and reported.	<p>As above – contract handover document highlights key performance and compliance reviews of e.g. insurance certificates on an annual basis; spot checks by internal contract management team and internal audit; external assessment via Procurement capability improvement plan (PCIP).</p> <p>Performance of external contract is monitored through both consideration of relevant performance indicators and regular dialogue with appointed partners, with any specific matters of concern escalated as appropriate.</p>	Compliant	

10.4	You must have arrangements in place to ensure that changes to contracts or supplier details are recorded and communicated to relevant parties.	Please describe the arrangements in place and how these are monitored and reported.	<p>Changes to supplier details are made by the vendor team/buyers pool; payments are suspended if they do not match the original terms of contract e.g. payment increase/decrease against contracted purchase agreement (CPA); standard documentation for change control/variation of contract; supplier data on the orb and contract register – identifies change of name.</p> <p>Financial Services staff work closely with Procurement colleagues at all stages of the procurement process including need identification, tender specification, evaluation and subsequent benefits monitoring. Relevant changes to contracts and supplier details are captured as part of this process.</p>	Compliant	Vendor processes continues to be reviewed along with oracle requisition/approval process; New Contract management documentation and guidance
<b>11 Change and Project Management requirements</b>	<b>Guidance notes</b>	<b>Response and reference to evidence</b>	<b>Assessment</b>	<b>Improvement actions</b>	
11.1	All projects/programmes must have a clear business justification, as a minimum this should articulate outcomes and benefits, normally via a business case prior to commencing delivery.	Please outline the arrangements you have in place.	<p>Projects or programmes within the Directorate are underpinned by robust analysis in accordance with Council good practice (i.e. Programme Initiation Document).</p> <p>Relevant staff who participate on major project boards play an active role in the programme of assurance reviews.</p> <p>Within Customer, a project board is in place to ensure compliance. The process was audited this year with a favourable outcome.</p>	Compliant	



11.2	Your project/programme management arrangements should have appropriate governance in place to support delivery. As part of governance, clear roles, responsibilities, and accountabilities are articulated and demonstrated by all members of the project/programme team.	Please outline the arrangements you have in place.	<p>As per 11.1 above.</p> <p>The Change Board Portfolio is considered at RMT on a monthly basis, prior to the Change Board at CLT.</p> <p>An Asset Management Strategy (AMS) PMO is in place to assist with the implementation of the AMS Transformation Programme.</p> <p>The Governance arrangements for the overall ICT Transformation programme were reviewed and strengthened in early 2018.</p>	Compliant	
11.3	You must have effective controls in place to track delivery progress, take corrective action if required, and ensure ongoing viability of your projects and programmes.	Please outline the controls you have in place and confirm that these adequately ensure delivery and ongoing viability.	<p>Please refer to 11.1 and 11.2 above.</p> <p>Where necessary, appropriate reporting is considered by Committee i.e. Customer Transformation, AMS Programme, ICT Transformation Programme, etc.</p>	Compliant	
11.4	You should have a robust benefits management framework in place, including clear benefit measures, owners and realisation plan.	Please outline the arrangements you have in place.	Please refer to 11.1 and 11.2 above.	Compliant	

11.5	You must undertake end stage reviews and once the project has delivered the required outputs a formal closure process should be undertaken, including a final lessons learned exercise.	Please outline the arrangements you have in place.	Please refer to 11.1 and 11.2 above.	Compliant	Opportunities to strengthen this are being led by Strategy and Insight.
<b>12</b>	<b>Financial Control requirements</b>	<b>Guidance notes</b>	<b>Response and reference to evidence</b>	<b>Assessment</b>	<b>Improvement actions</b>
12.1	The operation of financial controls in your directorate must be effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.	Please describe your financial controls.	<p>The Resources Directorate includes responsibilities for all of the Council's key financial systems, including creditor payments, income collection (including Council Tax, Non-Domestic Rates and sundry debt), benefits administration, payroll, treasury, banking and financial systems. <a href="#">The most recent independent assessment of the effectiveness of the controls within these systems</a> concluded that they were operating satisfactorily, albeit with a number of potential improvements identified to monitor the appropriateness of systems access rights, develop accompanying procedures for key processes and retain supporting documentation for some systems.</p> <p>Progress in the subsequent implementation of these improvements has been tracked, with all recommendations not dependent upon Enterprise Resource Planning (ERP) deployment being actioned. External audit colleagues are currently working with service managers to ensure the improvement actions resulting from the 2016/17 review are effectively embedded and sustained.</p>	Partially compliant	

			<p>Associated progress in implementing the recommendations within IA reports is also monitored on a monthly basis at both the RMT and CLT. These actions have been included in the Council-wide self-attestation exercise.</p> <p>Changes in responsibility linked to organisational reviews and reductions in overall staff numbers have, however, highlighted potential weaknesses in some areas and further work is therefore required to consolidate the improvements achieved in recent years.</p>		Improvements to cash handling within Social Care and Health Business Support Teams is being improved following the Head of Service commissioned review.
12.2	The arrangements you have in place to monitor expenditure/budget variances should identify control problems or variances that could have an effect on the Annual Accounts.	Please give details of the arrangements you have in place and if any control problems or variances have been identified.	<p>Each Head of Service is both responsible for and accountable for managing their operational budgets professionally advised by their aligned Principal Accountant which is reported to RMT on a monthly basis and to the <a href="#">F&amp;R Committee</a>. Regular capital and revenue budget monitoring reports are considered at <a href="#">Committee</a>.</p> <p>Resources, and its predecessor directorates, have consistently managed expenditure within budget for many years, with monthly budget monitoring statements actively considered by the Directorate Senior Management and any other items of concern emerging from analysis by Finance Division staff outside these times promptly discussed and mitigating actions agreed.</p> <p>Approved budget savings have been underpinned by detailed delivery plans with clear timescales, processes and</p>	Compliant	

			<p>responsibility for implementation identified at the development stage, with subsequent delivery closely monitored. Recent years have seen a significant increase in the proportion of approved savings across the Council subsequently delivered, with some 80% delivered in 2017/18.</p> <p>There is some level of overspend risks within the Directorate i.e. re-charging issues for Legal and Risk; reduced spend/generating additional income particularly around Asset Management Strategy saving targets and the profiling of spend and volumes against the ICT contract with CGI. All of these risk areas are carefully managed and are subject to personal scrutiny by the Executive Director on a regular basis.</p>		
12.3	You should have arrangements in place to ensure all material commitments and contingent liabilities (i.e. undertakings, past transactions or events resulting in future financial liabilities) are notified to the Chief Financial Officer.	Please describe the arrangements you have in place and provide details of any such notifications to the Chief Financial Officer.	<p>While, given the nature of the Directorate's activities, instances are comparatively rare, in those cases where relevant commitments and liabilities do arise (such as dilapidations settlements or outstanding legal claims directly related to the Directorate's activities), these are intimated as part of Resources-wide submissions to corporate budget monitoring and financial planning processes.</p> <p>The Head of Finance, as Section 95 Officer, is a member of the Directorate Management Team and has visibility over all commitments and contingent liabilities within the Directorate, including areas such as legal claims.</p>	Compliant	

			At a Council-wide level, relevant details are collated through a number of the working papers for the Council's Final Accounts exercise and outside of these timescales through corporate budget monitoring and development.		
12.4	You should have arrangements in place to protect assets against theft, loss and unauthorised use and identify any significant losses.	Please describe the arrangements you have in place and if there have been any significant losses please detail these and outline any corrective action that has been, or will be, taken.	<p>Subject to adherence to controls in relevant areas, the office-based nature of a number of the Directorate's activities mitigates potential, theft, loss and unauthorised use of assets. Staff are reminded of their responsibilities as part of the essential key policy refresh exercise and at other times as appropriate. In those areas inherently more susceptible to theft, loss and unauthorised use (such as Facilities Management), additional controls are in place.</p> <p>Asset registers are maintained with identified owners.</p> <p>The implementation of the Configuration Management Database (CMDB) by ICT and CGI has progressed well, ensuring that an asset register for ICT equipment is being fully populated and can be tracked and managed.</p> <p>No significant losses have been identified within the Directorate for the year to March 2018.</p>	Compliant	

12.5	You should have arrangements in place to review the adequacy of insurance provision and its adequacy in covering the risk of loss across your directorate.	Please describe the arrangements you have in place including the frequency of review and date of last review.	<p>The scope of provision is reviewed on an on-going basis and any changes made after assessment of the anticipated financial consequences. The Finance risk register has recently also been updated in light of emerging legal and other risks with a view to facilitating closer working across relevant service areas including Strategy and Insight and Legal Services.</p> <p>Insurance cover is provided for by the Council's insurance team, based within Resources. The Corporate Health and Safety team work closely with Insurance in respect of H&amp;S related claims, such as employer liability matters.</p> <p>At the F&amp;R Committee in September, members approved the contract ward for the provision of <a href="#">property insurance</a> for the Council from 1 October 2017 until 30 September 2022 with two, 24-month discretionary extensions to the following tenderers.</p> <p><u>Council owned companies</u> An award the contract for the provision of Public and Products Liability (including Motor Fleet Third Party Liability) Insurance for Edinburgh Trams Ltd to Travelers Insurance Co Ltd was approved at <a href="#">Committee in February</a>.</p>	Compliant	
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12.6	You should have arrangements in place for identifying any weaknesses in your directorate's compliance with Council financial policies or statutory/regulatory requirements.	Please describe the arrangements you have in place, detail any weaknesses that have been identified and (if any) how these have been or will be addressed.	<p>The Directorate has played the lead role in developing the Council's financial governance framework and all statutory deadlines have been complied with during the year.</p> <p>Within Customer Services and IT, regular audits of financial processes are carried out to ensure compliance with relevant policies and procedures. Cash handling and bank account reconciliations were recently audited where potential issues were identified. Remedial actions are underway in accordance with the audit findings.</p>	Compliant	
12.7	You should have arrangements in place that would identify any internal control, risk management or asset valuation problems within service areas that could affect the Annual Accounts?	Please describe the arrangements you have in place and detail any problems that have been identified.	In addition to the periodic and other external reviews noted elsewhere, the Directorate's principal procedures, guidance, policies, and risk management are subject to regular review and have not provided evidence of specific concerns in these areas.	Compliant	
<b>13 Group Accounts (Resources only)</b>		<b>Guidance notes</b>	<b>Response and reference to evidence</b>	<b>Assessment</b>	<b>Improvement actions</b>
13.1	Have there been any developments during the year that should lead to additions, deletions or amendments to the companies included in the Group Accounts?	This question requires a Yes/No response. If the response is Yes, please provide details.	<p>The Group Determination process involves reviewing the prior year's Group Determination and using Companies House's website to check the following for the current year:</p> <ul style="list-style-type: none"> <li>• Status of the company</li> <li>• Company ownership</li> <li>• Board membership</li> <li>• Audited annual accounts (most current)</li> </ul>	No	

- Confirmation Statement for changes in share capital
- Name changes

Companies House is also used to identify any companies related to CEC which may not have been included in the prior year.

Additionally, Finance staff contact Legal Services to obtain an updated list of ALEOs which is reviewed to ensure that all relevant companies are recorded and that all the details regarding the above are correct.

Using this information, each company is analysed to identify the relationship it has with CEC (i.e. subsidiary, associate, etc.) and the materiality of the company. This is then used to decide how/if it should be consolidated or reported in the accounts.

This year's process has identified two new companies included in the Group, these being the Edinburgh Homes companies as follows:

EHMR 21017 LLP (SO306071)

EHPR 2017 LLP (SO306070)

Both were incorporated on 26 April 2017 however, we do not expect them to be consolidated in 2017/18 due to materiality as they are not expected to commence trading until July 2018.



			There are no bodies which were previously included that will no longer be included in the 2017/18 Group determination. Similarly, of the bodies excluded from the 2016/17 on grounds of materiality, no changes are proposed.		
13.2	You should have arrangements in place to identify any internal control, risk management or asset valuation problems with Council companies that could affect the Group Accounts.	Please describe the arrangements in place and detail any problems that have been identified during the reporting period.	<p>Please refer to 2.4 above regarding overpayments and the action taken.</p> <p>Further scrutiny will be undertaken as part of year-end procedures, including a review of Council companies' accounts for any issues that may impact on the overall group position.</p> <p>Council staff continue to work closely with EDI colleagues to facilitate a smooth transition of remaining projects to the Council. Of particular relevance to Finance staff are discussions with regard to EDI's pension liability and overall management and phasing of the transition, such that the Council optimises the level of value released consistent with any risks to which it is exposed.</p>	Compliant	
<b>14</b>	<b>National Agency Inspection Reports</b>	<b>Guidance notes</b>	<b>Response and reference to evidence</b>	<b>Assessment</b>	<b>Improvement actions</b>
14.1	You should have arrangements in place to identify any reports relating to your directorate that could impact on the signing of the Annual Governance Statement.	Please describe the arrangements you have in place, list the inspection reports published during the year, detail any issues that could have an impact and explain how these have been reported.	<p>Three relevant Audit Scotland national studies have been published during the year, namely:</p> <p><a href="#">Accounts Commission: Local Government in Scotland – Financial Overview 2016/17</a></p> <p><a href="#">Audit Scotland Report: Equal Pay in Scottish Councils</a></p>	Compliant	

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

While the coverage in these documents is Scotland-wide, each has been considered (or is scheduled to be considered) by the F&R and/or GRBV Committee, with current practice compared against the recommendations made and any improvement actions identified.

The Overview of Local Government in Scotland 2016/17, for example, again highlighted the importance of moving beyond incremental change to more fundamental service transformation and prioritisation, underpinned by a medium- and longer-term finance strategy. The Council's current arrangements have been assessed favourably against these recommendations.

At a more local level, the Annual Report on the Council's 2016/17 Audit noted that the Council has a strong track record of maintaining revenue expenditure within budgeted levels, effective financial management and a well-developed financial strategy. Levels of capital expenditure slippage also continue to compare favourably both in absolute terms and with other councils in Scotland. The Council's Risks and Reserves report was furthermore identified as an area of good practice, forming part of an overall reserves strategy consistent with the risks

to which it is exposed. Opportunities to improve the transparency of in-year financial reporting were, however, highlighted, and these will be pursued in the coming year.

Following the replacement of the former Procurement Capability Assessment (PCA) with the Procurement and Commercial Improvement Programme (PCIP), the Council's score in 2017 of 85.4% was the highest of any local authority in Scotland, with best practice demonstrated in Commercial and Procurement Services' approach to commerciality, partnership working and ensuring compliance.

Although more of historic relevance to the Council, the principal findings emerging from the Tram Inquiry will also be considered to inform improvements to project management and financial forecasting, including the influence of optimism bias, and more general scrutiny of arm's length bodies going forward.

The ICT led Public Services Network (PSN) compliance certificate was retained for 2017/18.

Disclosure Scotland - workstream initiated to address issues identified and to future proof our process

SPPA and LPF reporting - Workstream initiated to address issues, working directly with SPPA and LPF to address and take necessary actions.

			Overall improvements have been made with reporting delivered on time however, there are future improvements we need to make in our core HR processes and to automate our current overly complex manual processes.		
14.2	You should have arrangements in place that adequately monitor and report on the implementation of recommendations.	Please describe the arrangements you have in place.	<p>In the case of national studies, as the recommendations are of general applicability and less tailored to Edinburgh's context, relevant actions are included in wider improvement plans and progress against these tracked accordingly.</p> <p>For Edinburgh-specific reports, the resulting action plans are completed by Council officers and progress against them reported to Scott-Moncrieff as part of consideration by GRBV Committee. In the case of Best Value-related reports, Directorate actions feed in to on-going Council-wide monitoring of progress.</p> <p>PSN recommendations are contained within a remedial action plan (RAP) which is closely monitored and reviewed and has also been subject to review by the GRBV Committee.</p>	Compliant	
<b>15 Internal Audit, External Audit and Review Report Requirements</b>		<b>Guidance notes</b>	<b>Response and reference to evidence</b>	<b>Assessment</b>	<b>Improvement actions</b>
15.1	Have there been any internal audit, external audit or review reports published during the year that have highlighted high, medium or significant control deficiencies?	This question requires a Yes/No response. Please also list the reports published during the year and highlight any that have flagged high, medium or significant control deficiencies.	Internal audit reports have highlighted a number of areas for improvement. There have been high or medium risks (i.e. Care Home report, Foster Care review, CGI ICT security) identified however, where further actions are required, HOS/Senior managers meet with responsible officers to ensure	Yes	

			<p>progress and evidence actions for validation by Internal Audit.</p> <p>IA actions are recorded, monitored and discussed as part of regular updates to RMT, CLT and GRBV.</p> <p>As part of the recent self-attestation exercise, assessment of progress in implementing a number historic IA actions in the Directorate are in progress and due to be concluded by the end of May 2018.</p> <p>As noted in 1.4 above, no significant control weaknesses were identified in either the Council's 2016/17 audit or the specific 2016/17 review of the Council's internal control framework.</p>		
15.2	You should have arrangements in place to ensure all recommendations from these reports have been (or are being) implemented and that this is monitored effectively.	Please describe your implementation, monitoring and reporting arrangements and provide detail of any recommendations that are outstanding at the end of the reporting period.	Please refer to 15.1 above.	Compliant	
<b>16 Progress</b>		<b>Guidance notes</b>	<b>Response and reference to evidence</b>	<b>Assessment</b>	<b>Improvement actions</b>
16.1	All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years should have been addressed satisfactorily.	Please detail how any remaining outstanding issues or recommendations are being addressed.	<p>While, in the spirit of continuous improvement and securing best value, further actions can always be identified, no specific areas of concern were highlighted in last year's equivalent statement.</p> <p>The recent self-attestation exercise reviewing the implementation of previous historic IA actions has highlighted some areas in the Directorate where further</p>	Partially compliant	Historic IA action and open and overdue IA Actions arising during 2017/18 are part of a CLT

			action is required to allow these to be fully embedded within services.		Plan for improved compliance and reporting. Until these actions are validated and closed or sufficiently mitigated, then this assessment is unable to show as Compliant.
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<b>Reviewed by</b>		<b>Role</b>	Internal Audit	<b>Date</b>	
<b>Reviewed by</b>		<b>Role</b>	Democracy, Governance and Resilience Senior Manager	<b>Date</b>	

## Appendix 2 – Resources Directorate Action Plan in Response to Annual Assurance Statement Findings

Control Area	Paragraph of Schedule	Issue	Action	Senior Responsible Officer	Target completion date
Internal Control Environment	1.1	Ensuring effective Human Resources (HR) compliance arrangements are in place.	Implementation of revised HR operating model.	Head of Human Resources	October 2018
Internal Control Environment	1.3	Actions to address historic internal findings have not been sustained or implemented.	Action to address the 7 identified findings within Resources are implemented and sustained.	Executive Director of Resources and all Resources Heads of Service.	Completed.
Risk and Resilience requirements	2.4	Did the last review identify any weaknesses that could have an impact on the Annual Accounts?	Management of identified payroll overpayments.	Head of Human Resources	Ongoing management process aligned to 1.1 above.
Risk and Resilience Requirements	2.4	Did the last review identify any weaknesses that could have an impact on the Annual Accounts?	Bank account management compliance within Business Support in respect of reconciliations and write-off protocols.	Head of Customer and Digital Services	Being managed in accordance with Internal Audit findings and reported through the TeamCentral system.
Information Governance Requirements	7.7	There is a risk which exists across the organisation in relation to paper based files held at the Archive by the council's supplier. These have recently been reviewed (as	Implementation of new / upgraded HR system	Executive Director of Resources and Head of Human Resources	In accordance with project plan for Council's Enterprise Resource

## Appendix 2 – Resources Directorate Action Plan in Response to Annual Assurance Statement Findings

		part of the HR Compliance project) however, the risk still exists for us an organisation (until such a time as we move to a new HR information system or upgrade the current one).			Planning (ERP) Project.
Health and Safety Requirements.	8.2	Health and Safety (H&S) risk assessments are in place which identify hazards and risks, and necessary controls.	Further work is planned to review the Health and Safety risk assessments for FM, once the new FM model is in place.  H&S risk profiling workshop is planned for 24 May 2018. This will help to identify key H&S risks.	Head of Property and Facilities Management	In accordance with Facilities Management Transformation Review timescales (Phase 1 for Janitorial now completed).
Health and Safety Requirements	8.3	You must have competencies, processes, and controls in place to ensure that all service areas in your directorate, and any other areas of responsibility, operate in compliance with all applicable H&S laws and regulations.	Occupational Health (OH) Service – work is underway to mobilise the new OH contract, including for health surveillance, which needs to be fully embedded to ensure this area is fully compliant.	Head of Human Resources	In accordance with contract mobilisation plan.
Health and Safety Requirements	8.3	You must have competencies, processes, and controls in place to ensure that all service areas in your directorate, and any other areas of responsibility, operate in compliance with all applicable H&S laws and regulations.	The HR Division is currently leading the development of a new Driving at Work Policy, which is required to ensure the full suite of controls and processes are in place.	Head of Human Resources	Policy due for submission to Finance and Resources Committee in December 2018.



## Appendix 2 – Resources Directorate Action Plan in Response to Annual Assurance Statement Findings

Health and Safety (H&S) Requirements	8.4	Complete H&S training needs assessment, and deliver the H&S training requirements. The Corporate H&S Training programme is under review.	H&S Training Needs Assessment is a continuous process and attendance at training has significantly improved during the course of the year.  IOSH Leading Safely training delivered to all Wider Leadership Team Members in Resources.	Executive Director of Resources	Quarterly Monitoring via the Resources Health and Safety Group.
Commercial and Contract Management Requirements	10.1	You must have arrangements in place to ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders (CSO).	Continued improvements include: review and revision of CSO annually; review of templates including handover process; updating handbook and ORB guidance as appropriate; new contract management manual and supplementary guidance.	Head of Finance	Annual reviews and ongoing work via the Contract Management Team within Commercial and Procurement.
Commercial and Contract Management Requirements	10.2	You must have arrangements in place to ensure that there are named contract managers in place for every contract managed by the directorate and they are made aware of their contract monitoring and record keeping responsibilities.	Ongoing review of contract register and contract manager details.	All Resources Heads of Service	Monthly review as part of the Resources Management Team Commercial Excellence Update

## Appendix 2 – Resources Directorate Action Plan in Response to Annual Assurance Statement Findings

Commercial and Contract Management Requirements	10.4	You must have arrangements in place to ensure that changes to contracts or supplier details are recorded and communicated to relevant parties.	Vendor processes continue to be reviewed along with oracle requisition/approval process; New Contract management documentation and guidance.	Head of Finance	Ongoing process and Monthly review as part of the Resources Management Team Commercial Excellence Update
Financial Control Requirements	12.1	The arrangements you have in place to monitor expenditure/budget variances should identify control problems or variances that could have an effect on the Annual Accounts.	Improvements to cash handling within Social Care and Health Business Support Teams is being improved following the Head of Service commissioned review.	Head of Customer and Digital Services	Being managed in accordance with Internal Audit findings and reported through the TeamCentral system.
Progress	16.1	All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years should have been addressed satisfactorily.	Historic Internal Audit actions and open and overdue audit Actions arising during 2017/18 are part of a Corporate Leadership Team Plan for improved compliance and reporting. Until these actions are validated and closed or sufficiently mitigated, then this assessment is unable to show as Compliant.	Executive Director of Resources and all Resources Heads of Service	Being managed in accordance with Internal Audit findings and reported through the TeamCentral system. Monthly and Quarterly Monitoring Arrangements are in operation across the Directorate.

# Governance, Risk and Best Value Committee

10.00am, Tuesday 30 October 2018

## Internal Audit: Training Attendance and Feedback

Item number	7.3
Report number	
Executive/routine	
Wards	
Council Commitments	

### Executive Summary

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This report provides an update on attendance at Internal Audit (IA) training sessions delivered between June and October 2018, and analysis of post training survey responses confirming the level of understanding of the key training objectives.

A total of 138 colleagues have attended the training. This included 102 colleagues (63%) from the target audience, and 36 who attended to support their personal development. A further 59 colleagues (37%) of the target audience including 35 Wider Leadership Team (WLT) members have not yet attended.

Survey responses were received from 20% of the attendees, the vast majority of which were positive and highlighted a strong understanding of the key training objectives.

## Internal Audit: Training Attendance and Feedback

### 1. Recommendations

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- 1.1 Committee is recommended to:
  - 1.1.1 Note training attendance levels;
  - 1.1.2 Note that a further training session is planned for 22 October to cover those members of the target audience who have not yet attended. Executive Directors have confirmed that they will ensure that attendance is prioritised by their team members; and
  - 1.1.3 Note the feedback received on the quality of training delivered.

### 2. Background

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- 2.1 Recognising the need to improve knowledge and understanding risk and control, IA's role within the Council (with specific focus on the importance of follow-up), and to support the launch of the automated Team Central follow-up system in July, eleven IA training sessions were delivered between 25 June and 10 October 2018. This included individual training sessions for the CLT and Lothian Pension Fund.
- 2.2 Details of the training and the Team Central launch were also communicated in a Managers News article on 18 July 2018.
- 2.3 Training attendance was mandated by the CLT for all Wider Leadership Team (WLT) members. Invitations were also extended to all employees currently involved in implementation of agreed management actions (this includes a significant number of WLT members) and executive support teams who will be using Team Central to provide progress reports for senior management.
- 2.4 The training was designed for a mixed group of attendees across a range of employee levels within the Council and assumed no prior knowledge of IA or its activities. The main objectives of the IA training were to:
  - 2.4.1 highlight the importance of ensuring that employees at all levels across the Council focus on achieving an appropriate balance between service delivery and risk and control;
  - 2.4.2 improve knowledge and understanding of risk and controls and the 'three lines of defence', demonstrating how the three lines work together across the Council to provide assurance on service delivery;

- 2.4.3 introduce the concept of Internal Audit as the Council's 'safety net' or internal third line of defence;
  - 2.4.4 present a video with messages from the Chief Executive; Executive Directors; Heads of Service; Service Managers; and the Convenor and Vice Convenor of the Governance, Risk, and Best Value Committee, demonstrating how IA can add value, and reinforcing the importance of implementing agreed management actions to mitigate the risks highlighted in IA findings;
  - 2.4.5 increase knowledge and awareness of IA responsibilities, with specific focus on how audits are performed and the rationale for, and importance of, subsequent IA follow-up; and
  - 2.4.6 demonstrate the new Team Central system.
- 2.5 Attendees were also asked to complete a survey to confirm their understanding of key training objectives, and provide feedback on training quality.
- When completing the survey attendees were asked to:
- 2.5.1 Confirm which Directorate they work in;
  - 2.5.2 Respond to 20 statements designed to confirm their understanding of key training objectives by confirming that they strongly agree; agree; disagree; or strongly disagree with each statement; and
  - 2.5.3 Provide commentary on how the training content or delivery could be improved.

### **3. Main Report**

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#### **Training Attendance**

- 3.1 The total target training audience was 164 Council employees. This included all WLT members (98); colleagues currently involved in delivering agreed management actions (48) and executive support teams (18) who provide support to Directorates and Divisions by extracting reports from Team Central.
- 3.2 A total of 138 colleagues attended the training. This included 102 colleagues (63%) from the target audience, and a further 36 colleagues who have attended for personal development, including three colleagues from the Lothian Valuation Joint Board.
- 3.3 Target audience attendance included 63% of the WLT; 60% of colleagues currently working on open and overdue IA findings; and 72% of the Executive Support team. Further detail is included at Appendix 1.
- 3.4 A further training session is planned for 22 October to cover those members of the target audience who have not yet attended.

- 3.5 A further two training sessions have also been scheduled for Executive Support teams that will focus on how to use the system dashboards and production of management information in more detail.
- 3.6 Training slides were shared with all attendees following delivery of each training session together with a 'youtube' link that provides further guidance on how to use Team Central system.

### **Survey Results**

- 3.7 A total of 27 (20%) survey responses were received from attendees.
- 3.8 Survey results were positive, with most of responses in the 'strongly agree' (47%) or 'agree' categories (51%). 'Disagree' feedback was reflected in 2% of responses, and no 'strongly disagree' responses were noted.
- 3.9 The responses confirmed that attendees now have a strong understanding of the three lines of defence (questions 1 and 2); IA's roles and responsibilities (question 3); and the need to provide good quality evidence to support closure of management actions (questions 13 and 14).
- 3.10 Some responses indicated that further clarity is required in relation to available options when considering IA recommendations to address control gaps identified (question 9), and how best to work with IA to agree management actions (question 8) and finalise audit reports. Comments received also confirmed that some attendees would have appreciated more time on the Team Central system demonstration.
- 3.11 Details of the survey questions; responses and commentary provided are included at Appendices 2 and 3.

## **4. Measures of success**

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- 4.1 Enhanced focus on risk and control across the Council.
- 4.2 Timely finalisation of IA reports.
- 4.3 Timely closure of management actions supporting IA findings, with provision of good quality evidence.
- 4.4 Reduced volume of overdue IA findings and management actions.
- 4.5 Significant risks identified by IA mitigated in a timely manner.
- 4.6 Reduction in IA time spent on follow-up.

## **5. Financial impact**

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- 5.1 No direct financial impact.

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

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- 6.1 If employees do not understand the importance of finalising audit reports in a timely manner, this will impact the ability of the Governance, Risk, and Best Value Committee to scrutinise IA reports and challenge senior management.
- 6.2 Internal Audit findings are raised as a result of control gaps or deficiencies identified during audits. If employees do not understand the importance of implementing their agreed management actions within agreed timeframes to support closure of findings, the Council will continue to be exposed to the risks set out in the relevant IA reports.

## **7. Equalities impact**

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- 7.1 Not applicable.

## **8. Sustainability impact**

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- 8.1 Not applicable.

## **9. Consultation and engagement**

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- 9.1 Not applicable.

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

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- 10.1 Not applicable.

### **Lesley Newdall**

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Legal and Risk Division, Resources Directorate

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## **11. Appendices**

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Appendix 1 Training Attendance Summary

Appendix 2 Survey Questions

Appendix 3 Survey Results

## Appendix 1 – Training Attendance Summary

Table 1 - Internal Audit Training Attendance Summary – as at 10 October 2018					
	<u>Total Numbers</u>	<u>Attended Training</u>	<u>% Attended</u>	<u>Did Not Attend</u>	<u>% Non Attend</u>
Wider Leadership Team	95	60	63%	35	37%
Other Colleagues working on agreed management actions	48	29	60%	19	40%
Executive Support – providing support to Directorates and Divisions by extracting reports from Team Central	18	13	72%	5	28%
<b>Targeted Population</b>	<b>161</b>	<b>102</b>	<b>63%</b>	<b>59</b>	<b>37%</b>
<b>Other colleagues who attended for personal development</b>	-	36		-	
<b>Total training attendance</b>	-	138		-	

Table 2 - Analysis of Non Attendance by Directorate and Additional Attendees as at 10 October 2018				
	<b>Target Audience</b>	<b>Non Attendance</b>	<b>% Non Attendance</b>	<b>Additional Attendees</b>
Communities and Families	25	13	52%	1
Health and Social Care	16	10	63%	0
Place	38	15	39%	16
Resources (incl LPF)	47	7	15%	17
CEO & S&I	17	9	53%	2
Exec Support Teams	18	5	28%	0
Lothian Valuation Joint Board	-	-	-	3
<b>Total non attendance</b>	<b>161</b>	<b>59</b>	<b>37%</b>	<b>36</b>



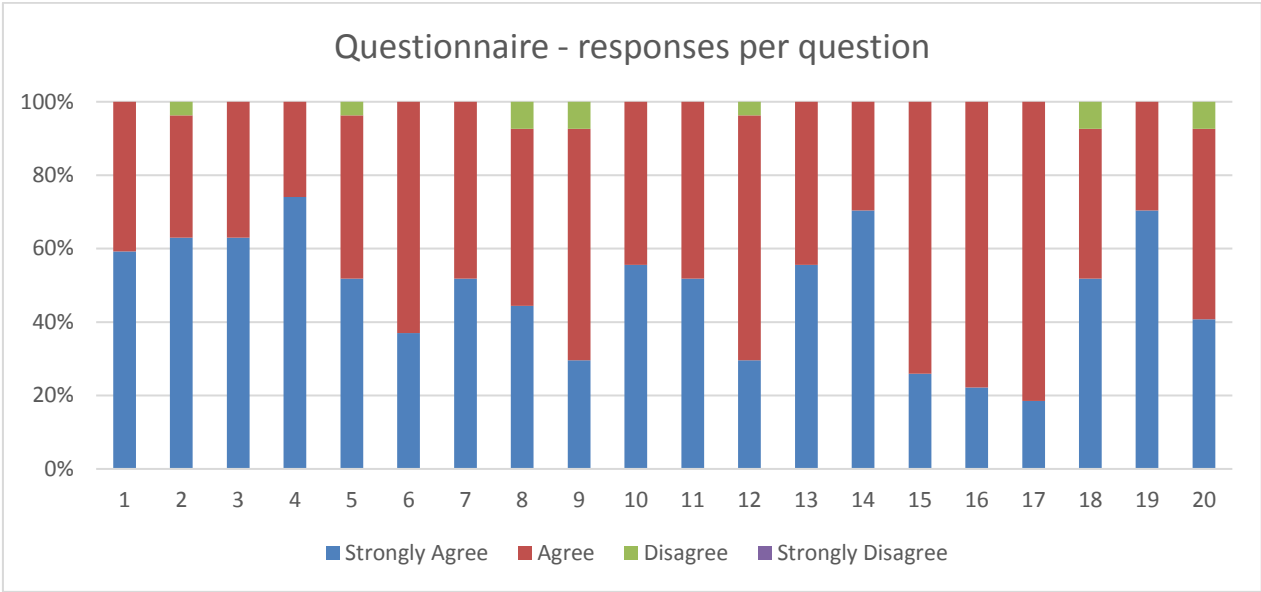
## Appendix 2 – Survey Questions

Which service area do you work in?

To what extent do you strongly agree; agree; disagree; or strongly disagree with the following statements?

1. I have a good understanding of the three lines of defence model and how this works across the Council.
2. I have a good understanding of which line (1st; 2nd; 3rd) that my service sits in.
3. I understand the roles and responsibilities of Internal Audit.
4. I understand where Internal Audit sits in the three lines of defence model.
5. I like the Internal Audit - Safety Net branding and agree that this reflects their role as the third line of defence and their role in the Council.
6. I understand how an audit is performed and the different stages of the audit process.
7. I understand Internal Audit terminology – Finding; Recommendations; Agreed Management Actions; and Implementation Dates.
8. I understand how best to work with Internal Audit to agree management actions in response to Internal Audit reports.
9. I understand the options/choices that are available when finalising Internal Audit reports.
10. I understand the importance of implementing and sustaining my agreed management actions.
11. I understand why and how Internal Audit performs follow-up.
12. I understand how to work with Internal Audit to ensure that my agreed management actions are closed on time.
13. I understand the importance of agreeing the follow-up approach with IA and also details of the evidence to be provided.
14. I understand the need to provide good quality evidence to support closure.
15. I feel confident about providing appropriate good quality evidence to close an agreed management action.
16. I understand how Team Central will enable me to manage my open and overdue audit findings and agreed management actions.
17. I understand how I can produce my own analysis of open and overdue IA findings.
18. The training presentation and system demonstration was helpful in illustrating the different features of the Team Central system.
19. The quality of the presentation and the presenters was good.
20. The training facilities (location; room; layout and use of technology) worked well.

# Appendix 3 – Survey Results (based on 27 responses)



## Survey Comments

“I thought the training was excellent and look forward to utilising Team Central to its full potential. Might be a good idea to hold short workshops some time after implementation to discuss how auditees feel about its effectiveness and/or any functionality they would wish to see developed.”

“There were a few IT issues on the day however the overall content of the course was good. Hands on training for the new system would be good as whilst it is clear at the point in time it is being presented - if there is a delay before the system is used it may not seem so clear.”

“I don't think there was an improvement required. I thought the tone, style, content and delivery was very professional, clear and worked well for me.”

“My 'disagree' responses are only as a result of not having any practical experience of being audited, or using the Team Central system.”

“Possibly a bit more practical demonstration on Teamwork and a short workshop session where Audit role play is carried out.”

“Maybe using an illustrative example that you could keep referring back to as you go through the IA process would have been more helpful. I know you used the 'buying a house' analogy, but if it were something related to CEC work then that might make it easier to understand. Otherwise a very helpful and insightful presentation on IA!”

“More of the demonstration of the actual system.”

“The demo of the system was a bit difficult to follow given where the screen was positioned in the room alongside the screen showing the slides. Might be worth asking people to move to a position where they can see that screen more clearly. Training content and delivery was excellent though, clear, well pitched and covered a lot in a short space of time. I now see IA as much more of an enabling role than I did prior to this event.”

“Could be covered by an online introduction to the new software rather than an hour training session.”

“Maybe get the group to try a worked example on the system. Thanks (I really enjoyed the course!).”

# Governance, Risk and Best Value Committee

10.00am, Tuesday 30 October 2018

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

Item number	7.4
Report number	
Executive/routine	
Wards	
Council Commitments	

### Executive Summary

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

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

### 1. Recommendations

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- 1.1 Committee is recommended to note:
- 1.1.1 that Internal Audit Team (IA) is currently reviewing a significant quantity of evidence provided by the Edinburgh Health and Social Care Partnership (the Partnership) and Council Directorates/Divisions to support closure of open and overdue findings during August. A five-week window (to 5 October 2018) has been given to services to address and resolve any subsequent IA queries raised prior to findings being formally recorded as overdue (where appropriate);
  - 1.1.2 of current governance and assurance arrangements in place for progressing all historic, current and new internal risk findings; and
  - 1.1.3 the status update for all overdue IA items for Health and Social Care/IJB.

### 2. Background

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- 2.1 The Edinburgh Integration Joint Board (IJB) is responsible for ensuring that its business is conducted in accordance with the law, statutory guidance and appropriate standards. The IJB also aims to foster a culture of continuous improvement in its and to make arrangements to secure best value.
- 2.2 In discharging these responsibilities, the IJB is required to have in place processes to ensure an oversight of quality of delivery and in doing so, as well as having in place internal processes it must also place reliance on the City of Edinburgh Council (the Council) and NHS Lothian's own systems of internal control which support compliance with those organisations' policies.
- 2.3 At its meeting on 26 September 2018, this committee requested a scoping report with outline activity to address the outstanding actions for Health and Social Care with an appendix highlighting who is responsible for each. This report is in response to that instruction.
- 2.4 The Chief Officer has now set up an Assurance Oversight Group which oversees all internal audit risk findings activities for current, overdue and historic items with the objective of getting a fuller understanding of any aspects or issues that are cross

cutting and which might prevent progress being made on agreed management actions against internal audit risk recommendations. This group considers audit reports and actions across all IJB audits – Council, NHS and IJB specific.

### 3. Main report

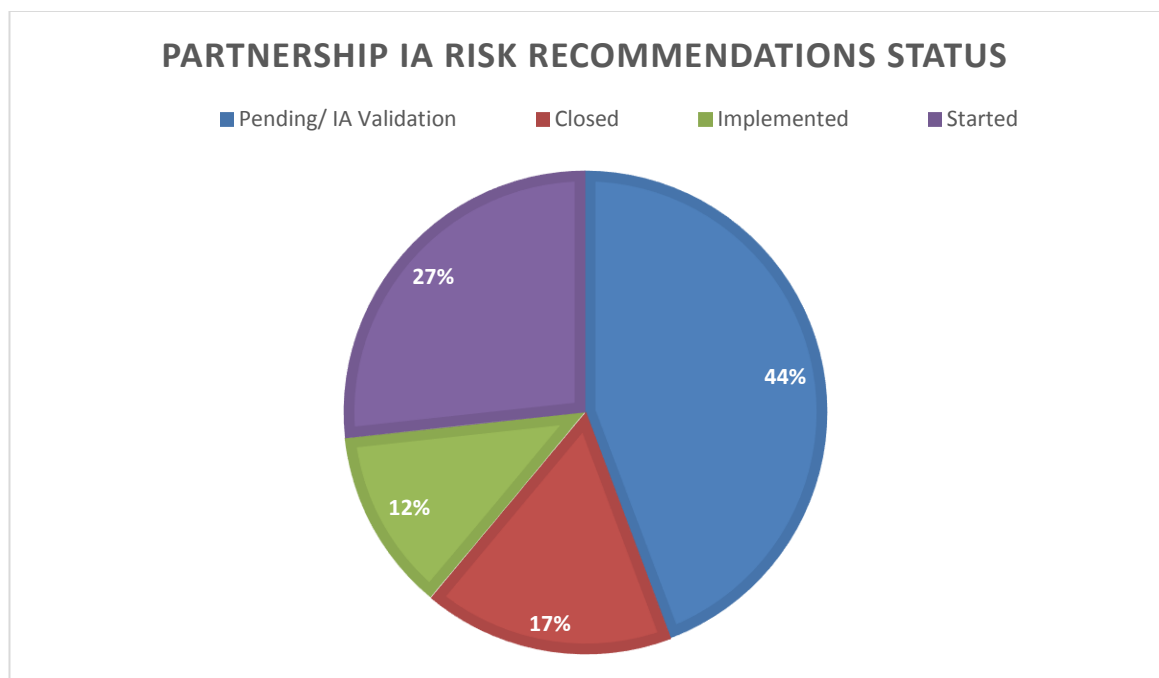
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#### Wider Internal Audit Risk Findings Overview

3.1 As of the 1<sup>st</sup> October 2018, the Partnership is monitoring the performance of 131 IA recommendations identified from 44 IA risk findings. Of these 131 recommendations:

- 24 are not yet due;
- 28 have been rescheduled and are not yet due;
- 41 are pending\*;
- 16 have reported the recommendation as ‘implemented’; and
- 22 have been recently closed.

3.2 Table 1: 01/10/2018 Partnership IA Risk Recommendations % Status Graph



#### \* Open and Pending Findings

3.3 In terms of Council 93 recommendations are currently open. The Partnership and its business partners from various Council service areas have been actively providing evidence to support the closure of these recommendations. 35 of these recommendations have received evidence to support progress and are marked as ‘started’.

- 3.4 The remaining 58 recommendations have had evidence submitted supporting their full closure prior to the end of August 2018. Their status is currently marked as 'pending'. These are being validated by IA.
- 3.5 Where evidence provided was not fully sufficient to support closure, the 'IA validation in progress' status was maintained until Friday 5 October, enabling service areas to respond and provide additional evidence, before changing the status to overdue (where appropriate).

**Pending/Outstanding IA items - Scope**

- 3.6 The following 11 IA reports have items which are currently being validated by IA – these include the recommendations with a deadline ending before 31 August 2018:
- Use of Demographics in the Budgeting Process (historic)
  - Continuous Testing-Standby, On Call & Disturbance Payments (historic)
  - Care Home Debt Management (historic)
  - Management Information (historic)
  - SWIFT Access Controls (historic)
  - Self-Directed Support – Option 3 (historic)
  - IJB Data Integration and Sharing
  - Health and Social Care: Care Homes – Corporate Report
  - Social Work Centre Bank Account Reconciliation
  - Edinburgh Alcohol and Drug Partnership – Contract Management
  - Social Work: Pre-Employment Verification

**Outstanding IA Agreed Management Actions – Partnership Only**

- 3.7 Following IA's initial validation (from 12 October 2018), 31 IA agreed management actions owned by Health and Social Care/IJB are currently outstanding.
- 3.8 Table 2: October Outstanding Management Actions Breakdown:

Progress Status	Number	%
Implemented/Pending IA Validation	19	61%
Started (90% or above)	7	23%
Started (60% or less)	5	16%
<b>Total:</b>	<b>31</b>	

- 3.9 Outstanding management actions with an 'Implemented/Pending IA Validation' status have been actioned by the service area, however, additional evidence, assurance or clarification is being pursued by the IA team prior to closure.
- 3.10 Started (90% or above) have been marked for items where implementation by the service is imminent within the next 4 weeks.
- 3.11 Started (60% or less) require further senior management input to progress. These will be escalated by exception to the Chief Officer's Assurance Oversight Group (see 3.13).
- 3.12 Appendix 1 provides a full breakdown of Health and Social Care/IJB outstanding items which details audit finding, timelines (original and revised), status update and action owner(s).

### **Audit Oversight Group**

- 3.13 Not all of the Partnership's IA risk findings are within the Partnership's sole gift to remediate. The majority rely on Council or NHS Lothian services to take appropriate actions to mitigate risks.
- 3.14 In order to seek comprehensive updates on progress against actions from these recommendation owners, the Chief Officer has formed an Assurance Oversight Group (AOG). The AOG is composed of the Partnership's Executive Team, the Chief Internal Audit Officer and relevant Council Head of Service whose officers are accountable for the delivery of the Partnership's wider internal audit programme.
- 3.15 The AOG aims to gain a fuller understanding of any aspects or issues that are cross-cutting and which might prevent progress being made. Where there is a discrepancy to delivery timescales or deviation to agreed management actions, the Chief Officer will be provided with a rationale and a remedial proposal for consideration and sign off.
- 3.16 The AOG will also review all agreed management action plans for new and upcoming reports for final approval, as will be the case for the Purchasing Budget Management report – its action plan will be due to be submitted by December 2018.

### **Partnership IA Programme**

- 3.17 The Partnership's IA programme is currently being managed by the Partnership's Operations Manager. All recommendations are being closely monitored through the programme and where appropriate, relevant recommendation owners will meet on a regular basis to discuss progress with the Operations Manager and raise any issues for escalation. If these issues are unable to be resolved at an operation level, an exception report will be completed for submission to the AOG.
- 3.18 Various existing working or action groups have been assigned to oversee the progress of more complex risk findings where a multi-service approach has been necessary to mitigate control gaps, address risk and ultimately provide evidence to close down risk findings.

- 3.19 Where an established group was deemed inappropriate to action a particular risk finding, a short-life working group has been sanctioned by the AOG to progress the actions or develop an action plan until the relevant risk findings' closure. For high risk findings, the Chief Officer will also nominate a member of her Executive Team to lead this group to ensure that she is regularly updated on progress.

#### **IA Validation Timeframes**

- 3.20 The Partnership and other Council Service Areas were given until 5 October 2018 to provide evidence to support closure of recommendations.
- 3.21 Any remaining risk items classified as 'overdue' is subject to AOG scrutiny and all residual closure management actions will prioritised by the group.

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

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

### **5. Financial impact**

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- 5.1 No direct financial impact.

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

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

### **7. Equalities impact**

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

### **8. Sustainability impact**

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- 8.1 Not applicable.



## 9. Consultation and engagement

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9.1 Not applicable.

## 10. Background reading/external references

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10.1 None.

### **Judith Proctor**

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## 11. Appendices

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Appendix 1: Health and Social Care/IJB Outstanding IA Agreed Management Actions List

Group	Issue Type	Finding	Recommendation Title	Recommendation	Agreed Management Action	Recommendation State	Final Audit Report Completion Date	Estimated Implementation Date	Revised Implementation Date	Last Status Update	Owner	Contributor
Project Code: CW1801												
Project Name: Historic Unimplemented Findings												
Issue Title: HSC1502 - issue 1 No regular review of user access												
Health & Social Care	Medium	There is no regular review of an individual's user access rights to check that their access remains appropriate.	Recommendation 2a	Regular revalidation of users is introduced. A regular revalidation of all users should be performed. Line managers should check each individual's access to Swift and ensure that the type of access they have is appropriate.	On a six monthly basis, managers will be sent a report detailing all active end user accounts listed against the teams they manage, requesting active confirmation that access rights for all these individuals is correct. This will have a confirmation turnaround date of 2 weeks. Failure to comply will be escalated to Swift Governance Board. These reports will be circulated in November and May.	Implemented	Nov-15	31/12/2015	30/08/2018	New Swift user access right validation process is now in place. First validation exercise was run in September. As anticipated, the first report has generated a large amount change requests (eg line management, team changes, etc.). ICT are updating every individual requests manually, which will take some time to fully complete - updates will hopefully be completed by early November 2018.  The next round of checks is scheduled for March 2019.	Judith Proctor, Chief Officer	ICT Partnership (Operations)
Issue Title: HSC1503 - SDS Option 3 - Sign off process - Assessments and Budgets												
Health & Social Care	Medium	To ensure segregation of duties and the quality of assessments, all assessments (which include the user's budget) are checked and then authorised or returned by the assessor's senior. Where a special service (e.g. a care home placement) is required, then the assessment and personal support plan also need to be authorised by the Sector Manager. We analysed all cases that were added to the Swift database between April 2015 and January 2016 and compared the user ID of the person who completed the budget to the user ID of the person who signed off the budget. We identified 65 cases out of 2,525 (2.6%) where the system recorded the assessor who prepared the budget also signing it off.	Recommendation 6a	All assessments and budgets should be signed off by a senior in accordance with HSC policy. 'Workarounds' on Swift should be deactivated to prevent this breach of segregation of duties recurring.	Workarounds' on Swift will be deactivated by 31 December 2016. Extract of Agreed Management Action from Audit Report (Final) 'Workarounds' on Swift will be deactivated by 31 December 2016. Work is being taken forward through the Health and Social Care Transformation Project (Governance, Devolved Budgets and Budget Management) to implement the budget management functionality within SWIFT which will address issues around separation of duties. A working group has been established and identified all the workstreams required to implement delegated budget management. A workshop will be held in mid-May 2016 to agree new operational processes including the management of budgets through SWIFT with authorisation limits and the facility for budget holders to authorise within the system. Further progress is dependent on the agreement of budget and staffing structures across localities in order to avoid the need to set up these structures twice on SWIFT which would represent a significant duplication of work. This Action also relates to work being undertaken to address Iss2 from Audit RS1245.	Implemented	Aug-16	31/12/2016	31/07/2018	Recent process changes have been made to the personal support plan to ensure budget managers are taking responsibility for reviewing, coding and signing off all purchased services within EHSCP.  Changes are as follows:  • The PSP has been amended with an authorisation section added and the manager must apply the correct cost centre and electronically sign off the plan. • Business Support will no longer apply a cost centre to a package of care and in the event of missing information it will be returned to the approving manager to code and sign off agreed packages.  These changes will come into effect over the next couple of weeks when the finance migration has happened, all SWIFT/AIS processes have been amended and this information has been communicated to all managers in preparation for this change.  GO LIVE by 22 October 2018.	Judith Proctor, Chief Officer	Partnership (Operations) ICT Business Support (Resources) Finance
Health & Social Care	Medium	To ensure segregation of duties and the quality of assessments, all assessments (which include the user's budget) are checked and then authorised or returned by the assessor's senior. Where a special service (e.g. a care home placement) is required, then the assessment and personal support plan also need to be authorised by the Sector Manager. We analysed all cases that were added to the Swift database between April 2015 and January 2016 and compared the user ID of the person who completed the budget to the user ID of the person who signed off the budget. We identified 65 cases out of 2,525 (2.6%) where the system recorded the assessor who prepared the budget also signing it off.	Recommendation 6b	All assessments and budgets should be signed off by a senior in accordance with HSC policy. 'Workarounds' on Swift should be deactivated to prevent this breach of segregation of duties recurring.	Work is being taken forward through the Health and Social Care Transformation Project (Governance, Devolved Budgets and Budget Management) to implement the budget management functionality within SWIFT which will address issues around separation of duties. A working group has been established and identified all the workstreams required to implement delegated budget management. A workshop will be held in mid-May 2016 to agree new operational processes including the management of budgets through SWIFT with authorisation limits and the facility for budget holders to authorise within the system. Further progress is dependent on the agreement of budget and staffing structures across localities in order to avoid the need to set up these structures twice on SWIFT which would represent a significant duplication of work. This Action also relates to work being undertaken to address Iss2 from Audit RS1245.	Implemented	Aug-16	31/12/2016	31/07/2018	See above (6a) update.  This will GO LIVE by 22 October 2018	Judith Proctor, Chief Officer	Partnership (Operations) ICT Business Support (Resources) Finance (Resources)
Project Code: EIDB1701												
Project Name: Purchasing Budget Management												
Issue Title: Financial Controls												
Health & Social Care	High	Our review identified a number of significant financial control gaps across the teams supporting delivery of social care by the Partnership, and the processes they apply: Funding allocation model. There is currently no funding allocation model established within the Partnership to ensure that budgets for packages of care are established and monitored based on an ongoing assessment of client needs. Additionally, there is no evidence to confirm that each of the self-directed support options have been fully discussed with clients, and that they are given the opportunity to choose from the available self-directed support options. This issue was raised as a High rated finding in our Self-directed Support Option 3 'Communication of the budget' review completed in August 2016, and has not yet been resolved. Delegated financial authorities. No clear delegated financial authorities have been established for approval of the cost of care packages or spot purchase contracts. Our review established that a number of interim financial guidance documents have been issued, and that there is a lack of clarity re the actual authorisation limits that should be applied. Further details of the guidance that has been issued is included at Appendix 2. Additionally, the Service Matching Unit (SMU) is processing packages of care initiated by hospital occupational therapists with no independent approval of costs by	Financial Controls - Issue 2 - Partnership Working Group	See 'Summary of Findings' of Final Audit Report	Whilst Partnership and Customer senior management recognise the need to address the financial control weaknesses identified, a wider review of both strategic (for example options in relation to Swift) and current operational service delivery arrangements is required, with appropriate project management resource and capacity to support this process. In the interim, a Partnership working group will be established / existing working groups refreshed. This group will include Partnership senior management and representation from Finance, Customer, ICT, and Strategy and Insight. The group will ensure that these findings are included in the wider service delivery review, and incorporated into an overarching plan that focuses on delivery of strategic and operational service delivery solutions, with initial focus on addressing the supplier and contract management issues raised in Finding 4.  The Partnership working group will be established by the Chief Finance Officer by 28 September 2018.	Implemented	Jul-18	28/09/2018		Ongoing IA Validation  Purchasing Budget Implementation Group met on 14 September 2018.  IA have advised that as representatives from Strategy and Insight and Contract Teams were absent in the first meeting, they would be unable to close this action down until confirmation that these team members have attended/been actively engaged within the group.  Email confirmation has been received from Strategy and Insight and Contracts teams that a representative will be in attendance at the next meeting on 23 October 2018.	Judith Proctor, Chief Officer	Partnership (Operations & Finance) Finance (Resources) Business Support (Resources) Strategy and Insight ICT
IA												
Health & Social Care	High	Our review confirmed that a significant number of Council teams are involved in supporting the Partnership with delivery of social care. No holistic social care processes and supporting operational procedures have been established to ensure effective service delivery. The processes applied within individual teams are often complex, involving use of both Council and NHS systems; involve a significant number of hand offs between teams; and involve high volumes of manual workarounds. A review of a sample of social care operational processes applied by the teams involved, confirmed that they are performed inconsistently and often without a full understanding of their overall purpose or objective, and that the volume of briefing emails issued detailing changes to procedures causes confusion for the teams performing the processes. Additionally, a number of links to procedural documentation on the Orb are broken, or documents have been removed and not replaced. Further detail is provided below: Locality Processes and Procedures Draft Hub Standard Operating Procedures were created	Operational structure and processes - Issue 3 - Partnership Working Group	See 'Summary of Findings' of Final Audit Report.	Whilst Partnership and Customer senior management recognise the need to address the financial control weaknesses identified, a wider review of both strategic (for example options in relation to Swift) and current operational service delivery arrangements is required, with appropriate project management resource and capacity to support this process. In the interim, a Partnership working group will be established / existing working groups refreshed. This group will include Partnership senior management and representation from Finance, Customer, ICT, and Strategy and Insight. The group will ensure that these findings are included in the wider service delivery review, and incorporated into an overarching plan that focuses on delivery of strategic and operational service delivery solutions, with initial focus on addressing the supplier and	Pending	Jul-18	28/09/2018		As above.  Further evidence is required to allow this management action to be closed.	Judith Proctor, Chief Officer	Partnership (Operations & Finance) Finance (Resources) Business Support (Resources) Strategy and Insight ICT
Issue Title: Purchasing Budget Allocation												

Health & Social Care	High	Whilst an overall Partnership purchasing budget has been established, the budget had not been appropriately devolved / allocated across the localities as at December 2017. Additionally, care package cost data maintained on the Swift system is not aligned with the localities operating model, and no locality financial management information is currently available. Locality Management has advised that they are aware of these issues. Finance senior management confirmed that a draft report was presented to the Partnership senior management team in April highlighting the need for alignment of financial budgets; income and cost centres with the localities operating model. The draft report notes that this exercise is a significant undertaking as it requires amendments to the general ledger; Swift; and other core financial systems. We understand that a 'purchasing realignment group' has been established to resolve allocation of budgets across the localities.	Purchasing Budget Allocation - Issue 1 - Partnership Working Group	See 'Summary of Findings' of Final Audit Report.	Whilst Partnership and Customer senior management recognise the need to address the financial control weaknesses identified, a wider review of both strategic (for example options in relation to Swift) and current operational service delivery arrangements is required, with appropriate project management resource and capacity to support this process. In the interim, a Partnership working group will be established / existing working groups refreshed. This group will include Partnership senior management and representation from Finance; Customer; ICT; and Strategy and Insight. The group will ensure that these findings are included in the wider service delivery review, and incorporated into an overarching plan that focuses on delivery of strategic and operational service delivery solutions, with initial focus on addressing the supplier and contract management issues raised in Finding 4. The Partnership working group will be established by the Chief Finance Officer by 28 September 2018.	Pending	Jul-18	28/09/2018		As above. Further evidence is required to allow this management action to be closed.	Judith Proctor,Chief Officer	Partnership (Operations & Finance) Finance (Resources) Business Support (Resources) Strategy and Insight ICT
Issue Title: Supplier and Contract Management												
Health & Social Care	High	A number of significant and systemic control weaknesses have been identified in relation to supplier and contract management where third-party providers are used to provide social care services. Contract AuthorisationThe register of 'Proper Officers' held by the Council's Committee Services Team has not been updated to reflect the Partnerships delegated authority for signing contracts under the Council's Scheme of Delegation. A number of contracts continue to be issued with manual signatures, and it is unclear whether these signatories have the required authority. Additionally, a significant number of contracts (mainly Care at Home Contracts) are being issued with the electronic signature of a former employee. This issue was immediately escalated to the Interim Chief Officer when identified (5 January 2018) and has not yet been fully resolved. Appendix 4 - Timeline - Electronic Signatures includes details of the issue and progress and actions implemented to date. Contracts TeamThe Partnership contracts team is responsible for procurement; agreeing rates with on contract and spot service providers; monitoring supplier performance; and also own the 'guide to price' which specifies the cost of services provided. Review of the contracts team established that: they currently have no established operational processes and procedures; no clear approval and change management process has been established to support changes to the cost of services detailed in the guide to price. The rates included on the Orb are noted as April 2018 rates, however there is no clear audit trail supporting how these costs were established and approved; the 'guide to price' is not aligned with the service costs included in the Swift system; there is no defined ownership of and review of agreed third party supplier rates charged for cost of care, and no established maximum limits for off contract 'spot' purchases; no monitoring is performed on Individual Service Fund (ISF) care providers to ensure that clients are receiving the expected level of care. Effective monitoring of ISFs was raised as a High rated finding in the Personalisation and SDS (Self-Directed Support) - Stage 3 audit report issued in June 2015. Quarterly returns are received from ISF providers detailing how funds received have been disbursed on client care, but are not reviewed due to lack of resources. The Individual Service Fund Agreements request providers to	Supplier and Contract Management - Issue 4 - Partnership Working Group	See 'Summary of Findings' of Final Audit Report.	Whilst Partnership and Customer senior management recognise the need to address the financial control weaknesses identified, a wider review of both strategic (for example options in relation to Swift) and current operational service delivery arrangements is required, with appropriate project management resource and capacity to support this process. In the interim, a Partnership working group will be established / existing working groups refreshed. This group will include Partnership senior management and representation from Finance; Customer; ICT; and Strategy and Insight. The group will ensure that these findings are included in the wider service delivery review, and incorporated into an overarching plan that focuses on delivery of strategic and operational service delivery solutions, with initial focus on addressing the supplier and contract management issues raised in Finding 4. The Partnership working group will be established by the Chief Finance Officer by 28 September 2018.	Pending	Jul-18	28/09/2018		As above. Further evidence is required to allow this management action to be closed.	Judith Proctor,Chief Officer	Partnership (Operations & Finance) Finance (Resources) Business Support (Resources) Strategy and Insight ICT
Project Code: HSC1503												
Project Name: Personalisation SDS - Option 3												
Issue Title: Sign offs - Personal Care Plans												
Health & Social Care	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.	Sign offs - Personal Care Plans	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 recurring.	Ensure that there is a mechanism in place on SWIFT for the senior to record that they have signed off the support plan. At present any edits made by the senior at the time of the review will show that the senior has both prepared and reviewed the plan. Data quality reports will be set up to identify any support plan signed off by the assessor who produced the plan. Sector Managers and seniors to ensure appropriate oversight and sign off by senior for the personal care plans	Started	Aug-16	30/06/2016	30/09/2018	Head of Operations agreed on 3 October 2018 to transfer ownership of this action from Business Support (Resources). To be discussed at the next Partnership Assurance Oversight Group via Exception Report.	Judith Proctor,Chief Officer	Partnership (Operations) Partnership (Resources) Partnership (ICT)
Project Code: HSC1604												
Project Name: IJB Data Integration & Sharing												
Issue Title: Hardware compatibility and connectivity in NHS and CEC locations												
Integration Joint Board	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 Wi-Fi at NHS sites (and vice versa) in order to access their emails, and some systems cannot be accessed using specific hardware such as mobile devices (i.e. tablets, mobile phones).	Connectivity and Hardware compatability	The IJB should ask for a review of connectivity and hardware compatibility to be conducted in NHS and CEC sites, to ensure all staff can be fully operational wherever they are located.	The ICT and Information Governance Steering Group will request a review of connectivity and hardware compatibility to be conducted across all sites housing integrated teams and consider any recommendations arising from that review.	Started 60% Completed	May-17	30/06/2017	31/05/2018	ICT Priority work to be taken on by the ICT and Information Governance Steering Group - now to be Chaired by Partnership's Head of Operations. To be discussed at the next Partnership Assurance Oversight Group via Exception Report.	Judith Proctor,Chief Officer	Partnership (Operations) ICT (Council & NHS Lothian) Information Governance (Council - Startegy and Insight & NHS Lothian) Change Strategy (Strategy and Insight)
Issue Title: Lack of available training, policies and guidance												
Integration Joint Board	Medium	Training processes do not meet the changing requirements imposed by newly provisioned access to NHS or CEC data sets. CEC and NHS employees receive mandatory training as part of their induction to CEC and NHS respectively. However where CEC staff are provided access to NHS data (and vice versa) there are no additional training requirements. As a result NHS or CEC staff may handle data inappropriately as they have not been briefed on specific requirements. Training is not regularly refreshed or reviewed, and there are no clear policies that staff are required to follow when receiving new access to systems to positively affirm compliance.	Data Protection Training	Training should be mandatory for employees accessing a system for the first time (particularly where that system holds sensitive information). This should be defined in a training plan.	The nominated officer with responsibility for ICT and Information Governance will work with relevant colleagues in the Council and NHS Lothian to develop an integrated approach to data protection training taking account of the role and responsibilities of the IJB.	Started 60% Completed	May-17	31/12/2017	30/09/2018	Partnership's Data Protection Officer (Council's Information Governance Manager) met with Partnership Operations Manager on 27 September 2018 to discuss actions arising from Information Governance Survey that was completed by management teams across the Partnership. Further work is required with NHS Lothian's Information Governance Unit to agree on which training module (Council or NHS Lothian) integrated teams should complete. Both organisations jointly recognise that information governance compliance principles are for the most part the same, as such, it is likely that one presentation/training module will be sufficient with only minor amendments to comply with mandatory training requirements on GDPR. To be discussed at the next Partnership Assurance Oversight Group.	Judith Proctor,Chief Officer	Partnership (Operations) Information Governance (Council & NHS Lothian)
Integration Joint Board	Medium	Training processes do not meet the changing requirements imposed by newly provisioned access to NHS or CEC data sets. CEC and NHS employees receive mandatory training as part of their induction to CEC and NHS respectively. However where CEC staff are provided access to NHS data (and vice versa) there are no additional training requirements. As a result NHS or CEC staff may handle data inappropriately as they have not been briefed on specific requirements. Training is not regularly refreshed or reviewed, and there are no clear policies that staff are required to follow when receiving new access to systems to positively affirm compliance.	Compliance with training plan	Depending on the systems, this training should be monitored either by CEC or NHS, and supervised by the IJB.	A training plan will be developed to ensure all existing staff who need to access systems belonging to both the Council and NHS Lothian receive the appropriate training to enable them to use the system appropriately with due regard to data protection. Training on all systems to be used by a postholder will become part of the mandatory training for new appointments. Compliance with this arrangement will be overseen by the nominated officer with responsibility for ICT and Information Governance.	Started 60% Completed	May-17	31/03/2018	30/09/2018	Draft project plan to be discussed at the next ICT Steering Group. Responses received from Survey Monkey questionnaire to staff in integrated team will define the project/workstream's scope. To be discussed at the next Partnership Assurance Oversight Group via Exception Report.	Judith Proctor,Chief Officer	Partnership (Operations) ICT (Council & NHS Lothian) Information Governance (Council - Startegy and Insight & NHS Lothian) Change Strategy (Strategy and Insight)
Issue Title: The existing processes lack robustness (access management, data protection)												

Integration Joint Board	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 IJB. 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 joiners, 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 interviewees 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 IJB.	Access management	The processes for notifying system owners of staff changes should be well defined and communicated to stakeholders. Controls should be implemented to ensure access to CEC and NHS systems remain appropriate. This should include processes to ensure that changes are applied in a timely manner and access rights are regularly recertified. This would provide assurance to system owners over the operating effectiveness of these controls.	The existing processes within the Council and NHS Lothian for notifying system owners of staff changes will be communicated to all managers of integrated teams. Establishing an integrated system setting out the systems access requirements for all posts and the mechanism for gaining access for new staff and notifying system owners of leavers and changes in role will be a priority for the nominated officer to be identified in respect of ICT and Information Governance.	Started	May-17	30/09/2017	30/09/2018	Draft project plan to be discussed at the next ICT Steering Group. Responses received from Survey Monkey questionnaire to staff in integrated team will define the project/workstream's scope.  To be discussed at the next Partnership Assurance Oversight Group via Exception Report.	Judith Proctor, Chief Officer	Partnership (Operations) ICT (Council & NHS Lothian) Information Governance (Council - Strategy and Insight & NHS Lothian) Change Strategy (Strategy and Insight)
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Project Code: HSC1701

Project Name: H&SC Care Homes - Corporate Report

Issue Title: A1.2: Gylemuir

Health & Social Care	High	A temporary Care Inspectorate registration certificate was in place at Gylemuir Care Home during the audit visit in June 2017, which was due to expire at the end of that month. The registration was then extended until the end of August 2017 with the condition that either the proposed date and the strategy for closure of the service or plans for refurbishment should be agreed with the Care Inspectorate. Since then, the registration has been extended to June 2018 and a subsequent Inspectorate review performed. The interim Health and Social Care Chief Officer is prioritising the concerns raised by the Inspectorate to ensure that these are addressed and has suspended new admissions in the interim period. The revised Inspectorate conditions of registration are that the Council 'must inform the Care Inspectorate by 30 March 2018 of the proposed date and the strategy for closure of the service or provide details of the future plans for the service. If the service is to be long term and a home for life a full programme of refurbishment must be agreed with the Care Inspectorate to ensure the premises comply with current standards and best practice'. Finally, our review confirmed that there were no clear operational guidelines in place for Gylemuir detailing management responsibilities for management and oversight of NHS team members providing care at the home. For example, the care home manager was unable to confirm that NHS team members had completed all necessary training for their role, or whether attendance management for NHS team managers was being recorded.	A1.2(1)	Plans to address the most recent Care Inspectorate findings included in their June report should be defined and implemented.	Action plan developed in discussion with Care Inspectorate. Gylemuir action group set up with monthly meetings to monitor outputs and outcomes	Started 95%	Feb-18	28/02/2018	IA Validation	Following IA validation, further evidence has been requested to close down this item.	Judith Proctor, Chief Officer	Partnership (Chief Nurse)
Health & Social Care	High	A temporary Care Inspectorate registration certificate was in place at Gylemuir Care Home during the audit visit in June 2017, which was due to expire at the end of that month. The registration was then extended until the end of August 2017 with the condition that either the proposed date and the strategy for closure of the service or plans for refurbishment should be agreed with the Care Inspectorate. Since then, the registration has been extended to June 2018 and a subsequent Inspectorate review performed. The interim Health and Social Care Chief Officer is prioritising the concerns raised by the Inspectorate to ensure that these are addressed and has suspended new admissions in the interim period. The revised Inspectorate conditions of registration are that the Council 'must inform the Care Inspectorate by 30 March 2018 of the proposed date and the strategy for closure of the service or provide details of the future plans for the service. If the service is to be long term and a home for life a full programme of refurbishment must be agreed with the Care Inspectorate to ensure the premises comply with current standards and best practice'. Finally, our review confirmed that there were no clear operational guidelines in place for Gylemuir detailing management responsibilities for management and oversight of NHS team members providing care at the home. For example, the care home manager was unable to confirm that NHS team members had completed all necessary training for their role, or whether attendance management for NHS team managers was being recorded.	A1.2(5)	Clear guidance is required in relation to management and oversight of NHS team members employed at Gylemuir. This guidance should be developed and applied to all care homes where it is expected that NHS and CEC team members will work together in partnership.	The staffing model at Gylemuir house has been reviewed, a Senior Charge Nurse has been seconded in to support direct management and professional support of NHS staff while the recruiting process continues to identify a substantive Senior Charge Nurse. NHS staff continue to operate under NHS governance and are professionally accountable through the nursing line. It is expected that this post will be permanently filled by April 2018 Nursing staff remain under NHS terms and conditions. The Senior Charge Nurse is directly managed by the Care Home manager and professionally accountable to the professional lead in North West locality	Started 90% Completed	Feb-18	30/04/2018	IA Validation	Staffing Model is now in place and operational in Gylemuir.  Following IA Validation, the handover document submitted as evidence was requested to include systems access details for NHS Lothian and Council staff. This work is being prioritised to close down this item.	Judith Proctor, Chief Officer	Partnership (Chief Nurse) Partnership (Operations)
	High	A temporary Care Inspectorate registration certificate was in place at Gylemuir Care Home during the audit visit in June 2017, which was due to expire at the end of that month. The registration was then extended until the end of August 2017 with the condition that either the proposed date and the strategy for closure of the service or plans for refurbishment should be agreed with the Care Inspectorate. Since then, the registration has been extended to June 2018 and a subsequent Inspectorate review performed. The interim Health and Social Care Chief Officer is prioritising the concerns raised by the Inspectorate to ensure that these are addressed and has suspended new admissions in the interim period. The revised Inspectorate conditions of registration are that the Council 'must inform the Care Inspectorate by 30 March 2018 of the proposed date and the strategy for closure of the service or provide details of the future plans for the service. If the service is to be long term and a home for life a full programme of refurbishment must be agreed with the Care Inspectorate to ensure the premises comply with current standards and best practice'. Finally, our review confirmed that there were no clear operational guidelines in place for Gylemuir detailing management responsibilities for management and oversight of NHS team members providing care at the home. For example, the care home manager was unable to confirm that NHS team members had completed all necessary training for their role, or whether attendance management for NHS team managers was being recorded.	A1.2(3)	A specific risk should be recorded in the Health and Social Care risk register reflecting the strategic risk associated with operation of the Gylemuir care home.	A new risk was added to the Edinburgh Integration Joint Board risk register in relation to Gylemuir. The H&SC risk register is in the process of being refreshed with specific locality risks being developed that will be recorded in Datex (NHS risk Management system). A specific risk for Gylemuir will be recorded in the relevant locality risk register and in the consolidated Health and Social Care risk register.	Started 99% Completed	Feb-18	28/02/2018	31/07/2018	Gylemuir's Risk Register was developed and put in place in July.  The actual risk register was well received, however IA have asked for further assurances on how the Gylemuir's strategic risk will be made visible to the Partnership's Executive Team and also to specify ownership of a particular risk.  A meeting with the Chief Internal Audit Officer and Chief Nurse is to be arranged in October to discuss and agree residual actions to fully close off this item.	Judith Proctor, Chief Officer	Partnership (Chief Nurse) Partnership (Operations)

Issue Title: A3.3: Performance & Attendance Management

Health & Social Care	Medium	Line managers must complete annual performance reviews for all staff at grade 5 or above and record the outcomes in the iTrent human resources system. Performance reviews and scores had been recorded on iTrent for all ten care home management teams (care home managers; depute and business support officers) included in our sample. However, in discussion with care home managers, it was established that whilst scores had been recorded in iTrent, performance review meetings had not taken across at least 5 of the 10 care homes. The Managing Attendance policy was not well embedded across the care homes. Eight care homes had not consistently recorded sickness absence dates in the iTrent system. Only three of the ten care homes could demonstrate that return to work interviews were carried out within 3 working days of the employee's return, and that employees with frequent or long-term absence were managed through the Managing Attendance stages.	A3.3(1) Health & Social Care Teams	Care home managers should be trained in the new Performance Conversation framework.	Health and Social Care Teams Will ensure that performance conversation training has been attended by all H&SC line managers in Care Homes.	Started 99% Completed	Feb-18	30/06/2018		All 10 Care Homes Managers have completed their Performance Conversation Training. iTrent report request to HR Business Hub to confirm attendance and completion.	Judith Proctor,Chief Officer	Partnership (Operations) HR (Resources)
Health & Social Care	Medium	Line managers must complete annual performance reviews for all staff at grade 5 or above and record the outcomes in the iTrent human resources system. Performance reviews and scores had been recorded on iTrent for all ten care home management teams (care home managers; depute and business support officers) included in our sample. However, in discussion with care home managers, it was established that whilst scores had been recorded in iTrent, performance review meetings had not taken across at least 5 of the 10 care homes. The Managing Attendance policy was not well embedded across the care homes. Eight care homes had not consistently recorded sickness absence dates in the iTrent system. Only three of the ten care homes could demonstrate that return to work interviews were carried out within 3 working days of the employee's return, and that employees with frequent or long-term absence were managed through the Managing Attendance stages.	A3.3(2) Health & Social Care Teams	Six monthly and annual performance conversations should be completed for all employees and the outcomes recorded on the iTrent human resources system.	Health and Social Care Teams Will ensure that annual performance conversations (once completed) are recorded on the iTrent system.	Started 90% Completed	Feb-18	30/06/2018		Assurance for annual performance conversations completion will be provided through the Care Home Self-Assurance Framework that is currently scheduled to be launched in early November 2018. Care HomeManagers will be prompted with the following question on a quarterly basis:  "Six monthly and annual performance conversations have been completed for all employees and the outcomes have been recorded on the iTrent human Resources system".	Judith Proctor,Chief Officer	Partnership (Operations)
Health & Social Care	Medium	Line managers must complete annual performance reviews for all staff at grade 5 or above and record the outcomes in the iTrent human resources system. Performance reviews and scores had been recorded on iTrent for all ten care home management teams (care home managers; depute and business support officers) included in our sample. However, in discussion with care home managers, it was established that whilst scores had been recorded in iTrent, performance review meetings had not taken across at least 5 of the 10 care homes. The Managing Attendance policy was not well embedded across the care homes. Eight care homes had not consistently recorded sickness absence dates in the iTrent system. Only three of the ten care homes could demonstrate that return to work interviews were carried out within 3 working days of the employee's return, and that employees with frequent or long-term absence were managed through the Managing Attendance stages.	A3.3(4) Health & Social Care Teams	The iTrent system should be reviewed on a quarterly basis by business support managers to confirm that absences and performance conversations are completely and accurately recorded.	This is the responsibility of the Unit manager for their direct reports. The Business Support Officer will ensure that the Unit Manager is aware on a monthly basis for Domestic and Handymen reporting to them. The Business Support Officer is required to monitor and report through the Customer process on a monthly basis. The staff nurse / charge nurse to be appointed at Gylemuir will ensure that this is performed for all NHS staff.	Started 90% Completed	Feb-18	30/06/2018		Assurances will be provided through the Care Home Self-Assurance Framework - scheduled for launch in early November 2018.	Judith Proctor,Chief Officer	Partnership (Operations) Business Support (Resources)
Health & Social Care	Medium	Line managers must complete annual performance reviews for all staff at grade 5 or above and record the outcomes in the iTrent human resources system. Performance reviews and scores had been recorded on iTrent for all ten care home management teams (care home managers; depute and business support officers) included in our sample. However, in discussion with care home managers, it was established that whilst scores had been recorded in iTrent, performance review meetings had not taken across at least 5 of the 10 care homes. The Managing Attendance policy was not well embedded across the care homes. Eight care homes had not consistently recorded sickness absence dates in the iTrent system. Only three of the ten care homes could demonstrate that return to work interviews were carried out within 3 working days of the employee's return, and that employees with frequent or long-term absence were managed through the Managing Attendance stages.	A3.3(4) Gylemuir	The iTrent system should be reviewed on a quarterly basis by business support managers to confirm that absences and performance conversations are completely and accurately recorded.	This is the responsibility of the Unit manager for their direct reports. The Business Support Officer will ensure that the Unit Manager is aware on a monthly basis for Domestic and Handymen reporting to them. The Business Support Officer is required to monitor and report through the Customer process on a monthly basis. The staff nurse / charge nurse to be appointed at Gylemuir will ensure that this is performed for all NHS staff.	Started 90% Completed	Feb-18	30/06/2018		Assurances will be provided through the Care Home Self-Assurance Framework - scheduled for launch in early November 2018.	Judith Proctor,Chief Officer	Partnership (Operations) Business Support (Resources)

Project Code: HSC1715

Project Name: Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management

Issue Title: Key Person Dependency and Process Documentation

Health & Social Care	Medium	Management of the two Treatment Services and Counselling contracts is performed by two key EADP partnership team members - the Joint Programme Manager and the Commissioning Manager, who have specialised contract and budget management knowledge specific to these contracts. The Joint Programme Manager has left the Council in October 2017. It is understood that the Commissioning Manager will assume some of the Joint Programme Manager's responsibilities, with a more senior manager providing overview. Our review of the existing contract management process established that the current contract management process has not been documented and that existing contract management documentation is not maintained in line with the requirements of the Council's Records Management Policy. Specifically: There are no documented operational procedures supporting the current contract management process. There is no established escalation process for reporting supplier performance issues. There is no list of key supplier contacts. Evidence supporting the current contract monitoring process (including emails) is retained on a server, however, documents are not stored in a format consistent with the Council's Records Management policy, including retention and disposal of records as per prescribed policy requirements. It is understood that an Administrator previously dealt with the administration of contract monitoring documents including adherence to timescales for receipt and review of third party quarterly returns. This resource has now been removed from the team as part of the Council's transformation programme.	Rec 3 - Document of Escalation Process	The escalation process referred to within the "Risk and Supplier Performance Management issue (recommendation 2)" should be documented within the new contract management processes.	The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the EADP core group by January 2018.	Pending	Nov-17	31/01/2018	30/06/2018	IA Ongoing Validation meeting held with EADP Officer and IA on 18 October 2018. Additional information has been requested to supplement the EADP Contract Framework Document. This will be reviewed with a Partnership Contract Officer as a priority.	Judith Proctor,Chief Officer	Partnership (Strategic) Partnership (Finance) Partnership (Operations)
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Health & Social Care	Medium	Management of the two Treatment Services and Counselling contracts is performed by two key EADP partnership team members - the Joint Programme Manager and the Commissioning Manager, who have specialised contract and budget management knowledge specific to these contracts. The Joint Programme Manager has left the Council in October 2017. It is understood that the Commissioning Manager will assume some of the Joint Programme Manager's responsibilities, with a more senior manager providing overview. Our review of the existing contract management process established that the current contract management process has not been documented and that existing contract management documentation is not maintained in line with the requirements of the Council's Records Management Policy. Specifically: There are no documented operational procedures supporting the current contract management process. There is no established escalation process for reporting supplier performance issues. There is no list of key supplier contacts. Evidence supporting the current contract monitoring process (including emails) is retained on a server, however, documents are not stored in a format consistent with the Council's Records Management policy, including retention and disposal of records as per prescribed policy requirements. It is understood that an Administrator previously dealt with the administration of contract monitoring documents including adherence to timescales for receipt and review of third party quarterly returns This resource has now been removed from the team as part of the Council's transformation programme.	Rec 4 - Key Supplier Contracts	A list of key supplier contacts for each of the individual contracts should be prepared and maintained.	The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the EADP core group by January 2018.	Pending	Nov-17	31/01/2018	30/06/2018	IA Ongoing Validation meeting held with EADP Officer and IA on 18 October 2018. Additional information has been requested to supplement the EADP Contract Framework Document. This will be reviewed with a Partnership Contract Officer as a priority.	Judith Proctor, Chief Officer	Partnership (Strategic) Partnership (Finance) Partnership (Operations)
Health & Social Care	Medium	Management of the two Treatment Services and Counselling contracts is performed by two key EADP partnership team members - the Joint Programme Manager and the Commissioning Manager, who have specialised contract and budget management knowledge specific to these contracts. The Joint Programme Manager has left the Council in October 2017. It is understood that the Commissioning Manager will assume some of the Joint Programme Manager's responsibilities, with a more senior manager providing overview. Our review of the existing contract management process established that the current contract management process has not been documented and that existing contract management documentation is not maintained in line with the requirements of the Council's Records Management Policy. Specifically: There are no documented operational procedures supporting the current contract management process. There is no established escalation process for reporting supplier performance issues. There is no list of key supplier contacts. Evidence supporting the current contract monitoring process (including emails) is retained on a server, however, documents are not stored in a format consistent with the Council's Records Management policy, including retention and disposal of records as per prescribed policy requirements. It is understood that an Administrator previously dealt with the administration of contract monitoring documents including adherence to timescales for receipt and review of third party quarterly returns This resource has now been removed from the team as part of the Council's transformation programme.	Rec 5 - Records Management Policy	To ensure ongoing compliance with the Council's Records Management policy, a process should be established specifying the contract management records and information to be retained, detailing, where the information should be stored and specifying dates for archiving and disposal.	Records retention policy. Direction will be requested from the Information Governance team in relation to Records Management Policy requirements and how they should be applied to retention, archiving and destruction of contract management information. Any lessons learned will be shared with the Health and Social Care contracts management team.	Pending	Nov-17	30/03/2018	30/06/2018	IA Ongoing Validation meeting held with EADP Officer and IA on 18 October 2018. Additional information has been requested to supplement the EADP Contract Framework Document. This will be reviewed with a Partnership Contract Officer as a priority.	Judith Proctor, Chief Officer	Partnership (Finance)
Health & Social Care	Medium	Management of the two Treatment Services and Counselling contracts is performed by two key EADP partnership team members - the Joint Programme Manager and the Commissioning Manager, who have specialised contract and budget management knowledge specific to these contracts. The Joint Programme Manager has left the Council in October 2017. It is understood that the Commissioning Manager will assume some of the Joint Programme Manager's responsibilities, with a more senior manager providing overview. Our review of the existing contract management process established that the current contract management process has not been documented and that existing contract management documentation is not maintained in line with the requirements of the Council's Records Management Policy. Specifically: There are no documented operational procedures supporting the current contract management process. There is no established escalation process for reporting supplier performance issues. There is no list of key supplier contacts. Evidence supporting the current contract monitoring process (including emails) is retained on a server, however, documents are not stored in a format consistent with the Council's Records Management policy, including retention and disposal of records as per prescribed policy requirements. It is understood that an Administrator previously dealt with the administration of contract monitoring documents including adherence to timescales for receipt and review of third party quarterly returns This resource has now been removed from the team as part of the Council's transformation programme.	Rec 2 - Contract Management Processes	Contract management processes should be documented.	The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the EADP core group by January 2018.	Started	Nov-17	31/01/2018	30/06/2018	IA Ongoing Validation meeting held with EADP Officer and IA on 18 October 2018. Additional information has been requested to supplement the EADP Contract Framework Document. This will be reviewed with a Partnership Contract Officer as a priority.	Judith Proctor, Chief Officer	Partnership (Operations)

Health & Social Care	High	Risk Management Risks associated with contract management and supplier performance have not been recorded and there is no evidence to confirm that risks are being managed or reported to relevant governance forums. Two risks have already crystallised: Supplier Sustainability - in June 2017, one third party provider went into administration and the Council were unaware of this until the provider advised the Joint Programme Manager a few days before. Whilst no issues occurred in this instance as services were transferred to a new provider via a TUPE agreement by the existing supplier, this risk was not documented and was not identified via ongoing contract management. Key Person Dependency - The Joint Programme Manager has left the Council in October 2017 and no contingent resource has been established to fulfil this role. Supplier Performance Management Whilst we have been advised that third party supplier performance is mostly outcomes based, there are a number of expectations and success measures included in the contract specification documentation supporting the contracts. We identified one service specification included within the Adult Treatment Services contract that was not delivered in a timely manner or appropriately escalated when not delivered. This related to the requirement for provision of an NHS nurse to support training for staff on 'dried blood spot testing'. This training was not provided until almost the end of the first year of the contract due to lack of NHS funding, and could have significantly impacted on service delivery and customer experience. This service issue occurred due to lack of a clear escalation process to ensure that supplier performance issues are identified and resolved in a timely manner. We also established that: Success measures included in the contract specification documentation are not prioritised or ranked in terms of service delivery importance. The contract specification includes the requirement for receipt of quarterly supplier returns, however, submission dates have not been specified, and There is no independent validation of management information supporting success measures provided by 3rd parties.	Rec 1 - Risk Management	Risk management and reporting should be established with quarterly reviews of risk registers performed to identify and prioritise all new and emerging risks, determine actions required and allocate ownership. Risk registers should also be reviewed and approved by relevant committees / governance forums.	A contracts management risk register will be developed describing, prioritising, and addressing risks to delivery. The risk register will be shared with and approved by the Core group by January 2018. The risk register will be refreshed quarterly and reviewed by the Core Group.	Pending	Nov-17	30/03/2018	30/06/2018	IA Ongoing Validation meeting held with EADP Officer and IA on 18 October 2018. Governance clarity is being sought on the EADP Contract's risk register. Report to be drafted for discussion with Chief Officer's Executive Team, the Council's Chief Risk Officer and UB Audit and Risk Committee.	Judith Proctor, Chief Officer	Partnership (Strategic) Partnership (Finance) Risk (Resources) Partnership (Operations)
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Issue Title: Supplier Sustainability												
Health & Social Care	Medium	No reviews are currently performed to confirm ongoing sustainability of 3rd party service providers. In June 2017, one third party provider went into administration and the EADP team were unaware of this until the provider advised the Joint Programme Manager a few days before. It is noted that no issues occurred in this instance as services were transferred to a new provider via a TUPE agreement by the existing supplier. The risk of Supplier Sustainability was not recorded on any risk register to manage the risk of loss of service provision due to loss of provider.	Rec 1 - Supplier Sustainability Risk	A Supplier Sustainability risk should be recorded on the appropriate risk register.	A supplier sustainability risk will be recorded in the risk register to be developed by March and implemented by March 2018	Pending	Nov-17	30/03/2018	30/06/2018	IA Ongoing Validation meeting held with EADP Officer and IA on 18 October 2018. Governance clarity is being sought on the EADP Contract's risk register. Report to be drafted for discussion with Chief Officer's Executive Team, the Council's Chief Risk Officer and IJB Audit and Risk Committee.	Judith Proctor, Chief Officer	Partnership (Strategic) Partnership (Finance) Risk (Resources) Partnership (Operations)



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Project Code: SW1601

Project Name: Social Work: Pre-Employment Verification

Issue Title: Recruitment of Existing Employees

Health & Social Care	Medium	There was insufficient evidence to support the PVG checks of three nominated candidates who were 'existing Council employees'. The original PVG certificate is destroyed at the initial point of employment. Therefore recruiting managers of nominated candidates, who are existing employees, may not be aware of the 'vetting information' included in the original PVG Check. This restricts managers' ability to make an informed decision to proceed with the employment. It should be noted that Scheme Record Updates (which carry out a check between the original PVG Certificate issued; to the date of the requested update) do not include details of any 'vetting information' held within the original certificate. 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 service; 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.	Recruitment of Existing Employees	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.	Locality Managers to obtain confirmation from their recruiting managers that nominated candidates are being requested to bring their PVG certificate to the pre-employment checks meeting. This requirement has been effectively communicated to all relevant managers / staff and a mechanism will be introduced to ensure that the requirement is being adhered too. This procedure will be embedded within the HSC and Safer & Stronger Communities protocol.	Pending	Jan-17	31/03/2017	30/04/2018	Following a discussion with the Chief Officer, a briefing report summarising the risk finding, current recruitment process, HR position/policy and other departmental inputs will be shared for discussion at an upcoming Partnership Executive Team meeting.	Judith Proctor, Chief Officer	Partnership (Operations)
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# Governance, Risk and Best Value Committee

10.00am, Tuesday 30 October 2018

## Asset Management Strategy Transformation Programme – Update – referral from the Finance and Resources Committee

Item number	7.5
Report number	
Wards	All
Council Commitments	

### Executive summary

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On 27 September 2018 the Finance and Resources Committee considered a report which set out an overview of the original Asset Management Strategy (AMS) in the context of the changes that had taken place over the past three years and the forecast future requirement for significant new build, over the next three-year period. The report has been referred to the Governance, Risk and Best Value Committee for scrutiny.

## Asset Management Strategy Transformation Programme – Update – referral from the Finance and Resources Committee

### Terms of referral

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- 1.1 The original Asset Management Strategy (AMS) approved in 2015 assumed significant financial and non-financial benefits associated with Asset Management and the Property and Facilities Management Service which were in line with the wider objectives of the Council's Transformation Programme, at that time. Significant non-financial benefits had been delivered as detailed in the report together with, to date, £2.68m of recurring savings.
- 1.2 Moving forward the underlying principles of the AMS would remain the same but the approach would be adapted to seek to address the challenges identified in the report. The next steps would be to translate this approach into financial realisation, which would be reported to future meetings of the Finance and Resources Committee.
- 1.3 The Finance and Resources Committee agreed:
  - 1.3.1 To note that members of the Finance and Resources Committee met with officers to discuss the progress and future direction of the AMS on 22 August 2018.
  - 1.3.2 To recognise and record its awareness of the continued and ongoing challenges with the increasing size of the operational estate.
  - 1.3.3 To approve the revised strategy to delivery property rationalisation by focusing upon service led design at a local level and the re-provisioning and co-location of existing services into single sites as well as utilising strategic reviews of specific areas, such as depots, and opportunities as they arose for individual properties.
  - 1.3.4 To approve, as consistent Council policy across all capital build projects that a scoping exercise was undertaken to identify how co-located community facilities could be delivered as an integral feature of each project.
  - 1.3.5 To agree the proposal to widen the original Facilities Management (FM) scope of review to include both Catering and Security services. To recognise that the early implementation of the new FM arrangements for primary schools and community centres had raised concerns about access and costs and to agree that school community and wider community use of buildings was a priority; and to note that a three-month review of arrangements was indicated at the City of Edinburgh Council

meeting on 20 September, the conclusions and actions from which should be reported to Committee as soon as practicable after the review had been carried out.

- 1.3.6 To agree that the strategy for the Council's property investment portfolio should remain to drive out financial return, both revenue and capital and that a review take place to consider disinvestment if it was in the Council's financial interest to do so.
- 1.3.7 To note that the AMS financial profiling of how the approved savings would be delivered would be refreshed and would reflect these updated assumptions.
- 1.3.8 To refer the report to the Governance, Risk and Best Value Committee for information.
- 1.3.9 To note that disposals and lets at less than market price continued to feature in property management and therefore agreed that there should be further consideration of the need for a checklist of criteria for guidance which would be used to determine when a let, re-let or disposal might be at less than market value.
- 1.3.10 To note the issues regarding the previous budget assumptions in the AMS Cleaning Transformational Review and to instruct officers to proceed with the review immediately with the cost thereof to be contained within existing budget levels.
- 1.3.11 To note that council officers did not have delegated powers to grant discretionary lets and that all future decisions of this kind would continue to be brought before the Finance and Resources Committee.
- 1.3.12 To note that, due to the complexity of preparing guidance on concessionary lets, the Head of Property and Facilities Management would make arrangements for a meeting to be held where live examples would be given, one from the operational and one from the investment estate to help officers understand how to be inclusive of the many issues members had encountered.

## For Decision/Action

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- 2.1 The Governance, Risk and Best Value Committee is asked to scrutinise the report.

## Background reading / external references

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Finance and Resources Committee, 27 September 2018.

### **Laurence Rockey**

Head of Strategy and Insight

Contact: Stuart Johnston, Committee Services

E-mail: [stuart.johnston@edinburgh.gov.uk](mailto:stuart.johnston@edinburgh.gov.uk) | Tel: 0131 529 7035



# Finance and Resources Committee

10.00am, Thursday 27 September 2018

## Asset Management Strategy Transformation Programme - Update

Item number

Report number

Executive

Wards

Council Commitments

### Executive summary

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The Asset Management Strategy (AMS) and the associated transformation programme were developed to create a credible, focused and financially sustainable delivery plan for the Property and Facilities Management (P&FM) functions of the Council and in the broadest sense. The objectives of the programme are to deliver a fit-for-purpose, optimised, effectively utilised and safe estate; providing appropriate levels of service at an acceptable and efficient cost; and, in a commercial manner, which seeks to maximise value and return for the Council.

This report presents an overview of the original strategy in the context of the changes that have taken place over the past three years and the forecast future requirement for significant new build, over the next three-year period.

## Asset Management Strategy Transformation Programme - Update

### 1. Recommendations

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- 1.1 That the Committee:
- 1.1.1 Notes that members of the Finance and Resources Committee met with officers to discuss the progress and future direction of the AMS on 22 August 2018;
  - 1.1.2 Recognises and records its awareness of the continued and ongoing challenges with the increasing size of the operational estate;
  - 1.1.3 Approves the revised strategy to delivery property rationalisation by focusing upon service led design at a local level and the re-provisioning and co-location of existing services into single sites as well as utilising strategic reviews of specific areas, such as depots, and opportunities as they arise for individual properties;
  - 1.1.4 Approves, as consistent Council policy across all capital build projects that a scoping exercise is undertaken to identify how co-located community facilities can be delivered as an integral feature of each project;
  - 1.1.5 Agrees the proposal to widen the original Facilities Management (FM) scope of review to include both Catering and Security services;
  - 1.1.6 Agrees that the strategy for the Council's property investment portfolio should remain to drive out financial return, both revenue and capital and that a review takes place to consider disinvestment if it is in the Council's financial interest to do so;
  - 1.1.7 Notes that the AMS financial profiling of how the approved savings will be delivered will be refreshed, reflecting these updated assumptions; and
  - 1.1.8 Refers this report to the Governance, Risk and Best Value Committee for information.

### 2. Background

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- 2.1 The Asset Management Strategy (AMS) and associated transformation programme is a significant element of the wider Council Change Portfolio,

aimed at achieving more effective and efficient use of the Council's asset base and associated service provision, primarily FM.

- 2.2 The AMS and associated transformation programme aims to create a credible, focused, and sustainable delivery plan for Property and Facilities Management in the broadest sense. It aims to deliver a fit-for-purpose, optimised, effectively utilised and safe estate; providing appropriate levels of service at an acceptable and efficient cost; and, in a commercial manner, which seeks to maximise value and return for the Council.
- 2.3 When the Finance and Resources Committee considered the AMS on 24 September 2015, it approved the adoption of an in-house delivery model, which included a significant investment in technical support over the next few years. At that time, the Committee requested that a status update be provided every two cycles.
- 2.4 The AMS update report to the Finance and Resources, on 12 June 2018, identified a number of emerging issues and significant pressures with the AMS, principally in respect of the original assumptions underpinning the financial saving targets, which were externally developed by consultants. Consequently, Members noted that the AMS would undergo a mid-point review resulting in a reprofiling of how the approved savings would be delivered and approved a refresh of the AMS to reflect updated assumptions, based on the additional and better insights gained since 2015. Members also requested a workshop to discuss the strategy in detail, which was held on 22 August 2018.
- 2.5 In addition, the report will seek to address a motion approved by Council, on 31 May 2018, that stated: *“Agrees that within two cycles the AMS report to the Finance and Resources Committee will review the process for assessing potential property use when property falls vacant, when a lease is terminated or when property is declared surplus to requirements. The process should look at Committee decisions or delegated decisions and consider what criteria are used in coming to a decision or recommendation, for example, local or city need and demand for services, community views and engagement, investment needs and best value.”*

### 3. Main report

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- 3.1 The 2015 AMS recommended a number of actions and outcomes that have been achieved as summarised below: -
- consolidation of property related budgets in Property and Facilities Management;
  - adopt an in-house model for Facilities Management (FM) delivery;
  - recognise and the need to address revenue based backlog maintenance across the existing operational property portfolio;
  - develop a Service Level Agreement for FM service delivery;
  - implement a computer aided FM system across the whole Division to capture all property data in one source;
  - progress estate rationalisation opportunities; and



- consolidate the commercial investment property portfolio and reinvest sales proceeds into the acquisition of additional income generating assets.
- 3.2 In terms of the original plan, the strategic objectives detailed in paragraph 2.2 are as relevant today as they were at that time. However, the detail around the assumptions in the business case, and the impact this has on the financial outputs, has to be reconsidered in the context of the changes that have taken place over the past three years and the forecast future requirements for significant new builds as part of the operational property portfolio. Failure to do so will simply mean that unachievable savings will be compounded by unbudgeted pressures eventually resulting in service failure.
- 3.3 The savings from AMS, and additional savings allocated for financial year 2018/19, were split into three distinct but inter-related areas as follows:-
- the rationalisation of the operational property estate (£2.1m);
  - the modernisation of FM Services (£2.4m); and,
  - the optimisation of the investment portfolio (£2.1m).

### **The Rationalisation of the Operational Property Estate**

- 3.4 The AMS is predicated on a strategy of reducing the overall operational estate size utilised by Council services. However, since 2015, the Council has built over 70,000 square metres of new floorspace. Although some of this replaces older stock, 39,000 square metres, the equivalent of three new high schools, has been added accommodation to the estate. With higher costs associated with running new floorspace, including utility costs, rates and FM services, the replacement floorspace has only compounded existing pressures on the operational property budgets, which were already significantly pressurised. The impact of demographic changes in the City, leading to rising school rolls, increased care home provision requirements and the Local Development Plan infrastructure needs, combined with the requirement to address the condition of the existing schools estate, means that a further additional 72,000 square metre of new build floorspace is estimated to be required by 2021.
- 3.5 While the operational property estate has been growing significantly, there has been no corresponding decrease across the operational property portfolio. Limited reductions have been achieved in the office accommodation estate, most notably the exit of Lothian Chambers, 329 High Street and 1A Parliament Square. However, the main, front facing, elements of the operational property estate of the Council remains substantial.
- 3.6 Strictly from a financial point of view, closing property achieves significant benefits, i.e:-
- running costs – including non-domestic rates, utilities, insurance and FM costs, such as cleaning and janitorial services;

- reductions in repairs and maintenance (revenue) spend;
- reductions in repairs and maintenance (capital) spend; and
- generating a financial return from either selling or leasing surplus assets.

3.7 Notwithstanding the financial benefits, rationalisation of the operational property portfolio is increasingly difficult due to political, local and community opposition and the fact that all the ‘low hanging fruit’ has been previously targeted. For example, in 2004 the Council owned or leased 25 corporate buildings within a mile of the city centre, by 2008 this had reduced to 8 and subsequently to 2 such properties in 2018. However, given that the current and future pattern of extensive new capital build is financially unsustainable, the rationalisation, increased utilisation and greater efficiency yield of the operational property portfolio has to remain the cornerstone of any asset management strategy for the Council.

3.8 The former Property Models approved by the Council, Alternative Business Models, Internal comparator, iPFM and AMS, all made similar assumptions around reducing the size of the estate and forecast savings that were baked into the Council’s future budget. In the main, the assumptions in these workstreams did not explicitly reveal which properties were to be exited from, rather broad and sweeping assumptions on the size and cost of the estate were made. While significant savings have been made, this has not achieved the target levels anticipated, principally due to double counting with other Directorate saving proposals; the practical political, social and community issues of closing property; and the complex offsetting needed for new budget pressures from additional accommodation.

3.9 Moving forward, and in acknowledgement of the above challenges, it is proposed to consider operational property assets and their rationalisation in a hybrid approach. Principally, at a local level the Division will employ a process of service led design whereby it is proposed to examine the services and outcomes being sought at a local level, with the communities they will serve. The principles of this approach are:-

- **People Focused** – putting citizen and service user “journeys” at the heart of the process;
- **Research Based** – building services with evidence of “lived experience” users with both quantitative and qualitative research methods;
- **Co-designed** – designing services with and not for user and organisational staff;
- **Iterative** – continually testing and developing the design of the service with the users journey in mind; and
- **Participatory** – recognising that the public services are delivered by multiple organisations, there is therefore a need to look outside the organisational boundaries to co-locate more services, to improve access and ease of use.

3.10 Initial stages of a service led design approach would not be about buildings but

would focus on the outcomes to be achieved. Once these have been scoped, the required services to be provided would then be mapped against existing local assets to see how they are best used, allowing for improved synergies through co-location, and consolidation of assets. It is proposed that 'deep dives' into areas of change, e.g. where a new school or early years facility is required, are prioritised across the City to commence those discussions at an early stage with local communities.

- 3.11 In tandem with the above approach, Property and FM will continue to consider one off opportunities as and when these arise, such as the recent closure of 1A Parliament Square. Finally, a separate strand will link into other strategic objectives that do not directly impact on local communities and local service provision, e.g., an overarching and updated Depot strategy will be presented to members at the October Committee meeting.
- 3.12 To further address the growing budget pressures of the size of the operational property estate, whilst also improving service outcomes for local communities, it is essential that the Council explores the delivery of multi-service community hubs, rather than single purpose delivery buildings. This means that rather than delivering a new school, for example, a multi service learning campus would be developed on each occasion. This would include activities such as library, community space, early years, GP practice and local office activities, co-located in a single site. This would be predicated on the re-provisioning of existing services via the new hub and the closure of the associated venues to ensure the efficiency of the estate is maximised. It is proposed that the opportunity to adopt this type of approach must be explored at the outset of every new capital build project. The scope would include Council delivered services and those of our partner organisations, such as NHS Lothian, Police Scotland, and third sector partners. This approach fully conforms with Scottish Government's estate planning aspirations, and there is a risk that any future Scottish Government project funding will not be forthcoming unless all new projects can demonstrate a tangible commitment to this principle.

### **The Modernisation of FM Services**

- 3.13 The new model for janitorial services was formally implemented and operationally deployed at the start of the new school year, following the summer break. All schools have been issued with the approved Service Level Agreement (SLA) and supporting documentation. Senior FM management have attended sessions with Head Teachers and school business managers to promote the new service and its model of operation. An end to end re-design of the helpdesk service within Customer Services and IT has also been completed to further improve efficiency.
- 3.14 The next phase of the FM review involves consideration of the Council's cleaning services. There are currently over 1,000 cleaning staff engaged by the Council on a range of contracts, both as direct employees and sourced through employment agencies, with an annual cost of circa £7m. The approach that should be taken to this operational review was the subject of discussion between Finance and

Resources Committee members and the Head of Property and Facilities Management at the workshop in August. This operational review has been awaited for some considerable time and it is imperative that the process begins as soon as possible to provide clarity and certainty to Council employed staff and to help address recruitment and retention difficulties.

- 3.15 The savings achievable within FM are directly related to the size of the Council's operational property estate and the level of FM service provision that is acceptable to building users. Lessons learned from the recent operational review of janitorial services clearly indicated that without widespread ownership from other Council directorates and customer / end user buy in, implementing these reviews can be extremely difficult. The main outputs from the janitorial review were that while significant modernisation has been achieved, which will result in future financial savings, the immediate savings impact was negligible. In practice, the service has simply been spread thinner to absorb the pressure of the newbuild estate, whilst adopting standardised working practices.
- 3.16 In recognition of the above, the service is having to consider how additional savings can be delivered from other elements of FM particularly, Catering and Security. While these areas were considered in the original AMS, no savings were projected due to the forecast increasing demand for early years catering and the risks associated with reducing security. While these reasons are still relevant, the financial pressures emerging from the original strategy means that these areas will need to be reconsidered and that any growth in demand arising from early years will need to fully underwrite the revenue costs of catering expansion and other FM services that this may require.

### **Commercial Property Investment Portfolio**

- 3.17 As part of the Council budget setting process all political groups assume that Property and Facilities Management will generate a minimum rental income of approx. £15m in the following financial year, i.e., the income is balanced against having to make budget cuts to services. As such, any retrospective negative financial decision relating to the commercial property investment portfolio has the potential to create a new budget pressure. Typically, the Investments team in P&FM manages the risks associated with void periods (currently 2.5% against a IPD average of 7%) balanced against the additional income opportunities for rent reviews and lease renewals. The management of the commercial property investment portfolio continues to perform ahead of expectation, and an increase in excess of the 2% target for 2017/18 was achieved. However, the team is preparing for several significant lease terminations over the next few years. This includes: Castle Terrace car park lease ending in 2020 and both the Vega and Sirius office buildings in the South Gyle terminating in January 2021, a combined loss of potential rental income of approximately £1.9m per annum.
- 3.18 For the reasons set out in the update report at the June 2018 Committee, the proposed investment approach cannot deliver the assumed financial outcomes as set out in the 2015 approved AMS. Notwithstanding this, this workstream has delivered its savings targets and the task is therefore to assess how further

savings and/or additional income can be best maximised. Consequently, the Division is considering opportunities to consolidate the portfolio, but only to the extent that it is the Council's financial interest to do so. This will form part of the business plan moving forward and, any proposed sale, will be brought before Committee for approval.

- 3.19 Given the benefits of additional rental income, the plan for the commercial property investment portfolio is to reconfirm the original objective of the AMS. That is to act in a commercial manner which seeks to maximise value and return to the Council and in doing so enable the protection of critical public services.
- 3.20 Part of the original AMS was to transfer all existing concessionary lets to market rent. At that time, there was no in-depth analysis of the legal ability of the Council to do so, nor was there consideration of the wider implications of the original political, social or community reasons why the lease was concessionary in the first place. The current position remains, in that, there are no new concessionary lets unless specifically approved by Committee. With regard to existing concessionary lets, the Division will continue to review as and when appropriate, with any proposals for changing any existing concessionary arrangements brought to Committee for separate consideration.
- 3.21 Work is continuing with financial savings opportunities previously identified, which are recorded in the savings tracker. The Division is active in seeking income maximisation opportunities through lease review/renewals, business park development and digital space opportunities.
- 3.22 A motion approved by Council, on 31 May 2018, stated "*Agrees that within two cycles the AMS report to the Finance and Resources Committee will review the process for assessing potential property use when property falls vacant, when a lease is terminated or when property is declared surplus to requirements. The process should look at Committee decisions or delegated decisions and consider what criteria are used in coming to a decision or recommendation, for example, local or city need and demand for services, community views and engagement, investment needs and best value.*" This was also discussed at the recent workshop on 22 August.
- 3.23 Analysis of previous decisions, taken over the past 5 years, with both capital and revenue implications, has been undertaken and demonstrates that the process for engagement in both sales and leases are robust, fair, and auditable, particularly following the introduction of the Community Empowerment Act.
- 3.24 The majority of Council surplus sites are now transferred to the Housing Revenue Account (HRA) for housing development purposes, recognising citywide pressures on affordable housing supply. The Place Development Division (housing teams) plans their consultation depending upon the merits of each asset, for example, the Consultation and Engagement Plan for housing-led development of the former Powderhall depot proposes "Tell us about Powderhall" community events; Stakeholder 'surgeries', Client Group 'option review' workshops; and public

consultation before presenting a vision to key stakeholders and the public to review and discuss.

3.25 The minority of sites marketed are subject to the requirements of the Community Empowerment Act where any community body can submit a participation request. This has happened following the recent marketing of Portobello Powerleague pitches and Comiston Farmhouse, with the output of the latter being presented to Committee in October.

3.26 The commercial property investment estate is more complicated due to the reasons relating to how the Council sets its budget as set out earlier in this report. Previous decisions, relating to concessionary or part concessionary sales/leases have been considered in recent years as below:-

- Former Grassmarket Nursery – 6VT;
- Riddle’s Court, Lawnmarket – SHBT;
- Broomhouse Centre;
- Bridgend Farmhouse and Steadings;
- Former British Rubber Co. Buildings – Printmakers;
- Balerno Community Centre;
- Braidwood Gate, Dumbiedykes – Braidwood Bike Club;
- Manse Road, Kirkliston – 1<sup>st</sup> Kirkliston Scout Group;
- Portobello Toddlers Hut;
- The Venchie, Niddrie Mains Terrace, Craigmillar;
- Roseburn Park former toilets – friends of Roseburn park
- Roseburn Park Armory Building – Murrayfield DAFS Cricket Club;
- Port Edgar – Port Edgar Yacht Club;
- Thistle lawn Tennis Club; and
- Prestonfield Tennis and Sports Association.

3.27 The above demonstrates that Committee can, and should continue to authorise concessionary and/or part concessionary lets only when it considers it appropriate to do so. Analysis of the above, shows that there is no single common denominator in the decision-making process. Consequently, it is proposed that the rules in this area remain, that is, no new concessionary lets be approved unless explicitly authorised by the Finance and Resources Committee, with each case being considered on its own merits.

### **Summary**

3.28 The original AMS approved in 2015 assumed significant financial and non-financial benefits associated with asset management and the Property and Facilities Management Service which were in line with the wider objectives of the Council’s Transformation Programme, at that time. Significant non-financial benefits have been delivered as detailed in this report together with, to date, £2.68m of recurring savings.

3.29 Moving forward the underlying principles of the AMS will remain the same but the

approach will adapted to seek to address the challenges identified in this report. The next steps will be translate this approach into financial realisation, which will be reported to future meetings of Committee.

## 4. Measures of Success

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- 4.1 The AMS business case identified significant financial and non-financial benefits associated with the asset management and Property and Facilities Management function that are in line with the wider objectives of the Council's Transformation Programme.

## 5. Financial impact

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- 5.1 The tracker below shows the consolidation of the AMS savings and the additional savings added as part of 2018/19 budget saving exercise. The movement from June shows approx. £400k moving from amber to green.
- 5.2 Committee should note that there is an expectation that the service will contribute significantly to future budget requirements for financial year 2019/20 and beyond and is actively working on these proposals.

### CONSOLIDATED FORECAST SAVINGS

RED	0	3.106	2.739	2.424
AMBER	0	0.543	1.068	1.218
GREEN	1.603	3.383	3.595	3.790
<b>TOTAL</b>	<b>1.603</b>	<b>7.032</b>	<b>7.432</b>	<b>7.432</b>

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

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- 6.1 The following are the identified risks to the delivery of the AMS as currently defined:
- there is a risk that the financial assumptions underpinning the original business case cannot be achieved as originally anticipated;
  - there is a risk that a lack of stakeholder and political support for the Property and Facilities Management transformation proposals leads to a failure to deliver the agreed cost savings;
  - there is a risk that an economic downturn in the property rental market results in reduced income;
  - there is a risk that proposals for estate rationalisation through a renewed locality led asset integration approach are delayed and/or re- shaped through the processes of stakeholder engagement;
  - there is a risk that the additional coverage required from FM will erode savings in the AMS programme;

- there is a risk that a delay to the implementation of Computer Aided Facilities Management (CAFM) impacts on the delivery of the Blueprint and cost savings profile; and
- there is a risk that a lack of capital funding, due to budget constraints, leads to the Councils inability to reduce the backlog maintenance across the estate.

## **7. Equalities impact**

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- 7.1 The contents and proposals of this report have been assessed with respect to the Equality Act 2010 public sector equality duty. In this regard, an equality and rights impact assessment has been initiated, and initial findings have indicated: -
- 7.1.1 reducing property costs will enable greater savings to be realised, which in turn will enable more effective protection of frontline services to vulnerable citizens, and meeting demographic pressures;
  - 7.1.2 projects exploring the feasibility of asset transfer to community groups could empower communities, particularly those in deprived communities;
  - 7.1.3 any impacts on employment conditions as a result of different service delivery models will be assessed further through the impact assessment process;
  - 7.1.4 any changes to concessionary lets to third sector and community groups, and consequent impacts, could be managed through the grants and contracts process;
  - 7.1.5 co-location opportunities, if delivered, could improve and simplify access to council and partner services, especially those individuals or families who require multiple services; and
  - 7.1.6 proposals to improve the coordination of asset management, and to drive forward property rationalisation, should lead to improvements in physical accessibility at council premises.

## **8. Sustainability impact**

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- 8.1 The contents and proposals contained in this report have been assessed with respect to the Climate Change (Scotland) Act 2009. In this regard, a sustainability, adaptation and mitigation impact assessment has been initiated, and initial findings have indicated:
- 8.1.1 proposals to improve the coordination of asset management, and to drive forward property rationalisation, should lead to improvements in physical accessibility at council premises;



- 8.1.2 a need to further improve energy efficiency within council buildings in order to tackle greenhouse gas emissions, and to save money on energy costs and carbon taxes;
- 8.1.3 a need to further improve internal waste reduction measures within council buildings, linked to the council's wider waste minimisation strategy. Such improvements will lead to savings being released from landfill taxes and carbon taxes, and will militate against greenhouse gas emission which emanate from landfill;
- 8.1.4 opportunities to minimise staff travel through smarter working and co-location across the council's estate should save the council money on transport costs, carbon taxes and will militate against greenhouse gas emissions; and
- 8.1.5 any future facility management service delivery models would need to take cognisance of the 'Food for Life' and 'Soil Association' accreditation projects to ensure the food provided in council premises was sustainable, sourced locally and seasonal.

## 9. Consultation and engagement

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- 9.1 Communications have been established with the Trade Unions and regular meetings are held in relation to transformation. Engagement across the Council and with wider stakeholder groups has been, and continues to be, widespread in relation to the re-design of the FM function.

## 10. Background reading/external references

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- 10.1 Please refer to: [September 2015](#), [November 2015](#), [January 2016/March 2016](#), [June 2016](#), [September 2016](#) (item 7.2) [December 2016](#), [February 2017](#), [January 2018 and June 2018](#) Finance and Resources Committee papers.

### **Stephen S. Moir**

Executive Director of Resources

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## 11. Appendices

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# Governance, Risk and Best Value Committee

10:00am, Tuesday 30 October 2018

## Schools and Early Years Playground Development – referral from the Education, Children and Families Committee

Item number	7.6
Report number	
Wards	All

### Executive summary

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The Education, Children and Families Committee on 9 October 2018 considered the attached report by the Executive Director for Communities and Families setting out proposals for the development and improvement of playgrounds within schools and early learning establishments across the City.

The report has been referred to the Governance, Risk and Best Value Committee for consideration.

# Terms of Referral

## Schools and Early Years Playground Development – referral from the Education, Children and Families Committee

### Terms of referral

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- 1.1 On 9 October 2018, the Education, Children and Families Committee considered a report by the Executive Director for Communities and Families highlighting improvements that could be made in the way the Council supported the development of playground transformation projects across schools and early learning establishments in the City.
- 1.2 Annual school grounds inspections would be undertaken at all schools and early learning establishments by an independent organisation at a cost of approximately £200 for each establishment to be met from within existing school budgets.
- 1.3 The Education, Children and Families Committee agreed:
  - 1.3.1 To adopt the “School Playground Development Guidance” document set out in Appendix 1 of the report as the procedure by which all playground developments were delivered.
  - 1.3.2 To approve the appointment of appropriately qualified inspectors to undertake a first annual inspection of all City of Edinburgh Council’s school and early learning establishment grounds.
  - 1.3.3 To note the intention to report to Committee in March 2019 setting out the progress made in undertaking the inspections outlined in 1.3.2 above and to advise on the findings of these inspections.
  - 1.3.4 To adopt the “Vision for School Grounds” document set out in Appendix 2 of the report as a brief for future school playground developments.
  - 1.3.5 To note the intention to provide an update on a review of school ground accident monitoring in March 2019.
  - 1.3.6 To refer the report to the Governance, Risk and Best Value Committee for consideration.

## For Decision/Action

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2.1 The Governance, Risk and Best Value Committee is asked to consider the attached report.

## Background reading / external references

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[Webcast of Education, Children and Families Committee – 9 October 2018](#)

### **Laurence Rockey**

Head of Strategy and Insight

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## Links

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### **Appendix 1**

Schools and Early Years Playground Development - report by the Executive Director for Communities and Families

# Education, Children and Families Committee

10:00, Tuesday, 9 October 2018

## School and Early Years Playgrounds Development

Item number

Report number

Executive/routine

Wards

Council Commitments

### Executive Summary

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The availability to Parent Council's and Community Groups of various funding sources in recent years has allowed school communities to undertake complex school playground improvement projects. A review of these projects has highlighted improvements that could be made in the way that the Council is involved in and supports the development of playground transformation projects. This report asks that Committee approve the "School Playground Development Guidance" which sets out the process those wishing to undertake a school playground improvement project should follow and the "Vision for School Grounds" document that makes clear the Council's aspirations for school grounds.

## Schools and Early Years Playground Development

### 1. Recommendations

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- 1.1 The Education, Children and Families Committee is asked to:
  - 1.1.1 Approve that the “School Playground Development Guidance” document (Appendix 1) be adopted as the procedure by which all playground developments are delivered.
  - 1.1.2 Approve the appointment of appropriately qualified inspectors to undertake a first annual inspection of all City of Edinburgh Council’s school and early learning establishment grounds.
  - 1.1.3 Note the intention to return a report to Committee in March 2019 setting out the progress made in undertaking the inspections outlined in 1.1.2 and advise the findings of these inspections.
  - 1.1.4 Approve that the “Vision for School Grounds” document (Appendix 2) be adopted as a brief for future school playground developments.
  - 1.1.5 Note the intention to provide an update on a review of school ground accident monitoring in March 2019.
  - 1.1.6 That this report be referred to the Governance, Risk and Best Value Committee for their consideration.

### 2. Background

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- 2.1 The “City of Edinburgh Play Strategy” reported to Education, Children and Families Committee on 9 December 2014 highlighted the importance of play in children’s lives and underlined that freedom to play is every child’s right under article 31 of the United Nations Convention on the Rights of the Child. As part of an overall play strategy for Edinburgh the report provided a set of values with the aim of maintaining Edinburgh’s status as a play friendly city.
- 2.2 The “City of Edinburgh Play Strategy” report also noted key achievements relating to the completion of playground transformation projects including six projects undertaken as part of the Grounds for Learning Playing Naturally in Schools project. These projects were to provide exemplars for transforming school grounds for “natural play and outdoor learning opportunities”. As such, these and more complex projects led by school management and parents at several primary schools have been delivered.

- 2.3 The City of Edinburgh Council welcomes the efforts of staff and parents to support play and improve the health and wellbeing of our children. However, these recent projects have highlighted improvements that could be made in the way that the Council supports the development of playground transformation projects, the way that these projects are funded, procured, designed, managed, constructed and maintained. Improvements would clarify responsibilities and procedures and, consequently, help to mitigate any risks to the Council.
- 2.4 Furthermore, the experience gained through these projects has highlighted a lack of centrally held information about school grounds with no database maintained about the surfaces, play equipment and installations within school grounds and need for a programme of regular inspection in place.
- 2.5 The Play Development Support Group (PDSG) was established in July 2016 to advise schools undertaking playground projects and support the development of school playgrounds. This is a cross-departmental group with representation from colleagues in School Estate Planning, Health and Safety, Legal, Facilities Management, Schools and Lifelong Learning and Parks and all schools must refer to this group when planning and installing any play equipment; sand pits, climbing walls, multi-use games zones, astro-turf pitches, etc; or landscaping work.
- 2.6 In March 2017 the PDSG issued to all Heads of Establishments a set of guidelines which established a clear process to help head teachers, parent councils and Council services to work together to improve and manage school grounds for play.

### 3. Main report

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#### **Head Teacher Guidance Updated**

- 3.1 The guidance produced for Heads of Establishments by the PDSG group in March 2017 has now been updated to reflect lessons learned since its publication and includes a refined process by which school communities may initiate and deliver school grounds improvement projects. At its core is a requirement for:
- all new playground developments to be designed and installed to EN 1176 standards;
  - Heads of Establishments to understand their role and obligations in any school grounds improvement project;
  - for the parties funding the project to accept and plan for financial responsibility for any necessary ongoing maintenance, remedial work and inspection.

A copy of the revised guidance is available in Appendix 1.

## School Grounds Inspection

### *Quarterly Installation Inspections*

- 3.2 The revised Heads of Establishment guidance sets out that, in addition to Post-Installation inspection, all new installations within school grounds be subject to quarterly inspections. This is to ensure that any faults or deterioration arising in the product or it's installation following use are captured in a timely manner. The party funding the installation of the product will be responsible for ensuring a budget is available for quarterly inspections and any resulting actions or tasks which may have financial implications. The scheduling of the inspections and monitoring the progress made by the schools in fulfilling actions and tasks arising from the inspections will be the responsibility of the School Estate Planning Team.

### *Annual School Grounds Inspections*

- 3.3 The focus of the original Heads of Establishment guidance was on large scale 'natural' playground developments at primary schools. As a result the installations within fifteen primary school grounds are now subject to regular annual and quarterly inspection by qualified inspectors. However, the Council has grounds at a further 73 primary schools, 23 secondary schools and 27 Early Years settings, the majority of which have not been subject to any form of inspection that would allow us to ensure compliance with the new Head of Establishment guidance.
- 3.4 Accordingly, this report recommends the appointment of an independent organisation or organisations with expertise in the assessment of school grounds and play areas to undertake annual inspections at all City of Edinburgh Council primary schools, secondary schools and Early Years establishments. It is proposed that this appointment progress as soon as possible to allow a 'baseline' estate grounds status to be established.
- 3.5 The costs associated with undertaking these annual inspections will come from individual school budgets. Actions identified as a result of the initial inspection will, where necessary, be assessed, prioritised and aligned against the appropriate school, facilities management or other budgets.
- 3.6 It is proposed that a report providing an update on the inspections undertaken be returned to Education, Children and Families Committee in March 2019.

### **Vision for School Grounds**

- 3.7 The work undertaken to date by the PDSG has focused on ensuring that school grounds improvement projects are regulated and appropriately managed to avoid exposing school users to unnecessary risk and to avoid exposing the Council to legal risk. However, there has not been any form of documentation that advises school management, parent bodies, communities or design teams of the Council's aspirations for its school grounds.
- 3.8 The "Vision for School Grounds" document attached as Appendix 2 sets out the approach City of Edinburgh Council would like Heads of Establishments, parent and community bodies and design teams engaged in school grounds projects to take. It



highlights the value of outdoor learning and emphasises that school grounds should be safe, inclusive and diverse spaces offering different behavioural settings for different types of learning and play opportunities. A core principle of the vision is that playgrounds and play areas should have educational value.

- 3.9 The “Vision for School Grounds” document also aspires to create outdoor environments that people feel engaged by and have some sense of ownership over. This sense of ownership should, ideally, extend beyond the immediate school community to the wider community and this should be considered when undertaking a school grounds project. Community engagement in school grounds may take a number of forms – from limited scope initiatives managed by the school to open access to school grounds outside of school hours. However, it is recognised that while this should be an aspiration for our school estate, community access may be more challenging for some schools than others.

#### Open access to School Grounds

- 3.10 School buildings and their grounds often represent the largest single asset for many local communities. The primary school playground is the closest open space to the homes of many children. Ensuring that the use of Council assets is maximised is fundamental to maintaining an efficient estate.
- 3.11 In December 2014 the Education, Children and Families Committee approved as part of the “City of Edinburgh Play Strategy” report a recommendation to accept policy principles which promote the use of primary school grounds for play by community users outside of teaching hours.
- 3.12 However, the report also recognised that a universal policy that allowed free access to all school grounds for play outside of school hours was not achievable. Providing play opportunities outside of school hours within school grounds can be a challenge and some schools and some communities may encounter more challenges than others. How these challenges are met and addressed form part of the risk assessment undertaken by a head of establishment when considering a proposal to open a school grounds outside of school hours. This risk assessment must be undertaken by the head of the establishment as they have responsibility for ensuring their school grounds are safe and secure for the children, staff and other users under their care during school hours.
- 3.13 One of the challenges of opening a school grounds outside of school hours is ensuring that they remain a safe environment when school hours resume. In practice this means ensuring that daily inspections of the grounds take place and that any remedial work necessary is undertaken before children arrive for school. This has resourcing implications.
- 3.14 Most significantly, funding the maintenance of school playground equipment and installations is the responsibility of the school. Accordingly, vandalism, wear and damage of these facilities incurred outside of school hours is a burden both financially and in terms of staff time addressing the issues and the expectation is that these costs will be borne by the school.

- 3.15 Many of the funding sources available to school communities raising money for playground improvement projects are conditional on the school grounds being open to the public outside of school hours. Several schools in the city that have recently undertaken playground improvement projects are now subject to this condition. Accordingly, playground improvement projects may carry with them financial and staff time obligations which, in many cases, will remain long after the incumbent Head of Establishment and Parent Council are no longer associated with the establishment.
- 3.16 It is the collective aim of the “Guidance for Heads of Establishments” and the “Vision for School Grounds” documents to ensure that people understand better their role and the obligations on them when entering into a school grounds project and that they have the necessary support and advice available to deliver projects that effectively manage risk and provide inspiring spaces with high educational value.

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

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- 4.1 Increased awareness of the process involved in a school grounds improvement project; the roles and responsibilities of those involved and a design or installation that meets EN1176 standards and is consistent with City of Edinburgh Council’s vision for school grounds.
- 4.2 Improved Wellbeing – which can be measured using the annual Health and Wellbeing survey to demonstrate, in the long term, the success of the Vision for School Grounds towards improvements in health and wellbeing.
- 4.3 Reduced numbers of accidents in school grounds. Accident reporting in school playgrounds is currently administered by the Council’s Health and Safety team. As part of the changes proposed through the implementation of a new estate wide programme of inspection, the School Estate Planning Team will work with colleagues in Health and Safety to review the process by which accidents in school grounds are recorded and reported. The aim is to provide greater clarity on the types of accidents occurring and to identify any commonalities across the equipment, surfaces or installations involved. It is proposed that an update on this be provided to Committee in March 2019.

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

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- 5.1 Annual school grounds inspections will be undertaken at all schools and early learning establishments by an independent organisation. The cost of this inspection will be approximately £200 per establishment and will be met from existing school budgets. The budget against which the cost of remedial work required as a consequence of this first annual inspection is levied will be assessed on a case by case basis. Typically, these costs will have to be met from existing school or Facilities Management budgets.

- 5.2 Where new equipment is installed this will require a quarterly inspection at a cost of approximately £200 per establishment. The school and/or organisation funding the installation of the equipment will be required to demonstrate before approval to proceed is granted that they can and will pay this additional recurring cost. The cost of any required maintenance and any required remedial work will also be met by the project funder.
- 5.3 The “Vision for School Grounds” will allow future investment in school grounds to be focused on designs that are both safe and provide high educational value.

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

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- 6.1 The “Guidance for Head of Establishments” and the “Vision for School Grounds” documents have been produced to provide schools and parent/community bodies entering into a school grounds improvement project with a clearer understanding of their role, the obligations on them, where they can find support and advice and the approach to design they should adopt. Accordingly, this report will ensure that future school grounds improvement projects are compliant with recognised Health and Safety and play standards and will improve the risk management processes put in place on these projects.
- 6.2 The establishment of a centrally managed database and a programme of regular grounds inspections will improve the safety of the Council’s school grounds by allowing identification of installations and facilities that fail to meet recognised safety criteria.
- 6.3 The cross-departmental Playground Development Support Group will provide a review gateway for all significant playground improvement projects. This will ensure that all projects adhere to the requirements of appropriate playground standards (such as EN1176), that necessary statutory permissions are in place and that funding to address future maintenance is available.

## **7. Equalities impact**

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- 7.1 The “Vision for School Grounds” document sets out the Council’s aspirations for school grounds that are accessible for all. The vision recognises the need for different settings and spaces to provide a play and learning environment that is inclusive.
- 7.2 Accordingly, these proposals have no significant impact on any equalities groups and provide greater opportunities for the needs of all pupils to be recognised in future school grounds improvement projects. For these reasons, the overall equalities relevance score is 1 (out of a possible 9) and a full Equalities Impact Assessment is not required.

## **8. Sustainability impact**

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- 8.1 Regular inspection of existing grounds will allow a maintenance regime to be put in place which will improve the safety and prolong the life of installations and facilities.

- 8.2 A key principle of the “Vision for School Grounds” is that designs should be low maintenance and offer the flexibility to adapt to the needs of its users.

## 9. Consultation and engagement

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- 9.1 Creating a sense of ownership and control over their environment is a key principle of the “Vision for School Grounds” document and this may only be achieved through the involvement users in their school grounds design. Accordingly, in taking forward any future school grounds improvement projects, the project lead is asked to identify the level of consultation undertaken with key stakeholders. The degree to which this consultation has been appropriate to the project will be assessed by the PDSG.

## 10. Background reading/external references

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- 10.1 “[City of Edinburgh Play Strategy](#)” reported to Education, Children and Families Committee on 9 December 2014.

### **Alistair Gaw**

Executive Director of Communities and Families

Contact: Robbie Crockatt, Acting School Estate Planning Manager

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## 11. Appendices

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- 11.1 Appendix 1 School Playground Development Guidance  
11.2 Appendix 2 Vision for School Grounds

# School Playground Development Guidance



City of Edinburgh Council  
Communities and Families  
School Estate Planning Team

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# Playground Development Process Key Points

Change Requirement Identified		
1	Expression of Interest	<ul style="list-style-type: none"> <li>• Plan for Change</li> <li>• Funding sources identified</li> <li>• Project Costs considered</li> <li>• EN1176 Compliance</li> </ul>
Approval Gateway		
2	Commissioning and Procurement	<ul style="list-style-type: none"> <li>• Commissioned by SEPT on behalf of project</li> <li>• Transfer funds from 3<sup>rd</sup> Parties to School</li> </ul>
3	Design	<ul style="list-style-type: none"> <li>• Council approved designers</li> <li>• EN1176 Compliance</li> <li>• Vision for School Grounds</li> <li>• Consultation</li> </ul>
Approval Gateway		
4	Build/Install	<ul style="list-style-type: none"> <li>• Council approved Project Manager appointed</li> <li>• Risk assess build/install process</li> </ul>
5	Post Installation Inspection and Risk Assessment	<ul style="list-style-type: none"> <li>• Post installation inspection and remedial works completed</li> </ul>
6	Introducing the Completed Installation	<ul style="list-style-type: none"> <li>• Plan for opening</li> </ul>
7	Ongoing Inspection and Maintenance	<ul style="list-style-type: none"> <li>• Quarterly inspections</li> <li>• Action plan for remedial works</li> </ul>

# Introduction

**The City of Edinburgh Council welcomes the efforts of staff and parents to provide safe, challenging, and appropriate activities and facilities in school playgrounds to support play and learning and improve the health and wellbeing of our children. These guidelines establish a clear process to help head teachers, parent councils, community groups and Council departments to work together to improve and manage school grounds.**

For children play is one of the most important aspects of their lives and children need, and are entitled to, quality play experiences as part of their everyday experience. The benefits of play for child development are well known and evidenced, including improving physical activity and dexterity, developing social skills, stimulating creativity and imagination, supporting intellectual curiosity and self-led learning, self-risk assessment and helping to foster a love for the outdoors. Schools that develop their outdoor play provision commonly report: improvements in behaviour; classes that settle more quickly after break time; children who are happier and more content in school; and Curriculum for Excellence experiences and outcomes that happen without direction from teachers.

## **Children's Rights**

The United Nations Convention on the Rights of the Child (UNCRC) sets out 54 articles that define how children and young people should be treated and the UK Government have signed up to the convention. There are three articles that are useful to consider when providing for children's play spaces:

### ***Article 31: The right to leisure, play and culture***

Children have the right to relax and play and to join in a wide range of cultural, artistic and other recreational activities.

### ***Article 12: Respect for the views of the child***

When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account.

### ***Article 15: Freedom of association***

Children have the right to meet.

## **Play Strategy for Scotland (2013)**

The Scottish Government's vision is for Scotland to be the best place in the world to grow up. The strategy states that: "Play encompasses children's behaviour which is freely chosen, personally directed and intrinsically motivated. It is performed for no external goal or reward, and is a fundamental and integral part of healthy development – not only for individual children, but also for the society in which they live."

## **Building Better Schools: Investing in Scotland's Future (2009)**

The Scottish Government and COSLA's joint school estate strategy sets out their shared vision for Scotland's schools: "...which are well designed, maintained, and managed and which encourage continuous engagement with learning; which are far



more than just 'educational establishments' whose quality of environment supports an accessible range of services and opportunities and which enrich the communities they serve and the lives of learners and families.”

**City of Edinburgh Council’s Vision for School Grounds (2018)**

The “Vision for School Grounds” document sets out the approach City of Edinburgh Council would like Heads of Establishments, parent and community bodies and design teams engaged in school grounds projects to take. It highlights the value of outdoor learning and emphasises that school grounds should be safe, inclusive and diverse spaces offering different behavioural settings for different types of learning and play opportunities. A core principle of the vision is that playgrounds and play areas should have educational value.

**Play in Partnership: a play strategy for the city of Edinburgh (2014)**

Edinburgh aims to be a play friendly city where all children and young people can enjoy their childhood. They will have access to play opportunities in a range of different settings which offer variety, adventure, and challenge. They will be able to play freely and safely and make choices about where, how, and when they play.

# Health and Safety and the Benefits of Play

**The design and installation of all new playground developments at City of Edinburgh Council schools should be compliant with EN 1176 standards. This does not mean that only industry standard equipment can be used in playground developments, but it does mean that the design and installation of natural features and their associated surfaces must be compliant with the standards of EN 1176 relating to protection against injury due to movement, falling, entrapment, protrusions, etc. (For further essential information on EN 1176 see Appendix 3)**

A key message from the Health & Safety Executive (HSE) is 'Play is great for children's well-being and development. When planning and providing play opportunities, the goal is not to eliminate risk, but to weigh up the risks and benefits. No child will learn about risk if they are wrapped in cotton wool'.

The HSE fully recognises that play brings the world to life for children. It provides for an exploration and understanding of their abilities; helps them to learn and develop; and exposes them to the realities of the world in which they will live, which is a world not free from risk but rather one where risk is ever present. The opportunity for play develops a child's risk awareness and prepares them for their future lives.

The HSE and the Play Safety Forum have produced a joint high-level statement that makes clear that:

- Play is important for children's well-being and development.
- When planning and providing play opportunities, the goal is not to eliminate risk, but to weigh up the risks and benefits.
- Those providing play opportunities should focus on controlling the real risks, while securing or increasing the benefits.

Striking the right balance between protecting children from the most serious risks and allowing them to reap the benefits of play is not always easy. It is not about eliminating risk. Play is a safe and beneficial activity. Sensible adult judgements are all that is generally required to derive the best benefits to children whilst ensuring that they are not exposed to unnecessary risk. In making these judgements, industry standards such as EN 1176 offer bench marks that can help (HSE, 2012).

# Key Roles and Responsibilities

## Heads of Establishment

- School playground facilities are managed by the Head of Establishment.
- All expressions of interest in undertaking any playground improvement project must be submitted by the Head of Establishment.
- The Head Teacher is responsible for demonstrating that children, parents, and other key stakeholders have been appropriately consulted in the design of any playground improvement project.
- All liaison with the School Estate Planning Team, the Playground Development Support Group and other Council departments must be undertaken by the Head Teacher or a nominated senior member of the establishments leadership team.

## School Estates Planning Team

- The School Estates Planning Team within the Council's Communities and Families Service will provide a coordination role for all playground improvement projects
- All expressions of interest in undertaking any playground improvement project or queries concerning playground improvements generally should be submitted to the School Estates Planning Team ([playgrounds@edinburgh.gov.uk](mailto:playgrounds@edinburgh.gov.uk))
- The School Estate Planning Team will determine whether a project requires to be referred to the Playground Development Support Group (PDSG).

## Playground Development Support Group

An inter-departmental Playground Development Support Group (PDSG) has been established to advise and support the development of school playgrounds. All schools must refer to this group when planning and installing any play equipment including:

- climbing walls;
- multi-use games zones;
- sand-pits;
- astro-turf pitches;
- landscaping work.

# Playground Development Process

To ensure that any new playground development is compliant with Council standards and regulatory requirements, Heads of Establishments must be aware of and adhere to the following process for any playground improvement or development project within their establishment grounds.

## Planning for Change

Often the first step in planning for change is in response to work with the school Parent Council or a Community Group who wish to raise funds for a grounds improvement or development project, and the most successful projects are taken forward as a **partnership** between the school leadership team and that group. The Head of Establishment **must** ensure that consultations take place with children, parents, and other key stakeholders to inform the project. In the past individual Heads of Establishment have taken responsibility for the management and delivery of playground improvement projects, under the new guidelines most projects will be carried out by Council appointed contractors and/or the Council's Property and Facilities Management Service. Heads of Establishments will be responsible for the day to day management and health and safety of the completed facility or installations.

If the head Teacher is not leading the project personally, the Head Teacher must ensure there is a senior staff representative of the school to lead on liaising with the School Estate Planning Team, the PDSG, other Council services and the school Parent Council, and report to the Head of Establishment on a regular basis.

## STEP 1

### Expression of Interest

The school or Early Years establishment will be required to have *Expression of Interest* approval at the outset of the process to commission a new project. Approval must be received before any appointments are made, so that the appointments can be undertaken without exposing the Council or parent or community body to any liability issues.

Heads of Establishments **must** submit an *Expression of Interest* form (see attached Form 1) to the School Estate Planning Team ([playgrounds@edinburgh.gov.uk](mailto:playgrounds@edinburgh.gov.uk)) for **any** playground improvement or development project. This includes minor projects such as the placement of sheds, containers, benches, bins, and planters etc.

Heads of Establishments at PPP facilities should discuss the completion of the *Expression of Interest* form with the appropriate Estate Contracts Officer.

As part of the *Expression of Interest*, the school and Parent Council or community group must demonstrate that they have planned for all the project costs including (where applicable):

- Design team fees;
- Clerk of works fees;
- Project management fees;
- Delivery and Installation costs;
- Post installation inspection costs;
- Quarterly (operational) inspection costs;
- Costs associated with remedial action arising from inspections;
- Costs for ongoing and maintenance of surfaces, equipment and installations;
- Contingency;
- Any necessary signage;
- Other hidden costs associated with the project (for example: preparation of a plan which can be used when seeking funding from grant making bodies).

The *Expression of Interest Form* should provide full details of the source of funding for the project, including terms, conditions and constraints attached to that funding.

**Note:** many funding sources are time limited and the *Expression of Interest Form* should include details of any such constraints.

**Within 14 days of receipt of the *Expression of Interest* form the School Estate Planning Team will provide feedback.** This feedback will be either:

- Approval to proceed to next stage.
- Referral of the proposal to the Playground Development Support Group with details of the date when it will be considered (Head of Establishment may be invited to attend).
- A Request for further information.
- Refusal to proceed, outlining rationale for decision.

## STEP 2

### Commissioning and Procurement

Following receipt of Approval to proceed the Head of Establishment may, dependent on the scale of the project and advice received from the School Estate Planning Team:

- Procure items for installation/services according to standard procurement processes (see Council Contract Standing Orders document).
- Request that the School Estate Planning Team commission the project via Property and Facilities Management.

**Note: for major or more complex proposals the commissioning, procurement and design stages may take around a year.**

Where the services of a designer or design team are required the Head of Establishment or their nominated senior member of staff should liaise with the Council's **Senior Early Years Officer** to prepare a clear brief based on the school's requirements, including a Risk Benefit Assessment (see Form 2 - *Risk Benefit Assessment*).

Any funds raised by a Parent Council or community groups for the project must be transferred to the school following approval to proceed (this may have procurement, VAT, insurance and liability implications).

Where a commission is raised via Property and Facilities Management, the school will be required to provide a Cost Centre.

### **STEP 3**

#### **Design**

Any design work required will be undertaken by companies or individuals approved as part of the Council's Procurement Framework and/or appointed following a competitive tender process and will be appointed by Property and Facilities Management along with any other necessary professional services (for example Civil Engineers for drainage designs).

The design of all new playground developments at City of Edinburgh Council schools must be compliant with EN 1176 standards. This does not mean that only industry standard equipment can be used in playground developments, but it does mean that the design and installation of natural features and their associated surfaces must be compliant with the standards of EN 1176.

**All designs should reflect the principles and ethos of City of Edinburgh Council's *Vision for School Grounds* document.**

The designer must also ensure adherence to all relevant technical standards and ensure that:

- a clear strip (minimum 1.5m in width) is maintained around the school building to enable scaffolding to be erected so that gutter cleaning and the like can be undertaken easily.
- Emergency and service vehicle access and circulation of the grounds must be maintained

The Head of Establishment must ensure that proposals are shared with children, the Parent Council, the wider parent forum (and, where appropriate, the wider community), and that parent and pupil views are taken into consideration.

The proposed design and a Risk Benefit Assessment should be submitted to the School Estate Planning Team ([playgrounds@edinburgh.gov.uk](mailto:playgrounds@edinburgh.gov.uk)) who will provide the Head of Establishment with confirmation of the date when the proposal will be considered by the PDSG. As the manager with responsibility for the proposed design, the Head of Establishment may be invited to attend the relevant PDSG meeting.

At the meeting where the proposal is considered, the PDSG will either:

- Approve that the project progress to the “Build/Install” stage; or
- Conditionally approve that the project progress to the “Build/Install” stage; or
- Request further information; or
- Refuse the proposal, outlining the rationale for this decision.

## **STEP 4**

### **Build/Install**

Once the design has been approved and signed off by the PDSG, the School Estate Planning Team in liaison with the Head of Establishment will ask Property and Facilities Management to appoint a suitably qualified project manager and the associated costs will be assigned to the project budget.

The project manager will progress a procurement process to appoint a contractor who will be a company approved as part of the Council’s Procurement Framework and/or appointed following a competitive tender process.

The Head of Establishment should be aware that there are CDM (Construction Design and Management) regulations which will apply during the build, although these will be implemented by the project manager appointed by Property and Facilities Management. The Head of Establishment should discuss CDM requirements with the project manager.

The Head of Establishment is responsible for risk assessing and managing public access to the school or establishment grounds and the children’s use of the grounds during the build/installation process. Access arrangements, management of vehicle movements (contractor, staff and visitor), contractor compound areas and working times should be agreed between the Head of Establishment, the establishments Facilities Manager, the project manager and the appointed contractor. Where appropriate these arrangements should be shared with pupils, parents and establishment staff.

The project manager or an appointed Clerk of Works will ensure the work carried out by the contractor and any appointed sub-contractors is to standard set out in the plans.

## STEP 5

### Post Installation Inspection and Risk Assessment

**ALL** new school grounds landscaping, surfacing or equipment installations must undergo a post-installation inspection. The project will not be officially complete until an independent post installation inspection has been carried out (by RoSPA Play Safety or equivalent RPII Annual inspector) to ensure compliance with EN 1176 and any necessary remediation works necessary following this inspection have been completed.

The Post Installation Inspection cost must be met by the project.

Following notification from the Head of Establishment of the completion date for the project the School Estate Planning Team will book the post-installation inspection.

The Post-Installation report will be made available to the Head of Establishment and the School Estate Planning Team following its publication.

All playgrounds will also require that Heads of Establishments complete a *Health & Safety risk assessment* (see attached Form 3) prior to opening. This should incorporate any recommendations arising from the Post-Installation inspection and a *Health and Safety Action Plan* (see attached Form 4) put in place to carry out remedial actions as soon as possible.

The *Risk Benefit Assessment* (see Step 3) should be revised and updated with information from the *Health and Safety Risk assessment* and *Health and Safety Action Plan*.

Throughout the process children should be actively involved in the risk management measures.

All the above documentation should be submitted to the School Estate Planning Team BEFORE new school grounds landscaping, surfacing or equipment installations are opened for use by pupils or the public.

## STEP 6

### Introducing the Completed Installation

The Head of Establishment should prepare a plan in advance of the opening of the new facility to introduce the new facility, to children, parents and the whole school community. This should be discussed with the Play Development Officer.

## STEP 7



## Ongoing Inspection and Maintenance

The Head of Establishment should ensure that maintenance and playground supervision work plans are in place and that records of the following are maintained:

- Health & Safety Risk Assessment;
- daily visual check procedure;
- weekly recorded inspection;
- accidents occurring on or as a result of the new facility;

Quarterly (\*RPII Operational) and annual (\*RPII Annual) inspections will be arranged by the School Estates Planning Team. All associated costs, including any recommended maintenance actions or replacement/ removal recommended by the Inspector must be met by the school.

The Head of Establishment should ensure that, following inspection, an action plan is prepared to address any issues identified. This plan will be requested by the School Estate Planning Team within 14 days of the inspection. Failure to provide a plan demonstrating how inspection actions will be addressed may result in closure of the new facility until such time as an appropriate plan is provided or, where necessary, the remedial work has taken place.

Copies of Action Plans should be sent to the School Estates Planning Team ([playgrounds@edinburgh.gov.uk](mailto:playgrounds@edinburgh.gov.uk)).

## APPENDIX 1 - Inspection Schedule

- **Post Installation Inspection** by RoSPA or other approved inspector registered with the Register of Play Inspectors International (RPII) to confirm facility and installation conforms to EN 1176.
- **Annual Inspection** by RoSPA or other RPII approved inspector to check long-term compliance of installation and other areas of school grounds with required safety standards.
- **Quarterly Operational inspection** by RoSPA or other RPII approved inspector to check continued safe operation, stability, wear etc. of installation.
- **Weekly inspection** by establishment staff recording components inspected and any actions required (see Form 5) \*
- **Daily visual risk assessment** by establishment staff recording components inspected and any actions required (see Form 6) \*
- **Dynamic risk assessment** by supervising staff during use by children, with any required actions noted (Form 6) \*

\* Appropriate immediate actions or action plan must be put in place if defects are noted with the item taken out of use if necessary.

## APPENDIX 2 – School Playground Development Contacts List

All playground queries: [playgrounds@edinburgh.gov.uk](mailto:playgrounds@edinburgh.gov.uk)

### School Estate Planning Team:

Robbie Crockatt, Acting School Estate Planning Manager, Communities and Families

[robbie.crockatt@edinburgh.gov.uk](mailto:robbie.crockatt@edinburgh.gov.uk)

Julie Kelly, School Estate Planning Officer, Communities and Families

[Julie.kelly@edinburgh.gov.uk](mailto:Julie.kelly@edinburgh.gov.uk)

### Play Development Support Group:

Lynn Paterson, Senior Education Manager (Early Years), Communities and Families

[lynn.pateron@edinburgh.gov.uk](mailto:lynn.pateron@edinburgh.gov.uk)

Louise Caldwell, Senior Early Years Officer, Communities and Families

[Louise.caldwell@ea.edin.sch.uk](mailto:Louise.caldwell@ea.edin.sch.uk)

Alan Grevers, Technical Officer, Parks, Greenspace and Cemeteries

[Alan.Grevers@edinburgh.gov.uk](mailto:Alan.Grevers@edinburgh.gov.uk)

Murdo Macleod, Maintenance Standards Officer, Property and Facilities Management

[murdo.macleod@edinburgh.gov.uk](mailto:murdo.macleod@edinburgh.gov.uk)

Martyn Phillips, Health & Safety Adviser, Resources

[martyn.phillips@edinburgh.gov.uk](mailto:martyn.phillips@edinburgh.gov.uk)

Kevin McKee, Senior Legal Manager, Resources

[Kevin.mckee@edinburgh.gov.uk](mailto:Kevin.mckee@edinburgh.gov.uk)

### PPP contacts:

Calum Gordon, Operation Estates Contracts Manager, Communities and Families

[calum.gordon@edinburgh.gov.uk](mailto:calum.gordon@edinburgh.gov.uk)

Graeme Lawler, Operational Estates Contracts Officer, Communities and Families

[graeme.lawler@edinburgh.gov.uk](mailto:graeme.lawler@edinburgh.gov.uk)

Jennifer Black, Operational Estates Contracts Officer, Communities and Families

[jennifer.black@edinburgh.gov.uk](mailto:jennifer.black@edinburgh.gov.uk)

## APPENDIX 3

### Form 1 - Expression of Interest to Develop School Grounds

School Name	
Headteacher	
Phone Number	
Lead Person	
Lead Person's Email	
Date	
What is the proposed playground development concept? (What type of facilities are envisioned?)	
Which area in your grounds are proposed for development? Please attach a diagram showing scale and position in relation to buildings, perimeters, gateways and other features.	
What are your proposed timescales?	
Who has been involved in any consultation? e.g. Pupil/ HWB Group, Parent Council/PSA, Community Council, Local Business (detail who and how)	
What is your proposal for funding the project?	

How will you secure the funding for your playground future costs e.g. inspection and maintenance?

Have you currently raised/secured any funds, and if so how much?

£

Please return this form to School Estates Planning Team:  
[playgrounds@edinburgh.gov.uk](mailto:playgrounds@edinburgh.gov.uk)

**PDSG Feedback to School (to be completed by the Play Development Support Group):**

**PDSG Group – Compliance to EN 1176 Approved**

**Name:**

**Designation:**

**Signed:**

**Date:**

## APPENDIX 4

### Form 2 – Risk Benefit Assessment (edited from Play Safety Forum, Risk benefit Assessment)

#### Overview of Risk-Benefit Assessment

<b>Project/ proposal name:</b>			
<b>Type of assessment (<i>tick one box</i>):</b>	<i>Designer</i>	<input type="checkbox"/>	
	<i>Provider/manager</i>	<input type="checkbox"/>	
	<i>Post-installation</i>	<input type="checkbox"/>	
	<i>Monitoring</i>	<input type="checkbox"/>	
<b>Assessor:</b>	<i>Name</i>		
	<i>Position</i>		
	<i>Date</i>		
<b>Description and location of facility, feature, activity or equipment:</b>			
<b>Date to review risk-benefit assessment:</b>			
<b>Signature of senior worker/manager:</b>			

**Main Form: Risk-benefit assessment**

<b>Benefits:</b>	
<b>Risks</b> ( <i>taking into account any technical information identified in the supplementary form below</i> ):	
<b>Local factors:</b>	
<b>Precedents &amp;/or comparisons:</b>	
<b>Decision:</b>	
<b>Actions taken:</b>	
<b>Ongoing management and monitoring:</b>	

**Supplementary Form: Knowledge and/or specialist expertise needed (if any) for this risk-benefit assessment**

Use this table to give information about any additional specialist or technical expertise that is felt to be necessary. In some circumstances, no such input will be needed. If this is the case, a suitable note such as 'none applicable' or 'N/A' should be made in the table (which should otherwise be left blank). In other circumstances, such as those involving bespoke structures or unusual sites, specialist input may be appropriate. Such expertise might, for example, cover the following topics: trees, structural engineering, rope specialisms, water, soil, EN standards and maintenance. In rare cases, other areas of expertise may also be needed. Ensure that relevant information is noted above in the main form.

<b>Knowledge or specialism</b>	<b>Person providing the knowledge/ carrying out the assessment</b>	<b>Any checks carried out and actions proposed</b>



## APPENDIX 5

### Form 3

### RISK ASSESSMENT

Department		Unit/Section	
Date of assessment		Assessor(s)	
What is the activity?		Where is the activity carried out?	

What are the hazards?	Who might be harmed and how?	What are you already doing?	What further action is necessary?	Action by whom?	Action by when?	Done

--	--	--	--	--	--	--

What are the hazards?	Who might be harmed and how?	What are you already doing?	What further action is necessary?	Action by whom?	Action by when?	Done

Manager's name		Signature	
Date		Assessment review date	

**Are other specific risk assessments required?**

Asbestos	<input type="checkbox"/>	Control of Substances Hazardous to Health	<input type="checkbox"/>	Display Screen Equipment	<input type="checkbox"/>
Electricity	<input type="checkbox"/>	Fire Safety	<input type="checkbox"/>	Lone Working	<input type="checkbox"/>
Manual Handling	<input type="checkbox"/>	New and Expectant Mothers	<input type="checkbox"/>	Noise	<input type="checkbox"/>
Personal Protective Equipment	<input type="checkbox"/>	Stress Management	<input type="checkbox"/>	Vibration	<input type="checkbox"/>
Work Equipment	<input type="checkbox"/>	Workplace Health, Safety and Welfare	<input type="checkbox"/>	Working at Height	<input type="checkbox"/>

## APPENDIX 6

Form 4 Playground Health & Safety Action Plan

School:

Item	Activity/ Hazard	Recommendation	Actions	Action Owner	Target Date	Status Date
Item	Activity/ Hazard	Recommendation	Action taken	Action Owner	Target Date	Status Date

KEY: STATUS

	Not started
	In progress / on track/ ongoing
	Overdue
	Completed
	EN standard covered off in previous recommendations

## APPENDIX 7

### Form 5 – Example Weekly Check

School:

**Weekly Check** – Monday morning after the weekend

Date:

Completed by:

Weather/ conditions:

Area of Playground being inspected (examples)																			
	Tunnel under slide		Amphitheatre		Football pitch		Rocks and path to field		Sandpit by P4/5 door		Tyre wall		Climbing wall		Boat Astro turf		Upper Trim Trail		
	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	
<b>Structure:</b> bent, cracked, loose, broken, rotten																			
<b>Surface Finish:</b> rust, corrosion, sharp edges,																			
<b>Fixtures:</b> missing nuts, bolts, loose nuts or bolts, broken or worn																			
<b>Exposed Mechanisms:</b> hooks, links,																			
<b>Moving Parts:</b> worn ropes,																			

seized, lubrication																		
<b>Seats:</b> missing, wear																		
<b>Surfacing:</b> depth, wear																		
<b>Loose Play</b>																		
<b>Date</b>	<b>Action required</b>																	





## APPENIDX 9 – EN 1176

The full Standard (EN 1176) is an extensive document published in seven parts:

**Part 1:** General safety requirements and test methods

**Part 2:** Additional specific safety requirements and test methods for swings

**Part 3:** Additional specific safety requirements and test methods for slides

**Part 4:** Additional specific safety requirements and test methods for runways

**Part 5:** Additional specific safety requirements and test methods for carousels

**Part 6:** Additional specific safety requirements and test methods for rocking equipment

**Part 7:** Guidance for installation, inspection, maintenance and operation

### EN 1176 : GENERAL REQUIREMENTS (From RoSPA Play Safety)

#### MINIMUM SPACE AROUND EQUIPMENT AND ZONES

\* This is intended to reduce the likelihood of collisions

#### Protection against injuries in the free space

\* No obstacles in the minimum space (other than structures to assist or safeguard the user)

\* Traffic flows should not go through the minimum space

#### Protection against injuries in the falling space

\* Free height of fall should not exceed 3m

\* No obstacles in the falling space

\* Platforms with fall heights of more than 1m between them require surfacing

#### Protection against injuries due to other types of movement

\* No unexpected obstacles

#### SURFACING SAFETY REQUIREMENTS

\* Surfacing should have no sharp edges or protrusions

\* Loose fills should be 200mm more than the depth required to meet the HIC reading (usually 100mm) = 300mm

\* Hard surfaces should only be used where the fall height is not over 600 mm and where there is no forced movement

\* Testable Impact absorbing surfaces if falls over 600mm are possible. Topsoil or turf may be used up to 1.5 m

\* Impact absorbing surfaces (IAS) must extend for a minimum of 1.5m clear space all around a fall height over 600m, extending with height

#### DESIGN AND MANUFACTURE

\* The equipment must be suitable for the user and risks should be identifiable by the child

\* Accessibility: adults must be able to gain access to help children

\* Grip requirements: permitted diameter 16 - 45mm (e.g. overhead bars)

\* Grasp requirements: maximum diameter 60mm (e.g. handrails on steps)

\* Easily accessible equipment has stricter requirements

#### FINISHING

\* Timber species and synthetics should be splinter resistant

\* No protrusions or sharp edged components

\* Bolts (*and natural object nibs or protrusions*) should not protrude by more than 8mm



- \* Corners, edges or projecting parts over 8mm should have a 3mm radius (*including natural objects such as logs or boulders*)
- \* No hard and sharp-edged parts (i.e. razor blade effect caused by sheet steel)
- \* No crushing or shearing points
- \* Connections should not come loose by themselves and should resist removal
- \* Timber connections should not rely solely on screws or nails
- \* Leaking lubricants should not stain or impair the safety of the equipment

## **ROPES**

### **Fibre ropes**

- \* Conform to EN 701 or 919 or have a material and load certificate
- \* Ropes used by hands shall have a soft, non-slip covering

### **Wire ropes**

- \* Non-rotating and corrosion resistant with no splayed wires outside the ferrule
- \* Wire connector clip threads should protrude less than 8mm
- \* Turnbuckles should be enclosed, have a loop at each end and be secured

### **Chains**

- \* Maximum opening of individual links: 8.6mm in any one direction
- \* Connecting links between chains must be less than 8.6mm or over 12mm

### **Swinging suspended ropes**

- \* Not combined with swings in the same bay
- \* Less than 2m long: over 600mm from static parts; over 900mm from swinging parts
- \* 2m - 4m long: over 1000mm from anything \* Diameter: 25 - 45mm

### **Climbing ropes**

- \* Anchored at both ends and movement less than 20% of rope length
- \* Single climbing rope diameter: 18 - 45mm (nets comply with Grip requirements)

## **ENTRAPMENTS**

- \* Entrapment: a place from which children cannot extricate themselves unaided  
[There are several probes: the Torso Probe, the Small Head Probe, the Large Head Probe, the Wedge (fish) Probe and the two Finger Rods. There is also a toggle test to reduce the dangers of clothing toggles being caught on slides, fireman's poles and roofs.]

### **Bridges**

- \* The space between the flexible bridge and rigid sides should be not less than 230mm

### **Entrapment of feet and legs**

- \* Inclined planes (not suspension bridges) less than 45° should have no gaps over 30mm
- \* There are no requirements for suspension bridge gaps other than the main entrapment requirements

### **Finger entrapments**

These occur in: 1. gaps where child's movement may cause a finger to become stuck; 2. open-ended tubes; 3. moving gaps

- \* Tube ends should be securely enclosed and removable only with tools
- \* Moving gaps should not close to less than 12mm

## **BARRIERS AND GUARD-RAILS**

- \* Hand-rail: a rail to help the child balance
- \* Guard-rail: a rail to prevent children falling
- \* Barrier: a guard-rail with non-climbable in-fill

### **Hand-rails**

- \* Where required they should be between 600 and 850mm above the standing surface

### **Easily accessible equipment**

- \* Platforms over 600mm require a barrier with a minimum height of 700mm high + impact absorbing surfacing

### **Equipment that is not easily accessible**

- \* Platforms up to 1000mm: No barriers or guard-rails required + impact absorbing surface over
- \* Platforms 1000-2000mm: 600 - 850mm high guard-rail + impact absorbing surfacing
- \* Platforms 2000-3000mm: 700mm high barrier + impact absorbing surfacing
- \* No bars, infills or steps which can be used as steps. Tops should discourage standing or sitting

## **MEANS OF ACCESS**

All means of access should have no entrapments; be securely fixed; be level to  $\pm 30$  (ramps across width) and have a constant angle. It does not refer to agility equipment used as an access i.e. arched climbers, scramble nets. There are specific measurements for ladders, stairs and ramps.

## **SWINGS**

### **Requirements**

- \* No all rigid suspension members (i.e. solid bar top to bottom)
- \* Design should be principally for use by seated children (RoSPA interpretation)
- \* Two seats per bay maximum. Cradle and flat seats can be mixed in the same bay, but ensure this is suitable
- \* Some types of swings have slightly different requirements . Information should be obtained from the supplier
- \* Single points swing chains should not twist round each other
- \* Single point swings require a secondary bearing support mechanism if the bearing is not designed for swings

### **Dimensions**

- \* Minimum ground clearance at rest: 350mm (400mm for single point swings and tyres)
- \* No maximum seat surface height but RoSPA recommends a max. height of 635mm for cradles and flat seats
- \* Distance between seat and frame: 20% of swing suspension + 200mm
- \* Distance between seats: 20% of the swing suspension + 300mm
- \* Pivot splay (separation distance) at crossbar: width between seat fixings plus 5% of swing suspension length (20% for contact swings)

### **Siting**

- \* Swing sets for young children should be separated from those for older children and sited to avoid cross traffic

## Surfacing requirements

### *Forward and Back*

\* Different areas for synthetic and loose-fill surfaces in a box or pit. Measurements each way are:

1. synthetic: .867 x length of suspension member + 1.75m + 0.50m clear space
2. loose-fill: .867 x length of suspension member + 2.25m + 0.50m clear space

### *Side width*

- \* Seat width no greater than 500mm: 1.75m minimum (i.e. 0.875m each way from seat centre)
- \* Areas for two seats in one bay may overlap providing the distance between seats is correct

### *Single point swings*

- \* Circular area with a radius equal to the Forward and Backward figure for other swings

## SLIDES

### Safety requirements

\* Free-standing slides: the max. vertical height which a stairway can reach without a change of direction is 2.5m.

\* Starting section at the top of each chute: length 350mm minimum, zero to 50 downwards at the centre line. **N.B.** This can be the platform if the slide is attached to it

\* If the starting section is over 400mm long, platform requirements apply

\* From a platform, the gap to the slide is the same width as the slide

\* Attachment slides over 1m free fall height should have starting section barriers 500mm min. high at one point

\* Attachment slides over 1m FFH should have a guard-rail across the entrance at a ht. of between 600-900mm

### *Sliding sections*

\* Maximum angle: 60° at any one point and an average of 40°

\* The width of open and straight slides over 1500mm long should be less than 700mm or greater than 950mm

\* Spiral or curved slides should have a width less than 700mm

### Run-outs

\* Run-outs of at least 300mm are required if the sliding section is under 1.5m long.

\* Additional requirements are required for different types of slides

\* Average angle of run-outs: type 1 is 100°, type 2 is 50° (both downwards)

\* Height of run-out: Less than 1.5m sliding length: max. 200mm. Greater than 1.5m sliding length: max. 350mm

\* Users should come to a stop on the run-out section (type 2 only)

\* Chutes should have a side height related to the fall height:

1.2m: 100mm minimum : 1.2m - 2.5m: 150mm minimum : Over 2.5m: 500mm minimum

\* Maximum side angle from slide bed: 30°

\* Tops of sides should be rounded or radiused to at least 3mm

\* Tunnel slides should be a minimum 750mm high and 750mm wide

\* Tunnels should start on or at the end of the starting section and be continuous over the sliding section only

### Surfacing requirements

Normal distances except for the run-out which should be:

\* *Type 1*: 1m each side and 2m beyond

\* *Type 2*: 1m each side and 1m beyond

## CABLE RUNWAYS

### Safety requirements

- \* Stop at end should progressively slow down the traveller
- \* Traveller should not be removable except with tools
- \* No access to internal mechanism
- \* Suspension mechanism: flexible, exclude risk of strangulation or be at least 2m above the ground in the middle
- \* Where children hang by the hands, the grip should not be enclosed (e.g. a loop)
- \* Climbing should be discouraged onto the grip
- \* Children should be able to get off the seat at any time (i.e. no loops or straps)
- \* Maximum loaded (1 x 130 kg adult) speed is 7m per second
- If two cables are placed parallel the min. distance between them is 2m

### Impact areas

- \* 2m either side of main cable

## ROTATING ITEMS

**Note:** Rotating items under 500mm diameter are excluded from these requirements

### Safety requirements

- \* Maximum free height of fall: 1000mm (For overhead items: 1500 - 3000mm)
- \* Hand grips should be between 16 - 45mm

### Specific requirements

There are specific requirements for different types of roundabout . The two most common ones are:

#### *Platform roundabouts:*

- \* Platforms should be circular and enclosed
- \* All parts should revolve in the same direction
- \* No super-structure over the edge of the platform
- \* Mechanism should be enclosed
- \* Height between underside and ground 60 - 110mm for 300mm inwards, then at least 60 mm for the remainder
- \* Protective skirts should be of rigid material and have no burrs or other defects
- \* The bottom edge should be flared towards the inside or protected

#### *Giant revolving discs*

- \* Clearance of underside at lowest point: 300mm
- \* Max. platform height: 1m
- \* Free space: 3m
- \* Upper surface should be continuous, smooth and with no handles or grips
- \* Underside should be continuous, smooth and without any radial variations (i.e. spokes) or indentations

### Minimum space

- \* Free space: Horizontal: 2m all round
- \* Vertical head clearance from platform: sitting 1.5m ; standing 1.8m
- \* Small rotating items under 500mm diameter are excluded but RoSPA suggests as for rocking items

### Surfacing requirements

- \* There are no special extra requirements for surfacing areas
- \* Surfaces should be continuous underneath and level

## ROCKING ITEMS

### Definitions

- \* Rocking equipment which can be moved by the user and is supported from below
- \* Damping: any movement restricting device. (N.B. Springs are treated as self-damping)

### Safety requirements

- \* Throughout the range of movement gaps in all accessible joints should be under 12mm
- \* Progressive restraint at extremity of movement is required
- \* Foot rests should be provided where the ground clearance is less than 230mm
- \* Hand grips should be provided for each seat or standing position
- \* Foot rests and hand grips should be firmly fixed and non-rotating
- \* Hand grip diameter: 16 - 45mm (for toddler items: 30mm maximum)
- \* Right-angled corners on moving equipment should be 20mm radius min. (i.e. a bird's beak)

### Minimum space

- \* 1000mm between items at maximum movement.

### Surfacing requirements

There are no special extra requirements for surfacing areas

## INSTALLATION, INSPECTION, MAINTENANCE AND OPERATION

### Safety

- \* Appropriate safety systems must be established by the operator
- \* No access should be allowed to unsafe equipment or areas
- \* Records should be kept by the playground operator
- \* Effectiveness of safety measures should be assessed annually
- \* Signs should be provided giving owner details and emergency service contact points
- \* Entrances for emergency services should be freely accessible
- \* Information on accidents should be kept (RoSPA has a suitable form)
- \* Staff and users should be safe during maintenance operations

### Inspection

- \* Manufacturers will recommend the inspection frequency although some sites may need a daily check

#### *Frequency*

Routine visual inspections: identification of hazards from vandalism, use or weather conditions (RoSPA recommends a recorded daily or weekly inspection)

Operational inspection: every 1-3 months or as recommended. Checks operation, stability, wear etc.

Annual main inspection: checks long-term levels of safety

- \* An inspection schedule should be prepared for each playground, listing components and methods
- \* Appropriate action should be taken if defects are noted

### Routine maintenance

- \* Basic routine maintenance details should be supplied by the manufacturer

### Corrective maintenance

- \* This covers remedial work and repairs as required
- \* Alterations should only be carried out after consultation & agreement with the supplier or a competent person

(Adapted from EN 1176 General Requirements, RoSPA Playground Safety)

## **APPENIDX 10 – Links to further information**

Further essential information on **EN 1176** specifications, with details of heights, fall zones and safer surfacing areas, are explained in '*An Essential Guide to BS EN 1176 and BS EN 1177, Children's Playground Equipment & Surfacing: updated for 2008*' (Davies and Heseltine, Wicksteed, 2008) which is available on line:

<http://www.wicksteed.co.uk/pdfs/EN1176%20and%20EN1177.pdf>

A booklet is available from **RoSPA**, (£12.00 plus £3.50 post and packing), which attempts to explain in everyday terms for the interested lay person the main new requirements and to identify changes from the old British (BS 5696) and German (DIN 7926) standards where these may be assessed on site.

<http://www.rospa.com/play-safety/advice/en1176-equipment-standard/>

For more information on **Loose Parts Play** see the Loose Parts Play Toolkit at:

<http://www.inspiringscotland.org.uk/media/58451/Loose-Parts-Play-web.pdf>

**HSE Statement** - Children's Play and Leisure: promoting a balanced approach

<http://www.hse.gov.uk/entertainment/chilids-play-statement.htm>



# A Vision for School Grounds





# Why are school grounds important?

We want our pupils to be: successful learners, confident individuals, effective contributors and responsible citizens.

“school grounds can play a significant role in delivering these outcomes, providing safe, stimulating environments where children and young people can learn, explore, play and grow, regardless of their educational needs.”

*Schools for the Future: Designing School Grounds*

“Education Scotland, The Scottish Government and the General Teaching Council of Scotland have identified Outdoor Learning as an essential element of a young person’s development and as an entitlement of curriculum for excellence and learning for sustainability”

*CEC Outdoor Learning Strategy 2016 – 2020*

“school grounds are a vital resource for learning”

*Schools for the Future: Designing School Grounds*

“all schools have a ‘hidden curriculum’ – all those messages given out by the feel of a place where children grow and develop. This is their environment”

*Schools for the Future: Designing School Grounds*

“capital projects [should] devote as much attention to the ‘outdoor classroom’ as to the innovative design of buildings and indoor space”

*Schools for the Future: Designing School Grounds*

**“Natural spaces are essential for human development and wellbeing, and none more so than those we set aside for the use of our children”**

*Conserving Wonder with Sir David Attenborough*



**Instead of thinking about what children WANT TO HAVE in their school grounds, we should think about what children are GOING TO DO in their school grounds?**

## Wellbeing

Research suggests that a well-designed school ground creates a positive improvement in pupil and teacher wellbeing. School grounds are the most easily accessible outdoor area for teachers to bring outdoor learning into their lessons and being outdoors in nature can improve feelings of wellbeing and motivation.

HGIOS 4 states that Outdoor spaces should be used effectively to promote positive relationships and wellbeing and that schools take account of the beneficial link between outdoor learning and green space with wellbeing.

Articles 31, 12 and 15 of the United Nations Convention on the Rights of the Child should be considered when exploring the importance of our school grounds.

31: Children have the right to relax and play and to join in a wide range of cultural, artistic and other recreational activities.

12: When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account.

15: Children have the right of freedom to associate with each other.

## Good Quality Outdoor Spaces

There are compelling reasons that make school grounds important to our pupils, staff and communities.

Most pupils will spend around 1500 hours of their life in their school playground. By providing quality school grounds children can have access to good outdoor space that they may not have at home.

Children can be actively involved in the management of their school grounds creating a sense of responsibility and the outdoor space can become a valuable community asset.



# Our Vision

We want our school grounds to be inspiring spaces that are safe and inclusive and improve wellbeing. They should provide diversity in learning experiences and play opportunities and promote social and environmental responsibility.

This document says what we think our school grounds should aspire to be. Every school and its community is unique and will need to decide how this vision needs to be tailored to reflect its needs, priorities and concerns.

*“if children don’t grow up knowing about nature and appreciating it, they will not understand it, and if they don’t understand it, they won’t protect it, and if they don’t protect it, WHO WILL?”*

*Conserving Wonder with Sir David Attenborough*

*“Schools are well designed, accessible, inclusive learning environments that inspire and drive new thinking and change and which support the delivery of high quality educational experiences through Curriculum for Excellence;”*

*Building better schools: investing in Scotland's future 2009*

*“Research supports the many health benefits of contact with nature, including reducing stress, decreasing symptoms of ADHD”*

*Nature Play and Learning Spaces*



*Base camp at the Forest Kindergarten, Lauriston Castle*

## INSPIRATIONAL

**WE WANT** to create school grounds that stimulate creativity, where nature can thrive, and learners have the opportunity to develop curiosity, be active and learn in a meaningful context.

## AGILE

**WE WANT** our school grounds to provide a variety of behavioural settings so pupils can freely engage in different activities. These settings should be linked by pathways to promote wayfinding and free flow movement between activities. Our work in agile classrooms should extend to the outdoor environment allowing flexibility to accommodate growth made by pupils and teachers.

## SOCIAL

**WE WANT** to provide spaces that encourage social activities and different types of interaction. We want them to become a valuable community asset and a place people want to be.

## SUSTAINABLE

**WE WANT** our school grounds to be embraced as an extension of the classroom and for outdoor learning to be embedded into the school's curriculum.

## INCLUSIVE

**WE WANT** to have easy access to the outdoors for all with free flow between inside and out. We want all users of our school grounds to have a sense of ownership.

## SAFE

**WE WANT** learners to feel and to be safe and secure in our school grounds. We want our pupils to be involved in assessing risk and identifying ways of mitigating it.

## MAINTAINABLE

**WE WANT** to achieve a natural and beautiful space that minimises maintenance and repairs through good design. We would like schools to embed the responsible use of the school grounds through learning experiences and community engagement

# Key components for our school grounds

**Child's right to play (UN Convention on the Rights of the Child)**

Develops physical, cognitive, emotional and social skills

Behaviour that is intrinsically motivated

The universal language of childhood

Behaviour that is personally directed

A fundamental part of childhood

Essential to children's wellbeing

Behaviour that is freely chosen

Healthy development

School play policy

Physical activity

**SAFE**

**Learning**

**Diversity**

**Play**

**Community**

Environments that have educational value

School's Quality Improvement Plan

Whole school approach

Environmental learning

Collaborative learning

Experiential learning

Physical education

Informal learning

Outdoor learning

Formal learning

Physical activity

Changes in height

Diverse range of plantings

Flexibility and variety in the spaces and uses

Providing a variety of learning and play experiences

Sensory elements: variety of textures, scents, things to see and hear

Lets and events

Community links

Community access

Organisation involvement

Inclusive and accessible design

School community: peer interaction

School community: parent and child



Referring to pupil feedback during a pilot study at Sighthill Primary School:

*“The children asked for more well-defined settings so that they could be engaged in different activities without getting in the way of others.”*

*Khan, M. (2017) Environment, engagement and education*

*“The characteristics of savannas that people prefer include depth, openness, uniform grassy coverings, and scattered trees, as opposed to obstructed views, disordered high complexity, and rough textures. The preference is found across all age ranges and cultures, though it is strongest in children and grows weaker with age.”*

*Universal Principles of Design: Savanna Preference*

*“Schools may want to use maintenance of part of the grounds as a learning experience for pupils. This can be made easier by careful positioning of outdoor taps, for example, or creating raised beds for easy access for all.”*

*Schools for the Future: Designing School Grounds*

*Variety is a key principle in designing a quality outdoor learning environment. Any outdoor space will have learning opportunities but a more varied space will present a wider range of options.*

*Grounds for Learning/ Learning through landscapes: the good school playground guide*

# Diversity

Research suggests that a good outdoor learning environment is designed as a combination of behaviour settings linked by an open yard or a continuous pathway. Similar behaviour settings should be adjacent to each other to stimulate free flow movement between the settings. The size of these and the elements within them will depend on the size of the school ground and availability of different elements locally.



*Parsons Green Primary School*

## A PLAYFUL SPACE

**WE WANT** planting schemes to add to the biodiversity of the area. For the school grounds to be playful landscapes, where simple features lend themselves to whatever the children want to use them for. Providing year-round interest for all ages and abilities.

## AN INCLUSIVE SPACE

**WE WANT** to minimise hard boundaries using planting to make school grounds feel more accessible and natural. For children with additional support needs, natural play environments provide play opportunities and diversity that other play spaces may not offer.

## AN INSPIRING SPACE

**WE WANT** to provide diverse environments that create opportunities for a variety of activities which are enhanced by different textures, smells, tastes, sights and sounds.

## A DIVERSE SPACE

**WE WANT** a variety of behavioural settings which should be linked by pathways to encourage free flowing movement. Closely positioned settings will offer seamless natural territorial expansion as children discover new and exciting activities.

## A NECESSARY SPACE

**WE WANT** pupils to have the freedom to experience low risk natural settings to help them learn to risk assess and develop resilience. Providing them with the environment and associated learning opportunities they may not encounter at home.

## AN AGILE SPACE

**WE WANT** a flexible school ground that can continuously be used to its full potential as it changes with the seasons, over time and a space that can change with the needs and priorities of the school and community.

# Behavioural settings

The image below suggests the types of behavioural settings we would like to have in our school grounds. The areas a school might have will vary to reflect the age range in the school, the school and community needs and priorities and any local constraints. If the size of the school grounds is restrictive; behaviour settings can be combined for example, adding water into the area with loose parts and combining the wild garden with the natural learning area. The image shows only one of each area but areas can be spread out over the school grounds. For example, there could be multiple wild gardens acting as boundaries or areas of beauty. We have also included notes on things you may find in these settings.







Holyrood Park

## AROUND AND INBETWEEN THE BEHAVIOURAL SETTINGS

### PATHWAYS

- To link all the areas for natural and free flow movement between the behavioural settings
- Low maintenance surface to keep well defined and weed free
- Could be stepping stones with numbers on (use in numeracy)
- Could be colourful wet pour
- Flexible pathways - children making their own paths through long grass areas then letting them regrow

#### Consider

- strategic placing / design for high impact footfall to avoid early wear and tear of surrounding surfaces.
- Designated paths will be wheelchair accessible.

### GRASS

- Meadow planting.
- Leave areas of grass uncut in between spaces and let nature thrive.

**Consider** maintenance strategy with Facilities Management team.

### DIFFERENT LEVELS OF HEIGHT

- Providing the opportunity to look out over an open area.
- Dips and multiple mounds or landscaped slopes.

#### Consider

- Avoid route becoming a desire line causing wear and tear by high volume footfall.
- Hills require a solution to avoid wear and tear or turning into mud.

### SEATING

- Provide a variety of seating areas that are comfortable and inviting to encourage social activity

**Consider** adult needs for outdoor grounds use and supervision as well as children's use.

### NATURAL BOUNDARIES

- Plantings that provide multiple uses and learning opportunities such as edible hedges, trees and planters

## IDEAS TO CREATE A SENSORY AREA

**SIGHT:** plants and trees, a forest walk location is recommended.

**TOUCH:** different textured plants, paths and walls using mosaics, pebbles, gravel, polished glass pieces and shingles. Walkways, decking or sculptures made from timber- rough, smooth, grooved.

**SMELL** – plants, herbs and flowers that give pleasant smells.

**HEARING:** Musical elements such as xylophone walls, running water in a self-contained pebble pool or water fountain.

**TASTE:** edible hedges, fruit orchards and fruit and vegetable gardens.

**“We need to provide our children with natural settings in which to play, learn, and thrive. We need to help them form emotional bonds with the abounding beauty of flowers and trees, rivers and streams, critters and clouds. We need them to be fascinated by these things, to grow into close and careful observers of the world around them, to feel not only appreciative but protective, and to be prepared to live their lives accordingly.”**

*Howard Frumkin, M.D., Dr.P.H, Dean, University of Washington School of Public Health  
Nature Play and Learning Spaces*





Visual representation of diversity of behavioural settings

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# Play

“The Scottish Government’s vision for children and young people is clear: for Scotland to be the best place in the world to grow up.”

*Play Strategy: Play Out of Hours!  
Scottish Government 2016*

“It’s often assumed that SECONDARY PUPILS no longer want to play. Observations and focus groups suggest this is not the case...”

ACTIVE PLAY isn’t just important for providing aerobic exercise. It’s also crucial for developing physical literacy...

CHILD-LED FREE PLAY unleashes and stretches children’s natural creativity.”

*GjL /Learning through landscapes:  
the good school playground guide*

“The HSE fully recognises that play brings the world to life for children. It provides for an exploration and understanding of their abilities; helps them to learn and develop; and exposes them to the realities of the world in which they will live, which is a world not free from risk but rather one where risk is ever present. The opportunity for play develops a child’s risk awareness and prepares them for their future lives.”

*Health & Safety Executive, 2012*

School grounds have primarily been thought of as a place for children to ‘let off steam’ through physical activity however, we believe that our school grounds can facilitate numerous types of play which are fundamental to children’s healthy development and wellbeing. We think our school grounds should be places where free play can be explored by all ages in their own context and promote GIRFEC’s wellbeing indicators to provide a high-quality environment for play.

- SAFE:** providing a safe environment
- HEALTHY:** improving physical and mental health
- ACHIEVING:** developing skills and confidence
- ACTIVE:** creating opportunities for play, recreation and sport
- RESPECTED:** having a say
- RESPONSIBLE:** playing an active role
- INCLUDED:** allowing everyone to take part and have fun

## A FUN SPACE

**WE WANT** to provide a variety of areas for different types of play as we recognise that play is fundamental to children’s development.

## A MANAGED SPACE

**WE WANT** to provide environments in which children are and feel safe yet which allows children to experience managed risk.

## A CONSIDERED SPACE

**WE WANT** the play opportunities for appropriate age groups and community requirements to be considered when developing school grounds.

## AN ACTIVE SPACE

**WE WANT** to provide school grounds that balance informal learning with physical activity.

## A WELL USED SPACE

**WE WANT** to provide experienced practitioners of loose parts play and provide support to schools to enable them to create these play opportunities confidently and safely.



The image shows play types, examples and features that enable these types of play, to be considered when thinking about how children use school grounds.





# We want our school grounds to allow our Early Years and Primary pupils to do these outdoor learning activities

## 50 Ways to experience outdoors in Edinburgh before you're 11<sup>3</sup>/<sub>4</sub>

### Anywhere

- Use a Kelly Kettle
- Create a sound scape
- Make a quadrat and do a survey
- Capture a spider's web
- Go on a scavenger hunt
- Make a fractions museum

### Concrete

- Make a sundial
- Measure evaporation of puddles
- Encourage wildlife
- Experiment with the wind
- Lie down and look at the sky to spot shapes
- Jump in puddles
- Draw with chalk
- Construct a weather station
- Make a windmill
- Plant a seed and watch it grow

### Grass

- Make a daisy chain
- Play in cut grass
- Make a grass trumpet
- Roll down a hill
- Dance for worms
- Go on a bare foot walk

### Water

- Build a dam in a stream
- Make a trail with sticks
- Make a mud pie and hold a mud banquet
- Play pooh sticks
- Build and float a boat

### The top ten sites

- 1 Climb Arthurs Seat and step back in geological time in Holyrood Park
- 2 Storm the gates of Edinburgh Castle and discover the history inside
- 3 Visit the Royal Botanic Garden Edinburgh
- 4 Explore the Royal Mile and its myriad closes
- 5 Take a trip to the seaside on Edinburgh's coastline
- 6 Explore the Water of Leith walkway and call in at the visitor centre
- 7 Discover the countryside in the city at Gorgie City Farm
- 8 Enjoy the view from another of Edinburgh's seven hills
- 9 Take life at a slow pace on the Union Canal towpath
- 10 Visit another of Edinburgh's castles

### Trees

- Find, collect and play with conkers
- Build a den for you and your toys
- Press leaves and flowers
- Collect as many colours and shapes of leaves
- Climb a tree
- Hug a tree
- Create a rainbow or paint palette with leaves and petals
- Journey sticks
- Make clay faces in trees
- Kick fallen leaves

### Bugs and beasties

- Make a home for a wild animal
- Set bug traps
- Set up a snail race

#### Did you know...

You can develop and learn new skills through outdoor learning in one of our three centres for outdoor learning which are in Caimgorm National Park, Loch Lomond and Trossachs National Park, and the outskirts for Edinburgh.

We offer specialised adventurous activities, technical advice and training, schools/community group activities, and holiday accommodation for families, groups or organisations. [www.experienceoutdoors.org.uk](http://www.experienceoutdoors.org.uk)



# Community

“Schools accommodate and provide a range of services, activities and facilities that make a difference to people’s health and well being, to sustaining economic growth and to the strength and vibrancy of communities” ...

“explore how best to encourage community use of both indoor and outdoor facilities within the school estate by making schools more open, accessible and welcoming at all times” ... “In Berlin, the grounds of one primary school are a popular venue for children’s birthday parties. After school, parents relax with coffee and cake in the attractive grounds while children enjoy the amazing outdoor play features provided by the school.”

*Building better schools: investing in Scotland’s future 2009*

We should recognise that school grounds are valuable community assets and wherever possible ensure that learners and their communities are given access out of school hours.

*Education Scotland: Vision 2030+*

**CASE STUDY:** creating links with local businesses can help fund edible garden maintenance and be an important learning tool. Pupils at [Chisenhale Primary School, London](#) sell some of the fruit and vegetables they grow to their local Waitrose supermarket. In doing so, they also learn about marketing and economics.

A school can be at the centre of its community but the local’s own connection with the school changes over time. If we want the school to be at the centre of its community we need to create provision and allow access that appeals to and benefits the whole community. The Scottish Government has indicated that it would like to see further development of the concept of the school being a community hub and that this would be to the mutual benefit of both schools and communities. Opening school grounds to the community has been considered in both City of Edinburgh Council’s Open Space 2021: Edinburgh’s Open Space Strategy 2016 and Play Strategy. All schools and their communities have different needs and priorities. The decision whether to open a school ground to the community ultimately rests with the headteacher.

**“Rather than questioning whether or not the gates are locked, it may be more useful to consider when they are locked and who locks them.”**

*Play Strategy: Play Out of Hours! Scottish Government 2016*



## A COMMUNITY SPACE

**WE WANT** school grounds to be used to their full potential as a wonderful community resource, that is open to the public out of school hours, to be freely accessible for all and to be a safe space to enjoy.

## A CONNECTED SPACE

**WE WANT** schools to create links with their communities and use this as an opportunity for learning.

## A SUPPORTIVE SPACE

**WE WANT** to support our schools to create these community resources.

## A COLLABORATIVE SPACE

**WE WANT** to involve community organisations and partnerships in supporting schools to create and maintain their diverse outdoor environments.

## A SOCIAL SPACE

**WE WANT** school grounds that promote different types of social interaction across all age groups. Where parents and children go to socialise and play, developing a sense of community cohesion.

## IDEAS TO GET THE COMMUNITY INVOLVED

### ALLOTMENTS / COMMUNITY GROWING

There is a higher demand for allotments than there is provision. Hosting an after-school gardening club for pupils, parents and the community can help with maintenance of the school grounds.

### PARTNERSHIP WORKING

Outdoor Learning Partners Forum, involving organisations can help support schools in the creation and maintenance of their outdoor spaces. [Edinburgh Living Landscape](#)

### EVENTS AND LETS

Consider whether some areas of the school ground could be let to the community such as the open space or group gathering area.

### ORGANISATIONS

There are organisations that you can contact to see how they can support your project.

The Beautiful Scotland Campaign supports community groups to make improvements to their local environment.

Earth Calling supports schools and communities with environmental projects and activities.

Edible estates support communities to create community food growing and greenspace projects.



## CONSIDERATIONS

Not one size fits all.

Community access to new school builds should be considered at design stage to allow for well-designed access points and provision.

Consider a strategy for ensuring the school grounds are safe for the public and for the school at the point of handover.

Schools must have adequate risk assessment and provide appropriate and safe environments for their pupils.

The authority must have the right policies and procedures in place.

Consider the legal requirements for unsupervised use of the school grounds.

Consider the needs of younger children and babies who will visit the school grounds with their parents when collecting older siblings.

Consider developing a whole-school policy for community partnerships and use of the site.

# Further reading

## Practical Guidance

### School ground Design

- Grounds for learning/Learning through landscapes: the good school playground guide
- Schools for the Future: Designing School Grounds

### Play

- Inspiring Scotland: Loose Parts Play

### Open grounds

- Play Strategy: Play Out of Hours! Scottish Government 2016

## Further Information and Guidance

- Curriculum for Excellence through outdoor learning
- How Good is Our School 4
- Building better schools: investing in Scotland's future 2009
- Play Strategy for Scotland: Our Vision (2013)
- Getting it Right for Every Child - Wellbeing
- Nature Play and Learning Places, Robin C. Moore
- General Teaching Council Scotland - The Standards for Registration
- Education Scotland: Vision 2030+ Concluding Report of The Learning for Sustainability National Implementation Group
- Learning for Sustainability
- Play Scotland Play Types Toolkit

## City of Edinburgh Council Strategy and Design Documents

- City of Edinburgh Council's Outdoor Learning Strategy
- City of Edinburgh Play Strategy
- Edinburgh Design Guidance
- Open Space 2021: Edinburgh's Open Space Strategy (2016)
- City of Edinburgh Council's Play Area Action Plan 2011-2016
- Edinburgh Biodiversity Action Plan 2016-18
- City of Edinburgh Council's Allotment Strategy 2017-2027

## Research, Studies and Media

- Conserving Wonder with Sir David Attenborough
- Khan, M. (2017). Environment, engagement and education: investigating the relationship between primary school grounds and children's learning: a case study from Bangladesh (Doctoral dissertation, University of Edinburgh)
- Research by Professor Stephen Heppell
- Outdoor Environments for Primary School Teaching and Learning: An Exploratory Study, Khan, Bell, Silveirinha de Oliveira, McGeown
- Universal Principles of Design: Savanna Preference

If you would like any further information please contact the School Estate Planning Team at [playgrounds@edinburgh.gov.uk](mailto:playgrounds@edinburgh.gov.uk)