Public Document Pack

Notice of meeting and agenda

Governance, Risk and Best Value Committee

10.00 am Tuesday, 8th June, 2021

Virtual Meeting - via Microsoft Teams

This is a public meeting and members of the public are welcome to watch the live webcast on the Council's website.

The law allows the Council to consider some issues in private. Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.

Contacts

Email: martin.scott@edinburgh.gov.uk / natalie.le.couteur@edinburgh.gov.uk

Tel: 0131 529 4237 / 0131 529 6160

·EDINBVRGH·
THE CITY OF EDINBURGH COUNCIL

1. Order of Business

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

2. Declaration of Interests

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

3. Deputations

3.1   If any

4. Minutes

5. Outstanding Actions

6. Work Programme

7. Business Bulletin

7.1   None.

8. Reports

9. Motions

9.1 None.

10. Resolution to consider in private

10.1 The Committee, is requested under Section 50(A)(4) of the Local Government (Scotland) Act 1973, to exclude the public from the meeting for the following items of business on the grounds that they would involve the disclosure of exempt information as defined in Paragraphs 1, 12 and 15 of Part 1 of Schedule 7A of the Act.

11. Private Reports

Andrew Kerr

Chief Executive

Committee Members

Councillor Joanna Mowat (Convener), Councillor Scott Arthur, Councillor Eleanor Bird, Councillor Jim Campbell, Councillor Maureen Child, Councillor Denis Dixon, Councillor Phil Doggart, Councillor Gillian Gloyer, Councillor Susan Rae, Councillor Alex Staniforth and Councillor Norman Work

Information about the Governance, Risk and Best Value Committee

The Governance, Risk and Best Value Committee consists of 11 Councillors and is appointed by the City of Edinburgh Council. The meeting will be held by Microsoft Teams and will be webcast live for viewing by members of the public.

Further information

If you have any questions about the agenda or meeting arrangements, please contact , Natalie Le Couteur / Martin Scott, City of Edinburgh Council, Business Centre 2.1, Waverley Court, 4 East Market Street, Edinburgh EH8 8BG, Tel 0131 529 4237 / 0131 529 6160, email martin.scott@edinburgh.gov.uk / natalie.le.couteur@edinburgh.gov.uk.

The agenda, minutes and public reports for this meeting and all the main Council committees can be viewed online by going to https://democracy.edinburgh.gov.uk/

Webcasting of Council meetings

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

The Council is a Data Controller under current Data Protection legislation. We broadcast Council meetings to fulfil our public task obligation to enable members of the public to observe the democratic process. Data collected during this webcast will be retained in accordance with the Council's published policy including, but not limited to, for the purpose of keeping historical records and making those records available via the Council's internet site.

Any information presented by individuals to the Council at a meeting, in a deputation or otherwise, in addition to forming part of a webcast that will be held as a historical record, will also be held and used by the Council in connection with the relevant matter until that matter is decided or otherwise resolved (including any potential appeals and other connected processes). Thereafter, that information will continue to be held as part of the historical record in accordance with the paragraphs above.

If you have any queries regarding this, and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact Committee Services (committee.services@edinburgh.gov.uk).

This page is intentionally left blank

Minutes

Governance, Risk and Best Value Committee

10.00am, Tuesday 4 May 2021

Present

Councillors Mowat (Convener), Aldridge (substituting for Councillor Gloyer), Bird, Jim Campbell, Child, Dixon, Doggart, Munro (for items 1 to 5), Staniforth and Work.

1. Minutes

Decision

To approve the minute of the Governance, Risk and Best Value Committee 23 March 2021 as a correct record.

2. Outstanding Actions

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

Decision

1) To agree to close the following actions:

> **Action 4** – Whistleblowing Monitoring Report – B Agenda
>
> **Action 8** – Annual Assurance Schedule – Place Directorate
>
> **Action 9** – Quarterly Status Update – Digital Services
>
> **Action 12** – Change Portfolio
>
> **Action 14 (2)** – Whistleblowing Monitoring Report – B Agenda

2) To otherwise note the outstanding actions.

(Reference – Outstanding Actions 4 May 2021, submitted.)

3. Work Programme

Decision

To note the Work Programme.

(Reference – Governance, Risk and Best Value Committee Work Programme 4 May 2021, submitted.)

4. Business Bulletin

The Governance, Risk and Best Value Committee Business Bulletin was presented.

Decision

To note the Business Bulletin.

(Reference – Governance, Risk and Best Value Committee Business Bulletin 4 May 2021, submitted)

5.   Quarterly Status Update - Digital Services

The quarterly progress update for the City of Edinburgh Council's ICT programme of work was provided. Details were provided of the joint work between the Council and its ICT partner, CGI, to increase the pace of delivery to improve core digital services, achieve further improvement and progress the associated major systems changes and developments which would further enable and enhance citizen facing services and the internal business operations of the Council.

Decision

1)   To note the update.

2)   To agree to share the data with Committee that showed how many hits there were per page on the Council website and what services citizens were accessing.

3)   To agree to share the latest update on the InTune Migration with Committee.

4)   To note that meetings of the Elected Member ICT and Digital Sounding Board would re-commence.

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

6.   Change Portfolio

The Change Board was a specific meeting of the Corporate Leadership Team (CLT) and reported on a six-monthly cycle to the Governance, Risk and Best Value (GRBV) Committee. The Committee received an overview of strategic delivery and the associated risks and issues managed within the Council's Change Portfolio of major Programmes and Projects.

Details were provided of amber status projects in addition to the Red projects as requested by Committee on 21 March 2021.

Decision

1)   To note the status of the Council's Portfolio of significant projects with an Amber RAG status.

2)   To agree to provide a briefing note to update Committee on the North Bridge Refurbishment.

3)   To agree that the Head of Place Management would provide reassurance why the Housing Service Improvement were amber status and details of what plans were in place to progress.

4)   To agree that the Head of Customer and Digital Services would engage with CGI to ensure there was enough scrutiny on the Communal Bin review

5)   To note that the foundations and Management Information were in place and information could be extracted for particular areas and to agree that the Head of Customer and Digital Services would assess what information could be provided.

6)   To request that future iterations of the Change Portfolio report included original target dates, any target dates which were projected and to include details on how many workstreams were within with each project.

7)   To note that paragraph 4.3 should have read 'Red - the project requires immediate remedial action to achieve objectives, the timeline/cost/objectives are at risk and/or significant obstacles or issues prevent the team and consequently the programme from not meeting plans'.

(References – Governance, Risk and Best Value Committee, 23 March 2021 (item 11); report by the Chief Executive, submitted.)

Declaration of Interests

Councillor Dixon declared a non-financial interest in the above item as Board Member of Edinburgh Leisure.

This page is intentionally left blank

Outstanding Actions

Governance, Risk and Best Value Committee

8 June 2021

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
1	26/09/2017	Principles to Govern the Working Relationships between the City of Edinburgh Council Governance, Risk and Best Value Committee and the Edinburgh Integrated Joint Board Audit and Risk Committee	To accept the high-level principles subject to further information on how elected members could best engage with the process.	Chief Internal Auditor	September 2021 ~~March 2021~~ ~~December 2020~~ ~~May 2020~~ ~~September 2019~~ ~~January 2019~~ ~~November 2017~~		**March 2021** An update is provided on the Business Bulletin for the meeting on 23 March 2021 **July 2020** A briefing note by the Chief Internal Auditor was circulated to members separately. **September 2019** A briefing note by the Chief Internal Auditor was

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							circulated to members separately.
2	17.09.19	Work Programme – Member/Officer Protocol	To add the review of the Member/ Officer Protocol to the workplan with timescales for submission and to agree that a workshop for members would be held prior to submission to the Committee.	Chief Executive	August 2021 ~~June 2021~~ ~~May 2021~~ ~~March 2021~~ ~~February 2021~~ ~~November 2020~~ ~~September 2020~~ ~~January 2020~~		**June 2021** Timescale extended to allow further engagement with political groups **March 2021** Sessions with political groups are currently being arranged **February 2021** The timescales have been extended to allow for further engagement with elected members. **December 2020**

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							The Code of Conduct Consultation is now live. The draft response to this is being developed to be presented to Council on 4 February 2021 (Consultation closes 6 February). Officers are working to ensure these two documents align The Member/Officer Protocol will be brought to GRBV following this exercise in February 2021. **July 2020** Scottish Government are

Page 13

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							consulting on changes to the Code of Conduct and it is suggested that changes to the protocol await this piece of work

June 2020 Update
Consideration of the member/officer protocol is awaiting the finalisation of the revised Code of Conduct from the Scottish Government that will impact on the content of the Protocol.

Timescales to be confirmed.

December 2019 |

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							Workshop with members held on 29 October 2019. A joint workshop will be arranged with officers and members early 2020 (following the General Election).
3	09.06.20	Draft Annual Governance Statement	To agree to include further information on the issues raised in relation to Council ALEOs and specifically the assurance statement relating to Marketing Edinburgh in the update scheduled to be reported to committee in July		July 2021		
4	07.07.20	Motion by Councillor Doggart – Pandemic Planning	1) Agrees that the chief executive reviews the council's response and	Chief Executive	TBC		An interim debrief of the Council's response to Covid-19 has been undertaken with

Page 15

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			preparedness to COVID-19 but acknowledges that as the council is still responding to the pandemic, any review would be premature at this time. 2) Asks that the chief executive updates the Policy and Sustainability committee on when he believes it would be appropriate both in terms of resources and timing for such a review to take place.				key findings shared with the Adaptation and Renewal All Party Oversight Group on the 13th August. Lessons identified have been incorporated into the council's documentation for further waves / local outbreaks. A summary will be provided to the next P&S Committee. As the incident remains ongoing, it is too early to undertake a full lessons learned exercise at this time, but this will be kept under review and undertaken at the earliest appropriate

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							opportunity
5	03.11.20	Internal Audit: Final Internal Audit reports supporting the 2019/20 Annual Opinion	To note the Head of Place Development would consider how Fire Safety measures are managed and communicated to Committee and Ward Councillors in the High-Rise Blocks within the Council's property estate.	Executive Director of Place	June 2021		
6	08.12.20	Best Value Assurance Audit	1) That the Governance, Risk and Best Value Committee recommends that when the refreshed Council Business Plan is brought forward this should clearly state what current plans it replaces and how progress against the Plan will be measured and reported to Council	Chief Executive	June 2021 ~~March 2021~~		A workshop on the Planning and Performance Management Framework is being arranged with GRBV members.

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			so that Council governance is clear.				
			2) That the further consideration of genuine local community empowerment is reported back to Committee with details on how this will be put in place with a clear process and timescale that progress can be measured against.		May 2021		
7	16.02.21	Business Bulletin	1) To agree to circulate a briefing note to Committee from the Chief Executive of The City of Edinburgh Council (CEC) and the Chief Officer of the Edinburgh Integrated Joint Board (EIJB) to clarify how the Council can control the risks it is	Chief Executive & Chief Officer EIJB	June 2021 ~~April 2021~~		The workshop will be held on 3 June 2021 A briefing note will be circulated after the workshop has taken place.

Page 18

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			exposed to through the EIJB.				
			2) To agree to organise a workshop for Committee Members with attendance from, the Chief Internal Auditor, the Governance Democracy and Resilience Senior Manager and the Chief Officer of the EIJB, to consider the working relationship between CEC and the EIJB, ownership of risks, members' level of comfort with risks and to reflect upon the findings of the Feeley Review of Adult Social Care.	Chief Executive & Chief Officer EIJB	June 2021

~~April 2021~~ | | |
| 8 | 23.03.21 | Internal Audit Overdue Findings and Key Performance Indicators | 1) To agree to revise the timescale on outstanding action 107 which had a 2024 close | Chief Executive | 31.12.22 | | To align with the new approach to resilience planning, the deadlines of the |

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
		as at 10 February 2021	date to an earlier date				management actions has been re-considered. Business Impact Analysis (BIAs) across the organisation are being carried out and scenario-based protocols and associated documentation developed with services. The completion of this work will allow the Council Business Continuity Plan to be revised, by 31/12/2022.
			2) To agree that the 30 outstanding actions which were over a year old would return to GRBV for scrutiny in	Chief Executive	June 2021		**Recommended for Closure** Report is on the agenda for this

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			May 2021 or later subject to the Chief Internal Auditor and Convenor of GRBV's discussion.				meeting.
9	23.03.21	Gas Service Improvement Plan – B Agenda	1) To note that the gas service improvement plan would be included in the broader service improvement plan going to the Housing, Homelessness and Fair Work Committee in June 2021 and agree to wrap this into a workshop (referenced in Confidential Schedule of 23.03.21)	Executive Director of Place	June 2021		
			2) To agree to provide a briefing note (referenced in Confidential Schedule of 23.03.21)	Executive Director of Place	June 2021		
			3) To note that once the	Chief	January 2022		

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			agreed management actions had been implemented, a closure report would be brought to the GRBV committee	Executive			
10	23.03.21	Whistleblowing Monitoring Report – B Agenda	To agree to provide a date for the completion of the management actions for case CEC-07-17.	Senior Education Manager (Community Services) – Communities and Families	June 2021		
11	04.05.21	Quarterly Status Update - Digital Services	1) To agree to share the data with Committee that shows how many hits there are per page on the Council website and what services citizens are accessing.	Executive Director of Resources			**Recommended for Closure** This information was shared directly with Cllrs Mowat and Campbell on the 4th May.
			2) To agree to share the latest update on the InTune Migration with Committee.	Executive Director of Resources			**Recommended for Closure** Briefing was circulated to all

Page 22

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							Committee Members and Business Managers on Monday 10th May.
12	04.05.21	Change Portfolio	1) To agree to provide a briefing note to update Committee on the North Bridge Refurbishment.	Executive Director of Place			
			2) To agree that the Head of Place Management would provide reassurance why the Housing Service Improvement was amber status and details of what plans were in place to move it forward.	Executive Director of Place			
			3) To agree that the Head of Customer and Digital Services would engage with CGI to ensure there was	Executive Director of Resources			**Recommended for Closure** The Head of Customer & Digital Services followed

Page 23

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			enough scrutiny on the Communal Bin review.				up with dialogue with the Head of Place Management who advised there was no digital or CGI involvement in the communal bin review. Should this require any future assistance then the Head of Place Management will make The Head of Customer & Digital Services aware.
			4) To note that the foundations and MI were in place and information could be pulled off for particular areas and to agree that the Head of Customer and Digital Services	Executive Director of Resources			**Update June 2021** The Head of Customer and Digital Services has this work underway.

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			would assess what information could be provided				

This page is intentionally left blank

Work Programme

Governance, Risk and Best Value Committee – 8 June 2021

	Title / description	Sub section	Purpose/Reason	Category or type	Lead officer	Stakeholder	Progress updates	Expected date
1	Internal Audit: Overdue Recommendations and Late Management Responses	Quarterly report	Paper outlines previous issues with follow up of internal audit recommendations, and an overview of the revised process within internal audit to follow up recommendations, including the role of CLG and the Committee	Internal Audit	Chief Internal Auditor	Council Wide	Quarterly	June 2021 September 2021 December 2021 March 2022
2	Internal Audit Quarterly Activity Report	Quarterly 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	June 2021 September 2021 December 2021 March 2022

Agenda Item 6.1

EDINBVRGH
THE CITY OF EDINBURGH COUNCIL

3	IA Annual Report for the Year	Annual report	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	August 2021
4	IA Audit Plan for the year	Annual report	Presentation of Risk Based Internal Audit Plan for approval by Committee	Internal Audit	Chief Internal Auditor	Council Wide	Annually	March 2022
5	Accounts Commission	Annual report	Local Government in Scotland: Financial Overview	External Audit	Executive Director of Resources	Council Wide	Annually	February 2022
6	Accounts Commission	Annual report	Local Government in Scotland: Performance and Challenges	External Audit	Executive Director of Resources	Council Wide	Annually	August 2021
7	Annual Audit Plan	Azets	Annual audit plan	External Audit	Executive Director of Resources	Council Wide	Annually	March 2022
8	Annual ISA 260 Audit Report	Azets	Annual Audit Report	External Audit	Executive Director of Resources	Council Wide	Annually	September 2021
9	External Audit Review of Internal Financial Controls	Azets	Interim audit report on Council wide internal financial control framework	External Audit	Executive Director of Resources	Council Wide	Annually	September 2021

10	IT Audit Report	Azets	Scope agreed during annual external audit planning cycle	External Audit	Executive Director of Resources	Council Wide	Annually	September 2021, as part of the quarterly Status of the ICT Programme Update
11	Internal Audit Charter	Annual Report	Annual Audit Charter	Internal Audit	Executive Director of Resources	Council Wide	Annually	March 2022
Section B – Scrutiny Items								
12	Change Portfolio		To ensure major projects undertaken by the Council were being adequately project managed	Major Project	Chief Executive	All	Six-monthly	September 2021 March 2022
13	Welfare Reform	Review	Update reports to be referred annually by Policy and Sustainability Committee	Scrutiny	Executive Director of Resources	Council Wide	Annual	June 2021
14	Review of CLT Risk Scrutiny	Risk	Quarterly review of CLT's scrutiny of risk	Risk Management	Chief Executive	Council Wide	Quarterly	June 2021 September 2021 December 2021 March 2022
15	Whistleblowing Quarterly Report		Quarterly Report	Scrutiny	Chief Executive	Internal	Quarterly	June 2021 September 2021 December 2021 March 2022
16	Workforce Control	Staff	Annual report	Scrutiny	Executive Director of Resources	Council Wide	Annual	September 2021

17	Committee Decisions	Democracy	Annual report	Scrutiny	Chief Executive	Governance, Risk and Best Value Committee	Annual	December 2021 This was included as part of the Political Management Report being considered at Council on 10 December 2020.
18	Monitoring of Council Policies	Democracy	Annual report	Scrutiny	Chief Executive	Council Wide	Annual	Spring 2021
19	Revenue Monitoring	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Quarterly	August 2021 December 2021 February/March 2022
20	Capital Monitoring	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Quarterly	August 2021 December 2021 February/March 2022
21	Revenue Outturn	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	August 2021
22	Capital Outturn and Receipts	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	August 2021
23	Treasury – Strategy report	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	March 2022
24	Treasury – Annual report	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	September 2021

25	Treasury – Mid-term report	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	January 2022
26	Quarterly Status Update - Digital Service Programme	Review	Progress Reports	Scrutiny	Executive Director of Resources	Council Wide	Quarterly	September 2021 December 2021 March 2022 May 2021
27	Annual Assurance Schedules	Review	Progress Report	Scrutiny	All Directorates	Council	Annual	August 2021 (EIJB) November 2021 (Resources) January 2022 (Place) January 2022 (Communities and Families) February 2022 (Chief Executive)
28	Review of the Member/Officer Protocol	Review	Including timescales for submission	Scrutiny	Chief Executive	Council Wide	Flexible	August 2021
Section C – Council Companies								
29	Capital Theatres	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	December 2021
30	Edinburgh Leisure	Review	Progress Report	Scrutiny	Executive Director for Communities and Families	Council Wide	Annual	TBC

31	Capital City Partnership	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	June 2021
32	Transport for Edinburgh	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	August 2021
33	Lothian Buses	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	August 2021
34	Edinburgh Trams	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	August 2021
35	Edinburgh International Conference Centre	Review	Progress Report	Scrutiny	Executive Director of Resources	Council Wide	Annual	December 2021

GRBV Upcoming Reports

Appendix 1

Report Title	Type	Flexible/Not Flexible
August 2021		
IA Annual Opinion 2020/21	Scrutiny	Flexible
Accounts Commission - Local Government in Scotland: Performance and Challenges	Scrutiny	Flexible
Revenue Outturn	Scrutiny	Flexible
Capital Outturn and Receipts	Scrutiny	Flexible
Revenue Monitoring	Scrutiny	Flexible
Capital Monitoring	Scrutiny	Flexible
Annual Governance Statement	Scrutiny	Flexible
Review of Member/Officer Protocol	Scrutiny	Flexible
Annual Assurance Schedules - EHSCP	Scrutiny	Flexible

Transport for Edinburgh	Scrutiny	Flexible
Lothian Buses	Scrutiny	Flexible
Edinburgh Trams	Scrutiny	Flexible

Governance, Risk and Best Value Committee

10am, Tuesday, 8 June 2021

Draft Annual Governance Statement

Executive/routine
Wards
Council Commitments

1. Recommendations

1.1 That committee scrutinise the draft Annual Governance Statement prior to its signing and incorporation into the Council's unaudited financial statements that will be presented to Council for approval.

1.2 That committee authorise the Chief Executive to make any minor changes to the statement considered necessary prior to submission of the financial statements for audit.

Andrew Kerr

Chief Executive

Report

Draft Annual Governance Statement

2.   Executive Summary

2.1   This draft Annual Governance Statement is presented to committee for scrutiny before it is finalised and signed by the Chief Executive and Leader of the Council.

3.   Background

3.1   Statutory regulations govern the preparation and submission of the Council's financial statements for audit.

3.2   The Annual Governance Statement is signed by the Chief Executive and Leader of the Council prior to the financial statements being signed and presented for approval to Council and then submitted for audit by the Head of Finance, the Council's Section 95 officer.

4.   Main report

4.1   The Council's Annual Governance Statement (AGS) is prepared in accordance with the CIPFA/SOLACE 'Delivering Good Governance in Local Government' Framework (2016), which fulfils legislative statutory requirements.

4.2   The Council's Annual Assurance (AA) exercise, that covers directorates, significant council companies and joint boards, informs the content of the AGS, along with input from the Chief Internal Auditor and the Corporate Governance Framework (CGF) 2019/20 self-assessment.

4.3   Individual directorate AA returns will be presented to committee for scrutiny in the autumn and the Council's Corporate Governance Framework 2020/21 self-assessment, which completes the annual review cycle of the Council's internal control framework, will be presented to committee in August.

5. Next Steps

5.1 The Annual Governance Statement will be signed by the Chief Executive and Leader of the Council and incorporated into the financial statements for approval at the Council.

6. Financial impact

6.1 This report has no financial impact.

7. Stakeholder/Community Impact

7.1 This report has no stakeholder/community impact.

8. Background reading/external references

8.1 None

9. Appendices

9.1 Draft Annual Governance Statement 2020/21

City of Edinburgh Council

Annual Governance Statement

2020/21

Unaudited Financial Statements 2020/21

ANNUAL GOVERNANCE STATEMENT

<u>**Introduction**</u>

1.1   2020/21 has been an unprecedented year for the City of Edinburgh Council, responding to the demands of a global pandemic and fundamental changes to people's freedoms and way of life. As a direct consequence of the Council's response to Covid-19, governance, both political and operational, had to adapt and evolve rapidly to ensure that the Council fulfilled its statutory duties arising from the Civil Contingencies Act and was able to work directly and with partners to address the safety of vulnerable people, the continuity of essential public services and the safety of our employees alike. Recognising the importance of democratic leadership and oversight of the Council's response to the pandemic, a rapid transition back to the full operation of our executive committees as soon as practicable was also managed. The past year has been challenging for elected members and officers alike and has placed a significant strain upon Council finances, the workforce, digital and physical assets like, along with our supply chain and partners. Through robust and effective governance, the Council has been able to respond well to these challenges, to adapt and evolve the provision of its services and, importantly, to take on additional responsibilities to support local and national responses to Covid-19.

<u>**Scope of Responsibility**</u>

1.2   The City of Edinburgh Council is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, and that public money is safeguarded, properly accounted for, and used economically, efficiently, effectively and ethically. The Council also has a statutory duty under the Local Government in Scotland Act 2003, to make arrangements to secure best value, which is demonstrated by continuous improvement in the way its functions are carried out.

1.3   In discharging these responsibilities, Elected Members and senior officers are responsible for implementing effective arrangements for governing the Council's affairs, and facilitating the effective exercise of its functions, including arrangements for the management of risk.

1.4   This statement also covers the organisations included in the Council's Group Accounts, a list of which is included on page xx of the Accounts.

Council's Strategy and Vision

1.5 In February 2021 the Council approved a new Council Business Plan: *Our Future Council, Our Future City* which set out the Council's strategic priorities and how the aims set out in the Community Plan would be taken forward over the next 3 years.

1.6 The Business Plan covers a three year period and provides an overarching focus for the Council in terms of its priorities and the delivery of its aims. It provides an opportunity to deliver a future organisation to meet the changing needs of citizens.

1.7 The Business Plan set out the three main priorities the Council would focus on in the coming years:

1.7.1 Ending poverty by 2030

1.7.2 Becoming a sustainable and net zero city; and

1.7.3 Wellbeing and Equalities.

1.8 The Business Plan describes the approach the Council will take to deliver its priorities in the form of 15 outcomes with actions. This plan stands as one part of a golden thread linking and guiding operations, through to the shared goals and commitments of the Edinburgh Partnership and towards the long term ambitions for Edinburgh to be a fair, welcoming, pioneering, and thriving city, as outlined in the 2050 Edinburgh City Vision.

1.9 The Business Plan also met the Accounts Commission's Best Value Report recommendations on aligning the Council's strategic direction.

Decision making structures

Political Governance Arrangements

1.10 The Council operates an executive committee structure (see figure 1.1). This consists of six executive committees which are responsible for policy and financial decision making and scrutiny in their designated areas of responsibility. These committees are Policy and Sustainability; Culture and Communities; Education, Children and Families; Finance and Resources; Housing, Homelessness and Fair Work; and Transport and Environment.

1.11 The Governance, Risk and Best Value Committee seeks assurance over the adequacy of governance and risk management frameworks and the internal control environment. It also scrutinises the Council's financial and non-financial performance, approves and monitors progress against the internal audit risk-based plan, and monitors performance of the internal audit service.

1.12   The Council also operates a range of other committees, some of which are quasi-judicial such as the Development Management Sub-Committee and the Licensing Sub-Committee, to consider individual applications.
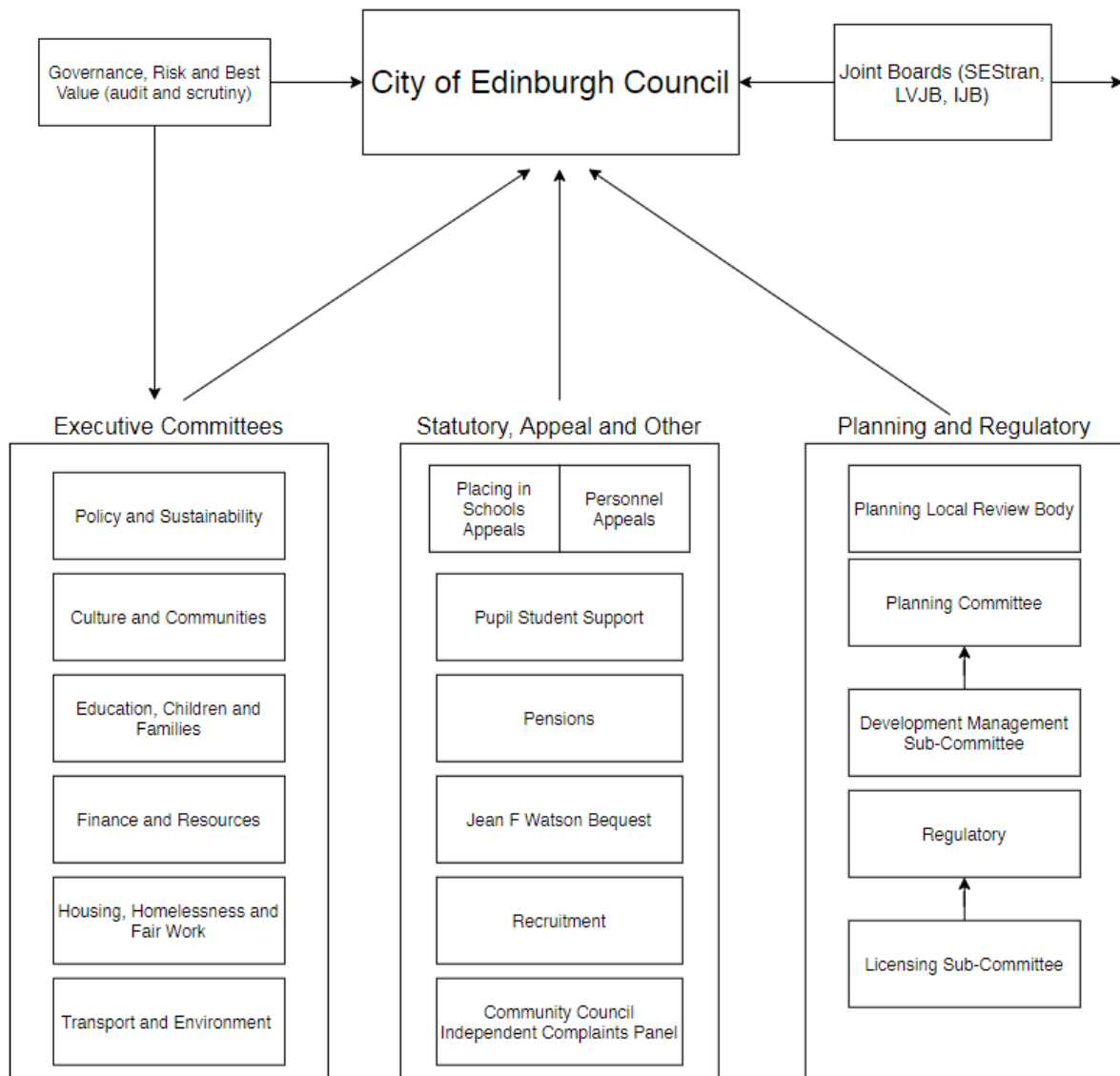
```
┌─────────────────────────┐        ┌─────────────────────────┐        ┌─────────────────────────┐
│ Governance, Risk and Best│──────►│ City of Edinburgh Council│◄──────│ Joint Boards (SEStran,  │──────►
│ Value (audit and scrutiny)│       │                         │        │ LVJB, IJB)              │
└─────────────────────────┘        └─────────────────────────┘        └─────────────────────────┘
```

Figure 1.1 Executive Committee Structure

Executive Committees

- Policy and Sustainability
- Culture and Communities
- Education, Children and Families
- Finance and Resources
- Housing, Homelessness and Fair Work
- Transport and Environment

Statutory, Appeal and Other

- Placing in Schools Appeals
- Personnel Appeals
- Pupil Student Support
- Pensions
- Jean F Watson Bequest
- Recruitment
- Community Council Independent Complaints Panel

Planning and Regulatory

- Planning Local Review Body
- Planning Committee
- Development Management Sub-Committee
- Regulatory
- Licensing Sub-Committee

Figure 1.1 Executive Committee Structure

Political decision making in Covid- 19

1.13   To date the Council has implemented three phases of political governance arrangements in response to the Covid-19 emergency. The first phase, agreed by the Chief Executive under emergency powers, was to extend the recess period of the City of Edinburgh Council from Friday 20 March 2020 to Sunday 29 March 2020 inclusive and from Monday 20 April 2020 to Sunday 26 April 2020 inclusive. The Leadership Advisory Panel was an existing committee that had the authority to take all decisions during recess periods. This was stood up and met twice during this period.

4

1.14 The second phase followed a report considered by the Leadership Advisory Panel on 23 April 2020 and agreed that the Policy and Sustainability Committee would meet every two weeks from May 2020 and would have the authority to make decisions on all matters of business. This committee has a larger number of elected members, includes a number of the executive committee conveners and is chaired by the Council Leader. All business, with the exception of quasi-judicial matters, was submitted to this committee. The Development Sub-Committee and the Local Review Bodies met from May 2020 as required and the Governance, Risk and Best Value Committee met again from 9 June 2020. This re-established independent committee scrutiny and allowed audit activity to re-commence.

1.15 The third phase from 7 August 2020 re-introduced the Finance and Resources Committee to provide financial scrutiny and then all other executive committees from 1 September 2020; meaning the Council's political management arrangements were back operating normally (and remotely) from that date.

Officer Decision Making

1.16 The Corporate Leadership Team (CLT) meets weekly, led by the Chief Executive, and includes all Executive Directors and key statutory officers including the Section 95 Officer, Monitoring Officer and Chief Social Work Officer.

1.17 It is supported by a range of groups covering key matters such as risk, health and safety and programme management. There is a robust health and safety reporting structure which includes directorate health and safety groups, a quarterly Council health and safety group and a quarterly consultative forum involving the trade unions. Health and safety working groups are in place for key life safety issues including: fire; water safety; and, asbestos. All directorates have risk and assurance committee meetings at least quarterly and ensure escalation of risks. The CLT also has a specific risk committee meeting which reviews the corporate risk register on a quarterly basis.
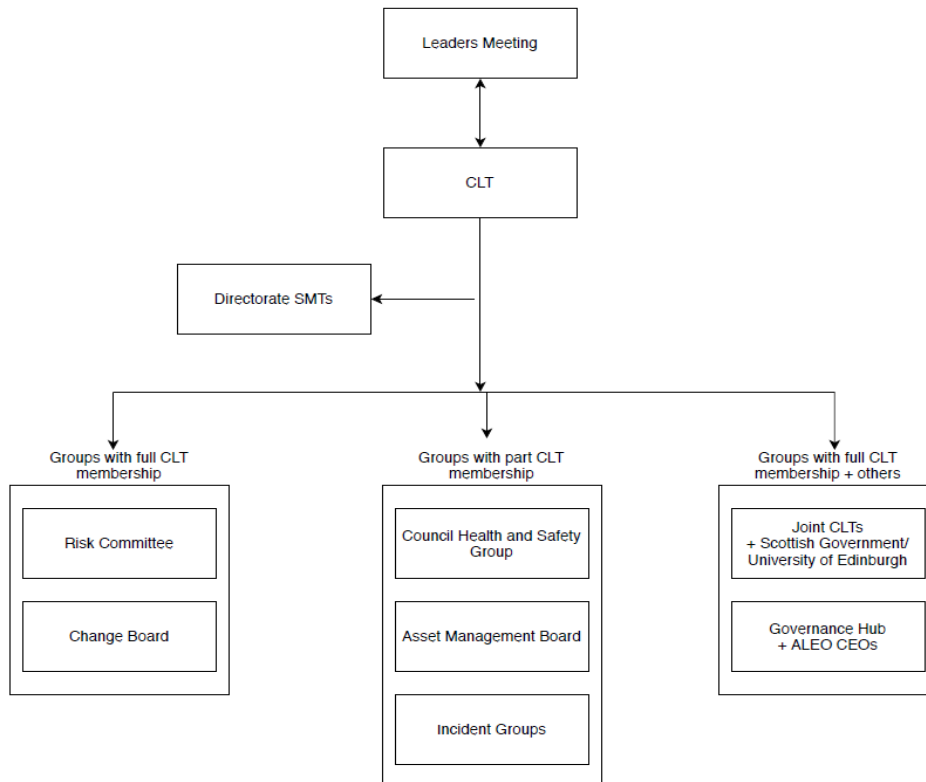
Figure 1.2 - CLT and Senior Management Team (SMTs) Structure

1.18   A key area of governance for the Council is its involvement in national, regional and city wide bodies. The Chief Executive and members of CLT represent the Council on a number of groups. Examples of these include SOLACE, Scottish Government Directors, City Deal Executive, Edinburgh Guarantee and Edinburgh Chamber of Commerce Council. Partnership working has increased during the Pandemic, building on strong relationships and the need to work together to provide holistic solutions for the City and its region.

Covid-19 Officer Decision Making

1.19   The groups below were all established to respond to Covid-19:

1.19.1 Council Incident Management Team (CIMT), chaired by the Chief Executive

1.19.2 Directorate Incident Management Teams, with escalation to CIMT

1.19.3 Specialist Incident Management Teams:

1.19.3.1   Health and Social Care Command, chaired by EHSCP Head of Operations

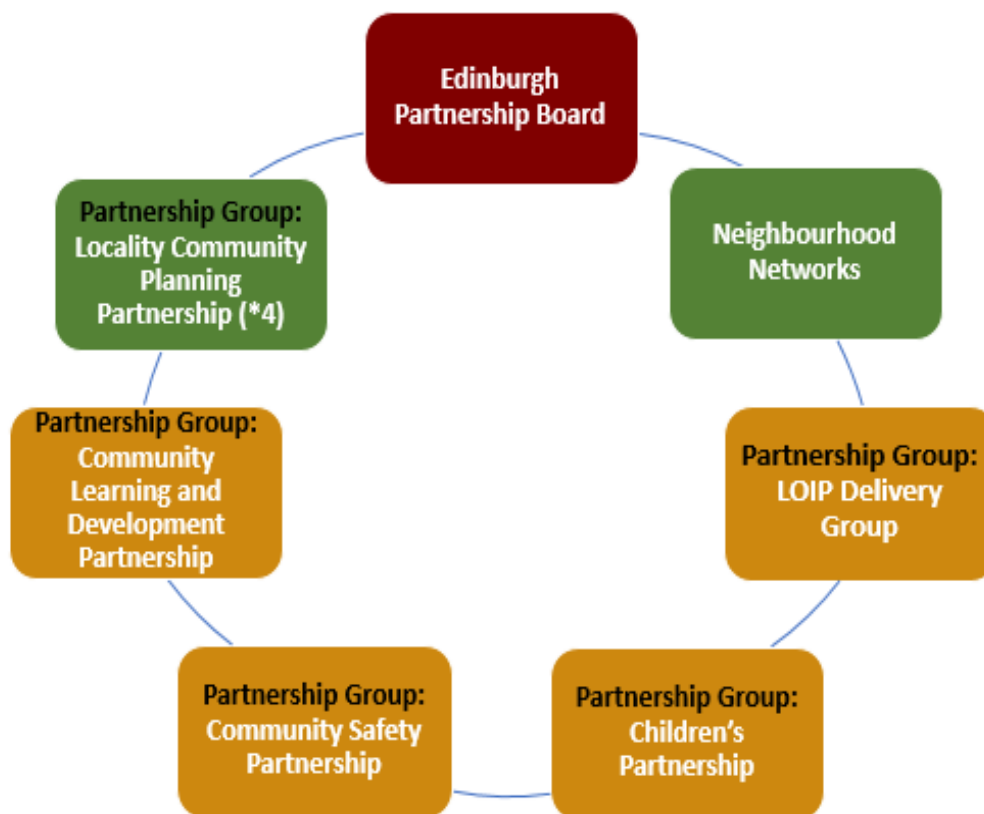1.19.3.2   Personal Protective Equipment (PPE), chaired by the Chief Procurement Officer

1.19.3.3   Shielding, chaired by the Executive Director of Resources

1.19.3.4 Vulnerable and Volunteering, chaired by the Executive Director of Communities and Families

1.19.4 Cross-Council Risk Forum, convened and chaired by the Head of Legal and Risk

1.19.5 Weekly meetings with the Trade Unions, including on specialist subjects such as PPE.

1.20 The CIMT and directorate IMTs have provided a clear, easy to understand and effective governance structure for organising services during the emergency. They have met with differing frequency during the pandemic, operating flexibly to ensure the Council could react rapidly to any arising issues.

1.21 The three principles that were set out at the beginning of the response have been the framework for every decision taken:

1.21.1 to protect the most vulnerable in our city;

1.21.2 to minimise the risks to our colleagues; and

1.21.3 to continue to provide services in challenging circumstances.

1.22 The Chief Executive established measures to ensure that decision making was as transparent as possible and that decisions were taken only by officers where absolutely necessary. The following principles were applied:

1.22.1 The Chief Executive would be the only officer to take decisions in response to the Covid-19 emergency using powers outlined in the Scheme of Delegation to Officers;

1.22.2 The Chief Executive would consult on all these decisions with the Leader and Depute Leader;

1.22.3 Decisions would be considered and discussed at the Council's Incident Management Team;

1.22.4 If possible, Executive Directors would discuss matters at their directorate incident management teams before escalating to the CIMT;

1.22.5 Decisions would only be taken by the Chief Executive where urgent and where they could not be considered in good time by the Leadership Advisory Panel;

1.22.6 Decisions would be reported to the Leadership Advisory Panel for information; and

1.22.7 When making decisions, the potential risk and impact of those decisions, whether existing controls are effective and what new measures or controls may be required should be considered. This process should be as efficient and streamlined as possible.

1.23 The Council has reduced both the number and frequency of its Covid-19 meetings, but the Council's Incident Management Team continues to meet twice a week and other meetings have been stood back up depending on the changing situation of the pandemic.

1.24 In May 2020 the Council, recognising the significant long term impact and challenges caused by the pandemic, commenced a programme of work titled Adaptation and Renewal, focussed on post-Covid new ways of working. It aimed to set a clear long term vision, feeding into the business plan, on how the City would recover while retaining the flexibility to adapt to the changing public health situation.

1.25 Its five work programmes were as follows:

1.25.1 Public Health Advisory Board - This board brought together NHS Lothian and the Edinburgh Health and Social Care Partnership (EHSCP) to ensure the effective communication and implementation of national advice concerning public health.

1.25.2 Service Operations – To consider how to reintroduce services and adapt to new ways of working.

1.25.3 Change, People and Finance – To evolve the Council's current Change Strategy and financial framework and the impact of the pandemic on our workforce, our digital strategy and governance arrangements..

1.25.4 Sustainable Economic Recovery – To work closely with the Scottish and UK Governments, the business community and the third sector, to respond to the challenging economic circumstances facing the city and the nation.

1.25.5 Life Chances - To ensure the Council is supporting people who are vulnerable or need support because of the impact of COVID-19.

Partnership Working

1.26 The Council plays an important role in the Edinburgh Partnership, the Community Planning Partnership in Edinburgh, and its new community planning structure. The new framework agreed by the Edinburgh Partnership comprises a Board, four city wide partnerships, four locality partnerships and thirteen neighbourhood networks. The new arrangements are designed to support a different way of working and to support the delivery of the Partnership's priorities for the city as set out in the new community plan. The plan focuses on reducing poverty and inequality in the city through making sure people have enough money to live on; access to work, learning and training opportunities; and have a good place to live.

The figure shows the Edinburgh Partnership Board at the top, connected in a circle to: Neighbourhood Networks, Partnership Group: LOIP Delivery Group, Partnership Group: Children's Partnership, Partnership Group: Community Safety Partnership, Partnership Group: Community Learning and Development Partnership, and Partnership Group: Locality Community Planning Partnership (*4).

Internal Controls

1.27 A significant part of the governance framework is the system of internal controls in place to ensure that risks are being identified and managed effectively. The Council has adopted a local Corporate Governance Code (CGC). The CGC is based on the Chartered Institute of Public Finance and Accountancy (CIPFA) and Society of Local Authority Chief Executives and Senior Managers (SOLACE) model framework Delivering Good Governance in Local Government. The CGC outlines how the Council embeds good governance throughout the organisation and is available on the Council's website.

Review of Effectiveness

1.28 An assurance statement on the effectiveness of the system of internal controls has been provided and was informed by:

1.28.1 the work of the Corporate Leadership Team which develops and maintains the governance environment;

1.28.2 the certified annual assurance statements provided by all Executive Directors;

1.28.3 the certified assurance statements provided by the Chief Executives and Directors of Finance of the Council's group companies.

1.28.4 council officers' management activities;

1.28.5 the Chief Internal Auditor's annual report and internal audit reports, risk-based, across a range of Council services;

1.28.6 reports from the Council's external auditor; and

1.28.7 reports by external, statutory inspection agencies.

1.29 The Accounts Commission in November 2020 published their Best Value Assurance report into the City of Edinburgh Council. The report highlights a number of key achievements and areas for the Council to improve since the 2016 Best Value Audit and reflects on this as mixed progress.

1.30 The key achievements outlined in the Best Value Assurance report include:

1.30.1 The Council's ambitious plans for the City. Specifically, referencing the Council's Sustainability Programme, approach to tackling poverty, major housing and community regeneration projects in Fountainbridge, Meadowbank and at Granton Waterfront; retail, hospitality and cultural developments, such as the St James Quarter; and extending the tram network;

1.30.2 The Council's long track record of maintaining revenue expenditure within budget;

1.30.3 Aspects of leadership and service performance. Specifically, refencing improved performance across many of KPIs – schools and education, waste and cleansing and time taken to process benefit and grant claims;

1.30.4 Improvements in asset management, procurement and risk management.

1.31 The Best Value Assurance report also notes areas where further progress is required:

1.31.1 To align strategic priorities;

1.31.2 The implementation of effective community planning governance arrangements, the pace of change within the CPP and community empowerment;

1.31.3 The Council's approach to self-assessment, continuous improvement and public performance reporting; and

1.31.4 Long-term financial planning and workforce planning.

1.32 The Chief Executive put into place an improvement plan for all the area of improvement outlined in the Best Value Assurance report. As outlined above in paragraphs 1.5-1.9 the Business Plan has been created to ensure strategic

priorities are aligned under a set of key priorities. Changes have been made to ensure the Council is working to the business plan including senior management structural change and work will continue throughout 2021 to align work streams and governance with the business plan and the priorities within.

1.33   As outlined earlier the Best Value report highlighted that the Council and its partners had not established effective community planning governance arrangements. The report acknowledged that it was too early to conclude if the review undertaken in 2019 would effectively support the Partnership to deliver the Local Outcome Improvement Plan (LOIP). There was further commentary on the Partnership not delivering effective Local Improvement Plans. The Edinburgh Partnership has considered the recommendations outlined in the Best Value report and has agreed a series of actions to address the concerns, with a number of these being led by the Council. This includes a partnership plan to deliver the 20 minute neighbourhood model, strengthening the resourcing and capacity to support neighbourhood networks and developing a framework for collaboration with the Edinburgh Association of Community Councils and Community Councils themselves.

1.34   Following approval of the Council Business Plan in February 2021, work was outlined to develop a new integrated planning and performance framework. This aims to ensure that the Council's priorities and outcomes are translated into clear actions and performance measures which are monitored, actioned and delivered. This is expected to be delivered in June 2021.

1.35   The Council agreed a new People Strategy in April 2021, supporting the new Business Plan and aligned to the key priorities. The Plan sets out what employees should expect from the Council as their employer and what the Council expects from its workforce. The Plan has three strategic themes:

1.35.1 Living our behaviours;

1.35.2 Maximising our capacity and performance; and

1.35.3 Enhancing our colleague experience.

1.36   The People Strategy should also be cross-referenced with the Strategic Workforce Plan 2021-2024 which sets out how the Council addresses the gaps between its current workforce and the future workforce needed to meet the priorities of the Business Plan.

1.37   The impact of the Council's review of its political management arrangements was disrupted by the Covid-19 pandemic but had been in place six months before committees were paused. The full committee system did re-commence in September 2020 and has operated remotely during that period. Meetings have taken longer than pre-Covid but the system has continued to run effectively, with meetings continuing to be filmed and available to the public in the archive. To reduce the impact on staff and elected members, changes

were made to Standing Orders to manage the time taken at committee whilst still ensuring that effective scrutiny could take place.

1.38 The Council was faced with having to make important decisions quickly in response to the pandemic but also ensure good governance was still being applied. An example of this is support to local businesses that was approved in August 2020. This streamlined the process to allow businesses to apply to use outdoor space, created a champions network and waived fees. This work was done quickly with the first report going to Council on 28 July and then followed up on 6 August. It showed the Council could make urgent decisions efficiently but also still with full democratic oversight and transparency.

1.39 The Council's political management arrangements consider a significant amount of business and that puts pressure on resources in terms of elected members and officers. The system could potentially be improved by freeing up more time for the most significant items of business and by reducing reports on more straightforward business matters. However, as a whole, current arrangements provide a transparent and robust decision-making structure with clear democratic accountability. The Best Value report by the Accounts Commission highlighted that the Council had been able to make important decisions despite there being a difficult political environment, demonstrating the effectiveness of the structure.

1.40 The Internal Audit team operates in accordance with CIPFA's Code of Practice for Internal Audit and the Public Sector Internal Audit Standards (PSIAS). The team undertakes an annual work programme based on an agreed audit strategy and formal assessments of risk that are reviewed regularly. During the year, the Chief Internal Auditor reported to the Head of Legal and Risk but had free access to the Chief Executive, all Executive Directors and Elected Members along with direct reporting to the Governance, Risk and Best Value Committee.

1.41 Each Executive Director has reviewed the arrangements in their directorate and reported on their assessment of the effectiveness of control arrangements, together with any potential areas requiring improvement, to the Chief Executive. Where improvement actions are identified, an action plan will be developed and will be subject to regular monitoring. In reviewing the overall governance framework, the Council has also considered relevant third-party reviews and recommendations. Assurance has also been taken from each organisation's most recent audited accounts, together with the Council's detailed knowledge of these organisations as a consequence of their continued involvement.

1.42 Covid-19 has created, and continues to set, a very challenging environment for the Council which has resulted in decisions being made at pace but never without efficient and effective governance at the core. Although there was a reduction in the number of committee meetings for a period at the start of the

pandemic, the Chief Executive tried to ensure that delegated decisions taken by him under emergency powers were kept to a minimum and that the democratic decision making structures were re-instated as soon as they could safely be re-introduced. External Audit concluded in the annual report that the Council had responded promptly and effectively in its political management arrangements during the Covid-19 pandemic.

1.43 The Council has extensive governance at officer level to support operational decision making. The current system has evolved through custom and practice and can be sometimes be unwieldy and difficult to navigate. Although it can be resource intensive, it does ensure that there is sufficient oversight of major decisions. However, improvements should be made to ensure there is a structure in place that is more efficient and encourages cross-directorate working. Work is ongoing to create a new officer governance structure that will align with the business plan and the new senior management structures.

1.44 External Audit had previously highlighted the importance of adhering to approved member-officer protocols in respect of sensitive information and the importance of all Councillors and senior officers having a clear understanding of their respective rights and responsibilities in relation to information held by the Council. A review of the Member/Officer protocol had commenced but completion of the revised document was delayed by Covid-19 and a subsequent delay to the revised Councillors' Code of Conduct. Work has recommenced on the document and is expected to be considered by the Council in Summer 2021.

1.45 The Council agreed a new Consultation Policy in April 2021, recognising the need to strengthen community engagement but also introduce more robust controls to manage significant consultations. The policy strengthens the management and governance of consultation activity by introducing a sign off process to ensure oversight and challenge at an early stage.

1.46 External Audit concluded that the Council's arrangements in relation to standards of conduct and the prevention of bribery and corruption were adequate.

1.47 In compliance with standard accounting practice, the Section 95 Chief Financial Officer has provided the Chief Executive with a statement of the effectiveness of the Group's internal financial control system for the year ended 31 March 2021. It is the Chief Financial Officer's opinion that that although a degree of assurance can be placed upon the adequacy and effectiveness of the Group's systems of internal financial control, further improvements, including some embedding of actions taken in response to previous recommendations, are still required.

1.48 While full implementation of the CIPFA Financial Management (FM) Code does not fall due until the 2021/22 reporting year, the Chief Financial Officer

has also undertaken a preliminary assessment of the extent to which the Council's arrangements comply with its principles. This assessment, carried out with reference to the 2021/22 budget process and involving interviews with a range of key stakeholders including service directors, elected members and colleagues within partner services, has highlighted a number of improvements contributing positively to the Council's financial resilience and stability, including realignment of its reserves (including significantly increasing the size of the unallocated General Fund reserve), additional investment in preventative services and explicit recognition within the budget framework of underlying service pressures and assessments of likely savings delivery. While the unprecedented current level of uncertainty has been widely acknowledged to make planning much more difficult, the assessment also highlighted steps undertaken thus far to adopt a longer financial planning timeframe, the detail of which will be added once the likely recurring implications of the pandemic become clearer.

1.49 The Chief Internal Auditor's Annual Opinion for the year ended 31 March 2020 stated that significant improvement was required as significant and/or numerous control weaknesses were identified in the design and/effectiveness of the control environment and/or governance and risk management frameworks across the Council. The report also noted that the weaknesses identified and highlighted in Internal Audit (IA) reports supporting the 2019/20 annual opinion were predominantly attributable to lack of capacity and skills within first line divisions and directorates to ensure that key controls; governance; and risk management processes were consistently and effectively applied to support effective ongoing management of service delivery and projects. In response the Chief Executive instructed the Executive Directors to deploy temporary additional resource to directorates to assist in the completion of internal audit actions and instructed that a plan be put in place to look at current assurance capacity and structures and operational governance structures. Work has been carried out in these areas and further improvements are expected later in 2021.

1.50 Meeting the demands of new data protection legislation has led to significant increases in the volume of data protection work. The work necessary to deal with complex subject access requests has increased significantly reducing the number of staff working on Freedom of Information requests. This has resulted in several resource and operational challenges which have had a detrimental effect on statutory obligations and associated timescales. Remedial plans continue to be maintained to reduce risks in this area and to ensure that statutory obligations are met.

1.51 The Council's whistleblowing arrangements continue to operate with oversight from an independent external service provider with the autonomy to decide who investigates the concerns raised, the Council or the service provider. The

Governance, Risk and Best Value Committee receives a quarterly update on whistleblowing and the whistleblowing policy is reviewed annually by committee. In October 2020, the Council agreed to commission an independent review of its whistleblowing culture. At the time of writing this review is in progress but has not yet been published.

1.52   Work is still outstanding on reviewing how the Council works with its ALEOs, in particular examining the shareholder agreements and Service Level Agreements in place to ensure a greater degree of consistency, alignment with key outcomes and clarity of relationship.

1.53   Following concerns raised at committee, the Council began looking into its governance arrangements regarding the Trusts where it is sole trustee. This is expected to report later in 2021.

1.54   Each directorate's assurance schedule is scrutinised by the Governance, Risk and Best Value Committee.

1.55   There are established, well exercised, resilience incident management processes and protocols in place to effectively plan for and respond to emergencies. The Council Resilience Group and Council Counter Terrorism Group are the two main groups that drive and monitor the Council Resilience Management Programme, reporting to CLT, with the flexibility to convene working groups as required, for example, for Brexit planning. In the event of an incident there is a flexible framework, including directorate and Council-wide levels, that can be stood up as required, reporting to CLT and the appropriate committee(s). The Council feeds into Scotland's resilience structures on a multi-agency basis, through the Lothian and Borders Local Resilience Partnership and East of Scotland Regional Resilience Partnership. The incident management used for Covid-19 is a good example of the effectiveness and agility of these structures.

1.56   The Council is aligning its operational risk management arrangements with the 'three lines of defence' model and good practice. A series of phased improvements over a three-year period were set out in November 2020. It was specifically highlighted that to ensure the ongoing effectiveness of the Council risk management framework, it was essential that there was sufficient capacity with the skills and experience to support the changes. These arrangements are supported by a refreshed enterprise risk management policy and risk appetite statement approved in September 2020.

1.57   Work has been ongoing to address previously identified control weaknesses in the Council's policy management framework. Renewed processes, responsibilities and definitions have been agreed by CLT and a review of the public facing policy register was undertaken. Software solutions are currently being explored that could be used to assist with the communication of policies to the Council's workforce.

1.58 The Council has adapted how it works on some of its key priorities enabling it to work flexibly with its partners with a view to achieving its ambitious objectives. An example of this is the Poverty Commission where the Council has worked with a newly created independent body and chair and agreed that recommendations proposed by the Commission will be used to inform future Council policies and actions to prevent, reduce, and mitigate poverty in Edinburgh. A further example is the partnership with the University of Edinburgh to appoint a climate commission. The flexible governance approach taken in these two examples has allowed the Council to be informed by external experts from across a range of sectors with the aim of achieving better outcomes, however final decision making remains with the Council and partner organisations.

1.59 During the Covid-19 emergency, the Council's role in providing governance oversight and support for Community Councils has included the provision of guidance on key issues including the submission of accounts, the use of meetings software and Annual General Meeting responsibilities. A consultation was conducted on the Community Councillors' Code of Conduct Complaints Procedure and a revised version was approved by the Culture and Communities Committee in March 2021.

The status of the previous year's actions is outlined below:

	Governance Issue	Mitigation Action / Proposed Action	Responsible Party	Status
Internal Control Environment requirements				
1	I have internal controls and procedures in place throughout my directorate that are proportionate, robust, monitored and operate effectively.	Development of Business Forums for Finance/Property/HR to provide a risk based approach to business management	Executive Director for Communities and Families	Completed except for the Property Group which is to be established.
Risk and Resilience				
2	I have risk management arrangements in place to identify the key risks to my directorate (and the Council).	Roll out risk management framework across wider leadership teams and Partnership teams	Chief Officer	Started - This work has been delayed as Partnership Services were and continue to be impacted by Covid19, however, the

				Partnership have now agreed their integrated risk framework and risk governance structure and are starting to develop plans to roll this across the Partnership.
Workforce				
3	I 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.	The creation of the Edinburgh Learns Risk Board is to involve school colleagues in the management of relevant risks. It will act as a gatekeeper in terms of what is included in risk management and will provide isomorphic learning where the Service learns from within to manage the risks jointly, efficiently and effectively.	Executive Director for Communities and Families	Managed through Headteacher Executive Lite weekly meetings

18

Policy

4	I have arrangements in place for the annual review of policies owned by my directorate, via the relevant executive committee, to ensure these comply with the Council's policy framework.	All Edinburgh Health and Social Care Partnership (EHSCP) and Place policies on the Policy Register will be reviewed with the support of the Governance team. A review framework will be introduced to ensure that the register is updated, and relevant changes are applied accordingly.	Executive Director of Place and Chief Officer	Started – This work has been delayed as Partnership Services were and continue to be impacted by Covid19. The Partnership have started to develop an approach to developing their policy framework.

Health and Safety

5	I have competencies, processes and controls in place to ensure that all service areas in my directorate, and other areas of responsibility, operate in compliance with all applicable Health & Safety laws and regulations.	Directorate to review SHE and the Essential Learning matrix and mechanism within the Service to be undertaken with Corporate Health and Safety to ensure that the portal is being used efficiently, effectively and necessary improvements are made.	Executive Director for Communities and Families	HR reviewing essential learning system Council wide

Performance

I have appropriate arrangements in place throughout my service area for recording, monitoring and managing customer service complaints and customer satisfaction.	Development of a carbon scenario tool with ECCI as part of the sustainability programme	Chief Executive	Complete

Change and Project Management

All projects and programmes have a clear business justification, as a minimum this should articulate outcomes and benefits; have appropriate governance in place to support delivery; effective controls in place to track delivery progress and to take corrective action if required; have a robust benefits management framework in place; and ensure that a formal closure process is undertaken.	There will be a development of a new Roads and Transport Infrastructure Improvement Plan. This will require the realignment of roads and transport services to implement the plan. This will ensure clear accountability for all programmes and projects.	Executive Director of Place	The Roads and Transport Infrastructure Improvement Plan was approved by Transport and Environment Committee on 1 October 2020.

Financial Control

The operation of financial controls in my directorate is effective in ensuring the valid authorisation of financial	The Finance Service will work with the Schools and Lifelong Learning Service to review the issues with the forecasting	Executive Director for Communities and Families	Being addressed through Finance Group

transactions and maintenance of accurate accounting records.	spreadsheet used in schools. This review will address the causal effects and seek to mitigate them.		

Progress

All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years have been addressed satisfactorily.	A Consolidated decision tracker for ensuring the implementation of Best Value, Assurance and Annual Accounts recommendations is created.	Chief Executive	The additional resource to solve assurance capacity issues is designed to provide the consolidated monitoring, tracking and review of Best Value, Assurance and Annual Accounts recommendations.
All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years have been addressed satisfactorily.	To ensure that a framework is in place for directorates to understand the requirements of the Annual Assurance Schedule and the Corporate Governance Framework	Chief Executive	Completed

Following the review of effectiveness and the assurance statements from directorates and ALEOs, the following actions have been identified to improve the Council's governance arrangements:

Action	Action Owner	Action Deadline
To review, design and implement an officer governance structure for the Council aligned to the Council Business Plan.	Head of Legal and Risk/Strategic Change and Delivery Senior Manager	August 2021
To review and propose a revised Scheme of Delegation to take into account senior management restructures.	Head of Legal and Risk	October 2021
To create a revised planning and performance framework linked to the Business Plan	Strategic Change and Delivery Senior Manager	June 2021
Implementation of the new Equality and Diversity Framework 2021-2025	Chief Executive	Ongoing
Review of the governance arrangements regarding the Council's trusts	Executive Director of Resources	December 2021
Initiate development of a cross-Council savings programme, aligned to the priorities set out within the Business Plan, to address significant estimated funding gaps in 2023/24 and 2024/25	Head of Finance and Strategic Change and	November 2021

	Delivery Senior Manager	
Review of the Council's service level agreements and shareholder agreements with its ALEOs	Executive Director of Resources	April 2022

Conclusion

1.60 In conclusion, the Council's governance and controls framework provides a reasonable level of assurance. The Council is self-aware and understands its areas for improvement and there are robust arrangements to deal with issues when they do arise. Improvements are needed in certain areas to ensure that the Council's controls are implemented and embedded fully and in particular capacity issues in services has to be overcome. Covid-19 has put considerable strain on services but the Council has put in strong processes to manage these pressures. However, the Council must continue to be ambitious and committed to improving its governance to ensure that it continues to operate effectively.

1.61 We are satisfied that the actions highlighted in this Statement reflect the Council's commitment to continuous improvement and will further enhance our corporate governance and internal control arrangements.

Certification

1.62 It is our opinion that, in light of the foregoing, reasonable assurance can be placed upon the adequacy and effectiveness of City of Edinburgh Council and its Group's systems of governance. The annual review demonstrates sufficient evidence that the Code is operated effectively, and the Council and its Group comply with the Local Code of Corporate Governance in all significant respects.

This page is intentionally left blank

Governance, Risk and Best Value Committee

10:00am, Tuesday, 8 June 2021

Internal Audit: Overdue Findings and Key Performance Indicators as at 27 April 2021

Item number	
Executive/routine	Executive
Wards	
Council Commitments	

1. Recommendations

1.1 It is recommended that the Committee:

1.1.1 notes the status of the overdue Internal Audit (IA) findings as at 27 April 2021; and,

1.1.2 refers this paper to the relevant Council Executive committees and the Edinburgh Integration Joint Board Audit and Assurance Committee for information in relation to the current Health and Social Care Partnership position.

Lesley Newdall

Chief Internal Auditor

Legal and Risk Division, Resources Directorate

E-mail: lesley.newdall@edinburgh.gov.uk | Tel: 0131 469 3216

Report

Internal Audit: Overdue Findings and Key Performance Indicators as at 27 April 2021

2.   Executive Summary

Progress with Closure of Open and Overdue Internal Audit Findings

2.1   Following the Corporate Leadership Team (CLT) decision to temporarily reallocate capacity within directorates to prioritise focus on the closure of IA findings in November 2020, IA has noted a steady increase in the number of overdue findings proposed for closure by management between December 2020 and March 2021 (KPI 4 in Appendix 1). However, this was offset by a reduction of the number of findings proposed for closure in April 2021.

2.2   It is important to note that the number of management actions associated with overdue IA findings passed to IA for review and potential closure (KPI 15 in Appendix 1) has remained fairly consistent, with a slight decrease evident between March and April 2021.

2.3   During the period 10 February 2021 to 27 April 2021 a total of 18 findings (5 open and 13 overdue) and 68 management actions have been closed following review by IA.

2.4   All 26 historic overdue findings reopened in June 2018 have now been closed.

2.5   There has also been a decrease in the number of management actions where the latest implementation date has been missed between March and April, although a significant increase was evident between February and March 2021 (KPI 16 in Appendix 1). This confirms that ongoing focus is required to ensure that future implementation dates are achieved and not missed.

2.6   There has been no significant change in the overall ageing profile of overdue findings in the last quarter (KPIs 8 to 11 in Appendix 1). Whilst the proportion of findings between three and six months old and more than one-year overdue have both increased, this is offset by a decrease in the proportion of findings less than three months old, and between six months and one year overdue.

2.7   Further detail on the monthly trends in open and overdue findings is included at Appendix 1.

Current Position as at 27 April 2021

2.8 A total of 100 open IA findings remain to be addressed across the Council as at 27 April 2021. This excludes open and overdue Internal Audit findings for the Edinburgh Integration Joint Board and the Lothian Pension Fund.

2.9 Of the 100 currently open IA findings:

2.9.1 a total of 37 (37%) are open, but not yet overdue;

2.9.2 63 (63%) are currently reported as overdue as they have missed the final agreed implementation dates. This reflects an increase of 4% in comparison to the February 2021 position (59%).

2.9.3 70% of the overdue findings are more than six months overdue, reflecting an increase of 2% in comparison to February 2021 (68%) with 19% aged between six months and one year and 51% more than one year overdue.

2.9.4 evidence in relation to 13 of the 63 overdue findings is currently being reviewed by IA to confirm that it is sufficient to support closure; and,

2.9.5 50 overdue findings still require to be addressed.

2.10 The number of overdue management actions associated with open and overdue findings where completion dates have been revised more than once since July 2018 is 64, reflecting a decrease of 10 when compared to the March 2021 position. This excludes the four-month date extension that was applied to reflect the impact of Covid-19.

Key Performance Indicators

2.11 Recognising the impacts of Covid-19, IA key performance indicators (KPIs) have not been applied to audits completed by IA during the 2020/21 plan year, however IA has noted an anecdotal increase in the time required to agree and finalise IA reports.

2.12 Key performance indicators will be reintroduced for audits completed during the 2021/22 plan year

2.13 It is also acknowledged that IA is currently taking longer to respond to increased volumes of requests to validate closure of management actions whilst progressing delivery of the 2020/21 and commencing delivery of the 2021/22 annual plan.

3. Background

3.1 Overdue findings arising from IA reports are reported monthly to the Corporate Leadership Team (CLT) and quarterly to the GRBV Committee.

3.2 This report specifically excludes open and overdue findings that relate to the Edinburgh Integration Joint Board (EIJB) and the Lothian Pension Fund (LPF). These are reported separately to the EIJB Audit and Assurance Committee and the Pensions Audit Sub-Committee respectively.

3.3   Each finding raised by IA in audit reports typically includes several management actions that are required to be delivered to address the risks identified. IA methodology requires all agreed management actions to be closed in order to close the finding.

3.4   The IA definition of an overdue finding is any finding where all agreed management actions have not been evidenced as implemented by management and validated as closed by IA by the date agreed by management and IA and recorded in relevant IA reports.

3.5   The IA definition of an overdue management action is any agreed management action supporting an open IA finding that is either open or overdue, where the individual action has not been evidenced as implemented by management and validated as closed by IA by the agreed date.

3.6   Where management considers that actions are complete and sufficient evidence is available to support IA review and confirm closure, the action is marked as 'implemented' by management on the IA follow-up system. When IA has reviewed the evidence provided, the management action will either be 'closed' or will remain open and returned to the relevant owner with supporting rationale provided to explain what further evidence is required to enable closure.

3.7   A 'started' status recorded by management confirms that the agreed management action remains open and that implementation progress ongoing.

3.8   A 'pending' status recorded by management confirms that the agreed management action remains open with no implementation progress evident to date.

3.9   An operational dashboard has been designed to track progress against the key performance indicators included in the IA Journey Map and Key Performance Indicators document that was designed to monitor progress of both management and Internal Audit with delivery of the Internal Audit annual plan. The dashboard is provided monthly to the Corporate Leadership Team to highlight any significant delays that could potentially impact on delivery of the annual plan.

4.   Main report

4.1   As at 27 April 2021, there are a total of 100 open IA findings with 63 findings (63%) now overdue.

4.2   The movement in open and overdue IA findings during the period 10 February 2021 (reported to GRBV in March 2021) to 27 April 2021 is as follows:

Analysis of changes between 10/02/2021 and 27/04/2021			
	Position at 10/02/21	**Added**	**Closed**	**Position at 27/04/21**
Open	115	3	18	100

Overdue	68	8	13	63

Historic Overdue Findings

4.3 The one final remaining medium rated historic overdue finding from the population of 26 historic findings that were reopened in 2018 was closed in March 2021.
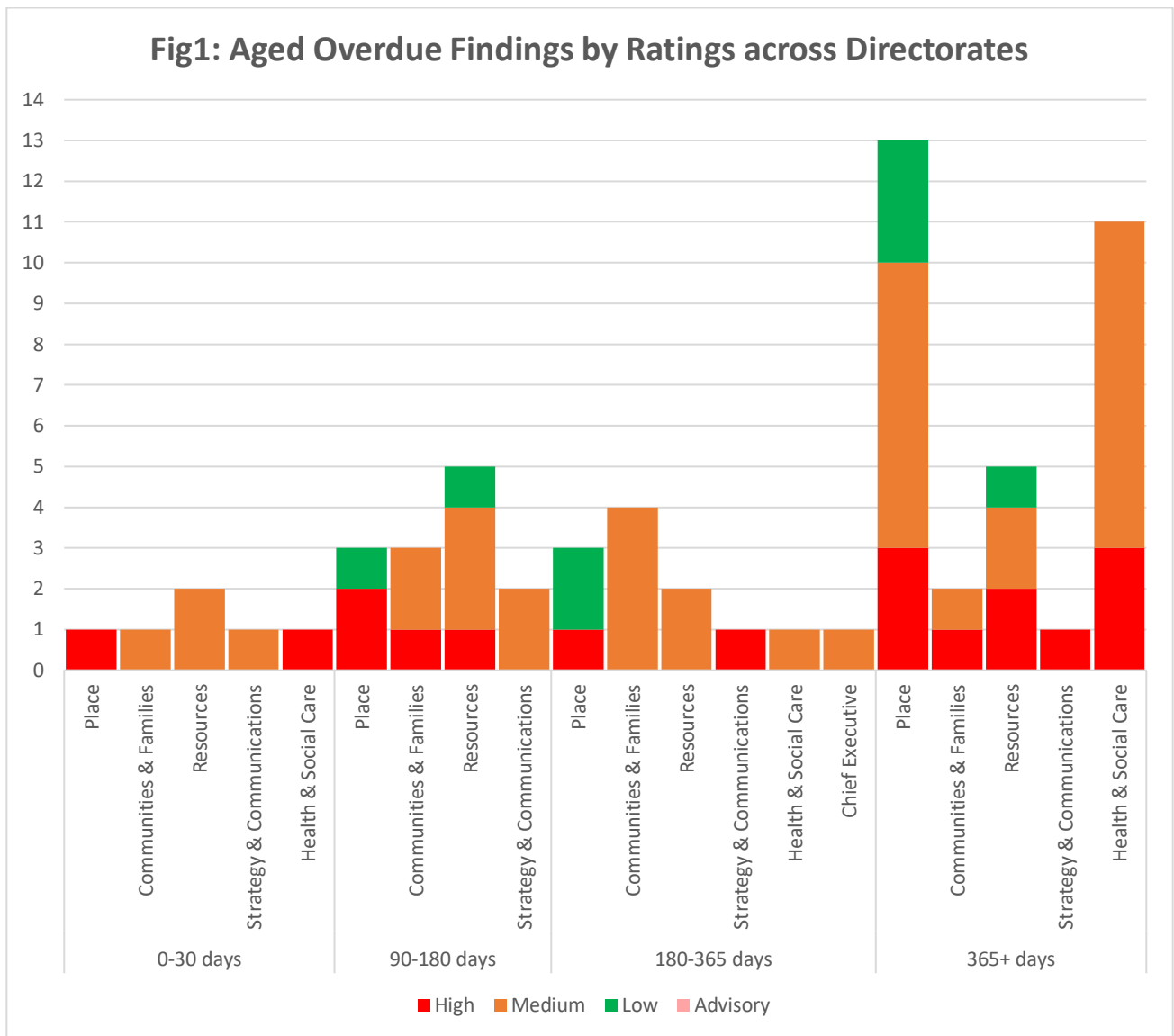
Overdue Findings

4.4 The 63 overdue findings comprise 18 High; 37 Medium; and 8 Low rated findings.

4.5 However, IA is currently reviewing evidence to support closure of 13 of these findings (3 High and 10 Medium), leaving a balance of 50 overdue findings (15 High; 27 Medium; and 8 Low) still to be addressed.

Overdue Findings Ageing Analysis

4.6 Figure 1 illustrates the ageing profile of all 63 overdue findings by rating across directorates as at 27 April 2021.

Fig1: Aged Overdue Findings by Ratings across Directorates

4.7　The analysis of the ageing of the 63 overdue findings outlined below highlights that Directorates made good progress in the last quarter with resolving findings overdue for less than three months and findings overdue between six months and one-year, as the proportion of those findings has decreased. However, this is offset by an increase in the proportion of findings overdue between three and six months and findings overdue for more than a year.

- 6 (10%) are less than 3 months (90 days) overdue, in comparison to 14% as at February 2021;
- 13 (20%) are between 3 and 6 months (90 and 180 days) overdue, in comparison to 18% as at February 2021;
- 12 (19%) are between 6 months and one year (180 and 365 days) overdue, in comparison to 24% as at February 2021; and,
- 32 (51%) are more than one year overdue, in comparison to 44% as at February 2021.

Management Actions Closed Based on Management's Risk Acceptance

4.8　The following three management actions have been closed on the basis that management has retrospectively accepted either the full or residual elements of the risks highlighted by IA in original audit reports. These are:

4.8.1　Customer and Digital Services - Certification and Licences (High)

- Management has accepted the residual risk that the Council does not have a view of its full population of software application licences, and cannot determine whether these are sufficient; being used in line with supplier agreements; and whether additional licence costs should be incurred, or savings achieved due to licence shortages or surpluses.
- Management has advised that this is due to current and historic software and licence procurement processes applied across the Council.

4.8.2　Customer and Digital Services – CGI Sub-Contract Management (Medium)

- Management has accepted the risk that the performance of CGI sub-contractors who provide technology services is not proactively monitored to prevent potential incidents.
- Management has advised that this risk has been accepted as it is not currently possible to change the sub-contract management clauses in the CGI contract.
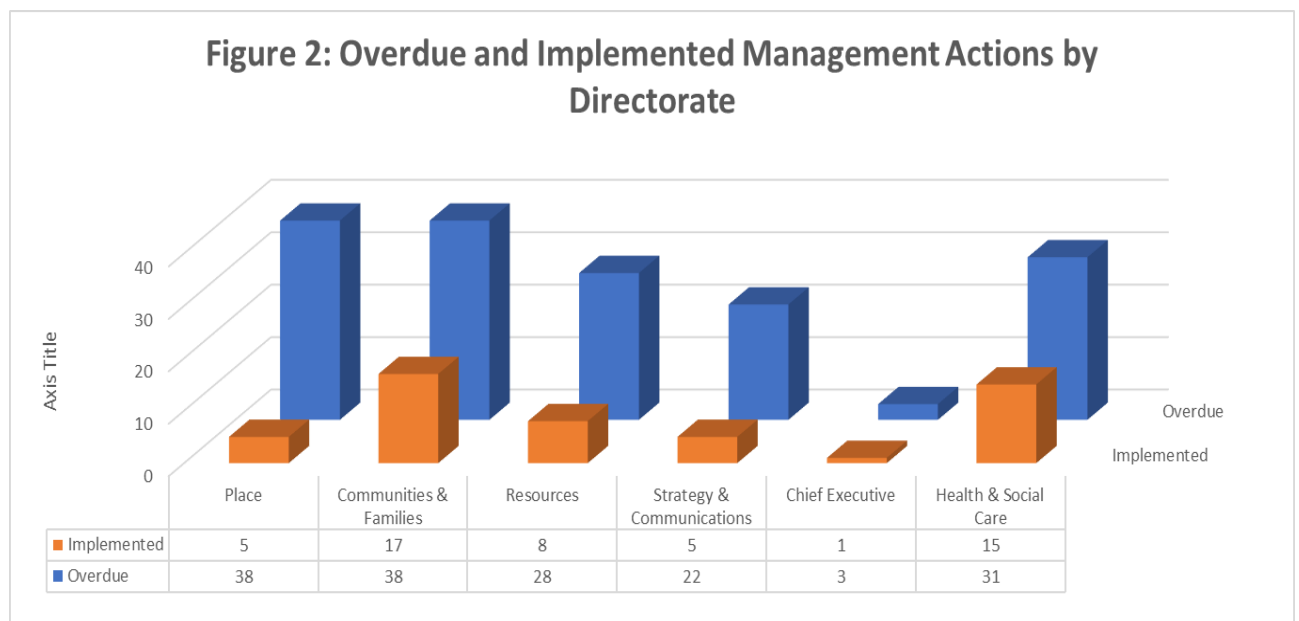
4.8.3　Health and Social Care – Emergency Prioritisation and Complaints (ATEC 24 Customer Engagement) (Low)

- Management has accepted the risks associated with obtaining customer feedback on the service, and using this as the basis to implement service improvements based on evidence provided that an alternative approach

is being adopted. Management has confirmed that the residual risk has been recorded on the service risk register.

Agreed Management Actions Analysis

4.9   The 100 open IA findings are supported by a total of 269 agreed management actions. Of these, 160 (59%) are overdue as the completion timeframe agreed with management when the report was finalised has not been achieved. This reflects a 1% increase from the February 2021 position (58%).

4.10   Of the 160 overdue management actions, 51 (31.8%) have a status of 'implemented' and are currently with IA for review to confirm whether they can be closed, leaving a balance of 109 (68.1%) to be addressed.

4.11   Appendix 2 provides an analysis of the 160 overdue management actions highlighting:

- their current status as at 27 April 2021 with:
  - ➢ 51 implemented actions where management believe the action has been completed and it is now with IA for validation;
  - ➢ 92 started where the action is open, and implementation is ongoing; and,
  - ➢ 17 pending where the action is open with no implementation progress evident to date.
- 82 instances (51%) where the latest implementation date has been missed; and
- 64 instances (40%) where the implementation date has been revised more than once.

4.12   Figure 2 illustrates the allocation of the 160 overdue management actions across Directorates, which includes the 51 actions that are with IA for validation and review to confirm whether they can be closed.

Figure 2: Overdue and Implemented Management Actions by Directorate

	Place	Communities & Families	Resources	Strategy & Communications	Chief Executive	Health & Social Care
Implemented	5	17	8	5	1	15
Overdue	38	38	28	22	3	31

Revised Implementation Dates

4.13   Figure 3 illustrates that there are currently 64 open management actions (including those that are overdue) across directorates where completion dates have been revised between one and five times since July 2018. This number excludes the automatic extension applied by IA to reflect the impact of Covid-19.

4.14   This reflects a decrease of 10 in comparison to the position reported in February 2021(74).

4.15   Of these 64 management actions, 28 are associated with High rated findings; 31 Medium; and 5 Low, with the majority of date revisions in Health and Social Care Partnership.

Figure 3 - management actions with more than one revised completion date since July 2018
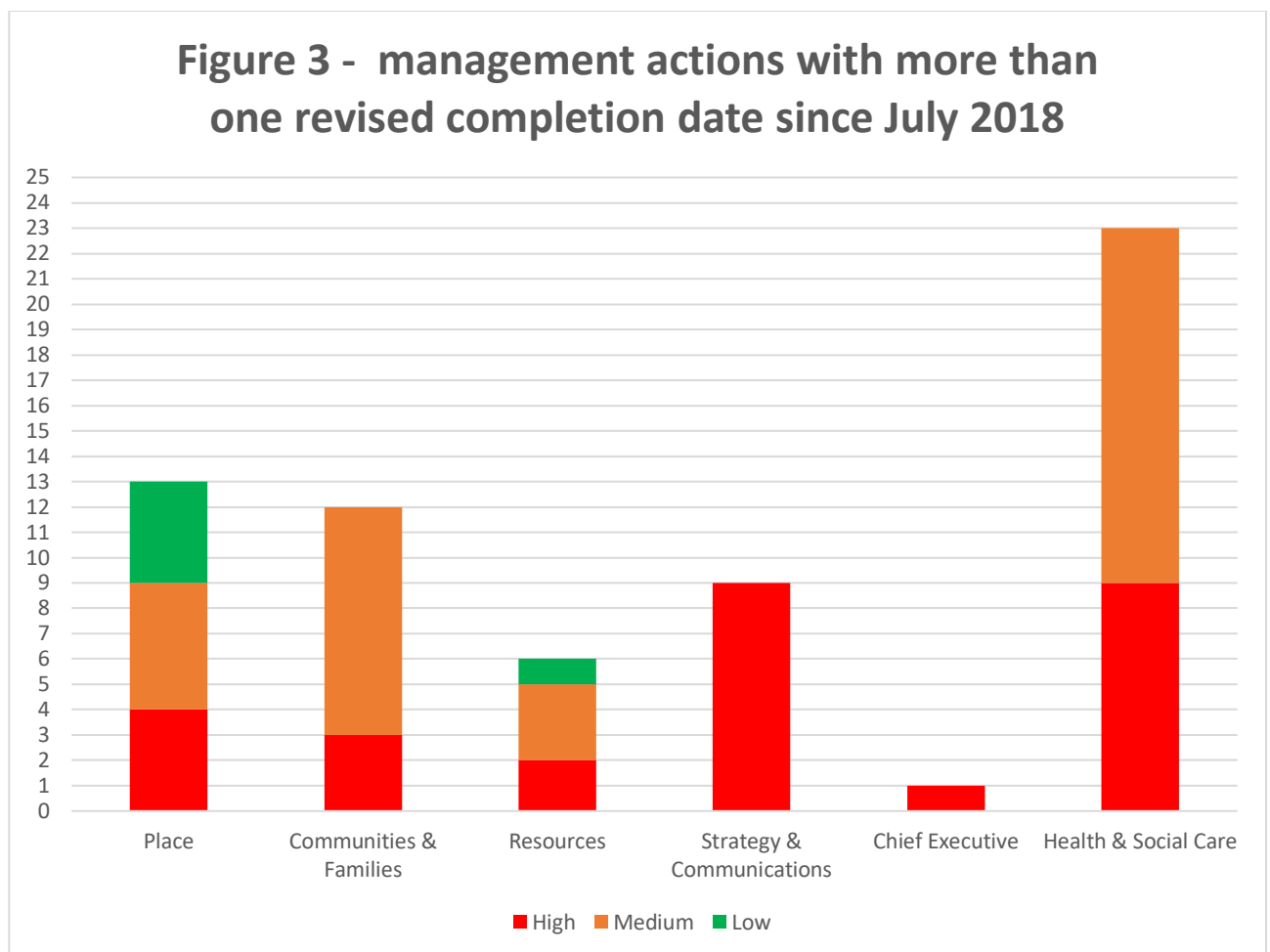
Key Performance Themes Identified from the IA Dashboard

4.16   The IA dashboard has not been applied in the current plan year as the Council continues to focus on its Covid-19 resilience response, and will be applied to support delivery of the 2021/22 IA annual plan. This dashboard will ensure that end to end transparency relating to audit performance, both from services and the IA team itself is reported upon.

5. Next Steps

5.1 IA will continue to monitor the open and overdues findings position, providing monthly updates to the CLT and quarterly updates to the Governance, Risk and Best Value Committee.

6. Financial impact

6.1 There are no direct financial impacts arising from this report, although failure to close findings and address the associated risks in a timely manner may have some inherent financial impact.

7. Stakeholder/Community Impact

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

8. Background reading/external references

8.1 [Internal Audit report - Historic Internal Audit Findings - May 2018 Committee - Item 7.3](#)

8.2 [Internal Audit: Overdue Findings and Key Performance Indicators at 30 October 2020 – Paper 8.3](#)

9. Appendices

9.1 Appendix 1 – Monthly Trend Analysis of IA Overdue Findings and Management Actions

9.2 Appendix 2 – Internal Audit Overdue Management Actions as at 27 April 2021

Appendix 1 - Monthly Analysis of IA Overdue Findings and Management Actions

	Key Performance Indicator (KPI)	07/12/2020		11/01/2021		10/02/2021		22/03/2021		27/04/2021		Trend	
							Overall Status		Stable with limited change				
	IA Findings												
1	Open findings	123	100%	119	100%	115	100%	107	100%	100	100%	Not applicable	
2	Not yet due	59	48%	45	38%	47	41%	43	40%	37	37%	Not applicable	
3	Overdue findings	64	52%	74	62%	68	59%	64	60%	63	63%		orange
4	Overdue - IA reviewing	12	19%	17	23%	20	29%	18	28%	13	21%		red
5	High Overdue	19	30%	23	31%	19	28%	17	27%	18	29%		orange
6	Medium Overdue	36	56%	41	55%	39	57%	38	59%	37	59%		orange
7	Low Overdue	9	14%	10	14%	10	15%	9	14%	8	13%		orange
8	<90 days overdue	11	17%	16	22%	10	15%	11	17%	6	10%		green
9	90-180 days overdue	7	11%	9	12%	12	18%	10	16%	13	21%		red
10	180-365 days overdue	21	33%	20	27%	16	24%	16	25%	12	19%		green
11	>365 days overdue	25	39%	29	39%	30	44%	27	42%	32	51%		red
	Management Actions												
12	Open actions	364	100%	340	100%	315	100%	296	100%	269	100%	Not applicable	
13	Not yet due	175	48%	138	41%	133	42%	120	41%	109	41%	Not applicable	
14	Overdue actions	189	52%	202	59%	182	58%	176	59%	160	59%		orange
15	Overdue - IA reviewing	39	21%	52	26%	51	28%	61	35%	51	32%		orange
16	Latest date missed	60	32%	73	36%	76	42%	95	54%	82	51%		orange
17	Date revised > once	86	46%	82	41%	74	41%	71	40%	64	40%		orange

Trend Analysis - key

red	Adverse trend - action required
orange	Stable with limited change
green	Positive trend with progress evident

No trend analysis is performed on open findings and findings not yet due as these numbers will naturally increase when new IA reports are finalised

Appendix 2 - Internal Audit Overdue Management Actions as at 27 April 2021

Glossary of terms

1. Project – This is the name of the audit report.
2. Owner – The Executive Director responsible for implementation of the action.
3. Issue Type – This is the priority of the audit finding, categorised as Critical; High; Medium; or Low
4. Issue – This is the name of the finding.
5. Status – This is the current status of the management action. These are categorised as:
   - Pending (the action is open and there has been no progress towards implementation),
   - Started (the action is open, and work is ongoing to implement the management action), and
   - **Implemented** (the service area believes the action has been Implemented and this is with Internal Audit for validation).
6. Agreed Management action – This is the action agreed between Internal Audit and Management to address the finding.
7. Estimated date – the original agreed implementation date.
8. Revised date – the current revised date. **Red** formatting in the dates field indicates the last revised date is overdue.
9. Number of revisions – the number of times the date has been revised since July 2018.
10. **Amber** formatting in the dates field indicates the date has been revised more than once.
11. Contributor – Officers involved in implementation of an agreed management action.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
1	Asset Management Strategy Issue 1: Visibility and Security of Shared Council Property Stephen Moir, Executive Director of Resources	**Medium**	Review of existing shared property Started	A review of the office estate is underway by the Operational Estates team to identify third party users and approach them to seek appropriate leases or licences to allow them to occupy the premises and ensure the Council is appropriately reimbursed.	Estimated Date: 31/10/2018 Revised Date: 01/03/2026 **No of Revisions 3**	Audrey Dutton Gohar Khan Layla Smith Michelle Vanhegan Peter Watton

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
Page 74	Asset Management Strategy and CAFM system 18/19

RES1813 Asset Management Strategy and CAFM: Issue 3 - Property and Facilities Management Data Completeness; Accuracy; and Quality

Stephen Moir, Executive Director of Resources | High | 3.1 Ensuring Data Completeness, Accuracy, and Quality

Started | Current CAFM users have access to the operational data they need in the system to perform their roles and are also updating the CAFM system with new data. Whilst the vision is to have all property data in CAFM, the volume of property data that could be captured and recorded is near infinite, therefore property data that will retained in CAFM has to be focused on the effort and cost to collect versus the value it provides. The CAFM Business Case includes requirement for a Data Quality Manager, who will be the responsible data steward for Property and Facilities Management (P&FM) data. Their role is not necessarily to collect the data but to ensure rigor and control over it. This will involve ensuring regular reviews of data within the system and ensuring that data is managed and maintained in line with the established CAFM data hierarchy and agreed Council information management policies and procedures. Sharing data steward responsibilities across services is problematic, as they hold responsibility and accountability for the data under their remit. It would be highly unlikely that a data steward from another service would want to take on the additional accountability of data from P&FM. We recommend that P&FM establish their own data steward. The CAFM Business Case includes the delivery of a Data Quality Strategy for P&FM. The objective of the data quality strategy is to attribute risk and value to the data maintained in the system. Additionally: data change processes and procedures that capture data processing and management in CAFM will be designed and Implemented. processes for reviewing data quality, for example, review of condition survey data run in tandem with review of property data every five years, will be designed and Implemented. data validation controls within CAFM will be applied; and data quality audit | Estimated Date: 31/03/2016 Revised Date: 01/08/2022 No of Revisions 1 | Alan Chim Andrew Field Audrey Dutton Brendan Tate Gohar Khan Layla Smith Michelle Vanhegan Peter Watton |

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
				controls for individual data fields available in CAFM will be applied, and audit reports run at an appropriate frequency to identify any significant changes to key data.		
3 Page 75	Asset Management Strategy and CAFM system 18/19 RES1813 Asset Management Strategy and CAFM: Issue 3 - Property and Facilities Management Data Completeness; Accuracy; and Quality Stephen Moir, Executive Director of Resources	High	3.2 Resolution of known data quality issues Started	A reconciliation of the two lists has been performed and there are no obvious discrepancies other than properties which are out with the scope of the survey team. The viability of establishing a referencing system for concessionary lets in the CAFM system will be explored. The volume and value of known concessionary lets across the Council Estate will form part of the Annual Investment Portfolio update which is reported to the Finance and Resources committee. There is an ongoing work stream looking at vacant and disposed properties and the systems updates required.	Estimated Date: 31/03/2016 Revised Date: 01/08/2022 No of Revisions 2	Alan Chim Andrew Field Audrey Dutton Brendan Tate Gohar Khan Graeme McGartland Layla Smith Michelle Vanhegan Peter Watton
4	Assurance Actions and Annual Governance Statements CW1903 Issue 1: Assurance Management Framework	High	CW1903 Issue 1.1c: Develop and implement an assurance management framework Started	An assurance management framework will be developed and Implemented that covers the points raised by Internal Audit and includes: liaison with directorates to assess current and best practice; clearly defined roles and responsibilities for first line directorates and the second line Corporate Governance team; process flow; monitoring / reporting / closure requirements; an assessment of existing automated tools to determine whether they can support the process; issue guidance; The framework will be Implemented and rolled out across Council divisions and directorates to support completion of the 2021/22	Estimated Date: 31/12/2020 Revised Date: 30/04/2021 No of Revisions 2	Chris Peggie Donna Rodger Gavin King Hayley Barnett Laura Callender Mirka Vybiralova

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
	Andrew Kerr, Chief Executive	 		annual governance statement for inclusion in the Council's 31 March 2022 annual financial statements.	 	
5	Brexit impacts - supply chain management CW1905 Issue 1: Divisional and Directorate Brexit supply chain management risks Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	**Medium**	CW1905 Rec. 1.1c: Communities and Families - Divisional and directorate supply chain management **Implemented**	As discussed and agreed at the Corporate Leadership Team (CLT) on 29th July 2020, these findings will be Implemented as recommended by Internal Audit and in line with an earlier CLT decision (8 July 2020) that the most significant corporate concurrent risks (including Brexit supply chain risks) that could potentially impact the Council will be identified by October 2020. It is acknowledged that divisional and directorate supply chain risks will need to be identified to support this process.	**Estimated Date: 30/10/2020 Revised Date:** **No of Revisions 0**	Andy Gray Bernadette Oxley Crawford McGhie Michelle McMillan Nichola Dadds Nickey Boyle
6	Brexit impacts - supply chain management CW1905 Issue 1: Divisional and Directorate Brexit supply chain management risks Judith Proctor, Chief Officer - HSCP	**Medium**	CW1905 Rec. 1.1d: Health and Social Care Partnership - Divisional and directorate supply chain management **Implemented**	As discussed and agreed at the Corporate Leadership Team (CLT) on 29th July 2020, these findings will be Implemented as recommended by Internal Audit and in line with an earlier CLT decision (8 July 2020) that the most significant corporate concurrent risks (including Brexit supply chain risks) that could potentially impact the Council will be identified by October 2020. It is acknowledged that divisional and directorate supply chain risks will need to be identified to support this process.	**Estimated Date:30/10/2020** **Revised Date: No of Revisions 0**	Angela Ritchie Moira Pringle Tom Cowan Tony Duncan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
7	Brexit impacts - supply chain management

CW1905 Issue 1: Divisional and Directorate Brexit supply chain management risks

Gavin King, Democracy, Governance and Resilience Senior Manager | **Medium** | CW1905 Rec. 1.1e: Strategy and Communications - Divisional and directorate supply chain management

Pending | As discussed and agreed at the Corporate Leadership Team (CLT) on 29th July 2020, these findings will be Implemented as recommended by Internal Audit and in line with an earlier CLT decision(8 July 2020) that the most significant corporate concurrent risks (including Brexit supply chain risks) that could potentially impact the Council will be identified by October 2020. It is acknowledged that divisional and directorate supply chain risks will need to be identified to support this process. | **Estimated Date: 30/10/2020 Revised Date:**

No of Revisions 0 | Andy Nichol Donna Rodger Gillie Severin Michael Pinkerton Paula McLeay |
| 8 | Brexit impacts - supply chain management

CW1905 Issue 2: Brexit governance and risk management

Andrew Kerr, Chief Executive | **Medium** | CW1905- Recom. 2.1a: Resilience team - Adequacy & effectiveness of the Brexit risk management & governance process

Pending | Resilience presented a report on Brexit planning, preparedness and governance to the Corporate Leadership Team on 8 July and will subsequently be presented to the Policy and Sustainability Committee. This includes proposals for the cessation of the cross-party Brexit working group, with all Brexit resilience planning taken forward through the Council resilience group. The paper also proposes that the Council Incident Management Team (CIMT) considers Brexit alongside Covid-19, and includes Brexit as a standing item on CIMT agendas from September 2020. Once approved by the Policy and Sustainability Committee, these new governance arrangements will be Implemented. Resilience will coordinate review of the corporate Brexit risk register, in conjunction with the Commercial and Procurement Service and Corporate Risk Management teams for consideration at the CLT risk committee. | **Estimated Date: 30/09/2020 Revised Date:**

No of Revisions 0 | Donna Rodger Gavin King Mary-Ellen Lang |

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
9	Budget Setting and Management RES 1903 Issue 1: Savings proposals documentation and risk assessments Stephen Moir, Executive Director of Resources	**Medium**	RES 1903 Issue 1.1: Savings proposals documentation and risk assessments **Implemented**	1. Savings plan and business case templates will both be reviewed to ensure that they align to major projects documentation. In addition, a procedural document will be created which details the amount and depth of documentation, which is required to support savings plans, based on outcomes of the prioritisation matrix assessment. 2. The Finance budget monitoring RAG (Red, Amber, Green) delivery risk assessment categories will each be formally defined, and consistently applied to all savings delivery progress updates provided to Directorate management teams, CLT, and service committees.	**Estimated Date: 30/09/2020 Revised Date: 01/02/2021** **No of Revisions 0**	John Connarty Alison Henry Annette Smith Donna Rodger Emma Baker Hugh Dunn Layla Smith Michelle Vanhegan
10	Budget Setting and Management RES 1903 Issue 2: Budget setting and management processes Stephen Moir, Executive Director of Resources	**Medium**	RES 1903 Issue 2.1: Budget setting and management processes and timetable Started	Guidance will be developed for budget setting and management as described in the recommendation above and issued to support the 2021/22 budget setting process.	Estimated Date: 31/12/2020 Revised Date: 01/05/2021 No of Revisions 0	Alison Henry Annette Smith Emma Baker Hugh Dunn John Connarty Layla Smith Michelle Vanhegan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
11	Budget Setting and Management RES 1903 Issue 2: Budget setting and management processes Stephen Moir, Executive Director of Resources	Medium	RES 1903 Issue 2.2: Clarity of roles and responsibilities Started	The respective roles and responsibilities for first line budget managers and second line Finance and Change Strategy teams in relation to the annual budget setting and ongoing budget management process will be clearly defined in a procedure document and communicated with documentation reflecting guidance on this matter issued by CIPFA.	Estimated Date: 31/12/2020 Revised Date: 01/05/2021 No of Revisions 0	Alison Henry Annette Smith Emma Baker Hugh Dunn John Connarty Layla Smith Michelle Vanhegan
12	Budget Setting and Management RES 1903 Issue 3: Continuous improvement: Lessons learned and customer feedback. Stephen Moir, Executive Director of Resources	Medium	RES 1903 Issue 3.1: Annual budget setting lessons learned methodology Started	A methodology for the lessons learned process will be developed and stated in a procedure document. This work will be performed through liaison between the Change Strategy Team and Finance. The methodology will include the requirements stated above.	Estimated Date: 31/05/2020 Revised Date: 31/05/2021 No of Revisions 1	John Connarty Alison Henry Annette Smith Donna Rodger Emma Baker Hugh Dunn Layla Smith Michelle Vanhegan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
13	Budget Setting and Management RES 1903 Issue 3: Continuous improvement: Lessons learned and customer feedback. Stephen Moir, Executive Director of Resources	Medium	RES 1903 Issue 3.2: Finance customer and staff feedback surveys Started	Finance will conduct customer and staff feedback exercises every two years. A feedback process will be developed and Implemented that is aligned with the lessons learned methodology as described in recommendation 3.1. In addition, feedback from each exercise will be consolidated and used to generate improvement actions. The survey results and improvement actions will be reported to service managers and staff.	Estimated Date: 31/12/2020 Revised Date: 01/05/2021 No of Revisions 0	Alison Henry Annette Smith Hugh Dunn John Connarty Layla Smith Michelle Vanhegan
14	Budget Setting and Management RES 1903 Issue 4: Training for budget managers Stephen Moir, Executive Director of Resources	Medium	RES 1903 Issue 4.1: Training for budget managers Started	Finance is not currently responsible for providing training for budget managers as this was centralised into, Learning and Development in 2016. However, following discussions earlier this year, it has been agreed that responsibility for budget managers training will transfer back from Learning and Development to Finance. Once these responsibilities have been transferred, Finance will establish a process to ensure that all first line budget managers have completed the two training modules with supporting checks performed to ensure that the training has been completed. Please note that the 'Evidence required to close' listed above is for indicative purposes only. During Internal Audit's review of any evidence submitted, further supporting evidence may be required to close the action. Evidence should be uploaded to TeamCentral as actions progress and no later than 10 working days before agreed implementation date. This will allow Internal Audit sufficient time to review the evidence.	Estimated Date:30/09/2020 Revised Date:31/12/2021 No of Revisions 1	Alison Henry Annette Smith Hugh Dunn John Connarty Layla Smith Michelle Vanhegan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
Page 81	CGI Partnership Management and Governance RE1904 Issue 1 - CGI Governance and performance management framework Stephen Moir, Executive Director of Resources	**Medium**	RES1904 - Rec 1.1 Independent assurance **Implemented**	1. Whilst these areas are not covered as specific clauses in the current contract, management agrees that it is important to obtain independent assurance in relation to CGI operational performance, and will request provision of the following either within the terms of the current contract (if possible) or as part of the next contract refresh to support achievement of Scottish Government Cyber Essentials Plus Accreditation and ongoing compliance with the new Scottish Government public sector cyber framework: a) evidence of ongoing CGI International Organisation for Standardisation (ISO) accreditation for all standards relevant to the technology services delivered by CGI (for example ISO27001). b) completion of an annual independent IT health check regardless of CGI ISO accreditation outcomes that will provide additional assurance in relation to security and ongoing compliance with the current Scottish Government Cyber Essentials Plus Accreditation and new cyber security framework requirements. It is acknowledged that this will likely incur additional cost for the Council, however this may be offset by reduced Internal and External audit assurance costs where reliance can be placed on completion of the independent health check. c) the requirement for CGI to address any assurance findings raised with evidence provided to the Council to confirm their resolution. 2. Management accepts this risk on the basis that it is not possible to change the terms of the contract to include an increased number of contractually free audits to support provision of ongoing independent internal and external audit assurance.	**Estimated Date: 31/03/2021 Revised Date:** **No of Revisions 0**	Alison Roarty Heather Robb Jackie Galloway Layla Smith Michelle Vanhegan Nicola Harvey

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
16	CGI Partnership Management and Governance RE1904 Issue 1 - CGI Governance and performance management framework Stephen Moir, Executive Director of Resources	**Medium**	RES1904 - Rec 1.2 CGI governance framework Started	The governance framework has changed reflecting the Council's evolving technology needs and ongoing continuous feedback and improvement in delivery of CGI services, and some aspects of the governance framework detailed in the contract have become outdated. A governance document has been designed and agreed with CGI that includes all established partnership meetings and details their purpose; attendees; documents and information to be provided in advance of the meetings; and meeting agendas. The design of the current governance framework will be further considered as part of the next CGI contract refresh.	**Estimated Date: 31/03/2021 Revised Date:** **No of Revisions 0**	Alison Roarty Heather Robb Jackie Galloway Layla Smith Michelle Vanhegan Nicola Harvey
17	CGI Partnership Management and Governance RE1904 Issue 1 - CGI Governance and performance management framework Stephen Moir, Executive Director of Resources	**Medium**	RES1904 - Rec 1.3 Key performance indicators Started	Accepted. A review will be performed to determine which KPIs can be refreshed within the terms of the current contract, and all existing KPIs will be reviewed as part of the next contract refresh.	**Estimated Date: 31/03/2021 Revised Date:** **No of Revisions 0**	Alison Roarty Heather Robb Jackie Galloway Layla Smith Michelle Vanhegan Nicola Harvey

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
18	Cyber Security - Public Sector Action Plan

RES1808: Issue 1: Critical Operational Cyber Security Controls

Stephen Moir, Executive Director of Resources | Medium | RES1808: Issue 1: Recommendation 1.2 - Cyber Essentials Accreditation

Started | CGI completed a complete manual vulnerability scan of the estate in November 2018 Vulnerabilities identified from this scan are being resolved as part of the Public Services Network remediation action plan. CGI have been formally requested to implement automated vulnerability scanning as a service. To ensure this is in place in time for Cyber Essentials Plus accreditation this automated vulnerability scanning is targeted to be Implemented by end of June 2019. | Estimated Date: 30/09/2019 Revised Date: 01/05/2021 No of Revisions 2 | Alison Roarty Heather Robb Layla Smith Michelle Vanhegan Mike Brown Nicola Harvey |
| 19 | Digital Services Change Initiation

CW1901 Change Initiation: Issue 1 - Inconsistencies in the change management processes

Stephen Moir, Executive Director of Resources | Medium | CW1901: Recommendation 1.2.1 - Review of service levels for CGI review and response to change requests

Started | Service levels for CGI review of and responses to change requests will be reviewed and consideration given to implementing the following changes where this is possible within the terms of the current contract: creating bespoke service levels for individual complex change requests with any additional costs associated with bespoke service levels incorporated into the cost of the change request. Where bespoke service levels are agreed, a process will be established to ensure that these are communicated to both Digital Services and the change requestor. CGI and the Council will also consider and implement (if appropriate) an initial review of change requests to confirm that they are of an acceptable level of quality and include sufficient information to support an initial assessment of the requirement for a Data Privacy Impact Assessment prior to acceptance. Progress against delivery of both standard and bespoke service levels for CGI review of and response to change requests will continue to be monitored by both the Council and CGI via established governance processes. | Estimated Date: 31/12/2020 Revised Date:

No of Revisions 0 | Alison Roarty Derek Masson Heather Robb Jackie Galloway Layla Smith Michelle Vanhegan Nicola Harvey |

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
20	Digital Services Incident and Problem Management RES1907 Incident and Problem Management: Issue 1 - Next steps for incident resolution Stephen Moir, Executive Director of Resources	Low	RES1907 Recommendation 1.1.1 - Incident Reports Started	Agreed – updates will be provided into the problem management records that feed into the Problem Review Board.	Estimated Date:31/12/2020 Revised Date: No of Revisions 0	Alison Roarty Heather Robb Jackie Galloway Layla Smith Michelle Vanhegan Nicola Harvey Richard Burgess
21	Digital Services Incident and Problem Management RES1907 Incident and Problem Management: Issue 1 - Next steps for incident resolution Stephen Moir, Executive Director of Resources	Low	RES1907 Recommendation 1.1.2 - Partnership Board and Client Service Reports Started	Agreed – the Client Service reports, and Partnership Board documents will be amended in relation to problem records to make reference to updates of the problem records being recorded in the Problem Review Board input.	Estimated Date: 31/12/2020 Revised Date: No of Revisions 0	Alison Roarty Heather Robb Jackie Galloway Layla Smith Michelle Vanhegan Nicola Harvey Richard Burgess

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
22	Drivers Management and use of Driver Permits and fuel FOB cards Paul Lawrence, Executive Director of Place and SRO	Medium	Management and use of Driver Permits and Fuel FOB cards Rec 4 Started	Fleet Services will perform an exercise to remove all historic leavers from their database and advise the external third party who performs the annual licence checks to ensure that no subsequent checks are performed on former employees;	Estimated Date: 01/02/2019 Revised Date: 31/08/2021 No of Revisions 4	Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Katy Miller Martin Young Nicole Fraser Scott Millar Steven Wright
23	Drivers Recording and addressing driving incidents Paul Lawrence, Executive Director of Place and SRO	Medium	Recording and addressing driving incidents Rec 2 Started	A monthly reconciliation between the incidents reported to Fleet Services and those recorded on SHE will be performed, with line managers advised re any gaps on the SHE system that need to be addressed;	Estimated Date: 01/04/2019 Revised Date: 30/06/2021 No of Revisions 3	Adam Fergie Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Katy Miller Martin Young Nicole Fraser Scott Millar Steven Wright
24	Drivers Recording and addressing driving incidents Paul Lawrence, Executive Director of Place and SRO	Medium	Recording and addressing driving incidents Rec 3 Started	Quarterly analysis of driving incidents will be performed and provided to Service Areas with a request that any recurring themes or root causes are incorporated into ongoing driver training;	Estimated Date: 01/02/2019 Revised Date: 31/10/2021 No of Revisions 3	Adam Fergie Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Katy Miller Martin Young Nicole Fraser Scott Millar Steven Wright

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
25	Drivers Recording and addressing driving incidents Paul Lawrence, Executive Director of Place and SRO	Medium	Recording and addressing driving incidents Started	Six monthly reporting will be provided to the Corporate Leadership Team together with details of relevant actions taken.	Estimated Date: 01/10/2019 Revised Date: 01/12/2020 No of Revisions 1	Adam Fergie Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Katy Miller Martin Young Nicole Fraser Scott Millar Steven Wright
26	Drivers - findings only report 1: Completion of Driver Licence checks Paul Lawrence, Executive Director of Place and SRO	High	1.2 - Agreed Management Action – Establish an accurate population of Council drivers Started	1. An e mail will be prepared and issued by the Executive Director of Place. This will include an explanation of the requirement for Council vocational and grey fleet drivers to complete ad return the DVLA driver licence check permissions forms to Fleet Services and include a date for completion. The e mail will also reinforce the escalation process to be applied where that driving permission forms are not received and will confirm that driver permits will be revoked where completed forms are not returned on time. 2. Fleet services will engage with the Business Hub team within Strategy and Communications and to determine what support can be provided to enable effective resolution of the current position and the nature of ongoing support required. 3. This action is already in progress as a number of leavers have now been removed from the Fleet Services Tranman driver database. Once all permission forms have been received, a full reconciliation will be performed. Subsequent reconciliations will then be performed monthly and will be moved to quarterly if no significant issues are experienced. 4. Reports are currently received monthly from the Business Hub (Strategy and Communications) and Per Temps for agency workers,	Estimated Date: 01/11/2020 Revised Date: 01/03/2021 No of Revisions 0	Alison Coburn David Givan Gareth Barwell George Gaunt Nicole Fraser Scott Millar

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
Page 87				but these include all leavers and do not specifically highlight those who are drivers. As part of our engagement with the Strategy and Communications Business Hub, we will determine whether leaver reports can be provided that include details of vocational and grey fleet drivers. If this is not possible, we will engage with Continuous Improvement to determine whether it is possible to design and implement an electronic process that compares the employee data in the leavers reports with the data retained in the Fleet Services Tranman driver database to identify those leavers who are drivers. If this is not possible, a manual comparison will continue to be performed and leavers who are drivers will be removed from the Tranman database and advised to Davis 5 and 6 - Once the data cleanse and reconciliation has been performed, the Council will have an accurate record of all known vocational, grey fleet, and agency drivers that details where checks have been performed and permits issued. The ongoing reconciliation to be performed at 2 above will ensure that this remains complete and accurate 7. E Davis will perform the licence checks as soon as permission forms are received by them. Davis also provides management information in relation to permissions that are due to expire. MI re permissions that are due to expire.		

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
27	Drivers - findings only report 1: Completion of Driver Licence checks Paul Lawrence, Executive Director of Place and SRO	**High**	1.3 - Driver permit revocation Started	1. A standard reminder e mail will be prepared by the Head of Place Development and issued to employees and their line managers where permission forms have not been received 10 days prior to their expiry. 2. The e mail will highlight that driver permits will be revoked if they are not received by the required date, and employees and line managers will be made aware that they are no longer eligible to drive for the Council and 9for vocational and agency drivers) that they are no longer covered by Council insurance. 3. and 4 Permits will be revoked where permission forms are not received on time and e mail confirmation provided to employees and line managers reminding them that they can no longer drive on behalf of the Council.	**Estimated Date: 04/05/2020 Revised Date: 29/01/2021 No of Revisions 1**	Alison Coburn David Givan Gareth Barwell George Gaunt Graeme Hume Nicole Fraser Scott Millar
28	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Risk and Supplier Performance Management Judith Proctor, Chief Officer - HSCP	**High**	Rec 1 - Risk Management Started	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.	**Estimated Date: 30/03/2018 Revised Date: 01/03/2021 No of Revisions 4**	Angela Ritchie David Williams Tony Duncan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
29	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Key Person Dependency and Process Documentation Judith Proctor, Chief Officer - HSCP	**Medium**	Rec 5 - Records Management Policy Started	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.	**Estimated Date:30/03/2018 Revised Date:01/02/2021 No of Revisions: 5**	Angela RitchieDavid WilliamsTony Duncan
30	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer - HSCP	**Medium**	CW1806 Issue 1.1(2): ATEC 24 Review of Operational Processes - Call Prioritisation **Implemented**	2. Call prioritisation procedures will be designed and Implemented, including recording the rationale for call prioritisation and delivery of training to staff. A review schedule for these procedures will be Implemented with the last review date and date of next scheduled review clearly identifiable i.e. every 3 years.	**Estimated Date: 29/11/2019 Revised Date: 01/02/2021 No of Revisions 2**	Andy Jones Angela Ritchie Tom Cowan
31	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework	**Medium**	CW1806 Issue 1.2(3): ATEC 24 Service Level Agreements - Partnership Protocol **Implemented**	3. A partnership protocol will be approved and Implemented for the Fallen Uninjured Person Service to reflect the current operations, funding arrangements and any planned process improvements.	**Estimated Date: 29/11/2019 Revised Date: 01/03/2021 No of Revisions 3**	Andy Jones Angela Ritchie Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
	Judith Proctor, Chief Officer - HSCP					
32	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer - HSCP	**Medium**	CW1806 Issue 1.1(6): ATEC 24 Review of Operational Processes - Response Recording **Implemented**	6. Roll out of handheld devices to allow automated reporting will be progressed.	**Estimated Date: 30/04/2020 Revised Date: 01/03/2021 No of Revisions 1**	Andy Jones Angela Ritchie Tom Cowan
33	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer - HSCP	**Medium**	CW1806 Issue 1.4(1): ATEC 24 Quality Assurance Framework - Methodology **Implemented**	1. A documented quality assurance process aligned to Technology Enabled Care Services Association (TSA) guidelines will be developed and communicated for call handling and response visits. The process will include quality assurance roles and responsibilities, frequency and scope of quality assurance checks, sampling methodologies to be applied.	**Estimated Date: 30/04/2020 Revised Date: 01/02/2021 No of Revisions 2**	Andy Jones Angela Ritchie Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
34	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer - HSCP	**Medium**	CW1806 Issue 1.4(2): ATEC 24 Quality Assurance Framework - Application **Implemented**	2. Quality assurance outcomes will be linked to supervision and training and performance objectives, with regular one to ones scheduled to ensure action is taken to address any competence issues or gaps identified.	**Estimated Date: 30/04/2020 Revised Date: 01/02/2021 No of Revisions 2**	Andy Jones Angela Ritchie Tony Duncan
35	Emergency Prioritisation & Complaints CW1806 Issue 1: ATEC 24 Operational Framework Judith Proctor, Chief Officer - HSCP	**Medium**	CW1806 Issue 1.4(3): ATEC 24 Quality Assurance Framework - Review Pending	3. Where systemic themes or trends are identified from quality assurance reviews, management will consider whether existing operational processes should be revisited.	Estimated Date: 30/04/2020 Revised Date: 01/05/2021 No of Revisions 1	Andy Jones Angela Ritchie Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
36	Emergency Prioritisation & Complaints CW1806: Issue 2: Third Party Service Provision - Health & Social Care Partnership Judith Proctor, Chief Officer - HSCP	Medium	CW1806: Issue 2(1): SLAs - Third Party Service Provision Started	A review of the SLA for the ESCS is underway. It is likely the detail of the arrangements will differ considerably from what is currently included within the SLA. The review will, however, take into consideration the points noted above. The review of the SLA will include contributions from City of Edinburgh Council, Midlothian Council and East Lothian Council, and will be presented to the Edinburgh Health and Social Care Partnership Executive Management Team for review and approval.	Estimated Date: 30/11/2019 Revised Date: 31/08/2021 No of Revisions 4	Angela Ritchie Brian Henderson Colin Beck Tony Duncan
37	Emergency Prioritisation & Complaints CW1806: Issue 2: Third Party Service Provision - Health & Social Care Partnership Judith Proctor, Chief Officer - HSCP	Medium	CW1806: Issue 2(2): Partnership Protocol HSCP/Contact Centre Started	Agreed, once the SLA is finalised, a Partnership Protocol will be developed in conjunction with Customer Contact Centre colleagues.	Estimated Date: 28/02/2020 Revised Date: 30/09/2021 No of Revisions 3	Alison Roarty Angela Ritchie Brian Henderson Colin Beck Lisa Hastie Tom Cowan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
38	H&SC Care Homes - Corporate Report A1.1: Care Homes Self Assurance Framework Judith Proctor, Chief Officer - HSCP	Medium	A1.1: Care Homes Self Assurance Framework **Implemented**	A self-assurance framework will be designed and Implemented that will validate effective operation of controls in place to manage these risks. The Health and Social Care Partnership Operations Manager will be accountable for development; implementation and ongoing operation of the framework. Development and implementation support will be requested from Business Support and Quality Assurance and Compliance.	Estimated Date: 30/06/2019 Revised Date: 01/05/2021 No of Revisions 1	Angela Ritchie Jacqui Macrae
	H&SC Care Homes - Corporate Report A2.3: Welfare Fund and Outings Funds Judith Proctor, Chief Officer - HSCP	Medium	A2.3(2) Establishment of welfare fund committees **Implemented**	A working group has been established that will focus on welfare. The remit of the group will focus on welfare committees; constitutions; accounts; criteria and donations. 2 officers from the working group have been assigned responsibility to write and implement welfare guidelines.	**Estimated Date: 31/07/2018 Revised Date: 01/05/2021 No of Revisions 5**	Angela Ritchie Jacqui Macrae
40	H&SC Care Homes - Corporate Report A3.1: Training Judith Proctor, Chief Officer - HSCP	Medium	A3.1(1) Manager review of training **Implemented**	This will be included as part of a new monthly controls process to be Implemented and monitored via completion of a monthly spreadsheet. A working group has been established to document all processes to be included.	**Estimated Date: 30/06/2019 Revised Date: 01/05/2021 No of Revisions 3**	Angela Ritchie Jacqui Macrae
41	H&SC Care Homes - Corporate Report A3.3: Performance & Attendance Management	Medium	A3.3(2) Health & Social Care Teams - 6 monthly and annual performance conversations	Health and Social Care Teams Will ensure that annual performance conversations (once completed) are recorded on the iTrent system.	**Estimated Date: 30/06/2018 Revised Date: 01/05/2021 No of**	Angela Ritchie Jacqui Macrae

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
	Judith Proctor, Chief Officer - HSCP		**Implemented**		**Revisions 5**	
42	H&SC Care Homes - Corporate Report A3.3: Performance & Attendance Management Judith Proctor, Chief Officer - HSCP	**Medium**	A3.3(4) Health & Social Care Teams - quarterly review of absence and performance management **Implemented**	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 Domestics 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.	**Estimated Date:30/06/2018 Revised Date:01/05/2021 No of Revisions 3**	Angela Ritchie Jacqui Macrae
43	H&SC Care Homes - Corporate Report A3.4: Agency Staffing Judith Proctor, Chief Officer - HSCP	**Medium**	A3.4(2) Analysis of the agency staff and hours worked charges **Implemented**	The BSO will assist the UM (See A2.1). A paper is being presented to the Health and Social Care Senior Management Team week commencing 15th January 2018 that proposes a solution where information will be provided to Locality Managers who will prepare reports for Care Homes. If this solution is agreed, it will be Implemented immediately.	**Estimated Date: 31/03/2018 Revised Date: 01/05/2021 No of Revisions 4**	Angela Ritchie Jacqui Macrae
44	H&SC Care Homes - Corporate Report A3.5: Adequacy of Resources Judith Proctor, Chief Officer - HSCP	**Medium**	A3.5(1) Care Inspectorate Dependency Assessments requirements **Implemented**	Unit managers submit monthly reports to Cluster manager and Locality management team. Locality management team responsible for ensuring resource meets the demand based on dependency scoring.	**Estimated Date: 31/01/2019 Revised Date: 01/05/2021 No of Revisions 5**	Angela Ritchie Jacqui Macrae

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
45	H&SC Care Homes - Corporate Report A2.3: Welfare Fund and Outings Funds Judith Proctor, Chief Officer - HSCP	Medium	A2.3(3) Production of annual accounts and review by welfare fund committee Started	A working group has been established that will focus on welfare. The remit of the group will focus on welfare committees; constitutions; accounts; criteria and donations. 2 officers from the working group have been assigned responsibility to write and implement welfare guidelines Task assigned to Business Officer for annual accounts and daily bookkeeping. Guidelines to be written for consistency.	Estimated Date: 31/07/2018 Revised Date: 01/05/2021 No of Revisions 4	Angela Ritchie Jacqui Macrae
47	HMO Licensing PL1803 Issue 1 Licensing system - Data Integrity and Performance Issues Paul Lawrence, Executive Director of Place and SRO	High	PL1803 Issue 1.2 Escalation of system issues Implemented	The Place Directorate has previously reported on operational performance issues to the Regulatory Committee in 2018. The Place Directorate will include a full assessment of system issues with APP within a wider performance report due to be submitted to Regulatory Committee in the last quarter of 2019/20. This report will include an update on proposed project plan for APP Cx	Estimated Date: 31/03/2020 Revised Date: 31/03/2021 No of Revisions 1	Alison Coburn Andrew Mitchell David Givan George Gaunt Grace McCabe Isla Burton Michael Thain Sandra Harrison
47	HMO Licensing PL1803 Issue 2 - Collection and processing of HMO licence fees Paul Lawrence, Executive Director of Place and SRO	High	PL1803 Issue 2.1 BACs payment reference Started	It should be noted that measure are in place to ensure that no application is progressed without the required fee being reconciled. This reflects the statutory process and the need to ensure that the Council treats applications for a renewal lawfully unless the reconciliation process can evidence a payment has not been made. There is no evidence from directorate monitoring the level of income from HMOs licence applications which would demonstrate that fees are not being collected. Any unmatched fee not identified will in effect contribute to the Council's general revenue account and therefore there is no financial loss to the Council. The Internal Audit recommendation outlined above is not accepted as it not believed to be	Estimated Date: 30/03/2020 Revised Date: 05/10/2020 No of Revisions 1	Alison Coburn Andrew Mitchell David Givan George Gaunt Grace McCabe Isla Burton Michael Thain Sandra Harrison

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
				achievable. Therefore Licencing; Customer; and Finance will investigate potential solutions re the BACS issue, (including any potential scope for a technology solution) to address this risk. These options will be reviewed with Internal Audit and a longer-term solution identified and Implemented. It has been agreed with Internal Audit that (once the solution has been identified) another audit finding will be raised that will monitor implementation of the solution to confirm that it is operating effectively. In the meantime, a statement will be added to the Licencing pages on the Council's external website and application forms advising customers of what reference must be used to successfully make a BACs payment.		
48	HMO Licensing PL1803 Issue 3 - Operational Performance and Reporting Paul Lawrence, Executive Director of Place and SRO	Medium	PL1803 Issue 3.6 HMO Key Performance Indicators and Performance Reporting Started	The Regulatory Committee were previously advised that HMO performance data would be excluded whilst the Licencing introduced the significant change of moving towards a three-year licensing system. Performance reports therefore only included Civic and Taxi data in the period 2015-2018. Licencing will be reporting to Regulatory Committee on the first cycle of three-year licencing for HMO's prior to the setting of Licensing Fees for 2020/21 in early 2020. The Directorate will include within that report relevant performance data and make recommendations for approval for performance targets ongoing performance targets.	Estimated Date: 31/01/2020 Revised Date: 01/06/2020 No of Revisions 0	Alison Coburn Andrew Mitchell David Givan George Gaunt Grace McCabe Isla Burton Michael Thain Sandra Harrison

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
49	Homelessness Services CW1808 Issue 3: Provision of homelessness advice and information Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	**Medium**	CW1801 Recommendation 3.1.2: Updating homelessness information on website **Implemented**	3.1.2 - Following the engagement events with key stakeholders, the Council's website will be updated to include the information set out within the recommendation, and any other information relevant to key stakeholders. Webpages will be subject to regular review to ensure the information remains up to date and in line with policies and legislation.	**Estimated Date: 30/04/2020 Revised Date: 31/03/2021 No of Revisions 3**	Debbie Herbertson Nichola Dadds Nicky Brown
50	Homelessness Services CW1808 Issue 2: Homelessness data quality and performance reporting Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	**High**	CW1808 Recommendation 2.2.3 - Performance Reporting Started	2.2.3 - We will report performance information through a dashboard to the Housing and Economy Committee, officers are currently working with elected members to finalise the key performance indicators required.	**Estimated Date: 31/01/2020 Revised Date: 31/08/2021 No of Revisions 3**	Emma Morgan Nichola Dadds Nicky Brown
51	Homelessness Services CW1808 Issue 3: Provision of homelessness	**Medium**	CW1801 Recommendation 3.1.3: Homelessness information leaflet	3.1.3 - Following the engagement events with key stakeholders, we will develop a leaflet for applicants based on the information set out above, and any other relevant information. The leaflet will be made available in all Council offices, locality offices, libraries, health	Estimated Date:30/04/2020 Revised Date:30/06/2021	Debbie Herbertson Nichola Dadds Nicky Brown

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
	advice and information

Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities | | Started | centres, Citizen Advice Bureaus, charities and other local support and advice agencies. | No of Revisions1 | |
| Page 98 | Life Safety

CW1910 - Life safety: Issue 4 Housing Property Services – fire and water safety processes

Paul Lawrence, Executive Director of Place and SRO | Low | CW1910 Rec. 4.1.2 Housing Property Services – fire safety inspections in low rise properties

Implemented | Housing Property Services will investigate the feasibility of implementing a technology solution to enable recording of the outcomes of fire inspections in low rise buildings where the Council has responsibility with Digital Services. If a solution is feasible, a change request for implementation of the new system will be prepared and submitted to CGI, the Council's technology partner. | Estimated Date: 18/12/2020 Revised Date:

No of Revisions 0 | Alison Coburn Alistair Latona Michael Thain Patricia Blore Willie Gilhooly |
| 53 | Life Safety

CW1910 - Life safety: Issue 4 Housing Property Services – fire and water safety processes

Paul Lawrence, Executive Director of Place and SRO | Low | CW1910 Rec. 4.1.1 Housing Property Services – water risk assessments

Started | 1. The Scientific Services team have reviewed the comment above against current legislation and will implement the following refreshed approach: Rather than a rolling programme covering all 20,000 Housing Property Services (HPS) properties equally, different types of property are classed in different priority risk categories. The Council has responsibility for 44 multi storey blocks and 33 Sheltered Housing complexes. These properties are all classed as high risk and assessments will be carried out within the stated two-year period currently specified in the Council's water policy, and then every two years going forward. The remaining properties on the Housing estate are considered low level priority and legislation states that | Estimated Date: 31/12/2020 Revised Date:

No of Revisions 0 | Alison Coburn Gareth Barwell Jemma Tennant Robbie Beattie |

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
		 		these surveys should be undertaken over a five-year period. Risk assessments will be carried out on sample properties for these low risk properties. For example, in a street of 100 homes with 20 different house types, only 20 surveys would be required. 2. Providing that Housing Property Services as the risk owner allocate sufficient budget resource, Scientific Services are comfortable that this work will not put a strain on their current resources and as the approach adopted is in line with the Council's Water Safety Policy and applicable regulations, there is no need to record completion in relevant divisional and directorate risk registers.		
	Local Development Plan Financial Modelling Paul Lawrence, Executive Director of Place and SRO	**High**	Funding Started	Challenge of infrastructure proposals will be performed at the LDP Action Programme oversight group. Complete and agree Financial Model of 2018 LDP Action Programme Annual Report to CLT and F&R Committees Prepare update to Financial Model in line with next LDP project plan.	**Estimated Date: 31/03/2018 Revised Date: 01/10/2020** <mark>**No of Revisions 2**</mark>	Alison Coburn Claire Duchart David Givan George Gaunt Kate Hopper Michael Thain Sandra Harrison
55	Local Development Plan Governance arrangements over infrastructure appraisals Paul Lawrence, Executive Director of Place and SRO	**Medium**	Infrastructure Governance arrangements Started	Establish and agree appropriate roles, resources and the responsibilities for delivery the above matters as an early action in the project plan for LDP 2. Oversight will be provided by the Project Board to ensure that all individual appraisals performed across Service Areas have applied these recommendations. (sept 18)	**Estimated Date: 31/03/2018 Revised Date: 01/10/2020** <mark>**No of Revisions 2**</mark>	Alison Coburn Claire Duchart David Givan George Gaunt Kate Hopper Michael Thain Sandra Harrison

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
56 Page 100	Localities Operating Model 1. Localities Governance and Operating Model Gillie Severin, Strategic Change Delivery Manager	High	1.1 Recommendation - Localities Operating Model Post Implementation Review Started	Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first finding below will be considered and Implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and Implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.	**Estimated Date: 31/03/2020 Revised Date: 31/03/2023 No of Revisions 2**	Alison Coburn David Givan Donna Rodger Evelyn Kilmurry George Gaunt Jackie Irvine Nichola Dadds Ruth Currie Sarah Burns
57	Localities Operating Model 1. Localities Governance and Operating Model Gillie Severin, Strategic Change Delivery Manager	High	1.2 Recommendation – Development and Delivery of Council Locality Improvement Plan Actions Started	Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first	**Estimated Date: 31/03/2020 Revised Date: 31/03/2023 No of Revisions 2**	Alison Coburn Alison Henry David Givan Donna Rodger Evelyn Kilmurry George Gaunt Michele Mulvaney Paul Lawrence

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
				finding below will be considered and Implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and Implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.		Paula McLeay Sarah Burns
Page 101 58	Localities Operating Model 1. Localities Governance and Operating Model Gillie Severin, Strategic Change Delivery Manager	High	1.3 Recommendation - Locality Service Delivery Performance Measures Started	Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first finding below will be considered and Implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and Implemented. It has been agreed with Internal Audit	Estimated Date:31/03/2020 Revised Date:31/03/2023 No of Revisions2	Alison Coburn Donna Rodger Evelyn Kilmurry Michele Mulvaney Paula McLeay Sarah Burns

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
		High		that new management actions will be raised at that time to track implementation progress.		
Page 102	Localities Operating Model 1. Localities Governance and Operating Model Gillie Severin, Strategic Change Delivery Manager	High	1.4 Recommendation - Engagement with Council centralised divisions Started	Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first finding below will be considered and Implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and Implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.	Estimated Date: 31/03/2020 Revised Date: 31/03/2023 No of Revisions 2	Alison Coburn David Givan Donna Rodger Evelyn Kilmurry George Gaunt Sarah Burns

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
60 Page 103	Localities Operating Model 1. Localities Governance and Operating Model Gillie Severin, Strategic Change Delivery Manager	High	PL1801 1.5 Recommendation - Locality budget planning and financial management Started	Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first finding below will be considered and Implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and Implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.	Estimated Date: 31/03/2020 Revised Date: 31/03/2020 No of Revisions 2	Alison Coburn Annette Smith Donna Rodger Evelyn Kilmurry Hugh Dunn John Connarty Michelle Vanhegan Sarah Burns Susan Hamilton

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
61 Page 104	Localities Operating Model 1. Localities Governance and Operating Model Gillie Severin, Strategic Change Delivery Manager	**High**	1.6 Recommendation - Risk Management Started	Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first finding below will be considered and Implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and Implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.	**Estimated Date: 31/03/2020 Revised Date: 31/03/2023 No of Revisions 2**	Alison Coburn David Givan Donna Rodger Evelyn Kilmurry George Gaunt Sarah Burns
62	Localities Operating Model 1. Localities Governance and Operating Model Gillie Severin, Strategic Change	**High**	1.7 Recommendation - Succession Planning Started	Management response from the Place Directorate and Strategy and Communications It is recognised the Council's localities operating model has not been fully effective and that oversight of locality performance and delivery of locality improvement plan actions could be improved. This is mainly attributable to the ambitious and complex design of the original localities operating model. The Localities operating model is in the process of being redesigned following dissolution of the Localities Committees as in February 2019, and the Internal Audit recommendations included in the first	**Estimated Date:31/03/2020 Revised Date:31/03/2023 No of Revisions2**	Alison Coburn David Givan Donna Rodger Evelyn Kilmurry George Gaunt Sarah Burns

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
	Delivery Manager	**High**		finding below will be considered and Implemented (where appropriate) in the design of the new model and incorporated within reporting provided to established Council executive committees that are responsible for oversight of service delivery across the localities and monitoring progress with delivery of LIP actions. Once the new locality model has been designed, details of the new design and implementation plan will be shared with Internal Audit by 31 March 2020 to demonstrate how their recommendations will be addressed and Implemented. It has been agreed with Internal Audit that new management actions will be raised at that time to track implementation progress.		
Page 10563	Lone working HSC1902: Lone working - Development of detailed action plan Judith Proctor, Chief Officer - HSCP	**High**	HSC1902 Lone working - Issue 1: Development of detailed action plan **Implemented**	The Partnership working group will be established by the Head of Operations and a detailed action plan which covers all the recommendations within the report produced by 31 December 2020. The detailed plan will be reviewed by internal audit to confirm that it addresses all findings raised in this report, and individual management actions raised to support subsequent follow-up by internal audit to ensure that the control gaps identified have been effectively addressed. The implementation date of 28 February 2021 reflects time to work collaboratively with internal audit to agree this.	**Estimated Date: 28/02/2021 Revised Date:** **No of Revisions 0**	Angela Lindsay Mike Massaro-Mallinson Nikki Conway

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
64	New Facilities Management Service Level Agreement RES1814 - Facilities Management SLA: Janitorial Services Governance Framework Stephen Moir, Executive Director of Resources	**High**	RES1814 - Facilities Management SLA: Issue 1.1 Key Performance Indicators **Implemented**	A suite of KPI's is currently being developed in conjunction with the Communities & Families. While an element of these are service led, Facilities Management are keen to ensure a customer led component to these. These KPI's will be based on industry standards and will be linked to Facilities Management performance data and the outcomes of quality assurance reviews. Once agreed, KPI's will be communicated through training sessions, web updates and included in the SLA and janitorial handbook which is distributed both to staff and to our customers and key stakeholders. Monthly dashboards will be produced highlighting performance against indicators. These will be both for internal service use and for customer reporting.	Estimated Date: 31/03/2020 Revised Date: 01/08/2020 No of Revisions 0	Audrey Dutton Gohar Khan Layla Smith Mark Stenhouse Michelle Vanhegan Peter Watton
65	New Facilities Management Service Level Agreement RES1814 - Facilities Management SLA: Janitorial Services Governance Framework Stephen Moir, Executive Director of Resources	**High**	Facilities Management SLA: Issue 1.3 Ongoing quality assurance reviews **Implemented**	Ongoing quality assurance reviews will be established as described above. In addition to using these to measure the efficacy of our SLA delivery, these are required as part of the ISO 9001/45001 certification process and designed to give us comfort over the robustness of our policies, procedures and supporting documentation.	Estimated Date: 31/03/2020 Revised Date: 01/08/2021 No of Revisions 1	Audrey Dutton Gohar Khan Layla Smith Mark Stenhouse Michelle Vanhegan Peter Watton
66	Out of Support Technology and Public Sector Network	**Low**	RES1807 - 1.1 Public Services Network governance	Digital Services Management has recognised the need to review governance arrangements around PSN /Cybersecurity. This will include Adapting the Security Working Group (SWG) Assurance report, in conjunction	**Estimated Date: 31/01/2020 Revised Date:**	Alison Roarty Heather Robb Julie Rosano Layla Smith

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
	Accreditation RES1807 - Issue 1: Public Services Network governance framework Stephen Moir, Executive Director of Resources		arrangements Started	with CGI, to be the single report for all security assurance and accreditation matters encompassing PNS, Cyber Essentials/Cyber Essentials Plus, PSCAP and progress against Internal Audit findings. Working with CGI to change the Security Management Plan to have separate fortnightly SWG meetings to cover Operations and Assurance: SWG Operations Group will review the Security Operations Centre (SOC) and Security Operations Reports (SOR)SWG Assurance Group will review Assurance, PSN, Cyber Essentials/Cyber Essentials Plus and Audit Actions. To enable this approach, we will work with the Commercial teams from CGI and the Council to ensure that this approach is acceptable under the terms of the Contract Ensuring that PSN risks are included and highlighted in the Public Sector Network Plan B report. These risks will also be added to the Council/CGI partnership security risk log and reviewed as part of this.	**30/06/2021** **No of Revisions 2**	Michelle Vanhegan Mike Brown Nicola Harvey
67	Payments and Charges CW1803 Payments and Charges Issue 4: Processing and recording Licensing Fees Paul Lawrence, Executive Director of Place and SRO	**Medium**	CW1803 Rec. 4.1 - Procedures supporting processing and recording licencing fees Started	The Licensing Service processes approximately 21,000 applications per annum and the Internal Audit sample reviewed represents approximately 1% of the overall number of applications. Internal procedures will be reviewed to ensure that that they adequately cover the issues raised and all staff will receive refresher training to reinforce the importance of consistent application of the procedures. Longer term upgrades to the APP Civica Licensing system should also offer enhanced capability with mandatory sections for each licence type processed.	**Estimated Date: 20/12/2019 Revised Date: 01/05/2020 No of Revisions 0**	Alison Coburn Andrew Mitchell David Givan Gavin Brown George Gaunt Michael Thain Sandra Harrison

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
68	Payments and Charges CW1803 Payments and Charges Issue 5: Processing and recording of Parking Permit fees Paul Lawrence, Executive Director of Place and SRO	Medium	CW1803 Rec. 5.2 - Procedure for authorising payments Started	NSL Apply offers improved control mechanisms by automating many processes and tasks, including payments. These are currently not being used. Implementations of these controls, along with a formalised payment acceptance procedure will ensure correct payments are received and further reduce any anomalies. The payment acceptance procedure will confirm that the Council does not accept part payment for parking permits and only reduces the price when the applicant is a disabled persons' blue badge holder. The procedure will establish a quality assurance payment sampling processes for implementation across Business Support teams who administer parking permits.	**Estimated Date:31/03/2020 Revised Date:01/08/2020 No of Revisions 0**	Alison Coburn David Givan Gavin Brown Gavin Graham George Gaunt Michael Thain Sandra Harrison
69	Payments and Charges CW1803 Payments and Charges Issue 5: Processing and recording of Parking Permit fees Paul Lawrence, Executive Director of Place and SRO	Medium	CW1803 Rec. 5.3 - Ongoing risk-based quality assurance Started	A quality assurance payment acceptance procedure will be developed to ensure the accuracy of parking permit payments. This process will be based on the Internal Audit recommendations.	**Estimated Date: 31/03/2020 Revised Date: 01/08/2020 No of Revisions 0**	Alison Coburn David Givan Gavin Brown Gavin Graham George Gaunt Michael Thain Sandra Harrison

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
70	Payments and Charges CW1803 Payments and Charges Issue 5: Processing and recording of Parking Permit fees Stephen Moir, Executive Director of Resources	Medium	CW1803 Rec. 5.4 - NSL income reconciliation Started	The recommendation is accepted. Financial reconciliations between the systems have commenced reinstatement. Work is underway to build a management information suite which will augment the control attributes of the reconciliation as a standalone mechanism.	**Estimated Date: 28/02/2020 Revised Date: 30/06/2021 No of Revisions 3**	Annette Smith Dougie Linton Gavin Graham Hugh Dunn John Connarty Layla Smith Michelle Vanhegan Susan Hamilton
71	Planning and S75 Developer Contributions End to end developer contribution processes, procedures, and training Paul Lawrence, Executive Director of Place and SRO	High	PL1802 Iss 2 Rec 2.2 Quality Assurance Started	Planning has made significant progress on specific parts of the contributions process and will deliver other improvements to this process to address the recommendations. The capture and tracking of the financial contributions will be performed using the Council's PPSL accounts receivable system. The Planning team's existing quality assurance process will be extended to include the end to end developer contributions process to be designed and applied as per recommendation 1. The quality assurance process will cover the areas recommended by Internal Audit at 1 to 4 above, including use of the Council's PPSL accounts receivable system to record and monitor financial contributions received ISO accreditors will also be requested to include the Developer contributions quality assurance process within the scope of their review which is scheduled for completion by October 2020.	Estimated Date: 31/12/2020 Revised Date: 01/05/2021 No of Revisions 0	Alison Coburn Alison Henry Annette Smith Ben Wilson David Givan George Gaunt Graham Nelson Hugh Dunn Kevin McKee Kevin Ryan Michael Thain Michelle Vanhegan Nick Smith Rebecca Andrew

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
72	Policy Management Framework CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register Gavin King, Democracy, Governance and Resilience Senior Manager	**High**	CE1902 - 1.2c Policy Register review: Ongoing review of policy register – Strategy and Communications **Implemented**	A working group led by Strategy and Communications with representation from Internal Audit and each Directorate will be established to identify and implement a process to support timely review and upload of approved policies, and Integrated Impact Assessments (IIA) for inclusion within the online register. Following this, further actions to meet the recommendations will be communicated to all Directorates and Divisions.	**Estimated Date: 30/11/2020 Revised Date: 31/12/2020 No of Revisions 1**	Chris Peggie Donna Rodger Laura Callender Ross Murray
73	Policy Management Framework CE1902 Policy Management Framework Issue 3: Policy framework guidance Gavin King, Democracy, Governance and Resilience Senior Manager	**Medium**	CE1902 3.1a Policy framework – definitions for policies, procedures, and guidance **Implemented**	Clear definitions will be established for policies; procedures; and guidance and will reflect that policies outline the Council's response to legislation; regulations and statutory requirements, specifying what the Council will do to ensure compliance, whilst procedures and guidance detail how policy objectives will be achieved. The definitions will be agreed by the Corporate Leadership Team and The Policy and Sustainability Committee and will be communicated across all Council Directorates and Divisions.	**Estimated Date: 31/10/2020 Revised Date: 01/03/2021 No of Revisions 0**	Beth Hall Donna Rodger Kevin Wilbraham Laura Callender Ross Murray

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
74	Policy Management Framework CE1902 Policy Management Framework Issue 3: Policy framework guidance Gavin King, Democracy, Governance and Resilience Senior Manager	**Medium**	CE1902 3.1b Policy framework - First- and second-lines roles and responsibilities **Implemented**	Following the outcomes of the Working Group (see recommendation 1.2c), First line (directorate) and second line (Strategy and Communications) roles and responsibilities in relation to the policy management framework and confirmation of its ongoing application will be communicated across Directorates and Divisions and included in the guidance published on the Orb.	**Estimated Date: 31/10/2020 Revised Date: 01/03/2021 No of Revisions 0**	Donna Rodger Laura Callender Ross Murray
75	Policy Management Framework CE1902 Policy Management Framework Issue 3: Policy framework guidance Gavin King, Democracy, Governance and Resilience Senior Manager	**Medium**	CE1902 3.1c Policy framework - review of guidance, templates and orb pages Pending	Guidance and supporting templates on the Orb will be reviewed and refreshed to include links to agreed policy definitions and templates and the policy register and checks performed to confirm that these can be accessed.	**Estimated Date: 31/10/2020 Revised Date: 01/03/2021 No of Revisions 0**	Laura Callender Ross Murray

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
76 Page 112	Policy Management Framework CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register Paul Lawrence, Executive Director of Place and SRO	**High**	CE1902 - 1.2b Policy Register review: Initial review of online policy register – Place Started	Following receipt of the Directorate policy register extract provided by Strategy and Communications, each Directorate will perform an initial review of their section of the policy register to identify out of date and draft documents. A status update will be provided to Strategy and Communications for each document currently published online, to confirm whether the published version is the most up to date approved version and no immediate action is required. is out of date but has been recently reviewed and reported to Committee in the annual policy assurance statement – a copy of the most recent version held by the Directorate or Division will then be sent to by Strategy and Communications for publication on the current online register. is out of date or in draft with no recently approved version available. Strategy and Communications will then remove the current online version from the online policy register and note that the document is being reviewed. Strategy and Communications will update the current online policy register on the basis of returns and Directorates will commence their wider policy review set out at 1.2d.	Estimated Date:31/01/2021 Revised Date:31/05/2021 No of Revisions1	Alison Coburn David Givan Gareth Barwell George Gaunt Karl Chapman Lindsay Robertson Michael Thain Veronica Wishart
77	Portfolio Governance Framework CE1801 Issue 1: Project and portfolio management and scrutiny Gillie Severin,	**High**	CE1801 Issue 1.4: Whole of life toolkit Pending	Strategic Change and Delivery will include guidance for project managers on whole life costing based on the approach adopted by finance	**Estimated Date: 29/05/2020 Revised Date: 01/10/2020 No of Revisions 0**	Alison Henry Annette Smith Donna Rodger Hugh Dunn Rebecca Andrew Simone Hislop

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
	Strategic Change Delivery Manager					
78	PVG and Disclosures CF1904: Issue 2 - PVG processes and guidance Andy Gray, Head of Schools & Lifelong Learning	Medium	CF1904: Rec 2.1a - Updating PVG requirements for all roles **Implemented**	All divisions will be requested to review and update lists of PVG related posts. Managers will also be reminded that PVG requirements for any new roles should be assessed and recorded on the divisional list.	**Estimated Date: 31/03/2021 Revised Date:** **No of Revisions 0**	Bernadette Oxley Claire Thompson Jackie Irvine Laura Zanotti Nichola Dadds Nickey Boyle
79	Records Management - LAAC CW1705 Issue 2: Review of additional files Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	Medium	CW1705 Issue 2.1: Review of additional files **Implemented**	The total volume of files at Westerhailes will be quantified. Once this has been completed, a risk-based sample approach will be applied to review the files and identify any that may have been merged.	**Estimated Date: 31/03/2020 Revised Date: 31/03/2021 No of Revisions 3**	Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
80	Records Management - LAAC CW1705 Issue 2: Review of additional files Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	**Medium**	CW1705 Issue 2.2: Impact analysis **Implemented**	The outcomes of the review of additional files (as detailed at recommendation 2.1) will be shared with the Senior Responsible Officers together with an impact analysis detailing the resourcing and associated costs of including the files within the project scope, and recommendations made as to whether the scope of the project should be extended to include these files, or whether reliance should be placed on the new business as usual process to be Implemented as detailed at Finding 3. Where the decision is taken to include the potentially merged files within the scope of the project, they will be transferred across to the project team and logged for review. The project team will work to a completion 29 May with a date of 26 June for validation by Internal Audit.	**Estimated Date: 26/06/2020 Revised Date: 31/03/2021** **No of Revisions 4**	Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir
81	Records Management - LAAC CW1705 Issue 1: Project file review process Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	**Medium**	CW1705 Issue 1.1: Review and Refresh of the project file review process. **Implemented**	Agreed actions will be Implemented as recommended by Internal Audit. The project team will work to an end of January date for implementation of the quality assurance within the project team with an end of February date for Internal Audit to review the process applied.	**Estimated Date: 28/02/2020 Revised Date: 31/12/2020** **No of Revisions 3**	Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
82	Records Management - LAAC CW1705 Issue 1: Project file review process Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	Medium	CW1705 Issue 1.2: Process communication and training Implemented	Agreed actions will be Implemented as recommended by Internal Audit. The project team will work to an end of January date for implementation of quality assurance within the project team with an end of February date for Internal Audit to review the process applied.	Estimated Date: 28/02/2020 Revised Date: 31/12/2020 No of Revisions 2	Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Louise McRae Nickey Boyle Nicola Harvey Stephen Moir
83	Records Management - LAAC CW1705 Issue 1: Project file review process Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	Medium	CW1705 Issue 1.3: Quality assurance checks Started	Project management information will be monitored weekly to identify the volume of files that have been reviewed by the project team and an independent risk based quality assurance approach developed and Implemented that focuses on files that have not been 'split' by the project team, to confirm that they have been accurately classified as files that have not been merged prior to their return to Iron Mountain for archiving. Quality assurance sample sizes will be selected at the start of each week and will depend on the volumes of files reviewed by the project team and the relevant proportion of non-merged and merged files. Where merged files have been identified and split by the project team, a lighter touch approach involving peer reviews will be adopted to ensure that the project file review process has been consistently applied and appropriate actions Implemented. Quality assurance outcomes will be recorded and all significant errors (for example failure to identify merged files), areas of good practices, and areas for improvement will be shared with the project team. Availability of quality resource will be monitored throughout the project to ensure that it	Estimated Date: 31/03/2020 Revised Date: 31/03/2022 No of Revisions 4	Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
				remains adequate to complete an appropriate number of QA reviews based on file outcomes. A retrospective sample of cases already reviewed by the project team will also be selected for retrospective review based on the approach outlined above. The project team will work to an end of February date for implementation of quality assurance within the project team with an end of March date for Internal Audit to review the process applied.		
Page 116	Records Management – LAAC CW1705 Issue 3: Pre destruction business as usual file review process Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	Medium	CW1705 Issue 3.1: Pre destruction business as usual file review process Started	The pre destruction business as usual file review process is currently being developed and will cover all of the points recommended by Internal Audit. The process will be prepared by the end January 2020 and agreed with the Health and Social Care and Communities and Families Directorates by the end of February 2020.	Estimated Date:28/02/2020 Revised Date:30/06/2021 No of Revisions 5	Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
85	Records Management - LAAC CW1705 Issue 3: Pre destruction business as usual file review process Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	**Medium**	CW1705 Issue 3.2a (C&F): Communication and training Started	Children's Practice team managers have already been briefed regarding the outcomes of the audit and a refreshed process will soon be Implemented. The process will be co-produced with Business Support Team Managers, communicated and uploaded to the Orb. Given the scale of training to be provided, a CECiL based approach will be applied with support provided by Business Support and requested from Learning and Organisational Development (Human Resources), with divisions requested to track completion of the CECiL module. Locality Management teams will also receive face to face training on the new process.	**Estimated Date: 30/06/2020 Revised Date: 31/08/2021 No of Revisions 3**	Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Louise McRae Nickey Boyle Nicola Harvey Stephen Moir
86	Records Management - LAAC CW1705 Issue 3: Pre destruction business as usual file review process Judith Proctor, Chief Officer - HSCP	**Medium**	CW1705 Issue 3.2b (H&SCP): Communication and training Started	Health and Social Care will adopt a similar approach to Communities and Families with the new process communicated and uploaded to the Orb. A CECiL based approach will also be applied with support provided by Business Support and requested from Learning and Organisational Development (Human Resources), with completion of the CECiL module by the relevant teams tracked. Locality Management teams will also receive face to face training on the new process.	Estimated Date: 30/06/2020 Revised Date: 31/08/2021 No of Revisions 1	Alison Roarty Angela Ritchie Louise McRae

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
87	Records Management - LAAC CW1705 Issue 3: Pre destruction business as usual file review process Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	**Medium**	CW1705 Issue 3.3a (C&F): Quality assurance process Started	A joint risk-based quality assurance process will be established between Business Support and Team Managers in Localities. Quality assurance outcomes will be recorded, and learnings shared with team managers at Children's Practice Team meetings, enabling city wide service improvement actions to be identified and Implemented where appropriate.	Estimated Date: 30/06/2020 Revised Date: 31/08/2021 No of Revisions 1	Alison Roarty Ani Barclay Donna Rodger Freeha Ahmed John Arthur Louise McRae Nickey Boyle Nicola Harvey Ruth Currie Stephen Moir
88	Records Management - LAAC CW1705 Issue 3: Pre destruction business as usual file review process Judith Proctor, Chief Officer - HSCP	**Medium**	CW1705 Issue 3.3b (H&SCP): Quality Assurance Process Started	A joint quality assurance process will be established between Business Support and Team Managers in Localities. The new Health and Social Care Partnership Chief Nurse and Head of Quality will be responsible for managerial oversight of the quality assurance processes, ensuring that lessons learned are fed back to the Localities and outcomes reported to the Clinical and Care Governance Committee for scrutiny and oversight.	Estimated Date: 30/06/2020 Revised Date: 31/08/2021 No of Revisions 1	Alison Roarty Angela Ritchie Louise McRae

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
89	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Judith Proctor, Chief Officer - HSCP	High	Rec 6.1c H&SC - Review of third-party contracts to confirm appropriate resilience arrangements **Implemented**	Existing third-party contracts supporting critical services should be reviewed by Directorates in consultation with contract managers / owners to confirm that they include appropriate resilience arrangements. Where gaps are identified, Procurement Services should be engaged to support discussions with suppliers regarding inclusion of appropriate resilience clauses requiring third parties to establish adequate resilience arrangements for both services and systems that are tested (at least annually) with the outcomes shared with / provided to the Council. Where these changes cannot be incorporated into existing contracts, they should be included when the contracts are re tendered.	**Estimated Date: 20/12/2019 Revised Date: 31/03/2021 No of Revisions 2**	Angela Ritchie Jacqui Macrae
90	Resilience BC Resilience responsibilities Judith Proctor, Chief Officer - HSCP	High	Rec 3.3 H&SC - Defining and allocating operational resilience duties Started	Operational resilience responsibilities for completion and ongoing maintenance of Directorate and Service Area Business Impact Assessments; Resilience plans; and coordination of resilience tests in conjunction with the Resilience team will be clearly defined and allocated. The total number of employees with operational resilience responsibilities will be determined with reference to the volume of business impact assessments and resilience plans that require to be completed and maintained to support recovery of critical services.	**Estimated Date: 20/12/2018 Revised Date: 30/06/2021 No of Revisions 6**	Angela Ritchie Jacqui Macrae
91	Resilience BC Resilience responsibilities Judith Proctor, Chief Officer - HSCP	High	Rec 4.3 H&SC - Objectives for operational Resilience responsibilities Started	Corporate; management; and team member objectives for operational resilience responsibilities (for example completion of Service Area Business Impact Assessments; Resilience Plans; and coordination of Resilience tests) will be established, with ongoing oversight performed by Directors and Heads of Service to confirm that these are being effectively delivered to support the resilience responses included in both the	**Estimated Date: 31/07/2019 Revised Date: 30/06/2021 No of Revisions 2**	Angela Ritchie Jacqui Macrae

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
				Directorate and Council's annual governance statements.		
92	Resilience BC

Completion and adequacy of service area business impact assessments and resilience arrangements

Paul Lawrence, Executive Director of Place and SRO | High | Rec 3.1 a) Place - Development of Resilience Plans/protocols for statutory and critical services

Started | Rebased action October 2020Following a refresh of Business Impact Assessments and the new organisational structure, resilience plans/protocols will be developed, with support and training from Resilience, for high-risk essential services. A list of these services is to be provided by Resilience for approval by CLT. Date revised to 31 December 2022. | Estimated Date:19/06/2020 Revised Date:31/12/2022 No of Revisions1 | Alison Coburn Claire Duchart David Givan Gareth Barwell Gavin King George Gaunt Karl Chapman Lindsay Robertson Mary-Ellen Lang Michael Thain |
| 93 | Resilience BC

Completion and adequacy of service area business impact assessments and resilience arrangements

Stephen Moir, Executive Director of Resources | High | Rec 3.1b Resources - Development of Resilience Plans/protocols for statutory and critical services

Started | Rebased action October 2020 Following a refresh of Business Impact Assessments and the new organisational structure, resilience plans/protocols will be developed, with support and training from Resilience, for high-risk essential services. A list of these services is to be provided by Resilience for approval by CLT. Date revised to 31 December 2022. | Estimated Date: 19/06/2020 Revised Date: 31/12/2022 No of Revisions 1 | Annette Smith Gavin King Hugh Dunn Katy Miller Layla Smith Mary-Ellen Lang Michelle Vanhegan Nick Smith Nicola Harvey Peter Watton |

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
94	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Judith Proctor, Chief Officer - HSCP	**High**	Rec 3.1c H&SC - Development of Resilience Plans/protocols for statutory and critical services Started	Rebased action October 2020Following a refresh of Business Impact Assessments and the new organisational structure, resilience plans/protocols will be developed, with support and training from Resilience, for high-risk essential services. A list of these services is to be provided by Resilience for approval by CLT. Date revised to 31 December 2022.	Estimated Date: 19/06/2020 Revised Date: 31/12/2022 No of Revisions 1	Angela Ritchie Jacqui Macrae
95	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	**High**	Rec 3.1d C&F - Development of Resilience Plans/protocols for statutory and critical services Started	Rebased action October 2020Following a refresh of Business Impact Assessments and the new organisational structure, resilience plans/protocols will be developed, with support and training from Resilience, for high-risk essential services. A list of these services is to be provided by Resilience for approval by CLT. Date revised to 31 December 2022.	Estimated Date: 19/06/2020 Revised Date: 31/12/2022 No of Revisions 1	Donna Rodger Gavin King Laura Zanotti Mary-Ellen Lang Michelle McMillan Nichola Dadds Nickey Boyle Ruth Currie

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
96	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Gavin King, Democracy, Governance and Resilience Senior Manager	**High**	Rec 3.1e S&C - Development of Resilience Plans/protocols for statutory and critical services Started	Rebased action October 2020Following a refresh of Business Impact Assessments and the new organisational structure, resilience plans/protocols will be developed, with support and training from Resilience, for high-risk essential services. A list of these services is to be provided by Resilience for approval by CLT. Date revised to 31 December 2022.	Estimated Date: 19/06/2020 Revised Date: 31/12/2022 No of Revisions 1	Donna Rodger Mary-Ellen Lang
97	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Paul Lawrence, Executive Director of Place and SRO	**High**	Rec 6.1a Place - Review of third-party contracts to confirm appropriate resilience arrangements Started	Existing third-party contracts supporting critical services should be reviewed by Directorates in consultation with contract managers / owners to confirm that they include appropriate resilience arrangements. Where gaps are identified, Procurement Services should be engaged to support discussions with suppliers regarding inclusion of appropriate resilience clauses requiring third parties to establish adequate resilience arrangements for both services and systems that are tested (at least annually) with the outcomes shared with / provided to the Council. Where these changes cannot be incorporated into existing contracts, they should be included when the contracts are re tendered.	**Estimated Date: 20/12/2019 Revised Date: 31/03/2021 No of Revisions 3**	Alison Coburn Annette Smith Claire Duchart David Givan Gareth Barwell George Gaunt Hugh Dunn Iain Strachan Karl Chapman Lindsay Robertson Mary-Ellen Lang Michael Thain Mollie Kerr

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
98	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	**High**	Rec 6.1d C&F - Review of third-party contracts to confirm appropriate resilience arrangements Started	Existing third-party contracts supporting critical services should be reviewed by Directorates in consultation with contract managers / owners to confirm that they include appropriate resilience arrangements. Where gaps are identified, Procurement Services should be engaged to support discussions with suppliers regarding inclusion of appropriate resilience clauses requiring third parties to establish adequate resilience arrangements for both services and systems that are tested (at least annually) with the outcomes shared with / provided to the Council. Where these changes cannot be incorporated into existing contracts, they should be included when the contracts are re tendered.	**Estimated Date: 20/12/2019 Revised Date: 31/03/2021** No of Revisions 2	Annette Smith Hugh Dunn Iain Strachan Mary-Ellen Lang Michelle McMillan Mollie Kerr Nichola Dadds Nickey Boyle Ruth Currie
99	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Gavin King, Democracy, Governance and Resilience Senior Manager	**High**	Rec 6.1e S&C - Review of third-party contracts to confirm appropriate resilience arrangements Started	Existing third-party contracts supporting critical services will be reviewed by Directorates in consultation with contract managers / owners to confirm that they include appropriate resilience arrangements. Where gaps are identified, Procurement Services will be engaged to support discussions with suppliers regarding inclusion of appropriate resilience clauses requiring third parties to establish adequate resilience arrangements for both services and systems that are tested (at least annually) with the outcomes shared with / provided to the Council. Where these changes cannot be incorporated into existing contracts, they will be included when the contracts are re tendered and critical service plans should be documented and communicated by Corporate Resilience.	**Estimated Date: 20/12/2019 Revised Date: 31/03/2021** No of Revisions 2	Annette Smith Donna Rodger Hugh Dunn Iain Strachan Mary-Ellen Lang Mollie Kerr

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
100	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Paul Lawrence, Executive Director of Place and SRO	**High**	Rec 6.2a Place - Annual assurance from Third Party Providers Started	Following receipt of initial assurance from all third-party providers for statutory and critical services (as per rec 6.1), annual assurance that provider resilience plans remain adequate and effective should be obtained. This should include confirmation from the provider that they have tested these plans and recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved. It is recommended that contract managers include this requirement as part on ongoing contract management arrangements. Where this assurance cannot be provided, this should be recorded in Service Area and Directorate risk registers. Date revised to reflect that following receipt of initial assurance by 31 March 2021, annual assurance should be obtained by 31 March 2022.	**Estimated Date:28/06/2019 Revised Date:31/03/2022 No of Revisions3**	Alison Coburn Claire Duchart David Givan Gareth Barwell George Gaunt Karl Chapman Lindsay Robertson Mary-Ellen Lang Michael Thain
101	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Stephen Moir, Executive Director of Resources	**High**	Rec 6.2b Resources - Annual assurance from Third Party Providers Started	Following receipt of initial assurance from all third party providers for statutory and critical services (as per rec 6.1), annual assurance that provider resilience plans remain adequate and effective should be obtained. This should include confirmation from the provider that they have tested these plans and recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved. It is recommended that contract managers include this requirement as part on ongoing contract management arrangements. Where this assurance cannot be provided, this should be recorded in Service Area and Directorate risk registers. Date revised to reflect that following receipt of initial	**Estimated Date: 28/06/2019 Revised Date: 31/03/2022 No of Revisions 2**	Annette Smith Hugh Dunn Iain Strachan Katy Miller Layla Smith Mary-Ellen Lang Michelle Vanhegan Mollie Kerr Nick Smith Nicola Harvey Peter Watton

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
				assurance by 31 March 2021, annual assurance should be obtained by 31 March 2022.		
102	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Judith Proctor, Chief Officer - HSCP	**High**	Rec 6.2c H&SC - Annual assurance from Third Party Providers Started	Assurance will be obtained annually for statutory and critical services from third party service providers that their resilience plans remain adequate and effective; and have been tested to confirm that the recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved. Where this assurance cannot be provided, this will be recorded in Service Area and Directorate risk registers.	**Estimated Date: 21/06/2019 Revised Date: 31/03/2022 No of Revisions 2**	Angela Ritchie Jacqui Macrae
103	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	**High**	Rec 6.2d C&F - Annual assurance from Third Party Providers Started	Following receipt of initial assurance from all third party providers for statutory and critical services (as per rec 6.1), annual assurance that provider resilience plans remain adequate and effective should be obtained. This should include confirmation from the provider that they have tested these plans and recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved. It is recommended that contract managers include this requirement as part on ongoing contract management arrangements. Where this assurance cannot be provided, this should be recorded in Service Area and Directorate risk registers. Date revised to reflect that following receipt of	**Estimated Date: 28/06/2019 Revised Date: 31/03/2022 No of Revisions 2**	Anna Gray Laura Zanotti Mary-Ellen Lang Michelle McMillan Nichola Dadds Nickey Boyle

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
				initial assurance by 31 March 2021, annual assurance should be obtained by 31 March 2022.		
104 Page 126	Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements Gavin King, Democracy, Governance and Resilience Senior Manager	**High**	Rec 6.2e S&C - Annual assurance from Third Party Providers Started	Following receipt of initial assurance from all third party providers for statutory and critical services (as per rec 6.1), annual assurance that provider resilience plans remain adequate and effective should be obtained. This should include confirmation from the provider that they have tested these plans and recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved. It is recommended that contract managers include this requirement as part on ongoing contract management arrangements. Where this assurance cannot be provided, this should be recorded in Service Area and Directorate risk registers. Date revised to reflect that following receipt of initial assurance by 31 March 2021, annual assurance should be obtained by 31 March 2022.	**Estimated Date: 28/06/2019 Revised Date: 31/03/2022 No of Revisions 2**	Donna Rodger Mary-Ellen Lang
105	Resilience BC Adequacy, maintenance and approval of Council wide resilience plans Gavin King, Democracy, Governance and Resilience Senior Manager	**Medium**	Rec 4) Update of Council Business Continuity Plan to include key elements from Business Area Resilience Plans/Protocols Started	The Council Business Continuity Plan (BCP) was developed and signed off the Chief Executive in May 2019.Following Directorate review and update of Business Area Resilience Plans and protocols, the Council BCP will be updated to include key elements of Directorate plans.	Estimated Date: 18/12/2020 Revised Date: 31/03/2024 No of Revisions 1	Donna Rodger Mary-Ellen Lang

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
106	Risk Management RES1910 Risk Management: Issue 1 Risk Management Framework and 1st Line of Defence training Stephen Moir, Executive Director of Resources	**Medium**	RES1910 Rec 1.2: Communicating operational risk management arrangements and updating training materials **Implemented**	The operational aspects of the risk management framework will be shared across Council divisions and directorates and also incorporated into current training activities and materials (March 2021).	**Estimated Date:31/03/2021 Revised Date: No of Revisions 0**	Layla Smith Lesley Newdall Michelle Vanhegan Nick Smith Rebecca Tatar
Page 127	Risk Management RES1910 Risk Management: Issue 1 Risk Management Framework and 1st Line of Defence training Andrew Kerr, Chief Executive	**Medium**	RES1910 Rec 1.3: Identification of first line employees requiring risk management training **Implemented**	Directorates and divisions will be requested to identify all first line employees who should attend risk management training, with refreshed training delivered and training attendance recorded. Where there has been no attendance, this will be escalated to heads of divisions and directors.	**Estimated Date: 28/02/2021 Revised Date: No of Revisions 0**	Angela Ritchie Judith Proctor
108	Risk Management RES1910 Risk Management: Issue 7 Risk appetite Stephen Moir, Executive Director of Resources	**Medium**	RES1910: Rec 7.1 Operational guidance for risk appetite **Implemented**	The new risk management operational processes will include guidance on how to determine (where relevant) and score an assessment of target risk that will be used as a proxy for risk appetite.	**Estimated Date: 31/03/2021 Revised Date: No of Revisions 0**	Layla Smith Lesley Newdall Michelle Vanhegan Nick Smith Rebecca Tatar

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
109	Risk Management RES1910 Risk Management: Issue 3 First line management of risk Stephen Moir, Executive Director of Resources	Medium	RES1910 Rec 3.2 Corporate Risk Team - Quarterly risk matters newsletter Implemented	A quarterly risk matters newsletter sharing the outcomes of ongoing horizon scanning will also be created and published by the corporate risk management team.	Estimated Date: 31/03/2021 Revised Date: No of Revisions 0	Layla Smith Lesley Newdall Michelle Vanhegan Nick Smith
110	Road Services Improvement Plan PL1808 Issue 1. Roads Improvement Plan financial operating model and project governance Paul Lawrence, Executive Director of Place and SRO	High	PL1808 - 1.2 Roads Service Improvement Plan approval Implemented	On appointment of the tier 3 and 4 management team, a re-base of the improvement plan will take place and the revised plan will be submitted to the Council's Change Board and the Transport and Environment Committee for approval, with ongoing progress updates provided to both forums.	Estimated Date: 31/07/2020 Revised Date: 01/12/2020 No of Revisions 0	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist
111	Road Services Improvement Plan PL1808 Issue 2. Roads services performance monitoring and quality assurance Paul Lawrence,	High	PL1808 - 2.2 Roads services quality assurance framework Implemented	1. The existing Transport Design and Delivery quality framework will be revised to reflect the new Roads and Transport Infrastructure Service and rolled out across the service. As part of this review, the recommendations highlighted above will be considered and incorporated where appropriate. The Design, Structures and Flood Prevention Manager will be responsible for refreshing the quality framework once appointed. 2. A sampling regime will be designed and embedded for safety inspections to ensure that defects are being categorised properly. This process will be	Estimated Date: 30/06/2020 Revised Date: 31/03/2021 No of Revisions 1	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
	Executive Director of Place and SRO			designed and Implemented by the Team Leader for Safety Inspections to be appointed as part of the ongoing restructure. 3. A sampling regime will be designed and embedded for road defect repairs to ensure that repairs are fit for purpose and effective. 4. Key performance indicators for each team will be included in the target setting for each 4th tier manager and their direct reports to ensure focus on these measures. Emerging themes from Team Plans and quality assurance reviews will also be shared with Roads teams, and individual and team training needs will be considered based on the themes identified. This process will be designed and Implemented by the Service Performance Coordinator to be appointed as part of the ongoing restructure.		
112	Road Services Improvement Plan PL1808 Issue 3. Roads inspection, defect categorisation, and repairs Paul Lawrence, Executive Director of Place and SRO	Low	PL1808 - 3.2a) Inspector training and qualifications **Implemented**	1. Design and implement a training framework for all relevant Inspectors in line with the newly adopted 'Road Safety Inspection and Defect Categorisation Procedure'	**Estimated Date: 31/01/2020 Revised Date: 01/06/2020 No of Revisions 0**	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
113	Road Services Improvement Plan PL1808 Issue 1. Roads Improvement Plan financial operating model and project governance Paul Lawrence, Executive Director of Place and SRO	**High**	PL1808 - 1.1 Roads Service Improvement Plan review (including financial operating model) Started	Accepted. The Roads Service Improvement Plan (the Plan) will be reviewed following completion of the organisational restructure and will consider the points noted in the recommendation. A review of the financial operating model will also be undertaken with the aim of embedding a new budget structure for the service. Once completed the Plan business case will be refreshed to reflect any significant changes.	Estimated Date: 30/04/2020 Revised Date: 01/06/2021 No of Revisions 1	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist
114	Road Services Improvement Plan PL1808 Issue 1. Roads Improvement Plan financial operating model and project governance Paul Lawrence, Executive Director of Place and SRO	**High**	PL1808 - 1.3 Roads Service Improvement Plan project governance Started	Accepted. The re-based plan will be managed in line with the Project Management Toolkit for Major Projects. The plan will be managed by the Roads service Performance Coordinator once appointed in the revised structure.	Estimated Date: 20/12/2020 Revised Date: 01/05/2021 No of Revisions 0	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
115	Road Services Improvement Plan PL1808 Issue 1. Roads Improvement Plan financial operating model and project governance Paul Lawrence, Executive Director of Place and SRO	**High**	PL1808 - 1.4 Post implementation reviews Started	A post implementation review of both the new organisational structure (31 March 2020) and completed Roads Service Improvement Plan (the Plan) actions (March 2021) will take place to assess the effectiveness of the new service and any requirements for change, and the impact of the changes delivered through the Plan.	Estimated Date: 31/03/2021 Revised Date: 01/08/2022 No of Revisions 1	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist
116	Road Services Improvement Plan PL1808 Issue 2. Roads services performance monitoring and quality assurance Paul Lawrence, Executive Director of Place and SRO	**High**	PL1808 - 2.1 Service Delivery Performance Monitoring Started	One of the roles included in the new Roads structure is a Roads Service Performance Coordinator. The team member appointed to this role will be responsible for designing; implementing; and maintaining a performance and quality assurance framework that will incorporate the recommendations made to support ongoing monitoring and management of the Roads service. This will involve ensuring that all Roads teams develop team plans that include key performance measures; outline their respective roles and responsibilities for delivery; and are aligned with overall Council's commitments that are relevant to Roads.	**Estimated Date: 31/07/2020 Revised Date: 30/09/2021 No of Revisions 2**	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist
117	Road Services Improvement Plan PL1808 Issue 3. Roads inspection, defect categorisation, and repairs	**Low**	PL1808 - 3.2b) Inspector training and qualifications Started	2. Ensure all relevant Inspectors are accredited by an appropriately accredited professional body.	**Estimated Date: 31/08/2020 Revised Date: 01/01/2021 No of Revisions 0**	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
	Paul Lawrence, Executive Director of Place and SRO					Nicole Fraser Sean Gilchrist
118	Road Services Improvement Plan PL1808 Issue 3. Roads inspection, defect categorisation, and repairs Paul Lawrence, Executive Director of Place and SRO	Low	PL1808 - 3.3 Management information for planned inspections Started	On appointment, the new Service Performance Coordinator and Team Leader – Safety Inspections will work with Pitney Bowes (the supplier of the Confirm system) to develop a new process to plan and monitor safety inspection performance	**Estimated Date: 31/03/2020 Revised Date: 30/06/2021 No of Revisions 4**	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist
119	Road Services Improvement Plan PL1808 Issue 4. Roads - Management of public liability claims Paul Lawrence, Executive Director of Place and SRO	Low	PL1808 - 4.1 Management of public liability claims Started	A new process will be developed within the Confirm system which requires reconciliation between accident claim enquiries and those logged on the Local Authority Claims Handling System (LACHS) system.	**Estimated Date: 28/05/2020 Revised Date: 31/12/2020 No of Revisions 1**	Alison Coburn Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Jamie Watson Jordan Walker Nicole Fraser Sean Gilchrist

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
120	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance Andy Gray, Head of Schools & Lifelong Learning	**High**	CF1901: Issue 1.1(b) - Review of Admissions Operational Procedures **Implemented**	A working group led by the Communities and Families Senior Education Officer with representation from all service areas involved in school admissions, appeals and capacity planning, will be established to undertake a review of all procedural documents. This will include consideration of amalgamation of existing procedures where appropriate and implementation of a review schedule and version control.	**Estimated Date: 31/08/2020 Revised Date: 22/02/2021 No of Revisions 1**	Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir
121	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance Andy Gray, Head of Schools & Lifelong Learning	**High**	CF1901: Issue 1.1(c) - Placing Appeals Procedures **Implemented**	As part of the working group led by the Communities and Families Senior Education Officer, appeals procedures which detail end to end processes to be applied across all areas involved in placing requests will be established and this will include clear roles and responsibilities.	**Estimated Date: 31/08/2020 Revised Date: 22/02/2021 No of Revisions 1**	Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
122	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance Andy Gray, Head of Schools & Lifelong Learning	High	CF1901: Issue 1.2 - Review & Update of School Websites Implemented	A communication will be issued to all schools to request a review of their school website to ensure: current academic year handbooks are published; links to relevant content on the Council website remain current; only standard approved Council forms are published; and all privacy notices published on School websites are directly linked to the Council's statement.	Estimated Date: 31/12/2020 Revised Date: 01/05/2021 No of Revisions 0	Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie
123	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals Andy Gray, Head of Schools & Lifelong Learning	High	CF1901 Issue 2.1(a): Committee on Pupil Student Support Recording of Officer Review Implemented	Communities and Families, Committee Services and Transactions will ensure the officer review of the annual placing request list and the rationale supporting recommendations made to the Committee on Pupil Student Support from 2020 onwards is formally documented.	Estimated Date: 30/06/2020 Revised Date: 22/02/2021 No of Revisions 1	Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
124	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals Gavin King, Democracy, Governance and Resilience Senior Manager	**High**	CF1901 Issue 2.1(b): Committee on Pupil Student Support Remit, Review & Recording of Outcomes **Implemented**	Decisions and outcomes of the annual meeting of the Committee on Pupil Student Support will be documented, and a process Implemented to ensure that the outcomes are addressed by the Council. Consideration will be given to reviewing and updating the remit of the Committee. Committee members will be provided with training and support to enable them to fulfil their role in line with the agreed remit.	Estimated Date: 30/06/2020 Revised Date: 30/11/2020 No of Revisions 1	Andy Gray Arran Finlay Donna Rodger Hayley Barnett Lesley Birrell Nickey Boyle Ruth Currie
125	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 3: Process Documentation & Delivery Responsibilities Andy Gray, Head of	**Medium**	CF1901 Issue 3.1(a): Development & Communication of end to end processes and role/responsibilities **Implemented**	The remit of the working group led by the Communities and Families Senior Education Officer, will include reviewing and documenting end to end processes for the annual school admissions, appeals, and capacity planning process. A matrix describing divisional roles and responsibilities for processes, which details who will be responsible; accountable; consulted; and informed for each stage will also be developed. The end to end procedures and matrix will be discussed and agreed with all divisional teams involved in the process, communicated, and published on the Council's intranet (the Orb) with training provided where required.	**Estimated Date: 31/08/2020 Revised Date: 22/02/2021 No of Revisions 1**	Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
	Schools & Lifelong Learning					Sheila Haig Stephen Moir
126	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 3: Process Documentation & Delivery Responsibilities Andy Gray, Head of Schools & Lifelong Learning	Medium	CF1901 Issue 3.1(d): Roles & Responsibilities Outwith Annual Process Implemented	The working group will review the roles and responsibilities for any tasks performed outwith the annual P1/S1 admissions, appeals and capacity planning process. These will be documented and communicated to all teams involved in the process. The review will include identifying key contacts for common non-annual admissions queries, for example, home schooling; private schooling; dealing with refugees; and requests for current or future capacity information, to ensure that they can be appropriately redirected and resolved.	Estimated Date: 31/08/2020 Revised Date: 22/02/2021 No of Revisions 3	Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir
127	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 4: Data Access, Security & Retention Andy Gray, Head of Schools & Lifelong Learning	Medium	CF1901: Issue 4.1: Access to Personal Data Implemented	Files and shared folders will be reviewed, and appropriate access permissions and password controls Implemented.	Estimated Date: 31/07/2020 Revised Date: 22/02/2021 No of Revisions 1	Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
128	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 4: Data Access, Security & Retention Andy Gray, Head of Schools & Lifelong Learning	Medium	CF1901: Issue 4.4(a): Document Retention & Disposal; All Services Implemented	The Information Governance Unit will be engaged to confirm data retention and disposal requirements. Where necessary the data retention schedule will be updated. Document retention and disposal requirements will be reinforced across all services processing admissions and appeals including schools. All appeals information currently retained outwith the relevant period will be destroyed in line with the Council's disposal guidelines and a retention schedule and destruction log maintained.	Estimated Date: 30/06/2020 Revised Date: 22/02/2021 No of Revisions 1	Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir
129	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 4: Data Access, Security & Retention Andy Gray, Head of Schools & Lifelong Learning	Medium	CF1901: Issue 4.4(b): Document Retention & Disposal; Schools Implemented	A communication will be issued to schools to request that retention schedules and destruction logs are established to ensure records are managed and disposed of in line with the Council's retention schedule.	Estimated Date: 30/06/2020 Revised Date: 22/02/2021 No of Revisions 1	Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
130 Page 138	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 5: Provision of Training & Support Andy Gray, Head of Schools & Lifelong Learning	**Medium**	CF1901 Issue 5: Induction and annual refresher training programme **Implemented**	Following conclusion of the working group, Communities and Families will develop a programme of training which includes input across all services areas involved will be designed and delivered to schools' senior leadership teams to ensure that they are aware of and understand: Revised policy and procedures where relevant Applicable legislative and regulatory requirements and Council policies The end to end capacity planning, admissions and appeals process, including management of waiting lists Roles, responsibilities and accountabilities of all teams involved in the process Data access, security, and retention requirements Conflicts of interest requirements Parent and carer engagement guidance Details of ongoing support and information available to manage capacity planning in relation to late placing requests and upheld appeals, including timetabling and accommodation adjustments	**Estimated Date: 31/10/2020 Revised Date: 01/03/2021 No of Revisions 0**	Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir
131	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance Andy Gray, Head of Schools & Lifelong Learning	**High**	CF1901: Issue 1.3(a) - Review of Operational Forms Pending	The remit of the working group led by the Communities and Families Senior Education Officer will include a review of all admissions forms published on the Council website and Orb to ensure that they remain fit for purpose and include all necessary accessibility and privacy statements.	Estimated Date: 31/12/2020 Revised Date: 01/05/2021 No of Revisions 0	Alison Roarty Arran Finlay Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
132	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance Andy Gray, Head of Schools & Lifelong Learning	**High**	CF1901: Issue 1.3(c) - Issue of 'Request Granted' Letters Pending	The working group remit led by the Communities and Families Senior Education Officer will include consideration of continued need for formal 'request granted template letters or whether an email to parents / guardians is an acceptable alternative option. Where emails are the preferred option, guidance will be provided to schools to ensure that the terms and limitations of the placement offer are included.	Estimated Date: 31/12/2020 Revised Date: 01/05/2021 No of Revisions 0	Alison Roarty Arran Finlay Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir
133	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance Andy Gray, Head of Schools & Lifelong Learning	**High**	CF1901: Issue 1.3(d) - Issuing Standard Letters & Forms Pending	A communication will be issued by Schools and Life Long Learning management to all schools reminding them to comply with placing request processes as outlined on the Orb, including the requirement to: issue a standard request refusal letter for all application refusals which includes all required paragraphs and is supported by a copy of the frequently asked questions document; and use standard Council forms only. The communication will advise schools to provide feedback where standard forms are not considered to meet the needs of the school, for example, if an additional section for course subjects studied at secondary school is required. Feedback from schools will be considered as part of the working group's review of operational forms.	Estimated Date: 31/12/2020 Revised Date: 01/05/2021 No of Revisions 0	Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
134	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals Andy Gray, Head of Schools & Lifelong Learning	**High**	CF1901 Issue 2.3(a): Validation of Registration & Enrolment Applications Pending	A reminder will be sent to all schools to reinforce the requirement to confirm that adequate and valid evidence is provided to support all registrations and enrolments, including two matching proofs of address aligned with the address provided in the application.	**Estimated Date: 30/06/2020 Revised Date: 22/02/2021 No of Revisions 1**	Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie
135	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals Andy Gray, Head of Schools & Lifelong Learning	**High**	CF1901 Issue 2.3(b): Quality Assurance Checks in Schools Pending	Schools business managers will be instructed to undertake sample quality assurance checks of evidence obtained from parents to support applications to ensure compliance with procedures. This will include completion of checks prior to completion of enrolment processes. Checking of completion will form part of the Communities and Families Self-Assurance Framework from 2021 onwards.	**Estimated Date: 30/06/2020 Revised Date: 22/02/2021 No of Revisions 1**	Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
136	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals Andy Gray, Head of Schools & Lifelong Learning	**High**	CF1901 Issue 2.4: Managing Conflicts of Interest Pending	Guidance will be developed for use in all schools to ensure any conflicts of interest are recorded and managed appropriately. This will include Business Manager review and Head Teacher sign off where necessary.	**Estimated Date: 30/06/2020 Revised Date: 22/02/2021 No of Revisions 1**	Arran Finlay Claire Thompson Michelle McMillan Nickey Boyle Ruth Currie
137	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 4: Data Access, Security & Retention Andy Gray, Head of Schools & Lifelong Learning	**Medium**	CF1901: Issue 4.2: Secure Email Transmission Pending	The Information Governance Unit and Digital Services will be engaged to discuss the recipients; nature and sensitivity of information transmitted via email to establish whether the current method is appropriately secure or whether additional steps are required. This will include consideration of email data classification labels where deemed appropriate.	**Estimated Date: 30/09/2020 Revised Date: 01/02/2021 No of Revisions 0**	Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Michelle Vanhegan Neil Jamieson Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
138	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 1: Policies, Procedures & Guidance Andy Gray, Head of Schools & Lifelong Learning	**High**	CF1901: Issue 1.1(d)/(e) - Communicating Guidance on Website & Orb Started	Following review and completion of working group actions, all policies and procedures will be published on the Council's website and Orb, and communicated to all relevant officers, with changes highlighted.	**Estimated Date: 30/09/2020 Revised Date: 01/02/2021 No of Revisions 0**	Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir
139	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 2: Operational Processes - Admissions & Appeals Andy Gray, Head of Schools & Lifelong Learning	**High**	CF1901 Issue 2.5: Placing Request Appeals - key resource dependencies Started	The working group led by the Communities and Families Senior Education Officer, will establish key dependencies and resource planning requirements. This will include interdependencies and resources required to support preparation of key reports. Changes will be trialled in the current year and the updated process Implemented for 2021.	Estimated Date: 31/03/2021 Revised Date: 01/08/2021 No of Revisions 0	Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
140	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 3: Process Documentation & Delivery Responsibilities Andy Gray, Head of Schools & Lifelong Learning	**Medium**	CF1901 Issue 3.1(b): Internal Partnership Protocols Started	Internal partnership protocols will be prepared and Implemented for services delivered by other divisions on behalf of Schools and Lifelong Learning, incorporating the scope of services and roles and responsibilities defined in the new end to end process documentation. Where relevant, current internal charging arrangements will be reviewed to ensure that it accurately reflect the levels of support provided. Partnership protocols and associated key performance measures / indicators will be reviewed at least every two years to ensure they remain aligned with service delivery, operational processes and relevant regulatory and professional standards. Governance arrangements to support ongoing performance monitoring will be designed and Implemented to ensure that both Schools and Lifelong Learning and the service areas that support them are satisfied with the quality of services provided.	**Estimated Date: 31/08/2020 Revised Date: 22/02/2021 No of Revisions 1**	Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir
141	School admissions, appeals and capacity planning CF1901: School admissions, appeals and capacity planning - Issue 3: Process Documentation & Delivery Responsibilities Andy Gray, Head of Schools & Lifelong Learning	**Medium**	CF1901 Issue 3.1(c): Annual Process - Debrief & Lessons Learned Started	Following completion of the annual process, a debrief meeting will be held with all teams involved to understand what worked well and what areas need to be improved. The outcomes should be recorded in a 'lessons learned' document that is used to implement the improvement opportunities identified and address any process issues in advance of the next annual process.	**Estimated Date: 31/08/2020 Revised Date: 22/02/2021 No of Revisions 1**	Alison Roarty Arran Finlay Donna Rodger Gavin King Hayley Barnett Layla Smith Matthew Clarke Michelle Vanhegan Neil Jamieson Nick Smith Nickey Boyle Nicola Harvey Ruth Currie Sheila Haig Stephen Moir

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
142	Social Media - Controls over access to SM Accounts 2. Social media operational security and privacy issues Michael Pinkerton, Media Manager	**Medium**	CE1901 Rec 2.3 Communications team - operational security and privacy issues **Implemented**	The Communications team will address points 1; 2; 3; 5; and 9 in advance of finalising the social media operational framework. It is important to note that the recommendation to provide unique user profiles and passwords for all Sprout social users could potentially be cost prohibitive, however the feasibility of this option will be assessed, and the risks associated with sharing user profiles and passwords reduced as far as possible.	**Estimated Date: 12/02/2021 Revised Date:** **No of Revisions 0**	David Ure
143	Social Media - Controls over access to SM Accounts 1. Social media operational framework Michael Pinkerton, Media Manager	**High**	CE1901 Rec1.5 Social Media Risks Pending	The risks associated with the ongoing use of social media that are highlighted in this report will be assessed and recorded in the Strategy and Communications risk register together with details of mitigating actions to ensure that they are addressed.	**Estimated Date: 30/10/2020 Revised Date:** **No of Revisions 0**	David Ure Donna Rodger
144	Social Media - Controls over access to SM Accounts 3. Social media training Michael Pinkerton, Media Manager	**Medium**	CE1901 Rec3.1 Social media training needs assessment Pending	1. A training needs assessment for social media account owners and users will be developed as part of the social media operational framework and supporting guidance with support (where required) from Human Resources. The training needs assessment will be provided to all Council directorates and divisions with a request that it is completed for all new social media account owners and users. 2. Directorates and divisions will be requested to ensure that social media training is classified as an essential learning activity within their	**Estimated Date: 16/04/2021 Revised Date:** **No of Revisions 0**	David Ure Donna Rodger

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
				essential learning programmes for those roles that include a social media remit / responsibility.		
145	Social Media - Controls over access to SM Accounts 3. Social media training Michael Pinkerton, Media Manager	Medium	CE1901 Rec3.2 Refresh of social media training materials Pending	1. Existing training materials and the e learning module content will be reviewed and refreshed with support from Human Resources (where required) to ensure that it is aligned with applicable legislation and regulations. 2. The e learning module will be updated to ensure that sufficient information is provided prior to testing and that correct answers are provided to incorrect responses. 3. Ownership of the content of the social media e learning model will be agreed between Strategy and Communications and Human Resources.	**Estimated Date: 25/01/2021 Revised Date:** **No of Revisions 0**	David Ure Donna Rodger
146	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer - HSCP	High	Recommendation 1a - Health & Social Care Started	1. Health and Social Care: Given the considerable business support and social worker resources implications, the above recommendations will take time to design, implement and maintain. Business Support is resolving problem appointee arrangements as we go along, however, the backlog of reviews will need a programme management approach to rectify errors and support the governance required. In the meantime, associated risks will be added to the Partnership's risk register to monitor controls and progress on a monthly basis, given its high finding rating. Following the Care Home Assurance Review, the Partnership is developing a self-assurance control framework. Locality Managers have agreed for corporate appointee arrangements to be included in the assurance framework – which if found to be successful and useful, can be mirrored by the other applicable services in this report. Business Support is working on new guidelines for the administration of Corporate Appointeeship (e.g. new procedures, monthly checklists, etc.), which will support the effective delivery of the framework.	**Estimated Date: 28/06/2019 Revised Date: 01/08/2021 No of Revisions 2**	Alison Roarty Angela Ritchie Colin Beck Louise McRae Tony Duncan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
147	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer - HSCP	**High**	2.2. Updating procedures to include an annual review of Corporate Appointee contracts Started	2. New guidelines will be written to ensure clarity of responsibilities. Sections will be included detailing Social Work; Business Support; and Transactions team responsibilities. The objective is to create and implement an end to end process that includes eligibility criteria, DWP processes and a full administrative process that will be applied centrally and across Locality offices; clusters; and hubs.	**Estimated Date: 30/04/2018 Revised Date: 01/08/2021 No of Revisions 2**	Alison Roarty Angela Ritchie Colin Beck Louise McRae Tony Duncan
Page 146 148	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer - HSCP	**High**	Rec. 8 Business Support and Senior Social Worker - refresher training closing and reallocation of client fund accounts Started	8. Refresher training will be offered as part of the implementation of the new guidelines to all staff involved in the process and recorded on staff training records. The training will also be incorporated into the new staff induction process.	**Estimated Date: 31/05/2018 Revised Date: 01/08/2021 No of Revisions 3**	Alison Roarty Angela Ritchie Colin Beck Louise McRae Tony Duncan
149	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer - HSCP	**High**	Rec 1b - Business Support - review of Corporate Appointee processes Started	1. Business Support: Business Support will enable the review of current processes and guidelines in conjunction with Hub and Cluster Managers with sign off at the Locality Managers Forum. Business support will review all Corporate Appointee accounts and contact the relevant social worker, support worker or hub where the funds are over £16K for immediate review. Business support will advise social work when the funds exceed £16K where there is not a valid reason (for example, client deceased and social worker discussing estate with solicitor). Clarity on contact with DWP is being progressed and will be written into the	**Estimated Date: 31/05/2018 Revised Date: 01/08/2021 No of Revisions 2**	Alison Roarty Angela Ritchie Colin Beck Louise McRae Tony Duncan

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
		 		new guidelines. Regular reporting will be introduced from the revised systems being Implemented. This will be provided monthly at Senior Social Work level and annually for H&SC management		
150	Street Lighting and Traffic Signals Street Lighting - Inventory and Maintenance Paul Lawrence, Executive Director of Place and SRO	**Medium**	PL1810 Issue 2: Rec 1 - Street lighting inventory completeness and electrical testing results Started	Rebased as at 30/03/2021Clear processes will be designed, recorded (in the Street Lighting Operational guide), and Implemented to ensure that following completion of wards in the EESLP:- progress with electrical testing is monitored and actioned; and-checks are performed over the completeness and accuracy of all inventory data held on Confirm (e.g. routine sample testing across the wards).Following the completion of further wards in the EESLP, Internal Audit will perform sample testing to ensure the data held on Confirm is accurate and complete, and that electrical testing outcomes are being recorded. IA will also confirm that the inventory checks have been designed and Implemented. It is expected that the EESLP will complete in late 2021, and therefore an implementation date of 31/03/2022 has been agreed with IA.	**Estimated Date: 20/12/2019 Revised Date: 31/03/2022** <mark>**No of Revisions 4**</mark>	Alan Simpson Alison Coburn Claire Duchart Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Lindsey McPhillips Nicole Fraser Robert Mansell Tony Booth
151	Street Lighting and Traffic Signals Street Lighting and Traffic Signals: Process and quality assurance documentation and training Paul Lawrence, Executive Director of Place and SRO	**Low**	PL1810 Issue 3 - Rec 1 Operation and maintenance procedures Started	Street Lighting and Traffic Signals Operational Guides will be developed, Implemented, and reviewed to ensure that processes align with current regulatory requirements. Operational Guides will be Implemented within six months of implementation of the Roads Improvement Plan, or by 30 September 2019, whichever comes first.	**Estimated Date: 30/09/2019 Revised Date: 31/05/2021** <mark>**No of Revisions 4**</mark>	Alan Simpson Alison Coburn Claire Duchart David Givan Gareth Barwell Gavin Brown George Gaunt Lindsey McPhillips Mark Love Nicole Fraser Robert Mansell Tony Booth

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
152	Street Lighting and Traffic Signals

Street Lighting and Traffic Signals: Process and quality assurance documentation and training

Paul Lawrence, Executive Director of Place and SRO | Low | PL1810 Issue 3: Rec 2 - Refresher training for existing employees

Started | An essential Learning Matrix that specifies the refresher training that the team requires to complete on an ongoing basis has been developed and provided to Learning and Organisational Development for their review and feedback, with no response received as yet. The matrix will now be Implemented, and employee training requirements will be assessed (and agreed) as part of the Annual Conversations. | **Estimated Date: 20/12/2019 Revised Date: 30/06/2021 No of Revisions 7** | Alan Simpson Alison Coburn Claire Duchart Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Lindsey McPhillips Mark Love Nicole Fraser Robert Mansell Tony Booth |
| 153 | Street Lighting and Traffic Signals

Traffic Signals: Evidence of pre installation design and acceptance testing

Paul Lawrence, Executive Director of Place and SRO | Low | PL1810 Issue4: Rec 3 - Checklist retention procedures

Started | Processes for the completion and retention of the checklist to be included in appropriate Operational Guide. | **Estimated Date: 31/03/2020 Revised Date: 31/05/2021 No of Revisions 4** | Alan Simpson Alison Coburn Claire Duchart Cliff Hutt David Givan Gareth Barwell Gavin Brown George Gaunt Lindsey McPhillips Mark Love Nicole Fraser Robert Mansell Tony Booth |

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
154	Supplier Management Framework and CIS Payments RES1809 Issue 2: Contracts and Grants Management Strategic Direction Stephen Moir, Executive Director of Resources	**High**	RES1809 Issue 2.2: Contract Management Compliance Reviews Implemented	The C&GM team will design and implement a rolling programme of compliance reviews, focused on the Tier 1 and 2 contracts, this programme to take account of the limited resources in the team, and other ongoing work. The scope of these reviews will, as appropriate, include the recommendations above. Again, this work will be dependent upon active service area engagement and responsiveness, including for service areas to implement identified actions. It is to be noted, however, that the staffing resources in the C&GM team may not be sufficient to include all aspects referred to above, including follow-up and monitoring of implementation.	Estimated Date: 31/12/2020 Revised Date: 01/05/2021 No of Revisions 0	Annette Smith Gavin Brown Hugh Dunn Iain Strachan Layla Smith Michelle Vanhegan Mollie Kerr
155	Supplier Management Framework and CIS Payments RES1809 Issue 1: Contract Management by Directorates and Service Areas Paul Lawrence, Executive Director of Place and SRO	**High**	RES1809 Issue 1.2(3): Supplier management quality assurance - Place Pending	Place This will be incorporated into the Place regular monitoring reports on procurement to provide assurance that risk assessments are happening, especially for tier 1 and 2 contracts and that appropriate action is taken. This will be undertaken in conjunction with the Contracts and Grants Management and Commercial Partner team in procurement to ensure consistency of approach and shared learning.	Estimated Date: 31/03/2021 Revised Date: 01/08/2021 No of Revisions 0	Alison Coburn David Givan Gareth Barwell George Gaunt Karl Chapman Lindsay Robertson Michael Thain

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
156	Supplier Management Framework and CIS Payments RES1809 Issue 1: Contract Management by Directorates and Service Areas Paul Lawrence, Executive Director of Place and SRO	**High**	RES1809 Issue 1.3(3): Contract manager support and guidance - Place Pending	Place This recommendation is accepted, and this will be added as appropriate to the Place mandatory training matrix at the next review.	**Estimated Date: 31/08/2020 Revised Date: 01/01/2021 No of Revisions 0**	Alison Coburn David Givan Gareth Barwell George Gaunt Karl Chapman Lindsay Robertson Michael Thain
157	Supplier Management Framework and CIS Payments RES1809 Issue 1: Contract Management by Directorates and Service Areas Jackie Irvine, Chief Social Work Officer & Head of Safer & Stronger Communities	**High**	RES1809 Issue 1.4(3): Review of contract waivers - C&F Started	Communities and Families Recommendations accepted. We have reduced the need for waivers through the development of framework arrangements and contracts that are in place. However, we will review the waivers currently in place and report this to Communities and Families Directorate Senior Management Team meeting with the Corporate and Procurement Services commercial partner.	**Estimated Date: 27/03/2020 Revised Date: 01/11/2020 No of Revisions 1**	Anna Gray Claire Thompson David Hoy Michelle McMillan Nichola Dadds Nickey Boyle

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
Page 158 151	Supplier Management Framework and CIS Payments RES1809 Issue 2: Contracts and Grants Management Strategic Direction Stephen Moir, Executive Director of Resources	**High**	RES1809 Issue 2.3: Project Governance supporting implementation of the Public Contracts Scotland Tendering technology system Started	This system is already well-established in other public sector partners, and supported by the Scottish Government, and has been identified by Scotland Excel as an appropriate e-solutions system to support contract and supplier management. Training sessions have already been held, including a day session focussed entirely on contract management functionality. All members of the team have had access to the system for a suitable period of time, to allow for learning on a test system and have built up a thorough knowledge of the system's capability to upload contract documentation. The mass upload of contract documentation is a key factor in the successful roll out of the system, and the team continues to get support from contemporary teams in Scottish Government and other public sector partners who have carried this out. Training sessions have been held with a number of contract managers across 4 directorates, focussing on 6 Tier 1 contracts, some with cross-directorate delivery. 40 suppliers have also been involved in the trial to date. The team are continuing to monitor the trial, with regular updates from contract managers and will use all lessons learned to prepare the project plan for full roll out of the system. The C&GM team will design and apply a suitable project management and governance framework to support PCS-T implementation. This will include additional suitable system testing, and training for service area contract managers who would be using the system to store and access contract documentation. As stated above, the team is already also working with public sector partners, to identify best practice to assist the successful roll out the contract management module. Commercial and Procurement Services are already considering the possible adoption of PCS-T as the Council's eProcurement system, bringing an end to	Estimated Date: 31/12/2020 Revised Date: 31/12/2021 No of Revisions 1	Annette Smith Gavin Brown Hugh Dunn Iain Strachan Layla Smith Michelle Vanhegan Mollie Kerr

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
		(red)		end approach to procurement and management of contracts. This work is continuing, and the PCS-T Working Group which has been established within Commercial and Procurement Services will take forward both aspects. If it is decided to adopt PCS-T for the Council's actual procurement processes, and not just contract management, then it is noted that the actual implementation of that would take longer, as there would be a greater direct impact upon other Council services.		
	Unsupported Technology (Shadow IT) and End User Computing CW1914 Issue 1: Digital strategy and governance Stephen Moir, Executive Director of Resources	**Medium**	CW1914 Rec 1.1 - Digital strategy development Started	The Council's digital strategy is currently being refreshed as part of the Adaptation and Renewal Programme and will include consideration of use of both networked and cloud-based systems solutions that are aligned with the Council's strategic and service delivery objectives and applicable security and compliance requirements. A separate cloud strategy will also be prepared as part of the overarching digital strategy that outlines the opportunities and risks associated with ongoing and future use of cloud-based shadow IT systems. The digital strategy will be developed following engagement and consultation with Council directorates; divisions; citizens; and other organisations (where required).	Estimated Date: 31/12/2020 Revised Date: 30/06/2021 No of Revisions 1	Alison Roarty Heather Robb Layla Smith Michelle Vanhegan Nicola Harvey

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Contributors
160	Waste & Cleansing Services - Performance Management Framework PL1807 Issue 1: Waste and Cleansing Performance Management Framework Paul Lawrence, Executive Director of Place and SRO	Low	PL1807 1.3 Waste and Cleansing Policy Started	The Policy Handbook will not be updated to reflect items suitable for inclusion in residual waste bins as it is not updated frequently enough to ensure that this information would be up to date and accurate. A clearer link to the Scottish Government's Code of Practice on Litter and Refuse guidance will be included in all customer communications and on the website.	**Estimated Date: 27/12/2019 Revised Date: 01/11/2020 No of Revisions 1**	Alison Coburn Andy Williams David Givan Gareth Barwell George Gaunt

This page is intentionally left blank

Governance, Risk, and Best Value Committee

10.00am, Tuesday, 8 June 2021

Internal Audit Update Report: 1 February to 30 April 2021

Item number	
Executive/routine	**Executive**
Wards	**All**
Council Commitments	

1. Recommendations

1.1 It is recommended that the Committee:

1.2 retrospectively approves the three urgent changes to the 2020/21 Internal Audit (IA) annual plan in line with the agreed process for approving changes to the Internal Audit annual plan;

1.3 notes the outcomes of completed 2020/21 audits;

1.4 notes progress with delivery of the 2020/21 Internal Audit plan;

1.5 notes progress with delivery of the 2021/22 IA plan;

1.6 notes extended delivery timeframes for completion of seven audits and their potential impact on the 2020/21 IA annual opinion; and,

1.7 notes progress with delivery of IA key priorities and ongoing areas of focus;

Lesley Newdall

Chief Internal Auditor

Legal and Risk Division, Resources Directorate

E-mail: lesley.newdall@edinburgh.gov.uk | Tel: 0131 469 3216

Report

Internal Audit Update Report: 1 February to 30 April 2021

2. Executive Summary

2.1   In response to the Council's changing risk profile, a further three urgent changes have been made to the 2020/21 IA annual plan since the quarterly update provided to the Committee in March 2021. These include two agile consultancy reviews on the pre-implementation design of Covid-19 grant allocation processes, and the addition of a 'findings only' review.

2.2   Two technology related audits that are being delivered with support from PwC have been combined to improve efficiency and reduce costs.

2.3   These changes have increased the number of audits included in the 20210/21 IA annual plan to 47, with 38 of these to be delivered across the Council.

2.4   There has been good progress with delivery of the 2020/21 annual plan, with 43 of the 47 planned audits (93% of the plan) either completed or underway, which includes 35 (92%) of the 38 audits to be completed across the Council.

2.5   Eight audits have now been fully completed across the Council with five reports assessed as 'some improvement required' (amber); and three 'effective' (green).

2.6   A further three agile pre-implementation reviews of the proposed design of Covid-19 grant allocation processes have been completed, with no control design weaknesses identified that would have prevented or delayed their implementation.

2.7   Extended delivery timeframes (July 2021) are proposed for eight audits, reflecting additional time required due to the ongoing impacts of Covid-19. It is likely that these audits will not be completed in sufficient time to support the 2021/22 IA annual opinion that will be presented to the Committee in August 2021, and will instead be included in the 2021/22 annual opinion.

2.8   Delivery of the 2021/22 annual plan approved by Committee in March 2021 has commenced with three audits underway, and three audits currently being planned.

3. Background

2020/21 Internal Audit Annual Plan

3.1 On 29 September 2020, the Committee approved the refreshed 2020/21 IA annual plan that would deliver a total of 45 audits, and also included time for ongoing IA follow-up assurance across the Council.

3.2 The original plan included 36 audits to be delivered across the Council, with nine audits to be completed for arm's length external organisations (ALEOs).

3.3 The plan also includes 11 audits approved by the Committee in July 2020, designed to provide assurance on the design of new and amended processes implemented in response to the Covid-19 pandemic.

3.4 On 8 December 2020, the Committee approved the inclusion of the Edinburgh Tram Network Supplier Arrangements audit, increasing the total number of audits to 46, with 37 of these to be delivered across the Council.

3.5 In March 2021, the Committee noted that the audit of the Development and Implementation of the Council's Carbon Neutral / Climate Change Strategy would be deferred and carried forward into the 2021/22 annual plan, and noted the addition of a review of the design process for Covid-19 Business Support Grants.

2021/22 Internal Audit Annual Plan

3.6 On 23 March 2021, the Committee approved the 2021/22 IA annual plan that would deliver a total of 45 audits (36 across the Council and 9 for ALEOs), and also included time for ongoing IA follow-up assurance.

Internal Audit Reports

3.7 Copies of all completed IA reports are currently provided to Committee Members via the Microsoft Teams Committee channel. Following agreement by the Committee in July 2020, any reports that have either an overall red (Significant Improvement Required) outcome or include any red (High) rated findings are presented to the Committee for scrutiny. Elected Members may also request presentation of other reports provided that do not meet this criteria at Committee.

3.8 All audits performed for the Lothian Pension Fund (LPF) are subject to separate scrutiny by the Pensions Audit Sub-Committee and the Pensions Committee. Progress with delivery of these audits is included in this paper for completeness.

3.9 Similarly, audits performed for the Edinburgh Integration Joint Board (EIJB) are presented to the EIJB Audit and Assurance Committee for scrutiny, with any reports that are relevant to the Council being subsequently referred to the GRBV Committee.

3.10 Audits performed for the Council that are relevant to the EIJB will be recommended for referral to the EIJB Audit and Assurance Committee by the GRBV Committee.

3.11 All audits performed for other arms-length external organisations are reported to the relevant management teams and audit and risk committees of those organisations as appropriate.

Agile Auditing and Consultancy Support

3.12 Public Sector Internal Audit Standards (PSIAS) permits IA to provide consulting services, providing that the scope is agreed with the client, that they add value and improve an organisation's governance, risk management, and control processes without the internal auditor assuming management responsibility (refer 2220.A2).

3.13 The PSIAS also notes that the results of consulting engagements will vary in form and content depending upon the nature of the engagement and the needs of the client.

3.14 The PSIAS also specifies that details of any consulting services must be included in the annual plan and included in their evaluation of the organisation's control processes.

3.15 A paper on Agile Auditing and Consultancy Support was presented to the Committee in July 2020 that detailed IA's methodology and approach supporting delivery of consulting services across the Council, and confirmed that it was compliance with PSIAS requirements.

4.   Main report

2020/21 Plan delivery progress

4.1 Reflecting the Council's changing risk profile, retrospective Committee approval is required for the following three urgent additional audits that have been added to the 2020/21 annual plan:

4.1.1 Salary Overpayments - this findings only review was added to the plan following completion of the 2019/20 Employee Lifecycle Data and Compensation and Benefits Processes that highlighted some potential challenges with salary overpayments.

4.1.2 Two agile pre-implementation reviews of the proposed design of Covid-19 grant allocation processes. These were:

- Taxi and Private Hire Driver Support Fund; and,
- Discretionary Business Grants.

4.2 Inclusion of the changes noted above, and the combination of a further two technology reviews has increased the number of 2020/21 audits to be completed to 47, with 38 of these to be delivered across the Council. Full details of changes to the approved 2020/ 21 IA annual plan are included at Appendix 1.

4.3 Of the 47 audits to be completed:

- 12 are now finalised – this includes one EIJB audit, and the three pre-implementation reviews of the design of Covid-19 grant allocation processes;
- 11 draft reports are with management for review and approval;
- 6 draft reports are currently being prepared by IA;

- 9 audits are in progress;

- 5 audits are currently being planned; and

- 4 are not yet started.

4.4   Further detail is included at Appendix 2.

Completed Audits

4.5   Eleven audits have now been completed across the Council (including three agile pre-implementation reviews of the proposed design of Covid-19 grant allocation processes), and one audit has been completed for the EIJB,

4.6   No significant process control design weaknesses were identified from the three Covid-19 grant allocation process design reviews that would have impacted or delayed their implementation. Whilst no final IA reports were produced, IA advice on areas where controls could potentially be improved was provided to management for consideration. A further review that will assess the effectiveness of all Covid-19 grant funding processes has been included in the approved 2021/22 IA annual plan.

4.7   Of the remaining eight completed audits where reports were produced, five were assessed as 'some improvement required' (amber), and three 'effective' (green).

Extended Delivery Timeframes

4.8   Completion dates for the following eight audits have been extended to July 2021, reflecting the ongoing impacts of Covid-19. It is likely that these audits will not be completed in sufficient time to support the 2021/22 IA annual opinion that will be presented to the Committee in August 2021, and will instead be included in the 2021/22 annual opinion.

- Parking and Traffic Regulations;

- Management of waiting lists and assessments;

- Fraud and Serious Organised Crime;

- Direct Access and Mobile Device Management (PwC);

- Council Tax and Business Rates;

- Active Travel Project Management and Delivery;

- Adaptation and Renewal Programme Governance; and,

- Development of the Council's Technology Strategy Parking and Traffic Regulations.

2021/22 Plan delivery progress

4.9   Of the 36 audits to be delivered across the Council during 2021/22

- 3 are in progress; and,

- 3 are currently being planned.

4.10   Further detail is included at Appendix 3.

Progress with Internal Audit key priorities

4.11 Progress with IA key priorities and ongoing areas of focus is detailed below:

4.11.1 An internal quality review of the IA follow-up process is in progress and will be concluded to support the 2020/21 annual opinion;

4.11.2 Procurement of a new IA co-source provider is in progress, with the aim of appointing the successful provider by 30 July 2021. The existing PwC contract has been extended to 30 July 2021 to support completion of audits with extended timeframes due to the ongoing impacts of Covid-19, and ensure an effective handover (if required) to the new provider;

4.11.3 Publishing new IA pages on the refreshed intranet (the Orb) in alignment with the refresh of Corporate Risk Management pages;

4.11.4 The Institute of Internal Auditors (IIA) has been engaged support completion of an external IA quality assessment 2021/22 in line with Public Sector Internal Audit Standards (PSIAS) requirements commencing January 2022; and

4.11.5 Specification and procurement of a new IA system as the current system will be out of support in circa 18 months. It is hoped that a combined Internal Audit and Risk Management system can be procured and implemented.

5. Next Steps

5.1 IA will continue to monitor progress with plan delivery and the other activities noted in this report.

6. Financial impact

6.1 There are no financial impacts directly arising from this report.

7. Stakeholder/Community Impact

7.1 If Internal Audit cannot deliver the agreed annual plan, it will be unable to provide assurance regarding how effectively the Council is managing its most significant risks.

8. Background reading/external references

8.1 Approved IA 2020/21 annual plan September 2020 - item 8.1

8.2 Process for approving changes to the Internal Audit annual plan – August 2018 – item 7.9

8.3 Approved IA 2021/22 annual plan March 2021 – item 8.3

8.4 Public Sector Internal Audit Standards

9.   Appendices

9.1   Appendix 1   Summary of 2020/21 IA Annual Plan Changes

9.2   Appendix 2   Summary of 2020/21 IA Plan Delivery Progress

9.3   Appendix 3   Summary of 2021/22 IA Plan Delivery Progress

Appendix 1 – Summary of 2020/21 IA Annual Plan Changes

2020/21 IA annual plan changes	Council	ALEOs	Total
Audits included in original plan approved in September 2020	36	9	45
Audits added to the plan • Edinburgh Tram Network Supplier Arrangements (approved Dec 20) • Covid-19 Taxi and Private Hire Support Fund design review (February 21) • Discretionary Grants design review (February 21) • Salary Overpayments – findings only review (February 21)	4	-	4
Audits combined / removed from the plan • Corporate and Learning and Teaching Technology Network Management reviews (combined) • Development and Implementation of the Council's Carbon Neutral / Climate Change Strategy – removed and included in 2021/22 plan (approved March 2020)	(2)	-	(2)
Total audits remaining in 2020/21 IA annual plan	38	9	47

Appendix 2 – Summary of 2020/21 IA Plan Delivery Progress as at 30 April 2021

Completed Audits		Report Rating	Available for Committee
1.	Covid-19 Newly Self-Employed Grant Application Process	**Effective**	March 2021
2.	Covid-19 Purchase and allocation of Personal Protective Equipment (PPE)	**Effective**	
3.	Covid-19 Allocation of estimated Scottish Qualifications Authority (SQA) grades	**Some improvement required**	
4.	Covid-19 Health and Social Care Command Centre	**Some improvement required**	
5.	Covid-19 Workforce Management during Covid-19	**Some improvement required**	
6.	Payroll – 2019/20 Employee Lifecycle Data and Compensation and Benefits Processes	**Effective**	
7.	*Digital Services Change Implementation	**Some Improvement Required**	
8.	Registrations and Bereavement Services	**Some Improvement Required**	May 2021
9.	**EIJB Capital and Workforce Planning	Reported to the January EIJB Audit and Assurance Committee	
10.	Covid-19 Support for Business Grants – pre-implementation review of the design of the new process.	No significant control design weaknesses were identified that would have impacted implementation of the new process. IA advice on areas where controls could potentially be improved was provided to management for consideration, and no audit reports were prepared.	
11.	^Covid-19 – Taxi and Private Hire Driver Support Fund - pre-implementation review of the design of the new process		
12.	^Covid-19 – Discretionary Business Grants - pre-implementation review of the design of the new process		
Total completed audit / consultancy reviews		**12**	
Draft Reports Issued to Management		**Expected Completion**	
13.	Covid-19 Spaces for People	May 2021	
14.	Covid-19 Supplier Relief		
15.	Covid-19 Employee Testing		
16.	Covid-19 Data and Scottish Government Returns		
17.	Covid-19 Shielding and Vulnerable People		
18.	Covid-19 Lessons Learned		
19.	**Lothian Pension Fund – Bulk Transfers (PwC)		
20.	Public and Private Partnership and Design, Build, Finance, and Maintain Schools - Contract Management (PwC)		
21.	^ Edinburgh Tram Network Infra-company Supplier Management Arrangements		

22.	*Technology Resilience (PwC)	
23.	^ Salary Overpayments - findings only review – additional to plan	
Total draft reports issued to management		**11**
Draft Reports Being Prepared		**Expected Completion**
24.	Physical Distancing and Employee Protection	
25.	**Royal Edinburgh Military Tattoo - Data Protection Review	
26.	**SEStran - Covid-19 Resilience Arrangements	May 2021
27.	Arm's Length External Organisations (ALEOs) (PwC)	
28.	Chief Social Work Officer's Assurance and Annual Report	
29.	*Corporate and Learning and Teaching Network Management (two separate reviews combined)	
Total reports being prepared		**6**
Audits in progress		**Expected Completion**
30.	Health and Safety - Managing Aggressive and Violent Behaviour	
31.	**EIJB Management Information	May 2021
32.	**EIJB Financial Management	
33.	Parking and Traffic Regulations	
34.	GRBV Committee Effectiveness review	
35.	Health and Safety - Implementation of asbestos recommendations (PwC)	June 2021
36.	**Lothian Pension Fund – Employee Cessation Strategies, Valuations, and Exit Calculations (PwC)	
37.	Tram to Newhaven	Ongoing agile audit
38.	Enterprise Resource Planning (ERP)	Ongoing agile audit
Total reviews in progress		**9**
Audits currently being planned		**Expected Completion**
39.	**Lothian Valuation Joint Board	
40.	Management of waiting lists and assessments	June 2021
41.	Fraud and Serious Organised Crime (including Physical Security controls)	
42.	*Direct Access and Mobile Device Management (PwC)	July 2021
43.	Council Tax and Business Rates	
Total reviews at planning stage		**5**
Audits not yet started		**Expected Completion**
44.	Active Travel – Project Management and Delivery	July 2021
45.	Adaptation and Renewal Programme Governance	

46.	Development of the Council's Technology Strategy	
47.	**Lothian Pension Fund - Technology Model Development	
Total reviews not yet started		**4**

* reviews where support is required from CGI

** reviews performed for Arm's Length External Organisations

^ additions to the plan

Appendix 3 – Summary of 2021/22 IA Plan Delivery Progress as at 30 April 2021

Audits in progress		Expected Completion
1.	Elections in Covid Environment	May 2021
2.	Tram to Newhaven	Ongoing agile audit
3.	Enterprise Resource Planning (ERP)	Ongoing agile audit
Total reviews in progress		**3**
Audits currently being planned		**Expected Completion**
4.	Employee Lifecycle and Data management	August 2021
5.	Planning and Performance Framework (agile design review)	July 2021
6.	Scottish Local Government Living Wage	July 2021
Total reviews at planning stage		**3**

Governance, Risk and Best Value Committee

10:00am, Tuesday, 8 June 2021

Deep Dive into 30 Internal Audit Overdue Findings More Than One Year Old as at 30 April 2021

Item number	
Executive/routine	Executive
Wards	
Council Commitments	

1. Recommendations

1.1 It is recommended that the Committee notes:

1.1.1 the current status of the Internal Audit (IA) overdue findings reported to the March Committee that were more than one year old as at 10 February 2021; and

1.1.2 actions proposed to close these findings.

Andrew Kerr

Chief Executive

E-mail: andrew.kerr@edinburgh.gov.uk | Tel: 0131 469 3002

Deep Dive into 30 Internal Audit Findings More Than One Year Old as at 30 April 2021

2.   Executive Summary

2.1   There has been some progress towards closure of the 30 open IA findings that were more than one year overdue as at the10 February 2021 position reported to the Committee in March 2021, with 7 findings closed, and a balance of 23 still requiring to be addressed.

2.2   Of the remaining 23 findings still to be addressed, 5 have now been proposed for closure by management and are currently being reviewed by IA.

2.3   It is recognised that further action is required to ensure that all overdue IA findings are addressed, and that open and future IA findings are effectively implemented by management within agreed timeframes.

2.4   Consequently, the temporary capacity reallocated across directorates in November 2020 to prioritise focus on closure of IA findings in will remain in place until the Council's new governance and assurance model is implemented following completion of the planned senior management restructure.

2.5   A key objective of the refreshed governance and assurance model is to ensure that first line divisions and directorates are supported by teams with sufficient capacity and appropriate skills to provide proportionate ongoing focus on governance; risk management; and controls across all Council service areas and activities.

3.   Background

Quarterly IA Reporting

3.1   Overdue findings arising from IA reports are reported monthly to the Corporate Leadership Team (CLT) and quarterly to the GRBV Committee.

3.2   This report specifically excludes open and overdue findings that relate to the Edinburgh Integration Joint Board (EIJB) and the Lothian Pension Fund (LPF). These are reported separately to the EIJB Audit and Assurance Committee and the Pensions Audit Sub-Committee respectively.

GRBV Committee Request

3.3   The Committee reviewed the latest quarterly IA Overdue Findings report in March 2021. The report confirmed that (as at 10 February 2021) there were 155 open IA

findings across the Council. Of these 68 (59%) were reported as overdue, with 30 of the overdue findings (44%) more than one year overdue.

3.4   Following review of the report, the Committee agreed that details of the 30 outstanding IA actions that were more than one year old (as at 10 February 2021) would return to GRBV for further scrutiny.

Process Applied

3.5   Directorates were requested to provide an update on progress towards closure of these 30 findings.

3.6   Directorate responses were combined with IA feedback to provide a combined progress update which is included at Appendix 1.

IA Methodology and Definitions

3.7   The following definitions from IA methodology have been included to support understanding of the descriptions included in this report:

3.7.1   Findings raised by IA in audit reports typically include more than one agreed management action to address the risks identified. IA methodology requires all agreed management actions to be closed in order to close the finding.

3.7.2   The IA definition of an overdue finding is any finding where all agreed management actions have not been evidenced as implemented by management and validated as closed by IA by the date agreed by management and IA and recorded in relevant IA reports.

3.7.3   The IA definition of an overdue management action is any agreed management action supporting an open IA finding that is either open or overdue, where the individual action has not been evidenced as implemented by management and validated as closed by IA by the agreed date.

3.7.4   Where management considers that actions are complete and sufficient evidence is available to support IA review and confirm closure, the action is marked as 'implemented' by management on the IA follow-up system. When IA has reviewed the evidence provided, the management action will either be 'closed' or will remain open and returned to the relevant owner with supporting rationale provided to explain what further evidence is required to enable closure.

3.7.5   A 'started' status recorded by management confirms that the agreed management action remains open and that implementation progress ongoing.

3.7.6   A 'pending' status recorded by management confirms that the agreed management action remains open with no implementation progress evident to date.

4.   Main report

4.1   Some progress towards closure of the 30 IA findings that were more than one year overdue is evident with 7 findings closed, with the balance of 23 still to be addressed.

4.2   Of the remaining 23 findings to be addressed, 5 have been proposed for closure by management and are currently being reviewed by IA.

4.3   Revised implementation dates for the remaining 23 findings have been provided by management (where required).

4.4   Further detail on findings now closed and remaining findings to be addressed is included below and also at Appendix 1, which includes combined management and IA updates on progress towards closure.

Findings Now Closed

4.5   Of the 7 findings that have been closed:

4.5.1   One High rated finding in relation to certifications and software licences has been closed as the risk has been fully accepted by Resources Directorate management.

4.5.2   Two Low rated Health and Social Care Partnership (ATEC 24) findings have been closed based on partial risk acceptance.

4.5.3   Four Medium rated Property and Facilities Management findings have been closed based on review of the design of operational property repairs and maintenance processes. Limited testing was performed given the significant ongoing Covid-19 impacts in this service. IA plans to include these processes in a subsequent validation review to confirm that controls have been implemented and sustained.

4.6   Further details of the risks accepted by management to support closure of findings are included in the

Remaining Findings to be Addressed

4.7   Of the 23 remaining findings to be addressed:

4.7.1   Eight findings that were proposed for closure by management (implemented) as at 10 February 2021 were subsequently reopened by IA as further evidence was required to support their closure.

4.7.2   Five findings have now been proposed for closure by management and are currently being reviewed by IA.

4.7.3   There are three open findings where progress towards closure is evident as associated management actions have either been closed, or closure has been requested by management.

4.7.4   There has been limited progress with the remaining seven open findings since 10 February 2021. Management has provided details of the challenges involved in implementing the actions associated with these findings at Appendix 1.

5.   Next Steps

5.1   IA will continue to monitor the open and overdues findings position, providing monthly updates to the CLT and quarterly updates to the Governance, Risk and Best Value Committee.

6.   Financial impact

6.1   There are no direct financial impacts arising from this report, although failure to close findings and address the associated risks in a timely manner may have some inherent financial impact.

7.   Stakeholder/Community Impact

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

8.   Background reading/external references

8.1   [Internal Audit: Overdue Findings and Key Performance Indicators at 10 February 2021 – Paper 8.1](#)

9.   Appendices

9.1   Appendix 1 – Analysis of 30 IA Overdue Findings More Than One Year Old

Appendix 1 – Analysis of 30 IA Overdue Findings More Than One Year Old

Ref.	Issue Code	Project Name	Rating	Issue Title	Directorate	Management Action Title	Status 10/02/21 March GRBV	Estimated Implement Date	Current Status	No Date Revisions (excl Covid)	Revised Date	Latest Update
												Status as at 29 April 2021
1	CW1702ISS.1	Resilience / Business Continuity	High	Resilience responsibilities	Health and Social Care	Rec 3.3 H&SC - Defining and allocating operational resilience duties	Started	20/12/2018	Started	6	30/06/2021	**HSCP update** - The Partnership required to develop resilience plans (including roles and responsibilities) taking into account the approach undertaken by partners (NHS Lothian and CEC) to ensure alignment and it has been a complex process to develop a Partnership approach to resilience. The Council approach to resilience was also reviewed with all resilience actions rebased which has had an impact on the revision of implementation dates. The management action will be completed by the end of June 21 in line with the revised implementation date.
						Rec 4.3 H&SC - Objectives for operational Resilience responsibilities	Started	31/07/2019	Started	2	30/06/2021	
2	CW1801ISS.2	Historic Unimplemented Findings	Medium	MIS1601 - issue 1 Budgetary Impact	Resources	1 - Budgetary Impact	Implemented	31/03/2017	Closed	0	29/06/2018	Closed 17/03/21 based on review of design of the process reflecting ongoing Covid pressures on P&FM team.
3	CW1803ISS.4	Payments and Charges	Medium	CW1803 Payments and Charges Issue 4: Processing and recording Licensing Fees	Place	4.1 - Procedures supporting processing and recording licencing fees	Started	20/12/2019	Started	0	01/05/2020	**Place Update -** Discussion with Internal Audit colleagues planned for early May 2021 to discuss this outstanding action. It is hoped to agree an approach and evidence which can be implemented in order to close this outstanding action.
						4.2 - Quality checking	Started	20/12/2019	Closed	0	01/05/2020	Closed 26/04/21
4	CW1806ISS.2	Emergency Prioritisation & Complaints	Low	CW1806 Issue 2: ATEC 24 Customer Engagement	Health and Social Care	2.1(1): ATEC 24 Customer Feedback - Implementation of Process	Implemented	31/01/2020	Closed	2	01/02/2021	Closed 12/03/21 with partial risk acceptance
					Health and Social Care	2.1(2): ATEC 24 Customer Feedback - Tracking and Communication	Implemented	31/01/2020	Closed	2	01/02/2021	Closed 12/03/21 with partial risk acceptance
5	HSC1701ISS.1	H&SC Care Homes - Corporate Report	Medium	A1.1: Care Homes Self Assurance Framework	Health and Social Care	A1.1: Care Homes Self Assurance Framework	Started	30/06/2019	Implemented	1	01/05/2021	**HSCP update** - Proposed for closure 25/04/21 and awaiting verification by IA. The Care Home IA made several recommendations covering a range of operational processes. Due to the complexities and collaboration needed with other Council teams (Business Support), to implement the improvements required, it has taken longer than anticipated to implement the recommendations in line with the initial implementation date, however the work has now been completed and implemented by the revised implementation date.
6	HSC1701ISS.12	H&SC Care Homes - Corporate Report	Medium	A3.1: Training	Health and Social Care	A3.1(1) Manager review of training	Started	30/06/2019	Implemented	3	01/05/2021	**HSCP update** - Proposed for closure 16/04/21 and awaiting verification by IA. The Care Home IA made several recommendations covering a range of operational processes. Due to the complexities and collaboration needed with other Council teams (Business Support), to implement the improvements required, it has taken longer than anticipated to implement the recommendations in line with the initial implementation date, however the work has now been completed and implemented by the revised implementation date.
7	HSC1701ISS.14	H&SC Care Homes - Corporate Report	Medium	A3.3: Performance & Attendance Management	Health and Social Care	A3.3(2) Health & Social Care Teams - 6 monthly and annual performance conversations	Started	30/06/2018	Implemented	5	01/05/2021	**HSCP update** - Proposed for closure 16/04/21 and awaiting verification by IA. The Care Home IA made several recommendations covering a range of operational processes. Due to the complexities and collaboration with other Council teams (Business Support), to implement the improvements required, it has taken longer than anticipated to implement the recommendations in line with the initial implementation date, however the work has now been completed and implemented by the revised implementation date.
						A3.3(4) Health & Social Care Teams - quarterly review of absence and performance management	Started	30/06/2018	Implemented	3	01/05/2021	**HSCP update** - Proposed for closure 25/04/21 and awaiting verification by IA. The Care Home IA made several recommendations covering a range of operational processes. Due to the complexities and collaboration needed with other Council teams (Business Support), to implement the improvements required, it has taken longer than anticipated to implement the recommendations in line with the initial implementation date, however the work has now been completed and implemented by the revised implementation date.
8	HSC1701ISS.15	H&SC Care Homes - Corporate Report	Medium	A3.4: Agency Staffing	Health and Social Care	A3.4(2) Analysis of the agency staff and hours worked charges	Started	31/03/2018	Implemented	4	01/05/2021	**HSCP update** - Proposed for closure 25/04/21 and awaiting verification by IA. The Care Home IA made several recommendations covering a range of operational processes. Due to the complexities and collaboration needed with other Council teams (Business Support), to implement the improvements required, it has taken longer than anticipated to implement the recommendations in line with the initial implementation date, however the work has now been completed and implemented by the revised implementation date.
9	HSC1701ISS.16	H&SC Care Homes - Corporate Report	Medium	A3.5: Adequacy of Resources	Health and Social Care	A3.5(1) Care Inspectorate Dependency Assessments requirements	Started	31/01/2019	Implemented	5	01/05/2021	**HSCP update** - Proposed for closure 25/04/21 and awaiting verification by IA. The Care Home IA made several recommendations covering a range of operational processes. Due to the complexities and collaboration needed with other Council teams (Business Support), to implement the improvements required, it has taken longer than anticipated to implement the recommendations in line with the initial implementation date, however the work has now been completed and implemented by the revised implementation date.
10	HSC1701ISS.7	H&SC Care Homes Corporate Report	Medium	A2.3: Welfare Fund and Outings Funds	Health and Social Care	A2.3(2) Establishment of welfare fund committees	Started	31/07/2018	Implemented	5	01/05/2021	**HSCP update** - Proposed for closure 16/04/21 and awaiting verification by IA. The Care Home IA made several recommendations covering a range of operational processes. Due to the complexities and collaboration needed with other Council teams (Business Support), to implement the improvements required, it has taken longer than anticipated to implement the recommendations in line with the initial implementation date, however the work has now been completed and implemented by the revised implementation date.

Appendix 1 – Analysis of 30 IA Overdue Findings More Than One Year Old

Ref.	Issue Code	Project Name	Rating	Issue Title	Directorate	Management Action Title	Status 10/02/21 March GRBV	Estimated Implement Date	Current Status	No Date Revisions (excl Covid)	Revised Date	Latest Update
						A2.3(3) Production of annual accounts and review by welfare fund committee	Started	31/07/2018	Started	4	01/05/2021	**HSCP update** - The Care Home IA made several recommendations covering a range of operational processes. Due to the complexities and collaboration needed with other Council teams (Business Support), to implement the improvements required, it has taken longer than anticipated to implement the recommendations in line with the initial implementation date, however the work has now been completed and implemented by the revised implementation date.
11	HSC1714ISS.2	Social Work Centre Bank Account Reconciliations	High	Corporate Appointee Client Fund Management	Health and Social Care	1a - Health & Social Care	Started	28/06/2019	Started	2	01/08/2021	**HSCP update** - the work arising from this Internal Audit report required a range of complex actions to be completed, including a revised Corporate Appointee policy. It was also recognised that a new system to manage the Corporate Appointee system was needed. The extension to August 2021 was requested to allow for the procurement of a new system. The Corporate Appointee policy has now been developed and agreed, the training programme has being developed. The MA will be implemented in line with date..
						2.2. Updating procedures to include an annual review of Corporate Appointee contracts	Started	30/04/2018	Started	2	01/08/2021	
						2.8. Business Support and Senior Social Worker - refresher training closing and reallocation of client fund accounts+G17	Started	31/05/2018	Started	3	01/08/2021	
						1b - Business Support - review of Corporate Appointee processes	Started	31/05/2018	Started	2	01/08/2021	
12	HSC1715ISS.1	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management	High	Risk and Supplier Performance Management	Health and Social Care	1.1 - Risk Management	Implemented	30/03/2018	Started	4	01/03/2021	**HSCP Update** - There were 8 management actions arising from this Internal Audit and significant and complex programme of work was required to implement associated and related to developing a contract management framework in collaboration with contract providers, a risk register, records management. Five actions have been closed and verified and two were initially closed in line with the implementation date (28/01/21) and IA advised (02/02/21) they require further evidence to support closure. The Partnership are in the process of sourcing and providing the additional evidence requested.
13	HSC1715ISS.2	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management	Medium	Key Person Dependency and Process Documentation	Health and Social Care	2.5 - Records Management Policy	Implemented	30/03/2018	Started	5	01/02/2021	**HSCP Update** - There were 8 management actions arising from this Internal Audit and significant and complex programme of work was required to implement associated and related to developing a contract management framework in collaboration with contract providers, a risk register, records management. Five actions have been closed and verified and two were initially closed in line with the implementation date (28/01/21) and IA advised (08/02/21) they require further evidence to support closure. The Partnership are in the process of sourcing and providing the additional evidence requested.
14	MIS1601aISS.2	Non Housing Invoices	Medium	Schedule of Rates	Resources	New non-housing contractor framework	Implemented	31/08/2017	Closed	2	31/03/2019	Closed 27/04/21 based on review of design of the process reflecting ongoing Covid pressures on P&FM team.
15	MIS1601aISS.3	Non Housing Invoices	Medium	Availability of documentation	Resources	CAFM	Implemented	01/04/2017	Closed	1	31/08/2018	Closed 17/03/21 based on review of design of the process reflecting ongoing Covid pressures on P&FM team.
16	PL1705ISS.2	Local Development Plan	High	Financial Modelling	Place	Funding	Implemented	31/03/2018	Started	3	30/06/2021	**Place Update** - Action implemented on 01/10/2020. Internal Audit have indicated (17/2/21) that they have been unable to access some of the evidence provided so the service are now working on this.
17	PL1705ISS.3	Local Development Plan	Medium	Governance arrangements over infrastructure appraisals	Place	Infrastructure Governance arrangements	Implemented	31/03/2018	Started	3	30/06/2021	**Place Update** - Previously implemented 1/10/20, but the action has been reopened following feedback from Internal Audit (07/02/21) that further evidence is required to close this action. The service are now working on this.
18	PL1803ISS.4	HMO Licensing	Medium	PL1803 Issue 3 - Operational Performance and Reporting	Place	3.6 - HMO Key Performance Indicators and Performance Reporting	Implemented	31/01/2020	Started	0	01/06/2020	**Place Update -** Action implemented on 16/12/2020 by service area however additional information was requested by IA to close this action on 22/12/20 to close this action, and has not yet been provided. A meeting with Internal Audit is scheduled for 11 May 2021 to discuss this, and a revised implementation date will be agreed as part of that discussion.
19	PL1807ISS.2	Waste & Cleansing Services - Performance Management Framework	Low	PL1807 Issue 1: Waste and Cleansing Performance Management Framework	Place	1.3 - Waste and Cleansing Policy	Implemented	27/12/2019	Started	2	30/06/2021	**Place Update -** Action implemented on 27/10/2020. IA provided feedback on 10/11/20 November requesting further information and then rejected closure on 08/04/21. No further updates were provided, so closure was rejected by IA on 25/3/21. It is intended to propose risk acceptance for the outstanding element of this management action as the evidence requested does not exist.
20	PL1810ISS.2	Street Lighting and Traffic Signals	Medium	Street Lighting - Inventory and Maintenance	Place	2.1 - Street lighting inventory completeness and electrical testing results	Implemented	20/12/2019	Started	4	31/03/2022	**Place Update** - The implementation date for this action has been revised to reflect that this action is connected to the roll-out of the Energy Efficient Street Lighting Programme which will complete in late 2021. To complete the implementation and then assess the implementation of this management action, March 2022 has been considered the appropriate timescale for completing this action.
						2.2 - Street Lighting Inventory Checks	Implemented	20/12/2019	Action closed and included in rebased action above.	3	N/A	This action has now been closed and will be included in the rebased action above.

Appendix 1 – Analysis of 30 IA Overdue Findings More Than One Year Old

Ref.	Issue Code	Project Name	Rating	Issue Title	Directorate	Management Action Title	Status 10/02/21 March GRBV	Estimated Implement Date	Current Status	No Date Revisions (excl Covid)	Revised Date	Latest Update
21	PL1810ISS.3	Street Lighting and Traffic Signals	Low	Street Lighting and Traffic Signals: Process and quality assurance documentation and training	Place	3.1 - Operation and maintenance procedures	Started	30/09/2019	Started	4	31/05/2021	**Place Update** - The new service structure for Roads and Transport Infrastructure was implemented in August 2020. Since then arrangements have been made to put procedures in place for operations and maintenance however this will not be complete until the end of May 2021.
						3.2 - Refresher training for existing employees	Started	20/12/2019	Started	7	30/06/2021	**Place Update** - the implementation of this action is being progressed as part of the annual conversations taking place at present. These will be completed by the end of June 2021.
22	RES1615ISS.4	Property Maintenance	Medium	Monitoring of outstanding jobs	Resources	Monitoring of outstanding jobs	Implemented	31/12/2017	Closed	3	31/05/2019	Closed 27/04/21 based on review of design of the process reflecting ongoing Covid pressures on P&FM team.
23	RES1710ISS.5	Drivers	Medium	Management and use of Driver Permits and fuel FOB cards	Place	4. Management and use of Driver Permits and Fuel FOB cards	Implemented	01/02/2019	Started	4	31/08/2021	**Place Update** - There has been an issue with data being received which is in the process of being rectified. Once resolved, Fleet will work with Internal Audit to provide the evidence required to close this action. Implementation date revised from 01/03/2021 to 31/08/2021 to resolve.
24	RES1710ISS.8	Drivers	Medium	Recording and addressing driving incidents	Place	3. Recording and addressing driving incidents	Implemented	01/02/2019	Started	3	31/10/2021	**Place Update** - Originally implemented 21/12/2020. IA requested additional evidence 12/02/21 and met with the service to discuss 24/02/21. Action re-set to 'started' 16/03/21. Additional reports are being prepared for circulation and will be shared with Internal Audit. Implementation date changed to 31/10/2021 to allow two quarterly reports to be circulated and analysed.
						Recording and addressing driving incidents	Implemented	01/10/2019	Started	2	31/07/2021	**Place Update -** Evidence submitted on 02/12/2020, and additional clarification requested by IA 10/02/21. Action reset to 'started' 26/04/21. Further discussion required with Internal Audit on the final outcome.
						2. Recording and addressing driving incidents	Started	01/04/2019	Started	3	30/06/2021	**Place Update** - Revised implementation date to enable analysis of findings to be shared with Head of Service.
25	RES1712ISS.8	Asset Management Strategy	Medium	Issue 1 : Visibility and Security of Shared Council Property	Resources	Review of existing shared property	Started	31/10/2018	Started	3	01/03/2026	**Resources Directorate Update** - the project plan has been updated to reflect the new audit action agreed with IA which relates solely to offices within the Operational Estate. An appropriate legal agreement for office sharing is nearing finalisation which will be ready for use when needed. However, It is not possible to progress any further at this time since our offices are largely closed due to Covid 19. The Council is currently considering its office accommodation strategy under the Adaptation and Renewal Service Operations Working Group and it is not yet known whether the groups in occupation prior to the closure will want to return to the same space nor whether we will be able to accommodate them.
26	RES1805ISS.1	Certifications and Software Licenses	Medium	RES1805 Licenses and Certificates: Issue 1 - Governance and Oversight	Resources	CDS 1.1 Council - Governance and Oversight of Certificates and Licenses	Started	31/01/2020	Closed	2	01/11/2020	Closed 07/04/21
						CDS 1.2 CGI - Reporting and monitoring - Licenses and Certificates	Started	31/01/2020	Closed	2	01/11/2020	Closed 07/04/21
27	RES1805ISS.2	Certifications and Software Licenses	High	RES1805 Licenses and Certifications: Issue 2 - Ongoing management	Resources	CDS 2.1 Completeness and accuracy of license inventory reports	Started	31/01/2020	Closed	2	01/11/2020	Closed 02/03/21 - risk accepted
28	RES1807ISS.1	Out of Support Technology and Public Sector Network Accreditation	Low	RES1807 - Issue 1: Public Services Network governance framework	Resources	1.1 Public Services Network governance arrangements	Started	31/01/2020	Started	2	30/06/2021	**Resources Directorate Update** - PSN Accreditation was achieved in December 2019 and, following a Cabinet Office delay in evaluation, achieved again in March 2021. This action has been completed for changes to the Governance and evidence review of security issues between the Council and CGI. The remaining sub-action relates to the appropriate recording of PSN risks, including the risks which may come from not achieving PSN, across CGI, Digital Services and the Cyber and Information Security Steering Group risk registers. This was proposed for closure 19/3/21, with further information requested by IA 8/4/21. Digital Services is working with both CGI and our internal risk team to ensure that these are satisfactorily reflected.
						4.1 - User access controls	Implemented	31/05/2019	Closed	0	01/10/2019	Closed 02/03/21

Appendix 1 – Analysis of 30 IA Overdue Findings More Than One Year Old

Ref.	Issue Code	Project Name	Rating	Issue Title	Directorate	Management Action Title	Status 10/02/21 March GRBV	Estimated Implement Date	Current Status	No Date Revisions (excl Covid)	Revised Date	Latest Update
29	RES1808ISS.1	Cyber Security - Public Sector Action Plan	Medium	RES1808: Issue 1: Critical Operational Cyber Security Controls	Resources	1.2 - Cyber Essentials Accreditation	Started	30/09/2019	Started	2	01/05/2021	This action was proposed for closure based on risk acceptance 14/04/21. IA recommended 27/04/21 that the risk acceptance proposal should be reconsidered. **Resources Directorate Update** - Implementation of this action required complex scanning across the Corporate, Learning and Teaching and People's Networks. Scanning was implemented across the Corporate network in September 2019 with the first report issued in October 2019. Cyber Essentials plus accreditation was achieved in September 2020, following a COVID related delay, due to buildings access being a requirement for the assessment. Vulnerability Scanning was implemented in both Learning and Teaching and People's Networks in October 2020. The request to provide evidence of a vulnerability from identification to rectification through this process is outstanding and is quite complex. As a consequence, the implementation date will require to be extended. As a consequence, a request for an extension to the implementation date will now need to be considered.
30	RES1813ISS.5	Asset Management Strategy and CAFM system 18/19	High	RES1813 Asset Management Strategy and CAFM: Issue 3 - Property and Facilities Management Data Completeness; Accuracy; and Quality	Resources	3.1 Ensuring Data Completeness, Accuracy, and Quality	Started	31/03/2016	Started	1	01/08/2022	Risk acceptance proposed 03/08/20. IA recommended in November 2020 that the risk acceptance proposal should be reconsidered. **Resources Directorate Update** - The Asset Management Information Systems (AMIS) programme and team were established in April 2020 with a 27-month programme to look at resolving the data management issues within Property and FM, building upon the original deployment of CAFM. Both of these actions have a 'long' implementation date as they originated from a historical audit which had a completion/due date of 31/03/2016. That means on the date that the AMIS programme started these two management actions were already significantly overdue. The Division had submitted Risk Acceptance Forms, proposing to IA that with the set up of the AMIS programme the completion/due dates for both these audit items should be 'recalibrated' and that a revised implementation date of 01/08/2022 is now more appropriate. There is ongoing work between Property and FM and colleagues within Internal Audit to identify ways in which these actions may be progressed in the meantime and what evidence is required to allow for full implementation of these.
						3.2 Resolution of known data quality issues	Started	31/03/2016	Started	2	01/08/2022	

This page is intentionally left blank

Governance, Risk and Best Value Committee

10.00am, Tuesday 08 June 2021

Welfare Reform Annual Report

Item number	
Executive/Routine	Executive
Wards	All
Council Commitments	

1.   Recommendations

1.1   It is recommended that the Governance, Risk and Best Value Committee (GRBV) notes:

1.1.1   the ongoing work to support Universal Credit (UC) and Welfare Reform, in Edinburgh; and,

1.1.2   current spend projections for Discretionary Housing Payments, Council Tax Reduction Scheme and the Scottish Welfare Fund.

Stephen S. Moir

Executive Director of Resources

Contact: Sheila Haig, Customer Manager, Transactions,

Customer and Digital Services Division, Resources Directorate

E-mail: Sheila.haig@edinburgh.gov.uk | Tel: 0131 469 5088

Welfare Reform Annual Report

2.   Executive Summary

2.1   This report provides the Committee with an update of the Council's ongoing welfare reform activities, including the implementation of Universal Credit (UC).

2.2   This report was considered by the Policy and Sustainability Committee on 23 February 2021 and is now being submitted to Governance Risk and Best Value Committee to provide further oversight and scrutiny on an annual basis, as previously agreed by the Committee.

3.   Background

3.1   Welfare Reform updates are reported to the Policy and Sustainability Committee on a quarterly basis, which aligns with the Welfare Reform Working Group meeting cycle. The last report was considered by the Policy and Sustainability Committee on 23 February 2021. The last annual report provided to GRBV was on 4 June 2019 and the planned report for 2020 was postponed due to temporary suspension of the Committee system as a result of the pandemic.

4.   Main report

Universal Credit (UC)

4.1   The Department for Work and Pensions (DWP) reported the following UC claims for Edinburgh on their interactive statistic platform, Stat-Explore. The table shows the number of claims made to Edinburgh Jobcentre Plus offices up to 12 November 2020.

Jobcentre	Number of claims up to 12 November 2020	Claimants with no work element	Claimants with element of work	Claimants with no requirement to work
Leith	14974	7265	6002	1707
High Riggs	16880	8188	6625	2067
Wester Hailes	4800	2124	1941	735
Total	**36654**	**17577**	**14568**	**4509**

4.2   From 27 January 2021, regulations came into force to remove the Severe Disability Premium (SDP) gateway. From this date, no new Housing Benefit claims may be taken from citizens in receipt of SDP. These citizens will now claim UC.

4.3   The only exceptions are citizens living in temporary or specified accommodation who will be entitled to make new claims to Housing Benefit.

Council Housing Services and Universal Credit (UC)

4.4   At the end of December 2020 there were 4623 Council tenants (24% of tenants) known to have made a claim for UC. The number of tenants on UC has continued to steadily increase since the initial peak of the Coronavirus pandemic.

4.5   The housing service receives around 30 requests per week from the DWP for verification of housing costs for new UC claims by tenants. When rent verifications are received tenants are contacted to discuss their new UC claim, rent responsibilities and to encourage them to set up secure payment methods. Referrals also continue to be made, as appropriate, for more specialist UC support and advice, especially where tenants may be more vulnerable and require ongoing support to manage their claim.

4.6   Where tenants have complex needs or are in rent arrears and unable to manage payment of their own rent a direct payment of housing costs is made through Alternative Payment Arrangements or Scottish Choice (by tenant). Currently 2760 UC tenants have a direct payment in place.

Temporary and Supported Accommodation

4.7   Homelessness services continue to see high demand for services and has secured temporary accommodation for 1936 households since the pandemic began. This is in addition to the 2110 households already being accommodated when the pandemic began.

4.8   Work is ongoing with commissioned services to positively engage with rough sleepers, encouraging citizens to work with outreach services, who will assist with service access and securing accommodation.

4.9   Households in temporary accommodation affected by the benefit cap and/or under occupancy are provided with advice and assistance in applying for Discretionary Housing Payment (DHP). Citizens entering temporary accommodation who are in receipt of UC are entitled to claim Housing Benefit to cover their housing costs. They continue to receive the personal allowance element of UC.

Advice Services, Debt Advice and Welfare Rights

4.10   In November the Council's Advice Shop established a presence in the five Customer Resilience Centres to enable access for those without the ability to phone or email the Advice Shop.

4.11   Over 6050 welfare rights enquiries have been made to the Advice Shop during 2020, with the majority relating to UC.

4.12   The Advice Shop has made financial gains through DWP, HMRC and local authority payments for citizens of £8.8m in 2020. This represents an average gain of £2375.00 per household.

4.13   Following recommendations from Edinburgh's Poverty Commission action is now underway to improve the reach of income maximisation services to citizens.

Benefit Cap

4.14   As of 31 December 2020, 201 households within Edinburgh are subject to a reduction in their Housing Benefit due to the Benefit Cap. The following table shows the number of Benefit Cap cases applied in each tenure type and the average weekly loss in Housing Benefit for these citizens. Appendix 1 provides a more detailed breakdown by tenure.

Tenure	Number of Households affected	Average Weekly Loss in Benefit	% of all Benefit Cap cases
Mainstream	28	£46.14	13.93
Private	65	£48.56	32.34
Homeless	65	£239.77	32.34
PSL	29	£42.29	14.43
HA	14	£54.43	6.96
Total	201	£86.24	100

4.15   As of August 2020, 490 households within Edinburgh are subject to a reduction in their UC due to the Benefit Cap. This is the most up to date position provided by The Department for Works and Pensions.

Average Weekly loss in Universal Credit	Number of households within range
£0.01 - £50.00	290
£50.01 - £100.00	130
£100.01 - £150.00	50
£150.01 - £200.00	20

4.16   Single households with/without children account for 330 of the capped UC cases and 160 households are couples with dependants. Discretionary Housing Payment has been awarded to 69 claims, totalling £185,228.40.

Free School Meals and Clothing Grants

4.17   Payments for Free School Meals made during Christmas holiday (23 December 2020 to 05 January 2021) and the related Winter Support Fund payment of £100 totalled £908,950 for 7420 children.

4.18   Free School Meals payments made for extra school holidays (06 January 2021 to 15 January 2021) totalled £135,828 for 7546 children.

4.19   Free school meals payments were made for 1383 children who were self-isolating between 16 November to 21 December 2020 and totalled £28,586.25.

4.20 The table below details the number of Free School Meal and Clothing Grant awards that have been made to 31 December 2020, compared to the same period to 31 December 2019.

	Awards to 31 December 2019	Awards to 31 December 2020
Free School Meals	5950	8395
Clothing Grants	5337	7834

Council Tax Reduction Scheme (CTRS)

4.21 The National Settlement and Distribution Group allocated £26.49m CTRS funding to the Council for 2020/21 (£26.32m for 2019/20). Following the response to COVID 19 a further £2.43m has been allocated from the Scottish Government. The funding for 2020/21 is now £28.92m. No significant changes have been made to the scheme this year and Appendix 2 outlines the Council's CTRS spend to 31 December 2020 and the following table below details the number of citizens on CTRS from March 2020 to October 2020.

Month	Caseload
March	32,740
April	34,000
May	35,530
June	36,310
July	35,990
August	36,230
September	36,460
October	36,710

Scottish Welfare Fund (SWF) – Crisis Grants and Community Care Grants

4.22 The following table details the 2020/21 budget allocation:

Grant	Budget 2020/21	Additional Covid-19 allocation	Total Budget	2020/21 Spend April to 31 December
Crisis Grants	£1,481,874.60	£918,600.00	£2,400,474.60	£1,743,004.16
Community Care Grants	£987,916.40	£612,400.00	£1,600,316.40	£1,284,046.93
Total	£2,469,791.00	£1,531,000.00	£4,000,791.00	£3,027,051.09

4.23 Additional funding has been provided by Scottish Government to allow for the maximisation of awards to citizens in Crisis.

4.24 There were 152 SWF 2nd Tier Reviews heard by the Scottish Public Services Ombudsman between 1 April 2020 and 31 December 2020. The Scottish Public Services Ombudsman upheld 51 appeals in the applicant's favour and found 101 appeals in the City of Edinburgh's favour.

Scottish Welfare Fund (SWF) – Self-Isolation Support Grant

4.25   The Scottish Government is providing a grant of £500 to people who are in receipt of low-income benefits and who will lose earned income as a result of being formally asked to self-isolate to prevent the spread of COVID-19. The grant will support people who may otherwise struggle to be able to afford to comply with the requirement to self- isolate.

4.26   As at 31 December 2020 539 applications have been received and 252 awards made totalling £126,000. Further information has been requested for 60 applications and 227 have been refused. The main reason for refusal is that the citizen has not been asked to self-isolate through Test and Protect.

4.27   A total of 38 appeals against the decision not to award have been made, with 14 of these awarded, totalling £7000. The majority of refusals are for failure to appear on Test and Protect data, with the others related to qualifying income.

4.28   A further change to the scheme is expected with proposals to extend eligibility to more individuals in low income situations such as:

- Workers in receipt of Council Tax Reduction Scheme,
- Workers who do not qualify for SSP because of earnings less than £120
- Workers with caring responsibilities for someone over 16
- Workers who earn real living wage or less.

4.29   Where an application is refused, the applicant is advised to apply for a Scottish Welfare Fund Crisis Grant. If this is not appropriate, they are referred to the food support pathway, being delivered in conjunction with EVOC, described at 4.32.

Additional Support for Citizens During Covid-19 Related Restrictions

4.30   As part of the Scottish Government initiative, the Contact Team are also proactively contacting citizens who have been formally instructed to self-isolate through Test and Protect. The week ending 29 January 2021 required the Council to attempt 363 contacts. Of those successfully contacted less than 1% required further advice or support.

4.31   Similar to earlier initiatives, requests for support are being coordinated through the Council's Contact Centre (0131 200 2388) to establish whether direct financial support is available. Citizens will also be signposted to alternative areas of support to address additional issues they may be experiencing, offering a holistic and tailored solution to service users.

4.32   Where direct financial support is not available, or not required, arrangements have been put in place to support a network of food deliveries across the city. The Council worked successfully with EVOC, supported by local partners, throughout the first months of the pandemic and building on this experience, a targeted food delivery exists for those in need of support.

4.33   It is expected that most people will prefer to get direct financial support, and so projected levels of food deliveries will be lower than at the start of the pandemic.

Food packages will be provided for up to two weeks, and citizens will be asked to make contact again if they need further support.

4.34   Any individuals identified as in need of support due to hardship, should be referred to the Council's Vulnerable Support Line on 0131 200 2388 or the Scottish Welfare Fund on 0131 529 5299.   Their situation will be assessed and triaged for the most suitable form of support. Contact levels have returned to the lower levels experienced in the last quarter of 2020 with approximately 35 shielding contacts per day, with support for vulnerable citizens, an additional 15/20 contacts per day.

4.35   The Scottish Government has also confirmed that a medicine delivery service to support the clinically vulnerable, will run until 31st March 2021.

Discretionary Housing Payments (DHP)

4.36   The DHP budget from the Scottish Government is allocated in two streams: Under Occupancy Mitigation and Other DHPs. The allocation for Edinburgh for 2020/21 is as follows:

- Under Occupancy mitigation - The funding will be allocated in two tranches and is based on forecasted Under Occupancy charges. The first tranche of funding is £3.66m or 80% of the expected cost.
- Other DHPs - This includes assistance for those affected by the Benefit Cap and Local Housing Allowance reforms. The funding for Other DHPS is £3.23m (£2.2m in 2019/20).

4.37   As of 31 December, the Council's DHP financial position is:

Total Fund for 2020/21	£6,896,927.00
Net Paid to Date	£4,452,719.25
Committed pending related benefit process	£1,386,820.52

*exclusive of additional 20% funding for under occupancy to be allocated in 2021.

Appendix 3 details the budget spend/commit to 31 December 2020.

4.38   There have been 7232 DHP applications considered up to 30 September, of which 433 were refused. The overall refusal rate is 9%. The most common reason for refusal is where a customer's income exceeds their expenditure.

Benefit processing figures for New Claims and Change of Circumstances

4.39   The number of days to process a Housing Benefit and/or Council Tax Reduction new claim or change of circumstances from 1 April 2020 to 5 December 2020 is detailed in the following table.

Performance Indicator	Target	Actual
Days to process new benefits claims	28 days	15.42 days
Days to process change of circumstances	10 days	6.39 days

5.   Next Steps

5.1   The Council continues to engage with all key stakeholders to ensure that support is targeted at those in need.

6.   Financial implications

6.1   An increase in the number of people experiencing hardship has led to greater demand for services across the Council and partner advice agencies. There is a risk to council income, particularly in relation to rent arrears, changes to subsidy levels for temporary accommodation and service changes. Known risks include:

- loss of rental income to the Housing Revenue Account (HRA) arising from Housing Benefit reforms and Direct Payment under UC;
- Scottish Welfare Fund and DHP budget will be insufficient to meet demand longer term;
- the spend on Council Tax Reduction Scheme exceeds the available funding;
- reduced DWP Administration Subsidy due to yearly efficiency savings; and,
- the phasing out of Housing Benefit and Central Government budget savings.

6.2   The financial risk to the Council as well as the risk to the Council's reputation is being monitored regularly. Actions taken to assess and mitigate these risks to ensure effective governance include:

- updates provided to Policy and Sustainability on a quarterly basis;
- annual update to the Governance, Risk and Best Value Committee:
- dedicated teams introduced to provide support and assistance; and,
- meetings with Elected Members, Council Officers and External Partners.

7.   Stakeholder/Community Impact

7.1   The UK Government has prepared Equalities and Human Rights assessments for the welfare reform proposals. The Council will undertake Integrated Impact Assessments when necessary for any of its proposals. Welfare Reform is expected to have general implications for environmental and sustainability outcomes, for example in relation to fuel poverty and financial exclusion. Council officials continue to engage with the UK and Scottish Governments, directly and through COSLA, with the DWP, the Third Sector, the NHS and other partners

7.2   The Council is also engaging with citizens, both in and out of work, who rely on benefit income and tax credits.

7.3   The Council continues to participate in groups with the looking at the impacts of Welfare Reform, namely COSLA's Welfare Reform Local Authority Representative Group.

7.4   The Council is liaising with multiple third sector organisations across the city to support citizens throughout Covid-19 restrictions

Governance, Risk and Best Value Committee – 8 June 2021

8.   Background reading/external references

8.1   Welfare Reform - Update to Policy and Sustainability Committee 01 December 2020

8.2   Welfare Reform - Update to Policy and Sustainability Committee 25 February 2020

8.3   Welfare Reform – Update to Policy and Sustainability Committee, 26 November 2019

8.4   Welfare Reform - Update to Policy and Sustainability Committee, 06 August 2019

9.   Appendices

9.1   Appendix 1 – Benefit Cap Data

9.2   Appendix 2 – Council Tax Reduction Scheme (CTRS) Distribution 2020/21

9.3   Appendix 3 – Discretionary Housing Payment (DHP) Fund Allocation 2020/21

Benefit Cap Data

The charts below provide a breakdown of the numbers affected by the average weekly Housing Benefit loss, number in receipt of a Discretionary Housing Payment and the average amount in payment as of 31 December 2020.

Tenure – Homeless

Average Weekly Loss in Benefit	Number of Households within range	Average Weekly Loss Within Range	Number in receipt of DHP	Average Weekly award of DHP
£0.01 - £30.00	1	£19.25	0	£0.00
£30.01 - £50.00	3	£36.86	0	£0.00
£50.01 - £75.00	2	£56.55	0	£0.00
£75.01 - £100.00	4	£88.76	0	£0.00
£100.01 - £150.00	12	£123.80	2	£107.00
£150.01 - £200.00	7	£178.47	4	£100.00
£200.01 - £300.00	12	£237.61	4	£100.00
£300.01 - £400.00	17	£304.23	4	£112.50
£400.01 - £500.00	6	£455.78	3	£100.00
£500.01 +	1	£537.11	0	£0.00

Tenure – Mainstream (Council)

Average Weekly Loss in Benefit	Number of Households within range	Average Weekly Loss Within Range	Number in receipt of DHP	Average Weekly award of DHP
£0.01 - £30.00	13	£21.12	1	£30.00
£30.01 - £50.00	5	£41.99	4	£28.25
£50.01 - £75.00	3	£53.13	1	£55.00
£75.01 - £100.00	5	£50.57	3	£63.33
£100.01 - £150.00	2	£54.33	1	£52.00

Tenure – Private

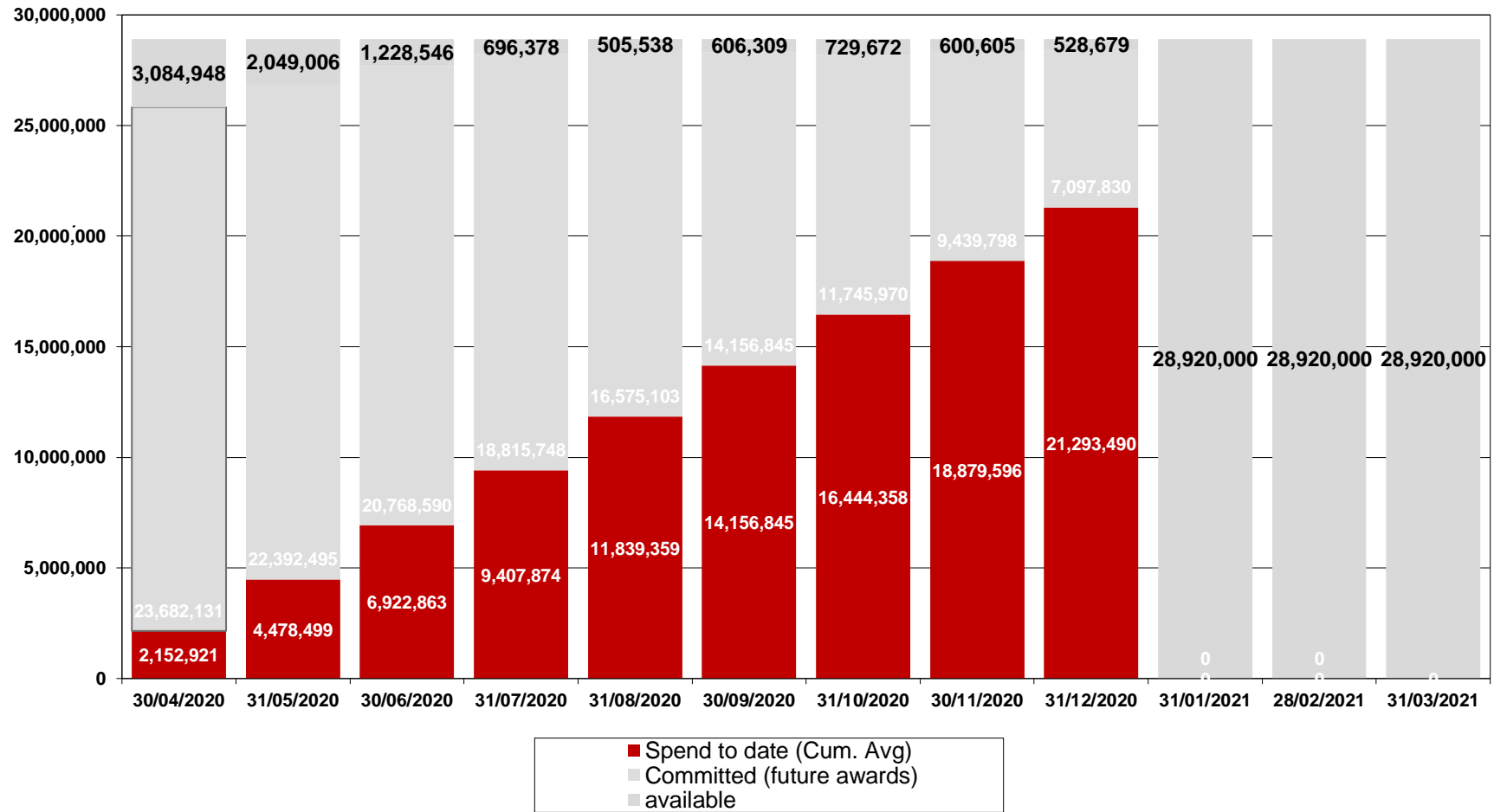| Average Weekly Loss in Benefit	Number of Households within range	Average Weekly Loss Within Range	Number in receipt of DHP	Average Weekly award of DHP
£0.01 - £30.00	34	£13.20	9	£27.97
£30.01 - £50.00	6	£37.61	2	£23.37
£50.01 - £75.00	8	£60.07	4	£38.09
£75.01 - £100.00	8	£87.72	5	£47.32
£100.01 - £150.00	7	£113.01	6	£73.99
£150.01 +	2	£198.41	2	£83.72

Tenure – Housing Association

Average Weekly Loss in Benefit	Number of Households within range	Average Weekly Loss Within Range	Number in receipt of DHP	Average Weekly award of DHP
£0.01 - £30.00	7	£15.46	3	£14.08
£30.01 - £50.00	2	£38.58	1	£30.00
£50.01 - £75.00	1	£50.95	1	£50.95
£75.01 - £100.00	2	£97.34	2	£97.34
£100.01 - £150.00	1	£100.46	0	£0.00
£150.01+	1	£230.51	0	£0.00

Tenure - PSL

Average Weekly Loss in Benefit	Number of Households within range	Average Weekly Loss Within Range	Number in receipt of DHP	Average Weekly award of DHP
£0.01 - £30.00	16	£11.00	10	£10.55
£30.01 - £50.00	7	£36.31	6	£36.95
£50.01 - £75.00	1	£59.14	1	£20.00
£75.01 - £100.00	1	£87.17	1	£82.00
£100.01 - £150.00	2	£122.35	1	£139.00
£150.01 - £200.00	1	£167.73	1	£167.00
£200.01+	1	£237.94	1	£138.00

Appendix 2

CTRS Distribution 2020/21

Date	Spend to date (Cum. Avg)	Committed (future awards)	available
30/04/2020	2,152,921	23,682,131	3,084,948
31/05/2020	4,478,499	22,392,495	2,049,006
30/06/2020	6,922,863	20,768,590	1,228,546
31/07/2020	9,407,874	18,815,748	696,378
31/08/2020	11,839,359	16,575,103	505,538
30/09/2020	14,156,845	14,156,845	606,309
31/10/2020	16,444,358	11,745,970	729,672
30/11/2020	18,879,596	9,439,798	600,605
31/12/2020	21,293,490	7,097,830	528,679
31/01/2021	0		28,920,000
28/02/2021	0		28,920,000
31/03/2021	0		28,920,000

Legend:
- Spend to date (Cum. Avg)
- Committed (future awards)
- available

Appendix 3

DHP Fund Allocation 2020/21

Chart: DHP Fund Allocation 2020/21 (stacked bar chart showing Spend to Date and Committed amounts)

Month	Spend to Date	Committed
April 2020	2,856,921	279,128
May 2020	704,576	2,737,988
June 2020	1,108,201	2,603,355
July 2020	1,495,141	2,580,171
August 2020	2,035,775	2,341,801
September 2020	2,669,636	2,370,515
October 2020	3,350,374	2,072,001
November 2020	3,878,929	1,747,231
December 2020	4,452,719	1,386,821

■ Spend to Date　□ Committed

This page is intentionally left blank

Governance, Risk and Best Value Committee

10.00am, Tuesday, 8 June 2021

Corporate Leadership Team Risk Register as at 30 April 2021

Item number	
Executive/routine	Executive
Wards	All
Council Commitments	

1.   Recommendations

It is recommended that the Committee:

1.1   notes the Council's current strategic risk profile;

1.2   notes that five strategic risks are currently outwith agreed risk appetite ranges;

1.3   notes that the current strategic risk profile may increase in the event of further individual or concurrent resilience events in the current Covid-19 operating environment; and

1.4   notes the proposed phased approach to implementation of the Council's refreshed operational risk management framework.

Andrew Kerr
Chief Executive

Contact: Lesley Newdall, Senior Audit and Risk Manager
Legal and Risk Division, Resources Directorate
E-mail: lesley.newdall@edinburgh.gov.uk | Tel: 0131 469 3216

Corporate Leadership Team Risk Register as at 30 April 2021

2. Executive Summary

2.1 The purpose of this paper is to present the Council's current strategic risk profile, and highlight those risks where further action is required (where realistic and possible) to ensure that they are brought within approved strategic risk appetite levels.

2.2 It is important to note that this paper currently presents a predominantly 'top down' Corporate Leadership Team (CLT) view of the Council's current strategic risk profile, pending implementation of the refreshed operational risk management framework.

2.3 Five of the Council's eleven strategic risks are currently outwith approved risk appetite ranges, mainly due to the ongoing impacts of Covid-19, with Health and Safety (including public safety) remaining the most significant current risk for the Council, which continues to be assessed as critical.

2.4 The Council's strategic delivery current risk has increased from moderate to high in the last quarter, reflecting need to confirm that there is sufficient capacity and funding available to support delivery of Business Plan priorities.

2.5 The Council's resilience current risk has decreased from high to moderate, reflecting the effectiveness of the Council's Covid-19 resilience response.

2.6 This paper also highlights that the Council's current risk profile is likely to further increase in the event that six (potentially likely) resilience events occur either individually or concurrently in the current Covid-19 operating environment. This outcome is based on the consolidation of individual assessments performed by each Council directorate.

2.7 The Council's refreshed operational risk management framework has now been designed; however implementation has been delayed to ensure effective alignment with other significant organisational changes. In the interim, a three month pilot will be performed across divisions to confirm the effectiveness and ease of implementation of the framework and its impact on current resources.

3. Background

Covid-19 impacts

3.1 Quarterly CLT and Directorate risk committees were paused during Covid-19 to enable focus on the Council's Covid-19 resilience response. Both CLT and Directorate risk quarterly committees have now been reinstated.

3.2 Appropriate risk management arrangements have been established to support ongoing identification; assessment; recording; and management of the new Covid-19 risks faced by the Council. These new risks are recorded together with mitigating actions in the Covid-19 Risk Management Plan (RMP) that is regularly reviewed and refreshed and presented monthly to the Council's Incident Management Team (CIMT) for review and discussion.

Risks Associated with Concurrent Resilience Events

3.3 The seven scenarios detailed below were considered by each directorate in advance of winter 2020/21, and the outcomes consolidated to provide both individual and concurrent risk impact assessments. Appropriate plans to mitigate these risks were established as part of the Council's ongoing scenario planning activities:

1. further Covid-19 wave or local outbreak
2. winter flu epidemic
3. severe weather
4. care for displaced people
5. civil disorder
6. a 'no deal' Brexit
7. death of the Monarch in Scotland

Refreshed Operational Risk Management Framework

3.4 Plans for the phased implementation of the Council's refreshed operational risk management framework across the next three years were also presented to GRBV in November 2020. This report highlighted the need to implement the following actions to ensure effective alignment with the 'Three Lines' model and address the findings raised by Azets in their June 2020 Risk Management IA report:

3.4.1 ensure that all relevant strategic; operational; and thematic risks flow effectively and consistently through relevant risk registers and into the CLT risk register;

3.4.2 implement a refreshed thematic risk hierarchy that supports assessment and identification of the Council's most significant original (inherent) and current (residual) risks for inclusion in the CLT risk register by consolidating lower level sub-risks across directorates and divisions using a simple scoring methodology; and,

3.4.3 further embed risk appetite by adopting target risk as a proxy for setting risk appetite at a more granular level; discussing and assessing target risk at divisional, directorate and CLT risk and assurance committees; and recording target risks (where possible) in risk registers.

Directorate and Divisional Risk Registers

3.5 The refreshed operational risk management proposals included plans to update directorate and CLT risk registers by June 2021 to ensure that they include new and emerging risks escalated from divisions and directorates and thematic Council wide risks.

3.6 Whilst directorate and divisional 'business as usual' operational risk registers require to be updated in line with the Azets' audit recommendations, the Council's most current significant risks have also been recorded and are currently managed through the Covid-19 RMP; Adaptation and Renewal; and the refreshed CLT risk registers.

Refreshed Risk Management Arrangements

3.7 The Council's Enterprise Risk Management Policy (ERMP) and Risk Appetite Statement were refreshed and approved by the Policy and Sustainability Committee in October 2020, and presented to the Governance, Risk, and Best Value (GRBV) Committee in November 2020.

4. Main report

Current Strategic Risk Profile

4.1 As noted above, this paper currently presents a predominantly 'top down' Corporate Leadership Team (CLT) view of the Council's current strategic risk profile, as processes that will support comprehensive and combined both 'top down' (CLT) and 'bottom up' (service delivery; divisional; and directorate) reporting will be implemented as part of the refreshed operational risk management framework.

4.2 Consequently, there may be some risk exposures across the Council that have not been reflected in this current assessment of the Council's most significant risks.

4.3 Details of strategic risk descriptions and their potential impacts are included at Appendix 1.

4.4 A summary of the Council's current strategic risk profile, and its movement in comparison to quarter 4, is included at Appendix 2. This assessment includes all current Covid-19 strategic risks; Adaptation and Renewal Programme risks; and other relevant current risks identified by the CLT, and is based on management's view of the effectiveness of thematic controls established to manage these risks, and consideration of relevant assurance outcomes.

4.5 The current strategic risk profile highlights that five risks (strategic delivery; health and safety; technology and information; governance and decision making; and regulatory and legislative compliance and reputational) are presently outwith

approved risk appetite ranges. This is mainly due to the ongoing impacts of Covid-19, with the remaining six risks being within the set risk appetite range. Supporting rationale for those risks outwith appetite is noted below, and details of actions currently being taken (where possible) to address these risks are also included at Appendix 2.

4.6 The current strategic risk heatmap included at Appendix 3 illustrates the significance of each of the Council's eleven strategic risk, and confirms that the Council's most significant current risk is health and safety (including public safety).

4.7 The rationale supporting the current risk assessment ratings for the Council's eleven strategic risks is detailed below, together with their current risk ratings (critical ● ; high ● ; moderate ● ; low ●) and confirmation of whether they are currently within (⬌) or outwith (⬇) agreed risk appetite ranges.

4.7.1 ● ⬇ **Strategic delivery**– this risk has increased from moderate to high in the last quarter and is currently outwith appetite. This assessment reflects the need to confirm that there is sufficient capacity and funding available to support delivery of Business Plan priorities following implementation of the senior management restructure, and the need to support current CLT oversight of Business Plan delivery with implementation of the refreshed performance framework that will be implemented by July 2021.

4.7.2 Whilst national progress is evident with the phased reduction of Covid-19 protection levels, and infection rates across the City continue to reduce, it is not yet possible to fully determine when the Council and the City will return to a normal operating environment. Consequently, the Council continues to prioritise the safety of employees and citizens whilst continuing to deliver vital services during the pandemic, and it is acknowledged that this could potentially impact progress with strategic delivery.

4.7.3 As highlighted in the report provided to the Committee in March 2021, the Council has also implemented actions to support clear definition of its post Covid-19 strategy, including ongoing consideration of all potential opportunities for service and operational redesign as part of the Adaptation and Renewal programme

4.7.4 ● ⬌ **Financial and budget management** – this medium current risk remains unchanged from the last quarter, reflecting that the Council has confirmed that a balanced budget can be achieved for financial years 2021/22 and 2022/23. However, it is also acknowledged that ongoing focus is required to address the Council's longer term financial position, with particular focus on capital budgets due to potential delays with delivery of capital projects; overall affordability of the capital programme; and to ensure that forecast timeframes for both revenue and capital budgets are more closely aligned.

4.7.5   🔴 ↔ **Programme and project delivery** – this high rated current risk remains unchanged from the previous quarter and reflects the Covid-19 impacts on delivery of major projects as a number of these were put on hold as part of the Council's pandemic response. Additionally, extended delivery timeframes and costs associated with capital projects that were paused during the March 2020 lockdown are reflected in this risk assessment.

4.7.6   This risk assessment also reflects the known challenges associated with identification and delivery of savings initiatives to support delivery of a balanced budget, and the requirement to address assurance outcomes highlighting the need to consistently and effectively manage first line projects delivered outwith the major projects portfolio.

4.7.7   Actions in progress to mitigate these risks include consolidation of all major projects (including the capital programme) into the Adaptation and Renewal Programme, and ongoing review by the CLT to ensure that all major projects being delivered across the Council remain aligned with the Council's Business Plan, and remain on track for delivery on time and within agreed budgets.

4.7.8   ⚫ ⬇ **Health and safety (including public safety**) – this critical current risk remains unchanged from the last quarter and is currently outwith appetite, predominantly reflecting the ongoing impacts of Covid-19 on the health, safety, and wellbeing of citizens living in the City and / or in Council care, and our employees.

4.7.9   This risk also reflects the capacity challenges associated with the safe resumption of Council services in line with the phased reduction of Covid-19 protection levels, most notably the Council's capacity to support enhanced cleaning and infection control requirements, and the risks associated with safe use of community centres. It also highlights the challenges associated with maintaining the condition of the Council's operational properties and infrastructures, and ensuring that Council drivers continue to be legally and / or medically fit to drive.

4.7.10   Whilst a significant number of mitigations have already been implemented to address this risk, it is important to note that public protection and safety is also largely dependent on the adoption of relevant Scottish Government and Health Protection Scotland guidance by citizens.

4.7.11   Some of the mitigations that have been implemented to manage this risk include:

- testing in care homes and schools;
- implementation of mobile asymptomatic testing centres;
- out of hours support arrangements to manage positive cases in schools;
- deep cleaning across open Council buildings and implementation of social distancing measures;

- implementation of the employee wellbeing strategy and supporting initiatives; and

- ongoing engagement with Police Scotland and other partners.

4.7.12 Whilst the mitigation actions highlighted above support the ongoing management of Health and Safety risk and it is expected that the significance of this risk will reduce as infection rates continue to reduce and vaccination rates increase, a number of additional actions are also in progress. These include:

- ongoing monitoring of infection levels and compliance with Scottish Government guidance;

- adopting a risk and priority based approach to service resumption in line with Scottish Government and Public Health Scotland guidance;

- refresh of the current property asset management strategy and procurement of new planned preventative maintenance contractors;

- reviewing adequacy of capital budgets for infrastructure assets and prioritising urgent repairs; and

- reviewing the Council's current approach in relation to employee legal and medical fitness to drive.

4.7.13 ● ⬌ **Resilience -** this risk has reduced from high to moderate in the last quarter and is now within appetite, reflecting the overall effectiveness of the Council's Covid-19 resilience response.

4.7.14 This is supported by the positive feedback received from residents in the Capital Residents Survey, with 80% satisfied with the services that the Council has delivered during the pandemic.

4.7.15 Additionally, the Council has also responded to and managed concurrent resilience events (for example care home and school Covid-19 outbreaks; severe weather; and pockets of civil disorder) effectively.

4.7.16 It is acknowledged that new and concurrent resilience events may still occur during the pandemic, and that actions are still in progress to implement open resilience assurance findings, however established resilience processes should ensure that an appropriate and effective resilience response is implemented if a further resilience event occurs.

4.7.17 ● ⬌ **Supplier, Contractor and Partnership Management** – this high rated current risk remains unchanged from the last quarter, reflecting the potential risks associated with open assurance findings highlighting the need to ensure consistent and effective application of the Council's established supplier management framework by first line contract managers.

4.7.18 It is important to note that the risks in relation to the Covid-19 and Brexit impacts on supply chains has reduced, although this position will continue

to be closely monitored. Additionally, provision has been included in the budget to support ongoing provision of increased levels of personal protective equipment for our employees.

4.7.19 ⬤⬇ **Technology and information** - this high current risk remains unchanged from the last quarter and is currently outwith appetite, reflecting the increased technology and information risks associated with remote working, notably cyber and data security risks and the risks associated with manual records; and connectivity issues in some schools associated with supporting digital learning.

4.7.20 This risk also reflects the known security and information challenges associated with use of externally hosted cloud based applications and end user computing models.

4.7.21 A number of actions are currently being implemented by Digital Services, in partnership with CGI, to further enhance the security of the Council's networks and connectivity issues will be addressed as part of a school by school health check being undertaken as part of the Empowered Digital Learning programme.

4.7.22 ⬤⬇ **Governance and decision making** - this moderate current risk remains unchanged from the last quarter and is currently outwith appetite. This assessment reflects the requirement for timely decision making in response to both Scottish Government and Public Health Scotland Covid-19 regulations and guidance as protection levels are gradually reduced; the risks associated with delayed implementation of the refreshed operational risk management framework; and the need to refresh established governance and assurance arrangements across the Council to support improvements in both service delivery and assurance outcomes.

4.7.23 It is also important to note that there has been effective preparation (including consideration and mitigation of all relevant risks) to support the safe delivery of the Scottish Parliament elections.

4.7.24 Mitigations established to address this risk include ongoing engagement with the Scottish Government, COSLA, NHS Lothian, and other partner organisations to discuss any planned changes; regular Council Incident Management Team meetings to discuss and agree responses and actions required; and ongoing engagement and reporting to relevant Council executive committees.

4.7.25 Additionally, plans to refresh established governance and assurance arrangements across the Council have been designed and are currently being considered my management.

4.7.26 ⬤↔ **Service delivery** – this high current risk remains unchanged from the last quarter, reflecting the ongoing Covid-19 impacts on the Council's ability to deliver services in the current operating environment. The main challenges are evident in areas such as the necessary capacity within

Facilities Management to deliver enhanced cleaning and infection prevention regimes within schools and also support service resumption in other areas; Regulatory Services who are supporting the operation of mobile asymptomatic testing centres and worked hard to process significant volumes of licences to support the reopening of the hospitality sector; teams in both the Resources and Place directorates that continue to manage allocation of Scottish Government grant funding in addition ongoing service delivery responsibilities; and Communities and Families provision of out of hours contact arrangements to support positive case management. It is important to note that appropriate mitigating actions, for example workforce planning, have been implemented to manage these risks.

4.7.27 Consequently, it is considered likely that a number of 'business as usual' service delivery operational controls are not being consistently and effectively applied, as detailed in the outcomes of completed Internal Audit reports.

4.7.28 Whilst it is acknowledged that there are some ongoing resourcing challenges, a well-defined service resumption triage process has been established that will assess each service resumption request based on priorities; risks; and support required from other services, for example cleaning and hygiene requirements, prior to their presentation to the Council's Incident Management Team (CIMT) for approval.

4.7.29 ●⬇ **Regulatory and Legislative Compliance** – This moderate current risk remains unchanged from the last quarter and is currently outwith appetite. This continues to reflect that whilst no significant breaches have occurred, it is not possible in the current Covid-19 resilience environment to confirm that all regulatory and statutory compliance obligations are being consistently and effectively achieved.

4.7.30 ●⬌ **Reputational** – This moderate current risk remains unchanged from the last quarter and is currently outwith appetite. This assessment mainly reflects the potential risks associated with alignment of the Council's service resumption response with both political and public expectations as Covid-19 protection levels are gradually decreased; and the need to improve the controls supporting use of social media across the Council to engage with citizens.

4.7.31 It is important to acknowledge that with some exceptions the Council's response to Covid-19 has generally been positively regarded as highlighted in the outcomes of the Capital Residents Survey, with 80% satisfied with the services that the Council has delivered during the pandemic

Risks Associated with Concurrent Resilience Events

4.8 The Council still faces exposure to the potential risks associated with the following previously identified resilience events that could occur simultaneously:

4.8.1   further Covid-19 wave or local outbreak – with the easing of restrictions there may still be an increase in infections and outbreaks, notably across the population of citizens who have not yet been vaccinated. This risk is mitigated with the increased availability of lateral flow test kits; implementation of asymptomatic mobile testing centres; and testing performed in schools and care homes;

4.8.2   severe weather – whilst generally seasonal and experienced in winter, severe weather can also include heatwaves; flooding; and other extreme unanticipated weather events;

4.8.3   care for displaced people – this risk should be further mitigated following implementation of the rest centre plan that is currently being developed by the Health and Social Care Partnership;

4.8.4   civil disorder – as restrictions ease, citizens will be permitted to gather in larger groups, and we may see increased numbers of demonstrations;

4.8.5   Brexit – ensuring that all relevant Council employees have applied for EU Settlement Scheme to ensure that they can continue to live and work in the UK after 30 June 2021; or

4.8.6   The death of the Monarch in Scotland.

4.9   No new significant and potentially concurrent resilience events have been identified that could adversely impact the Council's ongoing Covid-19 resilience response and service delivery.

Refreshed Operational Risk Management Framework

4.10   The refreshed operational risk management framework has now been designed and is ready to be piloted prior to implementation. The refreshed framework is designed to enhance the current risk management processes applied across the Council; remove subjectivity when assessing risks; improve consistency; and enable aggregation of risks to provide a more comprehensive 'bottom-up' and 'top down' view . Azets has also reviewed the framework and have provided positive feedback on its design.

4.11   The CLT has decided that implementation of the refreshed framework should be delayed reflecting the need to prioritise other significant changes across the Council (for example the Council's response to the easing of lockdown restrictions; implementation of the new senior management restructure; and progressing delivery of the new Business Plan).

4.12   This delay also recognises the key dependency upon, and provides time for, the implementation of the Council's new governance and assurance model. The model has been designed and is currently being considered by management.

4.13   In the interim, a three month pilot will be performed across a sample of divisions to confirm the effectiveness and ease of implementation of the framework.

4.14   The risks associated with delayed implementation of the framework (including the inability to address the risk management IA findings raised by Azets within agreed timeframes) were discussed at the CLT Risk Committee in April 2021, and have been reflected in the CLT risk register under the governance and decision making risk category.

5.   Next Steps

5.1   Complete the pilot of the operational risk management framework across a sample of divisions.

5.2   Provide an update on the pilot outcomes to the CLT in August 2020, and agree next steps in relation to implementation across the Council.

6.   Financial impact

6.1   There are no direct financial impacts directly arising from this report, although effective management of risks is part of good financial management and failure to manage them appropriately may have financial consequences.

7.   Stakeholder/Community Impact

7.1   Effective risk management will support achievement of strategic objectives; effective service delivery; and appropriate responses to resilience events.

8.   Background reading/external references

8.1   [Enterprise Risk Management Policy – Policy and Sustainability Committee October 2020 – item 7.11](#)

8.2   [Risk Appetite Statement - Policy and Sustainability Committee October 2020 – item 7.12](#)

8.3   [Operational Risk Management Framework – Governance, Risk, and Best Value Committee November 2020 – item 8.6](#)

9.   Appendices

9.1   Appendix 1   Strategic Risk Descriptions and Impact Statements

9.2   Appendix 2   Current Strategic Risk Summary and Trends

9.3   Appendix 3   Current Strategic Risk Heatmap

9.4   Appendix 4   Refreshed Operational Risk Management Framework – Progress with Design and Implementation

Appendix 1: Strategic Risk Descriptions and Impact Statements

Ref	Risk	Risk Description	Impact Statment
R1	**Strategic Delivery**	Inability to design and / or implement a strategic plan for the Council.	Lack of clarity regarding future direction and structure of the Council impacting quality and alignment of strategic decisions
R2	**Financial and Budget Management**	Inability to perform financial planning; deliver an annual balanced budget; manage cash flows; and confirm ongoing adequacy of reserves	Council is unable to continue to deliver services and implement change in line with strategic objectives; inability to meet EIJB financial directions; adverse external audit opinion; adverse reputational consequences
R3	**Programme and Project Delivery**	Inability to delivery major projects and programmes effectively, on time and within budget	Inability to deliver Council strategy; achieve service delivery improvements; and deliver savings targets
R4	**Health and Safety (including public safety)**	Employees and / or citizens (including those in the Council's care) suffer unnecessary injury and / or harm	Legal; financial; and reputational consequences
R5	**Resilience**	Inability to respond to a sudden high impact event or major incident	Disruption across the City; to service delivery; and serious injury or harm to employees and / or citizens.
R6	**Supplier, Contractor, and Partnership Management**	Inability to effectively manage the Council's most significant supplier and partnership relationships	Inability to deliver services and major projects within budget and achieve best value
R7	**Technology and Information**	Potential failure of cyber defences; network security; application security; and physical security and operational arrangements	Inability to use systems to deliver services; loss of data and information; regulatory and legislative breaches; and reputational consequences
R8	**Governance and Decision Making**	Inability of management and elected members to effectively manage and scrutinise performance, and take appropriate strategic and operational decisions	Poor performance is not identified, and decisions are not aligned with strategic direction
R9	**Service Delivery**	Inability to deliver quality services that meets citizen needs effectively and in line with statutory requirements	Censure from national government and regulatory bodies; and adverse reputational impacts
R10	**Regulatory and Legislative Compliance**	Delivery of Council services and decisions are not aligned with applicable legal and regulatory requirements	Regulatory censure and penalties; legal claims; financial consequences
R11	**Reputational Risk**	Adverse publicity as a result of decisions taken and / or inappropriate provision of sensitive strategic, commercial and / or operational information to external parties	Significant adverse impact to the Council's reputation in the public domain

Appendix 2 – Current Strategic Risk Summary and Trends

Risk	Original Risk	Current Risk Trend			Risk Appetite Range		Action Required	Actions In Progress	Target Date
		Q3	Q4	Q1					
R1. Strategic Delivery	● (black)	● (red)	● (red)	● (red)	● (green)	● (orange)	↓	Development and implement new performance framework	June 21
								Post Covid service redesign and implementation of new ways of working	Ongoing
								Monitor alignment between budgets and business plan	Ongoing
								Ensure sufficient capacity to support business plan delivery	Ongoing
								Implement senior management restructure	Sept 21
R2. Financial and Budget Management	● (black)	● (black)	● (orange)	● (orange)	● (green)	● (orange)	↔	Ongoing monitoring of the financial position with focus on financial years 2023/2024 onwards.	Ongoing
								Continue to explore all potential externally available funding sources	Ongoing
								Ongoing monitoring of capital costs in comparison to budget	Ongoing
								Improved governance and focus on identifying and delivery savings	Ongoing
R3. Programme and Project Delivery	● (red)	● (orange)	● (red)	● (red)	● (green)	● (red)	↔	Consolidation of all major projects into the A&R Programme	Ongoing
								Review of project management capacity and skills	Ongoing
								Monitoring availability of funding	Ongoing
R4. Health and Safety (including Public Safety)	● (black)	● (black)	● (black)	● (black)	● (blue)	● (green)	↓	Implementation of Life Safety audit actions	Ongoing
								Improved asbestos management	Ongoing
								Covid-19 employee response including focus on wellbeing	Ongoing
								Corporate (2nd Line) Health and Safety recruitment	June 21
								Refresh asset management strategy and implement new preventative maintenance framework with new suppliers	June 2021
								Review adequacy of capital budgets for infrastructure assets and prioritise urgent repairs	TBC
								Committee paper being prepared to revisit Council's approach to drivers.	TBC

Risk	Original Risk	Current Risk Trend			Risk Appetite Range		Action Required	Actions In Progress	Target Date
		Q3	Q4	Q1					
R5. Resilience	⚫ Black	🔴 Red	🔴 Red	🟠 Orange	🟢 Green	🟠 Orange	↔	Refresh of Corporate Resilience Framework, with focus on concurrent risks, and clarity on responsibility and accountability	TBC
R6. Supplier, Contractor, and Partnership Management	⚫ Black	🔴 Red	🔴 Red	🔴 Red	🟢 Green	🔴 Red	↔	Understand impacts of the new Brexit legislation on significant (Tier 1 and 2) contracts	Ongoing
								Monitor potential price inflation and reflect in budgets	Ongoing
								Monitor supplier sustainability and reflect in procurement frameworks.	Ongoing
								Refreshed ALEO governance and oversight framework	TBC
R7. Technology and Information	🔴 Red	🟠 Orange	🔴 Red	🔴 Red	🟢 Green	🟠 Orange	↓	Resolution of vulnerability scanning outcomes	Ongoing
								Implementation of ongoing phishing simulation	Ongoing
								Restricted access to personal e mail via Council networks	June 21
								Review of flexible VPN arrangements	TBC
								Protection of established Council domain names	TBC
								Enhanced data loss prevention through Office 365	TBC
								Prevent use of non-approved devices on Council networks	TBC
								Enhanced network password controls	March 21
								Implementation of Council wide refreshed user access management framework	July 21
R8. Governance and Decision Making	🔴 Red	🟠 Orange	🟠 Orange	🟠 Orange	🔵 Blue	🟢 Green	↓	Implementation of refreshed operational risk management framework	TBC
								Implementation of new governance and assurance models	TBC
								GRBV Committee Effectiveness Review	June 21
R9. Service Delivery	🔴 Red	🔴 Red	🔴 Red	🔴 Red	🟢 Green	🔴 Red	↔	Implementation of first line governance and assurance models	TBC
								Transition planning for VERA leavers	Ongoing
								Workforce monitoring and planning	Ongoing

Risk	Original Risk	Current Risk Trend			Risk Appetite Range		Action Required	Actions In Progress	Target Date
		Q3	Q4	Q1					
								Service resumption process being designed that will prioritise based on capacity of resources (operational estate and workforce) and commercial viability and Scottish Government and Public Health Scotland requirements	May 21
R10. Regulatory and Legislative Compliance	🔴	🟢	🟠	🟠	🔵	🟢	⬇	Actions currently being defined.	
R11. Reputational	🔴	🟠	🟠	🟠	🟢	🟠	⬌	Implementation of Social Media assurance actions	Ongoing
								Implement diversity and Inclusion framework	Ongoing
								Ongoing engagement with Elected Members and citizens on resumption of services as lockdown restrictions ease	Ongoing

Appendix 3 - Current Strategic Risk Heatmap

		Colour
		Critical
		High
		Moderate
		Low
		Minimum Possible

Impact

		1 Rare	2 Unlikely	3 Possible	4 Probable	5 Highly Probable
Very High	5		R2	R6 R3 R7		R4
High	4			R11 R9 R5 R10	R1	
Moderate	3			R8		
Low	2					
Very Low	1					

Likelihood
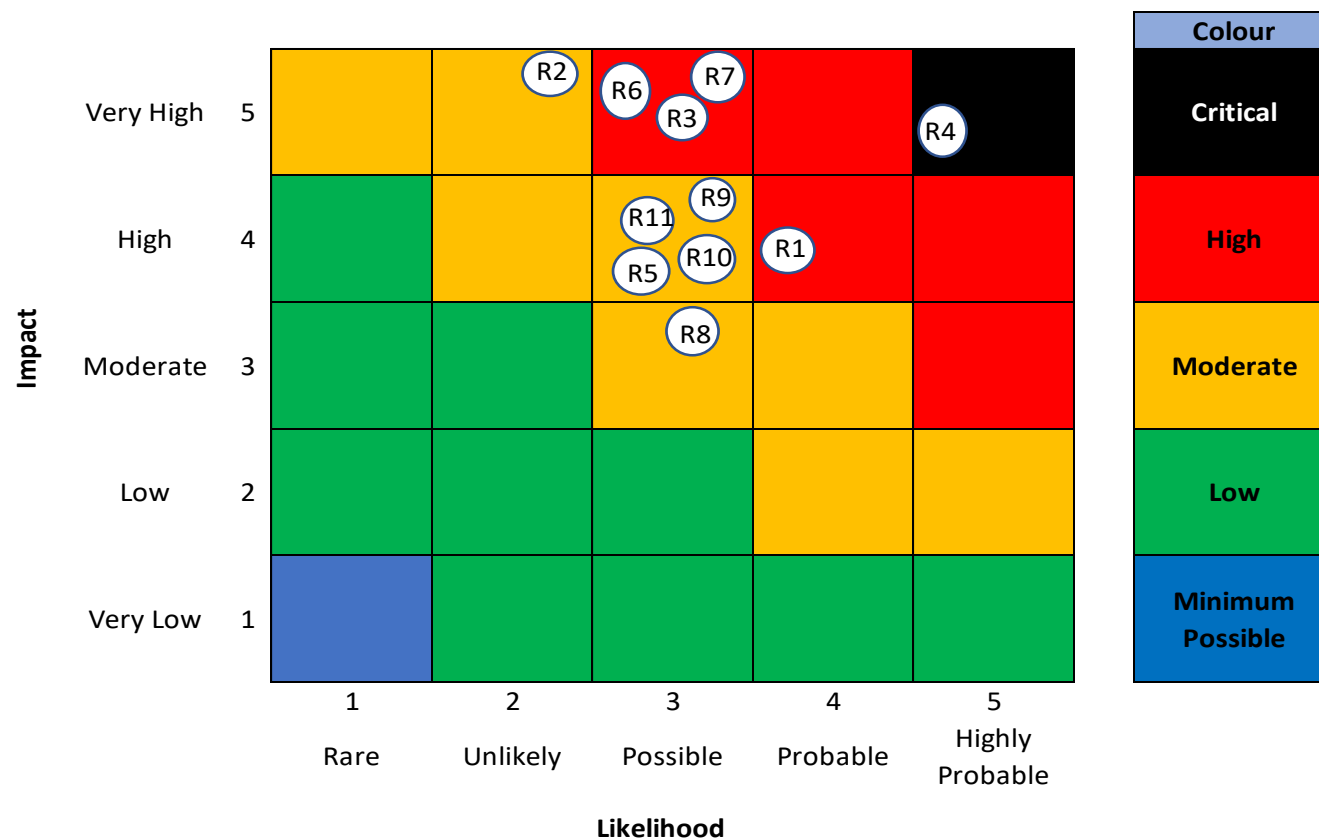
Strategic Risks			
R1	Strategic Delivery	R7	Technology and Information
R2	Financial and Budget Management	R8	Governance and Decision Making
R3	Programme and Project Delivery	R9	Service Delivery
R4	Health and Safety (including Public Safety)	R10	Regulatory and Statutory Compliance
R5	Resilience	R11	Reputational
R6	Supplier, Contractor, and Partnership Management		

Governance, Risk, and Best Value Committee, 8 June 2021

Appendix 4 - Refreshed Operational Risk Management Framework – Progress with Design and Implementation

Ref	Activity	Target Date	Status	Completion Date	Comments
1	**High Level Operational Risk Management Framework Design Approved by CLT**	**Sep-20**	**Complete**	**Jun-20**	
1a	Refresh First and Second Line Risk Management Responsibilities	Sep-20	Complete	Jun-20	
1b	High Level Operational Risk Management Framework Design approved by GRBV	Nov-20	Complete	Nov-20	
1c	High Level Operational Risk Management Framework Shared Across the Council	Nov-20	Complete	Nov-20	
2	**CLT Risk Committee Terms of Reference**	**Oct-20**	**Complete**	**Jan-21**	**Includes requirement for quorum to ensure attendance across all Directorates**
3	**Head of Legal and Risk attendance at CLT and Change Board**	**Oct-20**	**Complete**	**Dec-20**	
4	**Refresh Enterprise Risk Management Policy**	**Sep-20**	**Complete**	**Sep-20**	
5	**Refresh Risk Appetite Statement**	**Oct-20**	**Complete**	**Oct-20**	
5a	Wider Leadership Team (WLT) Risk Appetite Training	N/A	Complete	Jan-21	
5b	Elected Member Risk Appetite Training	N/A	Complete	Oct-20	
6	**Corporate Risk Team Attendance at HSCP Risk Committees**	**Dec-20**	**In Progress**		**Engagement with HSCP ongoing**
7	**Identification and Escalation of Risks through Risk Forum**	**Dec-20**	**In Place**	**Apr-20**	
8	**Publish quarterly Risk Matters newsletter**	**Dec-20**	**In Place**	**Jan-21**	
9	**Design and Implement Refreshed Operational Risk Management Framework**	**Mar-21**	**Complete**		
9a	Risk hierarchy / library - consistent definition of risks across the Council	Mar-21	**Complete**		
9b	Standard risk register structure for divisions and directorates	Mar-21	**Complete**		
9c	1st Line guidance /criteria to assess and score risk incl target risk / risk appetite	Mar-21	**Complete**		
9d	Risk accumulation and escalation process	Mar-21	**Complete**		
9e	Risk management methodology for projects	Mar-21	**Complete**		
9f	Identify training attendees	Mar-21	**Complete**		
9g	Deliver operational risk management framework training	Apr-21	**TBC**		
9h	Refresh structure of CLT and GRBV risk reports	Mar-21	In Place	Mar-21	**Refreshed March report presented to GRBV.**
10	**Refresh Divisional and Directorate Risk Registers (incl target risk)**	**Jun-21**	**Not Started**		
11	**Completion Operational Risk Management Framework Pilot**	**Aug-21**	**In Progress**		**New Action Added**
12	**Implement 2nd Line Risk Management Assurance across 1st Line Risk Activities**	**Oct-21**	**Not Started**		
13	**Risk Management System**	**Mar-23**	**In Progress**		
13a	Specification	Sep-21	In Progress		
13b	Procurement	Dec-21	Not Started		
13c	Implementation	Jun-22	Not Started		
14	**Assurance Mapping**	**Mar-23**	**Not Started**		

Governance, Risk, and Best Value Committee, 8 June 2021

This page is intentionally left blank

Governance, Risk and Best Value Committee

10.00am, Tuesday, 8 June 2021

Capital City Partnership: Progress Update – referral from the Housing, Homelessness and Fair Work Committee

Executive/routine	
Wards	**All**
Council Commitments	

1. For Decision/Action

1.1 The Housing, Homelessness and Fair Work Committee has referred an update report on the Capital City Partnership to the Governance, Risk and Best Value Committee for information.

Andrew Kerr

Chief Executive

Contact: Sarah Stirling, Committee Services, Strategy and Communications Division, Chief Executive's Service

Email: sarah.stirling@edinburgh.gov.uk | Tel: 0131 529 3009

EDINBVRGH
THE CITY OF EDINBURGH COUNCIL

Referral Report

Capital City Partnership: Progress Update

2.   Terms of Referral

2.1   On 3 June 2021, the Housing, Homelessness and Fair Work Committee considered an update report on the progress made against the objectives and targets detailed within the Service Level Agreement (SLA) between the Council and Capital City Partnership (CCP).

2.2   The Housing, Homelessness and Fair Work Committee agreed:

2.2.1   To note the progress being made by CCP against their SLA objectives and targets.

2.2.2   To note that the SLA had been amended in 2020/21, reflecting a £150,000 reduction in payments from the Council to CCP.

2.2.3   To note that the current circumstances around Covid-19 had had a major impact on the results for 2020/21 and on the employment landscape as a whole, with corresponding changes in the strategic and operational landscape at national and local level (e.g. Edinburgh Economy Strategy, City Region Deal, Scottish Government Employability Services).

2.2.4   To refer this report to Governance, Risk and Best Value Committee.

3.   Background Reading/ External References

3.1   [Webcast of the Housing, Homelessness and Fair Work Committee of 3 June 2021](#)

4.   Appendices

4.1   Appendix 1 – report by the Executive Director of Place

Housing, Homelessness and Fair Work Committee

10.00am, Thursday, 3 June 2021

Capital City Partnership: Progress Update

Executive/routine	Executive
Wards	All
Council Commitments	7 and 31

1. Recommendations

1.1 It is recommended that Housing, Homelessness and Fair Work Committee:

1.1.1 Note the progress being made by Capital City Partnership (CCP) against their Service Level Agreement (SLA) objectives and targets;

1.1.2 Note that the SLA has been amended in 2020/21, reflecting a £150,000 reduction in payments from the Council to CCP;

1.1.3 Note that the current circumstances around Covid-19 have had a major impact on the results for 2020/21 and on the employment landscape as a whole, with corresponding changes in the strategic and operational landscape at national and local level (e.g. Edinburgh Economy Strategy, City Region Deal, Scottish Government Employability Services); and

1.1.4 Refer this report to Governance, Risk and Best Value Committee.

Paul Lawrence

Executive Director of Place

Contact: Elin Williamson, Business Growth and Inclusion Senior Manager

E-mail: elin.williamson@edinburgh.gov.uk | Tel: 0131 469 2801

Report

Capital City Partnership: Progress Update

2. Executive Summary

2.1 This report sets out the progress that has been made against the objectives and targets detailed within the Service Level Agreement (SLA) between the Council and Capital City Partnership (CCP).

2.2 It also highlights the ongoing changes in the strategic and operational employability environment at national and local level that will require that the terms of the SLA will be kept under review and adapted, if necessary, to ensure it continues to strategically fit with local need and provides value for money for the Council.

3. Background

3.1 CCP is an Arm's Length External Organisation (ALEO), with charitable limited liability company status, that is wholly owned by the City of Edinburgh Council.

3.2 Its activities are governed by its Memorandum and Articles of Association which enable it to:

3.2.1 Relieve poverty by the introduction of measures designed to alleviate unemployment and give access to employment;

3.2.2 Advance education by the provision of training and educational opportunities and assist the participants to find work;

3.2.3 Advance mental and physical health;

3.2.4 Provide recreational facilities and organise recreational activities available to members of the public improving their conditions of life;

3.2.5 Relieve those in need by reason of age, ill-health, disability, financial hardship or other disadvantage;

3.2.6 Advance environmental protection and improvement and provide public amenities;

3.2.7 Advance citizenship and community development; and

3.2.8 Promote, establish, operate and/or support other similar schemes and projects which further charitable purposes.

3.3   The specific services which are funded by the Council are detailed in an SLA, which was reviewed, updated and renewed by Housing and Economy Committee on 18 January 2018 (extract included in Appendix 1).

4.   Main report

4.1   CCP focuses on supporting the development of a more inclusive labour market, working in collaboration with the Council and other partners to maximise the impact of its activities on the city.

4.2   The SLA that governs the relationship between the Council and CCP requires the provision of services to the Council in three areas:

    4.2.1   Effective Partnerships, Relationships and Leverage;

    4.2.2   Performance Management; and

    4.2.3   Quality Assurance.

4.3   To date, progress against the SLA commitments (detailed in Appendix 1) have been good and the key successes are outlined below

Effective Partnerships, Relationships and Leverage

4.4   CCP has been supporting the city's jobs partnership, Joined up for Jobs (JUFJ), and securing leverage that adds value to Council investment. It has provided secretariat support for JUFJ partnerships structures, including the strategy group, the providers' forum and allied working groups with the aim to support collaboration and continuous improvement.

4.5   The feedback survey for 2020/21 was twofold; one for stakeholders and one for service users. Stakeholders reported 100% satisfaction with CCP's co-ordination and delivery of the Job Strategy Group and 96% of clients were 'very satisfied' with the service they received from JUFJ providers.

4.6   CCP has continued to successfully attract external funding to add value to the Council core investment and complement its own external income raising activity. It's target, to raise £2m annual cumulative over three years, has been achieved with significant margin, with the current total secured leverage three-year average for 2020/23 at £6,124,940 (equivalent to £2,041,646 per annum).

4.7   The company has been actively working with other Edinburgh and South East Scotland (ESES) City Region Deal Partners (including Economic Development teams, universities and colleges and national agencies) on developing and initiating the seven projects detailed within the Integrated Regional Employability and Skills (IRES) Programme, with a focus on the Intensive Family Support Service, Integrated Employer Engagement and Integrated Knowledge Systems projects.

Performance Management

4.8 CCP performs a management service, ensuring all Council contracts and grants deliver good value. It has maintained regular oversight of managed contracts, undertaking regular audit and compliance visits and provides quarterly reports to the Council. All numbers below are as at 5 May, final numbers are available June 2021.

4.9 The current contracts and agreements being managed by CCP are:

4.9.1 Edinburgh Supported Employment Service (All in Edinburgh): A pan-disability service open to all job-seeking disabled people in Edinburgh who wish to engage with employment support;

4.9.2 Subsidised Childcare for Working Parents: Subsidised places are available for families who have income below 75% of the Scottish Median Income level at four childcare providers;

4.9.3 EnCompass: Specialist employability support for individuals with complex needs (e.g. homeless, ex-offenders, history of substance misuse);

4.9.4 Edinburgh Targeted and Integrated Employment Service (Next Step): Focusing on short-term unemployed and in work low income clients;

4.9.5 NEST (Network of Employability Support and Training): Grants programme aimed at reducing poverty and increasing access to the labour market.

4.9.6 No-one Left Behind: Youth-focussed delivery based in five hubs and featuring significant amounts of outreach.

4.10 Appendix 3 provides a high-level overview of the performance of the individual services but, across all services, between 1 April 2020 and 31 March 2021 there had been 1,801 new client engagements (new starts). 98% of clients supported had at least one barrier to employment and 86.5% had three or more.

4.11 These clients have received support on a 1:1 basis as well as in group over the year and verified outcomes as at 31 March 2021 were: 555 progressions towards work, 311 job outcomes and 481 'in-work' outcomes.

4.12 The SLA targets 60% of clients to sustain in employment for six months or more. 100% of jobs in 2020/21 were sustained to four weeks, and 70% of jobs sustained for six months, which is a very good outcome considering the temporary nature of jobs during the Covid-19 pandemic.

4.13 The SLA also includes targets for 60% of clients to be earning living wages six months after employment (without subsidy) where this was a Key Performance Indicator (KPI) in the contract with the service provider. Contracts are currently achieving 62% living wage jobs as standard, which is an excellent achievement, however due to the Covid-19 pandemic, there is a real risk that this number will slip back below target and so CCP has undertaken additional measures to ensure that clients are moving into fair, well-paid work.

Quality Assurance

4.14 CCP have systems to verify the collective impact and quality of services to inform targeting and future development. To ensure quality, CCP audits all funded organisations. This year it was not possible to gain access to premises to do a full audit of funded organisations. However, a virtual audit took place for those organisations who did not have a satisfactory initial audit in 2019/20.

4.15 A mandatory awareness raising/training session is delivered annually to address common issues which were highlighted during the audit process. This is supplemented by individual support for new contractors if necessary.

KPI monitor

4.16 The full KPIs can be found in Appendix 1. The below shows each KPI with a Red/ Amber/Green (RAG) rating where Red means target not met, Amber target partially met and Green target fully met.

Indicator	RAG
Stakeholder satisfaction with services provided and effectiveness of the partnership (90% Very satisfied).	🟩
Facilitate four Job Strategy Groups, Joined up for Jobs forums, and Joined up for Business meetings per year with 75% participation by partners and/or funded organisations	🟩
External leverage (cash and in-kind) secured by the Recipient to add value to the Funders Investment or help deliver on savings targets (£2,000,000 over 3 years)	🟩
Support capacity of Third Sector to leverage match from CEC funds, including identifying opportunities (£500,000 over 3 years)	🟩
Engagement with min. 25 employers across Edinburgh to support with recruitment, training, and funding opportunities to enable business growth.	🟩
Linking min. 1,000 opportunities to priority groups and making recruitment more accessible (20% most vulnerable groups).	🟩
Deliver four business insight sessions to employability advisors and employers supporting a more diverse and inclusive workforce and reflecting Fair Work practices	🟧
Services are well targeted at agreed priority groups (90% of active clients from priority group)	🟩
Cumulative engagement, progression, and outcome targets are achieved (Over 90% of agreed volumes delivered, underperformance is managed and mitigation reported).	🟥
Client supported into work sustain employment for at least 6 months (60% where this is a contracted KPI)	🟩
Providers have insight into local Labour Market Information (LMI), sectoral intelligence (12 Monthly claimant count reports; quarterly LMI digests)	🟩
Providers adhere to the principles of Fair Work (Monitor fair work indicators, 60% of clients supported into work earning living wage 6 months after employment (without subsidy) where this is a KPI. Annual report on fair work measures and monitoring via Customer Charter)	🟩

Projects and services comply with the associated terms, conditions, rules, and regulations.	
Employer satisfaction with scope and quality of service received and the positive impact made. (90% Very satisfied)	
High level of data completeness and accuracy maintained on client and other project records (95% of records are accurate and contain all the data required to satisfy funding and operational commitments)	
Employability contracts and grants holders are awarded the Joined up for Job Customer Charter within six months of programme start (90% within six 6 months of project start)	
Support and maintain Joined up for Jobs website and directory. Deliver consistent communication and marketing to network of providers (Comprehensive and up-to-date directory held. 48 weekly bulletins sent to network)	

4.17 Overall, CCP have met their KPIs. Due to the Covid-19 pandemic, Business Insight focus has been more on the employment market overall and less on Fair Work practices, hence amber rating on that KPI, however this will realign as recovery progresses. With regards to achieving targets, again due to Covid-19, performance across all services was generally below target with a few exceptions thus the red rating. CCP have been engaging regularly with providers and officers throughout the year to mitigate impact and continue to do so over 2021/2022.

5. Next Steps

5.1 There has been steady progress against the objectives and targets set in the SLA and work is ongoing to maintain this and identify areas for improvement.

5.2 The Covid-19 pandemic has changed the employment landscape in Edinburgh but the full impact is not yet known. The Council will need to work together with CCP and service providers to ensure a swift and efficient response.

5.3 As per the report to Committee on 14 January 2021, three of the Council's main contracted services managed by CCP are currently undergoing a reprocurement exercise with the new contracts scheduled to commence 1 April 2022.

5.4 As reported to this Committee, coproduction is also about to commence for the NEST grants as well as No One Left Behind, Phase 2, transition from national to local delivery scheduled to commence on 1 April 2022.

5.5 These changes in contracts and grants, in addition to further ad hoc funding provided by Scottish Government in response to the unemployment situation following the Covid-19 pandemic will require a continued strong partnership between the Council and CCP.

5.6 Additionally, the involvement with the ESES City Region Deal and its IRES Programme have brought about new ways of working and opportunities to add value to Council investments.

6. Financial impact

6.1 The SLA commits the Council to revenue support per year to cover the core staffing and accommodation cost of the organisation, plus a further contribution to the running costs of the directly delivered projects (e.g. employer hubs at Fort Kinnaird and St James Development) and partnership support structures.

6.2 Other revenue funding provided is to cover the cost of contracts procured by the Council passed to the company to performance manage.

6.3 The company also manages contracts with external bodies for which it recoups any additional costs incurred.

6.4 CCP has currently secured leverage at a total three-year average for 2020/23 at £6,124,940 (equivalent to £2,041,646 per annum) to supplement the core investment in employability services.

6.5 The financial commitments detailed in the SLA were agreed for 2018/19 and indicative for the remaining years. The SLA and financial contribution of the Council is therefore subject to review annually as a result of the Council's budget process.

6.6 In 2020/21 and onwards the Council's funding to CCP has been reduced by £150,000 (from £647,000 to £497,000).

6.7 This report is for noting only and no financial implications arise directly from it.

7. Stakeholder/Community Impact

7.1 The requirements within the SLA have been updated to reflect agreed practice associated with Council arms-length companies and new obligations on the Council under recent legislative changes e.g. General Data Protection Regulation (GDPR).

7.2 Quarterly meetings are held with the CCP Chief Executive Officer to discuss SLA progress and ensure alignment with work directly undertaken by the Council.

8. Background reading/external references

8.1 Capital City Partnership Service Level Agreement report to Housing and Economy Committee on 18 January 2018.

8.2 Joined up for Jobs website

8.3 Edinburgh Economy Strategy on 7 June 2018

9. Appendices

9.1 Appendix 1 – Extract of Services and KPIs from CEC/CCP SLA 2018/21.

9.2 Appendix 2 - Progress Report by Capital City Partnership.

9.3 Appendix 3 – Provider Performance 20-21

Appendix 1 – Extract of Services and KPIs from CEC/CCP SLA

The Services

The Services comprise the following:

1   Effective Partnerships, Relationships, and Leverage

1.1   The development of the "Joined up for Jobs" (JUFJ) jobs and progression partnership to supports the implementation of the City Vision, Economic Strategy, and the Strategic Skills Pipeline. This includes the provision of a partnership secretariat.

1.2   The provision of information, analysis and support to partners to encourage them adapt individual or joint delivery arrangements to better match city need and opportunity.

1.3   Working jointly with Economic Development on evidence-led policy, strategic and operational development including pulling together responses to policy consultations where appropriate.

1.4   Identify and secure financial or in-kind contributions that add value to the Funders investment or enable financial savings to be realised with minimal loss in impact.

2   Performance Management Service

2.1   Where required, the negotiation, commissioning, sign off, and adaptation of projects and services on behalf of the Funder. This includes creating consortia, multi-agency funding packages, undertaking due diligence, target setting, and agreeing financial payment arrangements.

2.2   Putting in place a performance management service to oversee projects or services passed to the Recipient by the Funder (or co-funding partners) that drives good progress against targets and delivers excellent value for money

2.3   Monitoring, auditing, and evaluating projects or services managed on behalf of the Funder to ensure good quality and well targeted services, compliance with any rules and regulations to mitigate any financial risks or reputational damage, and where applicable the recovery of any overpayments.

2.4   Managing and developing the city's Employer Engagement Hubs (currently the Airport RC, Fort Kinnaird RSC, and St. James) to; build better relationships with key industries, create effective public/private delivery structures, maximise the community benefits realised from developments, and unlock good job opportunities for citizens.

3   Quality Assurance and Communications

3.1   Putting in place processes and systems to track and verify the impact and quality of services (including feedback from beneficiaries, employers, providers, and other stakeholders) and making this data and any analysis readily available to the Funder.

3.2   Providing a cross-cutting client management system ("Caselink" or any successor system) to support effective performance management and improved joint working across services. Working with Economic Development to ensuring that data scope and analytical functionality is fit for purpose, there is high level of data accuracy, and measures are put in place to comply with any legal obligations (e.g. GDPR).

3.3   Developing and implementing, in conjunction with Economic Development, joint communication, marketing, and quality assurance tools including common branding, Funder acknowledgement boilerplates, the Joined up for Jobs website, service directory and noticeboard, and JUFJ customer charter schemes.

Key Performance Indicators

The performance of the Services shall be in accordance with the following Key Performance Indicators ("KPI"s)

Indicator	Target	Timeframe	Source
KPI 1: Delivering effective operational partnerships & relationship			
a) Stakeholder and client satisfaction with services provided and effectiveness of the partnership.	90% Very satisfied	to be conducted in 2021/22	External evaluator appointed
b) Facilitate four Job Strategy Groups, four Joined up for Jobs forums, and four Joined up for Business meetings per year. Deliver and source training and information products according to needs.	Average 75% participation by partners and/or funded organisations	Annual	Attendance monitoring / Webinar data
c) External leverage (cash and in-kind) secured by the Recipient to add value to the Funders Investment or help deliver on savings targets.	£2,000,000	Cumulative over 3 years	Progress and performance reports
d) Support capacity of Third Sector to leverage match from CEC funds, including identifying opportunities	£500,000 (10% match target)	Cumulative over 3 years	Financial Reports and Audited Accounts Progress and performance reports
e) Engagement with employers across Edinburgh to support with recruitment, training, and funding opportunities to enable business growth.	25 employers	Annual	Progress and performance reports
f) Linking opportunities to priority groups and making recruitment more accessible.	1000 opportunities sourced and made available with 20% target at most vulnerable groups	Annual	Caselink (and new IKS system) and Job Portals
g) Deliver business insight sessions to employability advisors and employers supporting a more diverse and inclusive workforce and reflecting Fair Work practices	4 sessions	Annual	Progress and performance reports

KPI 2: An effective employability performance management service			
a) Service are well targeted at agreed priority groups	90% of active clients are from priority groups	Annual	Verified client records and audit trails
b) Cumulative engagement, progression, and outcome targets are achieved. Underperformance is managed and mitigation reported.	Over 90% of agreed volumes delivered	Annual	Progress and performance reports
c) Client supported into work sustain employment for at least 6 months	60% sustain employment for 6 months or over (where this is a contracted KPI)	Annual	Progress and performance reports
d) Providers have insight into local Labour Market Information (LMI), sectoral intelligence	12 Monthly claimant count reports; quarterly LMI digests	Annual	Insight reports
e) Providers adhere to the principles of Fair Work	Monitor fair work indicators (living wage, living hours, community benefit) 60% of clients supported into work earning living wage 6 months after employment (without subsidy) where this is a KPI. Annual report on fair work measures and monitoring via Customer Charter	Annual	Progress and performance reports
f) Projects and services comply with the associated terms, conditions, rules, and regulations.	100% compliance demonstrated	Annual	Progress and performance reports

Page 220

KPI 3: Quality Assurance and Communications			
a) Employer satisfaction with scope and quality of service received and the positive impact made.	90% Very satisfied	Annually	Customer and Stakeholder feedback survey.
b) High level of data completeness and accuracy maintained on client and other project records	95% of records are accurate and contain all the data required to satisfy funding and operational commitments	Ongoing	Sample checks and audits of client records Contractual Regulations
c) Employability contracts and grants holders are awarded the Joined up for Job Customer Charter within 6 months of programme start	90% hold charter mark status within 6 months of project start	Annual	Progress and performance reports
e) Support and maintain Joined up for Jobs website and directory. Deliver consistent communication and marketing to network of providers	Comprehensive and up-to-date directory held. 48 weekly bulletins sent to network	Annual	Progress and performance reports

Progress and performance reports to be provided quarterly with Ad hoc reports on red-rated provision

Appendix 2 - Progress Report by Capital City Partnership

Progress against Capital City Partnership SLA Targets

KPI 1: Delivering effective operational partnerships and relationship

a)   *Stakeholder satisfaction with services provided and effectiveness of the partnership. Stakeholder feedback survey 90% Very satisfied*

Capital City Partnership is the Local Employability Partnership lead for Edinburgh and co-ordinates the Job Strategy Group as part of this, bringing together key stakeholders for joint working, collaborations and to align strategically where possible and avoid duplication of effort and resources. The Job Strategy Group meets quarterly, with membership comprising of Skills Development Scotland, Department of Work and Pensions, NHS Lothian, Edinburgh College, Edinburgh Universities, Chamber of Commerce, The City of Edinburgh Council, EVOC and Capital City Partnership.

Underneath this, Capital City Partnership co-ordinates the Joined Up for Jobs programme within the Strategic Skills Pipeline, bringing together the commissioned frontline service providers for a cohesive programme; including quarterly Joined Up for Jobs forums, a weekly bulletin of live job vacancies, insight reports, latest news and strategic development and funding opportunities; a monthly bulletin on unemployment figures and analysis; and production of the Joined Up for Jobs website as a resource for all frontline workers.

Capital City Partnership also co-ordinates Joined Up for Business, a partnership approach to employer facing activity to support business to meet skills and employment demands and to encourage and facilitate employment of our more vulnerable groups. As part of this offer, Capital City Partnership also co-ordinates two Skill Centres which are clustered around large scale employment opportunities: Fort Kinnaird Recruitment Skills Centre and FUSE as part of the GAM agreement for St James Quarter. Community Benefits also make up a large part of the Joined Up for Jobs approach, securing best value from contracts and especially construction activity in the city.

Capital City Partnership also co-ordinates the Youth Employability Partnership, bringing stakeholders and providers together to ensure there is enough positive destination provision across the city and capturing this in the Youth Employability Action Plan (YEAP) shared with the Scottish Government. There will be an increased focus on this area going forward with new funding from the Young Person's Guarantee.

Within this area, Capital City Partnership has completed its annual feedback survey for 2020/21. Stakeholders and partners reported 100% very satisfied with CCP's co-ordination and delivery of the Job Strategy Group and related services outlined above, and 96% of clients very satisfied with the service they received from Joined up for Jobs providers and contracted provision and would recommend it to someone they know. One Local Employability Partner said:

> *"CCP are always so helpful and encouraging and support partnership working. Very much appreciated."*

And a Joined up for Jobs provider also commented that:

> *"The team at CCP are great and extremely approachable and helpful.   The training events organised for staff were great."*

We usually conduct an employer survey annually within the two Skill Centres we support with direct funding from the developers, but due to Covid we have been unable to this year as most business (especially in the BID City Centre) were closed. However, we continue to receive regular positive feedback from employers and the investors, evidenced by the funding renewals on both sites from the developers British Land and Nuveen respectively.

We also provided employers with a new emergency fund under our Integrated Employer Engagement project within the City Region Deal, supporting 73 businesses with grants of £500-£1,000 to respond to Covid and keep their workforce supported. A survey conducted in December 2021 showed 100% were very satisfied with the service offer and 91% said it had helped them to retain staff.

b)   *External leverage (cash and in- kind) secured by the Recipient to add value to the Funders Investment or help deliver on savings targets. Target £2,000,000 Annual Cumulative over 3 years.*

Capital City Partnership continues to attract significant additional funding through a range of funding bodies and opportunities, exceeding the target substantially. Below is the latest secured leverage profile. We are projecting a leverage of £6,124,940 over a three-year period against a target of £2,000,000. Average per annum leverage is currently standing at £2,041,646. We have worked to diversify the funding sources, accessing funds and support from both private and public sectors.

Leverage Funding Table 2020-23

Funder and Project	Purpose	Year(s)	Leverage
ESESCRD Intensive Family Support	To support 144 families in the region	2020/23	£1,703,940.00
ESESCRD Integrated Knowledge Systems	For integrating knowledge systems	2020/23	£765,000.00
ESESCRD Integrated Employer Engagement	For integrating employer engagement services, including community benefits	2020/23	£1,677,000.00
ESESCRD Connector Funding	Support to connect the seven themes	2020/23	£180,000.00
Young Person Guarantee NOLB Funding from City of Edinburgh Council	To provide small staff team to tackle youth unemployment	2021/23	£280,000.00
Rapid Response to Retail Fort Kinnaird Recruitment Skills Centre	Provision of employment skills support to furlough staff and recovery	2020/21	£48,000.00
Pupil Equity Fund	Maximise! project to tackle poverty	2020/22	£850,000.00
FUSE Edinburgh St James Funding	Recruitment centre St James Quarter	2020/21	£100,000.00
Caselink Service Level Agreements	East Lothian use of Caselink.	2020/22	£10,000.00
Regional Recovery Fund	Three regional wealth building projects	2021/22	£185,000.00
Scottish Government Investing in Communities Fund	Choices for Change: Participatory Budgeting Vulnerable Families support	2020/22	£126,000.00
Community Fund Young Start Grant (Get Hired project).	To intensely support 20 disadvantaged young people from Maximise! Project	2020/22	£72,500.00
Workplace Equality Fund Scottish Government	Women returners listening project linking with Volunteer Centre and Women's Aid	2021/22	£17,500.00
DWP Low Value procurement Academies pop ups	To deliver Sector Based Work Academies for recruiting sectors	2020/22	£80,000.00
Contributions to reviews, evaluations, and events etc	Funding contributions for small project work from the network	2020/22	£30,000.00
	TOTAL SECURED LEVERAGE 3 YEAR AVERAGE		**£6,124,940.00**
	per annum		**£2,041,646.67**

Capital City Partnership has consolidated work within the Edinburgh and South East Scotland City Region Deal and the Integrated Regional Employability and Skills (IRES) programme. We currently lead on one full area and operationally deliver two others. We also are part of the Programme Management Office with an IRES Programme Connector to bring together the seven themes into an aligned and consistent programme approach for inclusive growth.

The three projects we manage are:

- **Intensive Families Support Service:** The service offers a combination of intensive, general and specialist activities tailored to the needs of the whole family. Supporting each individual within the families to progress, as well as implementing whole family activities that will build a support network, improve the family dynamic to provide effective support for each other. We align this work to the Edinburgh Poverty Commission and Child Poverty Action Plans. We are currently supporting twenty-four families in Edinburgh.

Page 224

- **Integrated Employer Engagement:** This project helps to co-ordinate and improve the employability and skills service offer to employers. This year we are developing a regional approach to "Community Benefits from Procurement" to ensure that the significant expenditure of the partners fully exploits any opportunity to drive inclusive growth and support community empowerment. We also created the Covid-19 Jobs Portal under this funding, promoting 3,863 job opportunities during the year, registering 1,548 employers, and securing 400 jobs for prioritised groups. We also worked with training providers to provide free transferable skills training for recruiting sectors.
- **Integrated Knowledge Systems:** To better align and integrate partner performance management systems and digital services to enable the more effective pooling, analysis, and dissemination of performance information that will be critical to driving service improvement, increased responsiveness, and the creation of an integrated person-centred approach.

Other funding secured includes investment from British Land at Fort Kinnaird to deliver a Rapid Retail Response service to employers, employees, and jobseekers. We exceeded targets for this service of supporting 50 clients and 70 employers and have secured another year funding to continue this project into 2021/22.

We have also worked closely with St James Quarter to secure core funding for an employer contribution to FUSE Skill Centre to replace the loss of Essential Edinburgh support due to Covid impacts.   We have a target of 450 jobs planned for when the centre fully opens in early Summer 2021.

We have also developed a new training Sector Work Academies Partnership (SWAPs) relationship with the Department of Work and Pensions to deliver transitional training into recruiting sectors, with 12 courses ran and 95 people gaining transferable skills and 68 jobs secured during Covid. We are aligning this training area with FUSE job opportunities for when the new St James Quarter development fully opens in 2021/22.

Capital City Partnership has also secured Scottish Government funding under the Investing in Communities Housing and Regeneration programme to deliver community engagement projects across the localities model for two years, enabling community groups to access grants of £4,000 each to develop their solutions to poverty. We were able to adjust this project during Covid to have a more direct community response, initially providing 600 meals a week in South West Edinburgh during the first lockdown. During the

second lockdown the project set up the distribution of 2,100 meals to families in South East Edinburgh via Maison Bleu and Goodtrees Neighbourhood Centre. We have worked closely with the Scottish Government to keep this project running during Covid to reach the hardest to help communities and will have a focus on vulnerable young people going forward.

Capital City Partnership's contract management of the Maximise! Project (cited as best practice in the Edinburgh Poverty Commission). Maximise is based in school clusters and offers parents and older children money advice, employability support and family/household support. To ensure strategic links Capital City Partnership contribute to the Child Poverty Action Plan, sit on the City of Edinburgh Council Income Maximisation and Bridging the Gap groups, and have contributed to the Edinburgh Poverty Commission, hosting interaction with clients, and contributing to policy development.   We have also secured new funding from the National Lottery for a new project under Maximise! called Get Hired to intensively focus on young people who are care experienced and need additional support to secure work.

Through our management of the NEST grant programme, we have supported funded projects to use the City of Edinburgh Council investment of £865,604 as match funding and can report an extra investment by third parties of £531,064 per annum has been secured for Edinburgh.

KPI 2: An effective employability performance management service

Capital City Partnership contract performance manages seven contracts and 27 grants on behalf of The City of Edinburgh Council for an investment of £4,787,177.

Contract management includes chairing or facilitation of steering groups for all contracted provision (usually monthly) and twice-yearly contract management meetings for grant-managed provision. Providers submit quarterly narrative reports and financial claims. Each organisation undergoes a stringent audit annually, or more often if any concerns are raised.

- **Edinburgh Supported Employment Service (All in Edinburgh):** A pan-disability service open to all job-seeking disabled people or those with long term health conditions who wish to engage with employment support. Provides for clients in the following categories: Learning disability, Mental Health condition, Autism/Asperger's, Acquired Brain Injury, Visual Impairments, Hearing impairment, Physical disability, other long-term health conditions.

- **Subsidised Childcare for Working Parents (delivered by Kidzcare, North Edinburgh Childcare, Smile Childcare and Childcare Connections):** Subsidised places are available for families who have income below 75% of the Scottish Median Income level at the four childcare providers. Parents are supported to access employability support to help them progress in work and move off the subsidy.

- **EnCompass**: This service provides advice and support to those typically in recovery from or living with issues which create barriers to employment, and which complicate the likelihood of effective engagement by other services to meet their employability needs. This includes people who have experience with substance misuse; homelessness; or have an offending background.

- **Edinburgh Targeted and Integrated Employment Service (Next Step)**: A city-wide integrated employability service operating from all four localities and community outreach bases. Focus is on both short-term unemployed and in work low-income clients.

- **NEST (Network of Employability Support and Training)**: This is a programme of grant-funded projects aimed at more niche client groups with a focus on reducing poverty and increasing access to the labour market. We have worked on co-commissioning and co-design to ensure there is equity across client groups and localities.

- **No-one Left Behind Grants:** Youth-focussed delivery based in seven hubs and featuring significant amounts of outreach. More vulnerable young people are supported on their employment journey.

Contracted providers of employability services have found this year difficult; the impact of Covid measures such as social distancing and the closing of community resources has meant that services have had to be delivered almost entirely online. In addition, many clients faced digital poverty, increased caring responsibilities and food insecurity during this time. Considering the challenges brought by Covid, adjustments were made to both contracts and grants during the year where appropriate to respond to labour market conditions.

a) Services are well targeted at agreed priority groups.

Capital City Partnership's management information system, Caselink, is used to record clients' 'barriers to work' and collect evidence that we are focusing on the prioritised groups identified in all contracts and grants.

In 2020/21, 98% of clients had at least one barrier whilst 86.5% of the clients supported had three or more barriers to finding employment. Analysis of this data allows Capital City Partnership to flex provision to ensure that it meets the needs of Edinburgh citizens. For example, the pandemic has been particularly hard on young people and 23.6% of clients who started to receive support this year are 19 or younger. We also use this data to ensure that our services are meeting the needs of all citizens; 19.6% of clients in 2020/21 reported a disability (in 19/20 it was 18%), 13.6% identified as being from an ethnic minority (the city average is 8%).

We also co-ordinate the wider Joined up for Jobs framework to influence and develop additional projects to complement the core Council offer, to reach more excluded client groups, provide early intervention and tackle poverty and inequality. We also work with partners on co-commissioning, co-design, and co-funding of resources to make the most impact of our collective efforts.

An audit of the service provision across the city was undertaken by us for the Edinburgh Partnership Local Outcomes Improvement Plan in 2020/21 to ensure we had equity of service (see diagram below) and that all client groups had a service.

Through this we have worked collectively to highlight gaps in service and how we can collectively address it:

1. *Support the depth and breadth of work under the refreshed 'Edinburgh Guarantee for All' (EGFA)*
2. *Improve support and outcomes of Care Experienced young people to be able to access work, learning, and training pathways.*
3. *Improve outcomes for BAME citizens, including better access to employment through leadership, senior visibility, and high-ranking positive role models.*
4. *Develop improved coordination of support for prison leavers, bringing together services for a more joined up approach with clearer pathways.*

Youth Offer
The Guarantee (DYW)
Activity Agreements (NOLB)
Youth Guarantee (NOLB)
Kickstart Scheme (DWP)
Youth Hub (DWP)
Job Grant (SSS)
Modern Apprenticeships (SDS)

Disability/Health Condition
All in Edinburgh (CEC)
Project SEARCH (CEC/NHS)
The Works (NHS)
Community Link workers (NHS)
Macmillan (NHS)

Care Experienced
Activity Agreements (NOLB)
MCR Pathways in schools
Civil Service internship
Maximise! project (PEF)
Get Hired (National Lottery)
Police Care Charter
Hub for SUCCESS (Napier)
* Indepenent Care Review

Core Generic Offers
Covers long term unemployed, recently unemployed, 50+ and inwork support
Edinburgh Guarantee for All (CEC+)
Next Steps (CEC)
Start Scotland (Scot Govt)
Employability Fund (SDS)
Careers Information Advice Guidance (SDS)
NEST grants (CEC)
CAEHRS JETS (DWP)
Jobcentre job coaches (DWP)
Volunteer Centre (CEC+)

Criminal Justice, Prison Leavers, Homelessness Substance Misuse
Encompass (CEC)
All Cleaned Up (CEC)
Recruit with Conviction
Navigators (Police Scotland)
(Aid and Abet, Positive Prisons, Apex Scotland, Vow all contribute to prison work)

Families /Parents
Maximise! (PEF)
Maximise! Early Years (IFSS/IRES)
NEST Parental Support (NOLB)
Childcare Hubs (CEC)
Women Returners
Data Driven Innovation (IRES)

Skills Offer
Sector -based Skills Academies (DWP)
Edinburgh College
4 Universities in Edinburgh inc Graduate Apprenticeships
Construction, Data Driven, H&SC Gateways (IRES)
National Transitional Training Fund (SDS)
Careers Guidance (SDS)

BAME
NEST Linknet project (CEC)
*Maximise! high uptake (PEF)
NEST Datakirk (NOLB)
* high uptake in generic offer 16% against 8% population

VETERANS
Career Transition Partnership
RFEA

Employer
PACE (SDS)
Business Gateway
Chamber of Commerce
Joined Up for Business (inc. FUSE and Fort Kinnaird
Integrated Employer Engagement (IRES)
Scottish Enterprise
Kickstart (DWP)
Employer Recruitment Incentive (CEC)

b)   *Cumulative engagement, progression and outcome targets are achieved.*

The pandemic and resultant lockdown had a huge impact on contracted providers' ability to deliver their services in 2020/21. Many organisations moved their focus to the immediate needs of their clients in the early part of the year and concentrated efforts on alleviating food and digital poverty and supporting clients with their health and wellbeing. As restrictions relaxed over the summer months some were able to restart socially distanced contact and other focused on moving their employability services online. Capital City Partnership supported this in several ways: offering support and guidance; adapting data-gathering and adjusting contracts and grants to take account of new ways of working and changing client needs.

Overall engagements are lower than in a 'normal' year, but the number of service sessions/correspondence sessions has increased significantly as providers moved their service delivery online. There were 1,801 new engagements this year and 3,922 individuals continued to receive support.

Final figures of evidenced client outcomes will be available in June 2021 but quarterly reports on progression have been submitted to the board of Capital City Partnership and currently we can report verified outcomes of 311 jobs, 481 people to progress in work, and 555 people progressed towards work (outcomes in education and training).

A review of most commissioned services is currently taking place within The City of Edinburgh Council for a new programme to be put in place from 2022 onwards, to be more responsive to new labour market conditions and take account of the Scottish Government No One Left Behind funding and preventative agenda.

c) *Client supported into work sustain employment for at least six months.*

We will report fully on jobs sustained for six months or more in June when final figures have been collated, so we have full end of year figures and verification. However, 100% of jobs recorded in Caselink in 2020/21 were sustained to four weeks. In spite of the temporary nature of much employment as a result of the Covid-19 pandemic current figures show that 70% of jobs have been sustained to six months (there is obviously a lag in this reporting) in excess of the target of 60% sustainment.

Through our relationship with the Department of Work and Pensions, we have been monitoring Universal Credit figures during the pandemic and are aware that while the figure in recent months of claimants has stayed at around 18,000, these are not the same people and there has been on and off flows of circa 6000 per month, indicating rapidly changing jobs situations and short-term employment scenarios. We again are tracking this with partners during 2021/22 to understand disruption and impact on fair work.

Historically, we did not count jobs with a wage subsidy in our outcomes but given the plethora of schemes and initiatives and the reliance on these we are expecting an adjustment to give the fuller picture going forward.

d) Clients supported into jobs or progress in-work are paid the living wage level or above

To date we have achieved a 62% target of jobs secured paying the Real Living Wage for the financial year. This is the first time we had achieved this level and in normal circumstances would be cause for celebration and an indication we will continue to improve wage levels going forward. However, we are starting to see trends of instability of employment and reduction in contracted hours. We are concerned that the furlough scheme of 80% wages has impacted Living Wage attainments of our client groups, although this might be rectified over the coming year when people move back into their permanent posts. It is a difficult area to predict, and we are undertaking further analysis across the Job Strategy Group to understand the patterns and what measures we can put in place. We welcome the Edinburgh Poverty Commission recommendation of Edinburgh becoming a Living Wage city and are working with colleagues on how this can happen. Living Wage is not mandatory, so it relies heavily on other factors to lever in those service standards.

Capital City Partnership is still promoting and undertaking additional measures to ensure that our clients are moving into fair, well-paid work where possible. These include:

- Our Joined up for Business team undertaking Fair Work training sessions with employer engagement officers to enable them to better have the conversation around terms and conditions.
- Fair Work embedded in Business Plans at Skill Centres to influence sectoral change with the St James Quarter committed to encouraging all employers to pay a Living Wage.
- Conversations with employers to showcase business reason to adopt the Living Wage.
- Community Benefit clauses review taking place under City Region Deal to influence contracts.
- More focus within contracted provision on in-work support and progression and upskilling.

e) *Projects and services comply with the associated terms, conditions, rules, and regulations.*

Capital City Partnership launched an Integration Charter Award in 2019 to verify service standards. The Charter promotes best practice for partnership working and integration across the network, developing the joined-up approach that ensures that barriers to employment are tackled collaboratively and employment opportunities for all are increased. All contracted providers have or are working towards Charter status. In addition, we have widened out charter status to non-contracted services to widen good practice.

The Charter commitments and validation methods will be reviewed in Financial Year 2021/22 to maintain standards and relevance.

All contracted providers and grant holders are audited for compliance (see KPI3b, below) regularly and Capital City Partnership also logs information regarding, insurance, OSCR status, disclosure and safeguarding of all providers.

Every user of the Management Information system (Caselink) is required to register with the data commissioner. CCP underwent a GDPR compliance procedure with the City of Edinburgh Council and every organisation has signed the new Information Sharing Agreement established in 2019/20. We also conducted an internal GDPR assurance audit with legal partners Harpers and MacLeod to identify and strengthen any weaknesses and all recommendations were fully adopted and implemented.

Capital City Partnership also produces monthly data intelligence reports on employability and poverty which is disseminated to the Job Strategy Group and wider stakeholders to keep parties up to date with latest trends and developments. Spot focus reports are also produced for the Job Strategy Group for strategic consideration of approach, including a focus on BAME activity this year to improve outcomes.

KPI 3: Quality Assurance & Communications

a) *Client satisfaction with scope and quality of service received and the positive impact made.*

Client satisfaction was recorded as 95% 'very satisfied' when Capital City Partnership conducted a survey in January 2020. This has been further borne out with qualitative workshop feedback sessions carried out by funded providers on client satisfaction. We have also undertaken co-production workshops with clients to inform future

commissioning, so their voices are at the centre of policy work, and have fully adopted the Scottish Government's [Scottish Approach to Service Design.](#)

b) *High level of data completeness and accuracy maintained on client and other project records*

Capital City Partnership monitor all grants and contracts quarterly through our reporting systems. We ensure that reported figures matches data on our management information system, Caselink through this reporting process.

In addition, each funded organisation receives an annual compliance and audit visit. This is to ensure that providers hold evidence of client support and outcomes. This year it was not possible to gain access to premises to do a full audit of funded organisation. However, a virtual audit took place for those organisations who did not have a satisfactory initial audit in 2019/20. For ESF funded programmes the audit requirement is split; the ESF Programme Management Office at The City of Edinburgh Council audit financial and client record compliance whilst Capital City Partnership audit 100% of claimed outcomes claimed by Next Step and All in Edinburgh.

To ensure objectivity, our contract management and compliance function is carried out by different Capital City Partnership teams.

- Correctly recording and retaining data
- Maintaining correct legal documentation to satisfy GDPR
- Securely retaining data
- Updating and accurately reporting data
- Retaining adequate and appropriate evidence in support of declared outcomes
- Recording accurate and appropriate information to support the level of service provision reported to CCP

A mandatory awareness raising/ training session is delivered annually to address common issues which were highlighted during the audit process. This is supplemented by individual support for new contractors if necessary.

We view this area of contract management as an exemplar for accountability of public funds and use it across all areas of funding management, including attracting in fund controls from other Council services.

APPENDIX 3 - CUMULATIVE PERFORMANCE CONTRACTED SERVICES SUMMARY – Quarter 4 2020/21

CCP monitors seven contracts and 27 grants for the Council. This activity contributes to the success of the Strategic Skills Pipeline and the Jobs Strategy for the city. All provision has been audited for verification checks.

Contract	Purpose/Pipeline	Headline Figures	Performance summary notes	
Next Step	Support for shorter term unemployed and low paid employed	1,270 clients, 121 progressions, 119 job outcomes, 32 in work outcomes	Performance continues to be low; this is largely to do with the impact of lockdown and a stagnant labour market. Progressions now picking up as certification and education opportunities pick up.	🟧
All in Edinburgh	Support people with a disability into work	880 clients, 113 job outcomes 62 in-work outcomes	Good performance this quarter given the impact of lockdown and restrictions. All in Edinburgh have continued to engage with clients virtually over this period.	🟩
Childcare Hubs (Four contracted providers)	Support families to secure affordable childcare and sustain work and tackle in work poverty	387 families supported with 502 children receiving subsidised places, 8 individuals have improved labour market situation	Three of the four childcare settings closed during lockdown with the other only caring for children of keyworkers. Some concern about demand for childcare in future quarters. No further assessment of clients in this quarter so figures are unchanged from last quarter.	🟥
Encompass	Education-focussed project for people with protected characteristics	320 clients, 47 progressions, 11 job outcomes	Performance was good during lockdown and this project continued to engage with clients whilst focussing on wellbeing. Difficult labour market is likely to mean that job outcome targets will be difficult across the year.	🟩
NEST Grants (17 grants)	Early stages of the pipeline. Small grants programme with average 45k award	854 clients, 324 progressions, 59 job outcomes	There were a variety of responses to the pandemic situation across the 17 projects. Most focussed on wellbeing of clients and access to basic necessities alongside traditional employability delivery. Some projects had to suspend activities and furlough staff. Q4 saw a limited return to face-to-face delivery and an increase in progression outcomes.	🟧

Contract	Purpose/Pipeline	Headline Figures	Performance summary notes	
NOLB – young people (Five grants)	Young school leavers people struggling to move to a positive destination	161 clients, 55 progressions, 9 job outcomes	Programme of support continues to work well. Engagements are based on referrals from schools, so numbers can fluctuate. New NOLB provision started just as lockdown was announced but providers have continued to offer a virtual service and limited face-to-face delivery.	
NOLB – Parents (Five grants)	Parents who are out of work or in low income employment	50 clients	Too early to report outcomes but providers have made good progress in securing referral pathways and in advertising their services to potential clients.	
TOTAL CUMULATIVE OUTCOMES Q4: 3,922 clients supported, 555 progressions, 311 job outcomes, 481 in-work outcomes				

This page is intentionally left blank

Governance, Risk and Best Value Committee

10am, Tuesday 8 June 2021

Whistleblowing update

Item number	
Executive/routine	
Wards	
Council Commitments	

1. Recommendations

1.1 To note whistleblowing activity for the quarter 1 January – 31 March 2021.

Andrew Kerr

Chief Executive

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

E-mail: nick.smith@edinburgh.gov.uk | Tel: 0131 529 4377

Report

Whistleblowing update

2. Executive Summary

2.1 This report provides a high-level overview of the operation of the Council's whistleblowing service for the quarter 1 January – 31 March 2021.

2.2 This reporting period covers months ten to twelve of coronavirus pandemic measures, with national lockdown restrictions continuing and most Council staff still working remotely, many of those from home.

3. Background

3.1 The Council's whistleblowing service (including a confidential reporting line) is contracted to an independent external organisation, currently Safecall Limited.

3.2 The Council's Whistleblowing policy (section 4.3.2) notes that quarterly summary reports on whistleblowing activity will be presented to the Governance, Risk and Best Value Committee.

4. Main report

4.1 **Disclosures**

During the reporting period Safecall received twelve new disclosures:

Category	Number of disclosures
Major/significant disclosures	0
Minor/operational disclosures	9
Category still to be determined	1
Non-qualifying disclosures	2

4.2 The number of disclosures received was down on the 26 in the previous quarter but was still towards the upper end of what might usually be expected.

4.3   The Monitoring Officer's team continued to assist the Pinsent Masons' review team in the provision of documents and other information relevant to their confidential enquiries.

4.4   Proposed amendments to the whistleblowing policy have been shared with the Trade Unions for agreement ahead of presentation to the Policy and Sustainability Committee for approval. The proposed amendments include recommendations from committee, workshop outputs and process improvements implemented by the Monitoring Officer, including:

4.4.1   additional guidance for whistleblowers;

4.4.2   further clarity on roles and responsibilities;

4.4.3   strengthened reporting and scrutiny;

4.4.4   the new process for monitoring the implementation of management actions;

4.4.5   an updated Integrated Impact Assessment section; and

4.4.6   an updated flowchart at Appendix 1.

5.   Next Steps

5.1   Proposed amendments to the whistleblowing policy will be presented to the Policy and Sustainability Committee for approval once agreement has been reached with the Trade Unions.   It will be sent to members of GRBV for information.

6.   Financial impact

6.1   Costs incurred for the whistleblowing service during the three-month period 1 January – 31 March 2021 totalled £13,725.00 (excluding VAT).

7.   Stakeholder/Community Impact

7.1   The whistleblowing policy was developed and agreed to complement management reporting arrangements and to ensure all matters at the Council are fully transparent and officers are accountable.

7.2   The aim of the policy and the appointment of an independent service provider is to empower employees to report suspected wrongdoing as early as possible in the knowledge that their concerns will be taken seriously and investigated appropriately; that they will be protected from victimisation and other forms of detriment; and that their confidentiality will be maintained.

7.3   The whistleblowing policy, and subsequent reviews, have been consulted on with the trades unions to secure a local agreement.

8. Background reading/external references

8.1 [Finance and Resources Committee 23 May 2019: item 7.20 Whistleblowing Policy](#)

9. Appendices

9.1 None.

by virtue of paragraph(s) 1, 12, 15 of Part 1 of Schedule 7A
of the Local Government(Scotland) Act 1973.

Document is Restricted

This page is intentionally left blank