

# Governance, Risk and Best Value Committee

10am, Tuesday, 16 January 2024

## Education and Justice Services Annual Assurance Schedule

Executive/routine  
Wards  
Council Commitments

### 1. Recommendations

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- 1.1 To note the Directorate annual assurance schedule, submitted for scrutiny.
- 1.2 To note that Children's Services annual assurance is not contained within the annual assurance schedule (Appendix 1), this information is now included in the Children's Services Improvement Plan which is reported to the Education, Children and Families Committee at each cycle (Appendix 2).

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# Report

## Education and Justice Services Annual Assurance Schedule

### 2. Executive Summary

- 2.1 The purpose of this report is to present the annual assurance schedule covering 2022/23 to the Governance Risk and Best Value Committee (GRBV) for scrutiny.

### 3. Background

- 3.1 Each year the City of Edinburgh Council requires that Executive Directors complete Certificates of Assurance that represent their view of the effectiveness and appropriateness of controls in their areas of responsibility. These Certificates support the Annual Governance Statement which is a component part of the authority's Statement of Accounts.
- 3.2 An Assurance Schedule, to help prompt Executive Directors and relevant Service Directors to consider various aspects of their control environment, is circulated in advance of Certificates. The schedule will help highlight any areas of concern.
- 3.3 As at December 2023 the Children, Education and Justice Services employed:

	Headcount	FTE
C&F	10199	8078

- 3.4 The revised annual Budget (as of 6 December 2023) for Education and Children's Services:

2022/23 budget	E&CS excl SSC £m	SSC £m	E&CS incl SSC £m
Employee budget	406.8	10.4	417.2
Non-staff expenditure budget	122.79	4.75	127.55
Total expenditure budget	529.63	15.17	544.81
Income budget	-71.57	-14.12	-85.7
Net budget	458.06	1.04	459.1

## 4. Main report

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- 4.1 The Education and Children's Services schedule (appendix 1) was completed and returned to the Democracy, Governance, and Resilience Service, after which a Certificate of Assurance was issued. This informed the drafting of the Annual Governance Statement, submitted to Council as part of the Unaudited Annual Accounts. The Certificates of Assurance require Service Directors and Executive Directors to confirm that:
  - 4.1.1 They have considered the effectiveness of controls in their service area/directorate, including controls in place to mitigate major risks to their service area/directorate's objectives.
  - 4.1.2 To the best of their knowledge, appropriate controls are in operation upon which they can place reasonable assurance and that there are no significant matters arising that should be raised specifically in the Annual Governance Statement (or otherwise); and
  - 4.1.3 They have identified actions that will be taken to continue improvement.
- 4.2 The schedule is completed by the Service Director/Executive Director or by a nominated senior manager.
- 4.3 Before signing their Certificate of Assurance, the Service Director/Executive Director should ensure that the schedule has been completed accurately.
- 4.4 It should be noted that despite every endeavour being made to address all improvement actions whilst also addressing the requirements during the pandemic, all service areas do have up to date risk registers in place which address both existing and ongoing actions as well as those which are specifically covid related.
- 4.5 SORT is the School Operations Risk Toolkit, a risk control framework used to affect the risk management process to manage the schools. The service risk architecture, for example Monday SORT meeting for all headteachers/business managers and associated staff, facilitate the response and enable a risk managed objective lead response.

## 5. Next Steps

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- 5.1 The process will continue to be reviewed in line with feedback to ensure that effective assurance is provided.
- 5.2 The 23/24 annual assurance schedule will be presented to Governance, Risk and Best Value Committee in 12 months for scrutiny.

## 6. Financial impact

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

- 6.2 An effective control framework is key in ensuring that the Council has appropriate governance in place.

## **7. Equality and Poverty Impact**

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- 7.1 There will be no impact on this

## **8. Climate and Nature Emergency Implications**

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- 8.1 There will be no impact on this.

## **9. Risk, policy, compliance, governance and community impact**

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- 9.1 The assurance schedule exercise acts as a prompt for service areas to think about good governance and the internal control environment. Action plans support improvements in areas where weaknesses have been identified.
- 9.2 Completed schedules are reviewed by the Democracy, Governance and Resilience Senior Manager and are provided to the Chief Internal Auditor for comment.
- 9.3 The Annual Assurance Schedule template was drafted using input from the Council's subject matter experts. This included contributions from Resilience, Internal Audit, Health and Safety, Governance, Legal Services, Financial Services and Human Resources. Background reading/external references

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

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- 10.1 None

## **11. Appendices**

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- 11.1 Appendix 1 Children, Education and Justice Services 2022/23 Annual Assurance Schedule
- 11.2 Appendix 2 Children's Services Improvement Plan and Edinburgh Residential Services Improvement Plan Update

Assurance Statement						
Ref	Statement	Response		Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
1	<b>Internal Control Environment</b>	<b>Assessment of Compliance</b>	<b>Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)</b>			
1.1	I have internal controls and procedures in place throughout my directorate that are proportionate, robust, monitored and operate effectively.	Partially compliant	<b>Education</b>	Annual Internal Audit Plan (based on most significant risks to the Council) CLT Change Board – programme/project management framework Council Companies/ALEOs – Governance Hub, Observers, annual reporting to Executive Committee and GRBV Community planning – Edinburgh Partnership, Community Plan Contingency planning and business continuity arrangements EIJB – scrutiny and accountability arrangements agreed through scheme Enterprise Risk Management Policy and Risk Management Procedure External validation/review eg. external audit, independent assurance providers GRBV quarterly scrutiny of top risks GRBV scrutiny of CLT risk register, delivery of Internal Audit Plan and of all Internal Audit reports Health and safety audits Informal and formal reviews eg. internal audit, quality assurance audits Overdue audit recommendations report monthly to CLT and quarterly to GRBV Policies that mitigate risks eg. Anti-bribery, Fraud Prevention, Whistleblowing Quarterly corporate risks scrutinised at CLT Quarterly Risk and Assurance Committees Regular 121 meetings between the Council's Chief Executive and the Chief Executives of key ALEOs Report template and guidance – section on risks Reporting/review/monitoring at all levels – committee, CLT, SMTs, service level Risk Appetite Statement Risk Management Groups	Education Risk Management Policy  SORT Risk Framework  Implementation of risk management process on a continual basis for example at weekly Education Management Team meetings  Business Manager Forums  School Self-Assurance framework  Significant Occurrence process (lessons learned meetings)	Resumption of Behaviours of Concern Group Health and Safety cost centre needed for property issues identified for example via the significant occurrence process (Corporate Finance) Roles and responsibilities and capacity need to be clarified between Corporate Facilities Management/Asset Management Multi-agency GIRFEC approaches to Child Protection need to be clarified and agreed to ensure response is efficient and effective My LearningHub to be utilised fully to manage Essential Learnig (Capacity needed to co-ordinate corporately) Corporate Resilience - plan testing required (this stopped during the pandemic and hasn't restarted) Plan required for secondary school rising roles. consideration required in terms of the impact of forced migration bringing for example high numbers of refugees to the city Council wide review of the use of CAFM in terms of maintenance statutory compliance (property) Further support required corporately in terms of the Workforce risk (lack of staff applying for posts) this is a Council wide risk, it is suggested support from Communications and HR would be helpful in terms of city (and wider) promotion
		Compliant	<b>Justice Services - Service Director left her post in September 2022</b>	Risk management policies and strategies (eg procurement, standing orders, project management, health and safety, information governance) Risk Management Procedure Risk management tools Schools assurance programme Shareholder or service level agreements Team Central – monitoring implementation of audit recommendations Training, eLearning and workshops for staff and members Wide ranging internal and external counter fraud activity	Risk is a standing item on Divisional SMT meeting agenda Policies and Procedures Working Group set up to review P&Ps across the division Performance Management/Quality Assurance Monthly monitoring of performance indicators by SMT and exception reporting to CLT QGR - Quality Assurance Framework across SW services Significant Occurrence Notification - dedicated mailbox and reporting arrangements in place. BIAs being reviewed and uploaded to Meridan Annual Self Assurance Questionnaires completed by managers across the division Risk is a standing item on divisional SMT and RR reviewed and updated regularly. Financial Monitoring Regular correspondence between finance and budget holders within the division	Continued work to strengthen controls and improve performance data
1.2	I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.	Partially compliant	<b>Education</b>		Council Procurement rules, guidance and advice from Procurement team	N/A
		Compliant	<b>Justice Services</b>		Education Commissioning Officers in post ensuring competency and capacity to manage, advise and support Commissioning Strategies in place for a range of third sector suppliers and external suppliers. All procurement is in line with contract standing orders and Council Procurement policies. Third party grants and Waivers are monitored and approved via relevant committees Monthly procurement board / Review of Contract waivers / Contract Register reviewed and updated / critical suppliers identified and annual questionnaire sent out in respect of Resilience controls.	

1.3	My internal controls and procedures and their effectiveness are regularly reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts.	Partially compliant	Education		Internal controls and procedures are reviewed as part of the risk management process/self-assurance framework findings/Significant Occurrence Process/Committee reporting	Continue to respond to areas of control weakness identified on an ongoing basis
		Partially compliant	Justice Services = No H&S Audits have taken place since before the pandemic. Areas of weakness identified in terms of reliance on interdependencies within the Council		Health and Safety, Performance, Audits, Inspections, are standing items on SMT agenda and discussed at service area meetings regularly. Actions noted and implemented and Lessons Learned from reflection exercises are discussed at SMT and WMT meetings and cascaded to/from divisional teams	H&S Audits should be prioritised for high risk services to strengthen assurance. Action Plan to be enhanced which captures lessons learned across the division.
1.4	The monitoring process applied to funding/operating agreements has not identified any problems that could have a significant negative impact.	Partially compliant	Education		Within Corporate Property the PPP contract management team is responsible for managing the services provided by the two PPP providers and the consequent associated risks.	N/A
		Compliant	Justice Services		Each service area within the division undertakes budget monitoring with finance colleagues and this is discussed at divisional SMT to mitigate the risk of any material variances impacting on the annual accounts. If potential risks are identified these are addressed by SMT. Arrangements are also in place to monitor the financial performance of commissioned contracts.	Continuous assessment of spend and associated risks and areas of improvement
<b>2</b>	<b>Risk and Resilience</b>	<b>Assessment of Compliance</b>	<b>Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)</b>	<b>Extract of Evidence from the Council's Corporate Governance Code. For information only.</b>	<b>Relevant service area controls</b>	<b>Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)</b>
2.1	I have risk management arrangements in place to identify the key risks to my directorate (and the Council).	Compliant	Education	Budget Planning Business Impact Analysis CLT Change Board – programme/project management framework CLT scrutiny	Risks are managed on a continuous basis through the service risk policy and SORT / Self-Assurance risk frameworks to effect the risk management process.	Assess effectiveness of Risk Management on a continuous basis
		Compliant	Justice Services - Service Director left her post in September 2022,	Contingency planning for major events Council Business Plan Enterprise Risk Management Policy GRBV quarterly scrutiny of top risks Health and safety audits Internal and external audits Internal Audit Plan development considers top risks Leader's induction includes Risk Management Quarterly corporate risks scrutinised at CLT Quarterly Risk and Assurance Committees Report template and guidance – section on risks Reporting/review/monitoring at all levels – committee, CLT, SMTs, service level Resilience Plans	E&CS Risk Management Committees and Risk on SMT agenda and discussed regularly (Children and Criminal Justice). Service representation at Risk Forum with clear pathway for escalation and dissemination.  Risks aligned and reviewed regularly Self Assurance Framework and presentation to senior managers Business Continuity Plans Business Impact Assessments are being reviewed Legal or regulatory actions would be identified through SMT and governance managed appropriately. Alignment of risks or risk appetite/tolerance through regular review of risk profile	Continuous assessment of risk management and controls following changes to structure and personnel.
2.2	I have effective controls and procedures in place to record and manage the risks identified above to a tolerable level or actions are put in place to mitigate and manage the risk.	Compliant	Education	Resilience Protocols Risk Appetite Statement Risk Management Groups	Risks are managed on a continuous basis through the service risk policy and SORT / Self-Assurance risk frameworks to effect the risk management process.	Assess effectiveness of Risk Management on a continuous basis
		Compliant	Justice Services - As above	Risk management policies and strategies (eg procurement, standing orders, project management, health and safety, information governance) Risk Management Procedure Risk management tools Schools assurance programme Serious and Organised Crime policies and strategies Serious and Organised Crime plans, procedures and protocols Service Planning Training, eLearning and workshops for staff and members	As noted above, risk is included as a standing agenda item on divisional SMT Risk Assessments carried out as required Risk Registers updated regularly and reported to Directorate R&S Committee Clear governance structure in place within the division provides an established route for escalation for risks if required. Ops Manager attends divisional management meetings and meets regularly with senior managers to discuss potential risks and mitigating actions.	
2.3	The robustness and effectiveness of my risk management arrangements is regularly reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts.	Compliant	Education		Risk management arrangements are reviewed by the service on an ongoing basis. There has been no internal audit or external scrutiny of arrangements in the last financial year.	The service will take part in external/internal audits of risk management as and when required.
		Compliant	Justice Services - As above		Risk Management arrangements are reviewed on a continual basis within the service.	When new Service Director is in post will review Risk Management arrangements to ensure robust and effective.
	There is appropriate escalation/communication to the directorate Risk Committee and CLT Risk	Compliant	Education		Risks are escalated as part of the Council Risk and Assurance Committee reporting timelines.	Continue to escalate risks as required/appropriate.

2.4	Committee (as appropriate) of significant issues, risks and weaknesses in risk management.	Compliant	Justice Services - As above
2.5	I have arrangements in place to promote and support the Council's policies and procedures for staff to raise awareness of risk concerns, Council wrongdoing and officer's misconduct.	Compliant	Education
		Compliant	Justice Services
2.6	My directorate has resilience and counter terrorism arrangements in place and my directorate's resilience data, plans, arrangements, protocols, and training mitigate the resilience risks that could impact on the delivery of our priority activities and ensure appropriate staff groups are adequately trained to respond to an incident affecting my directorate. All documentation is regularly reviewed and validated.	Compliant	Education
		Compliant	Justice Services
	I have policies, strategies, procedures and protocols as well as associated staff training in place to assess vulnerabilities and divert, deter, detect and disrupt	Compliant	Education

	Risk escalation and management included as part of SMT fortnightly meeting agenda. Agenda planning and attendance at E&CS risk and assurance Committee. Service Director advises CLT and Risk team of any appropriate risks for the CLT Register. Representation and attendance at Council's Risk and Assurance Committee Operations Manager attends Council's Risk Forum and escalates any divisional risks	
	Use of Council Whistleblowing policy and mechanisms to report  School Self-Assurance framework asks all establishment colleagues to remind themselves of Council policies annually  Corporate Communications (organisation wide) to remind colleagues of Council policy	Continue to ensure information is cascaded on a regular basis and as required.  Ensure Corporate requirements are cascaded effectively as required.
	Assurance Questionnaire and guidance to remind all managers of responsibility for ensuring colleagues are aware of the Council's P&P including Whistleblowing Policy. Reviewed Induction Checklist for colleagues joining services within the division Debrief and Lessons Learned exercises are used to analysis where there are weaknesses and improvements needed	Action Plan from debrief sessions to incorporate awareness raising and escalation routes for all colleagues in the division.
	The service has a Resilience Co-ordinator (Operations Manager) and a Resilience Specialist based in the Council Resilience Unit  The service has key contingency arrangements that are updated on a regular basis, these are:  - Severe Weather Contingency Arrangements - Infection control arrangements - Periods of Absence - Noro Virus Toolkit - Annual Snow School exercise (reinstate 2022/23) - Bomb Threat/Intruder Policy - Significant Occurrence Procedure  The Resilience Unit deliver training in terms of Prevent/WRAP/Bomb Scare/Intruder threat as these are Council wide contingency arrangements  The services approach to Resilience arrangements are that they are dynamic, for example in relation to the Covid-19 response we were able to create a pandemic plan effectively and efficiently using the existing infection control contingency arrangements as a base  The service has good working relationships with Lothian Health Protection regularly seeking infection control advice  Regular debriefs post incident for example using Bow Tie	Continue to embed the Business Continuity Cycle on an ongoing basis.
	E&CS has a Resilience Co-ordinator and Resilience Deputy who attend the Council Resilience Group and any Working Groups set up for specific events. Resilience Specialist aligned to the service from the Council Resilience Unit. All standalone premises have identified single point of contact and have continuity plans in place in the event of a loss of premises. Plans are reviewed and updated at a service area level on a regular basis, this includes pandemic arrangements and winter weather plan.	
	Education Risk Management process (assess and manage risk)	Training to be looked at in terms of Council wide requirement and Essential Learning review

2.7	activity related to serious and organised crime to protect the council, its clients and the wider community.	Compliant	Justice Services		Risk Management processes within the division are in place and include public protection.	Training to be reviewed to ensure it aligns to Council wide requirements and Essential Learning review.
3	<b>Workforce Control</b>	<b>Assessment of Compliance</b>	<b>Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)</b>	<b>Extract of Evidence from the Council's Corporate Governance Code. For information only.</b>	<b>Relevant service area controls</b>	<b>Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)</b>
3.1	I have arrangements in place to ensure compliance with payroll policies, overtime controls, absence management and performance e.g. home/remote working.	Compliant	Education	360 reviews Annual Internal Audit Plan (based on most significant risks to the Council) Employee Assistance Programme Employee Engagement External validation/review eg. external audit, independent assurance providers	Council policies and procedures in place as appropriate, communicated through Managers News/Council wide communications. The service used the SORT framework to emphasise key messages as and when required (for example through SORT briefings).	N/A
		Compliant	Justice Services	Financial benefits (credit union, season ticket loans, car benefit scheme, pension schemes) Funding scheme for professional qualifications HR Policies (Absence Management, Stress Management, Avoidance of Bullying and Harassment, Equal Treatment) Informal and formal reviews eg. internal audit, quality assurance audits Inspiring Talent Programme Internal and External training opportunities Leader Induction and Essential Learning Leadership Development Programme– Future, Engage, Deliver Managing Attendance Training for managers Occupational Health service Onboarding, induction essential learning and CPD for officers Open framework agreement for Learning and Development People Strategy Performance Management Framework (Performance Conversations) Policies that mitigate risks eg. Anti-bribery, Fraud Prevention, Whistleblowing	Weekly absence reports from HR Hub Management - cascaded to Senior Managers highlighting 'no intervention recorded' Absence Challenge and Support Panels held regularly with comparison reports on areas of concern. Staff induction and annual conversations include compliance with Council policies and procedures including home/remote working. Monthly overtime reports from HR Hub Management - cascaded to senior managers highlighting areas of high overtime, potential anomalies or 50+ hours claimed in month. Ops Manager receives Salary Overpayment report and this is discussed at SMT and action taken where required. H&S Working Group monitor WFH arrangements and impact on colleagues. Overtime data is analysed and each Senior Manager receives a monthly report with anomalies highlighted for further analysis.	Continued analysis of monthly overtime and sickness absence reports to highlight anomalies and gaps.
3.2	I have robust controls in place to ensure that statutory workforce requirements are met, including the management of off-payroll workers/contractors (including agency workers and consultants), ensuring approved framework contracts have been used and that those engaged are wholly compliant with the provisions of IR35 Council guidance and procedures.	Partially compliant	Education	Regular reporting including Health & Safety Performance, absence levels Staff benefits (enhanced entitlements leave entitlement, flexible working options, childcare vouchers, ride to work scheme, premium benefits scheme) Wide ranging internal and external counter fraud activity Wider Leadership Team (incl. Learning Sets)	Continue to seek, take advice from HR/Corporate Procurement in these areas and communicate to colleagues across the service effectively for example through Risk Matters  Use SORT as part of risk communication and learning	N/A
		Partially compliant	Justice Services - <b>Departure of Service Director has resulted in links with Council business partners being at a service manager level which reduces controls</b>	Wider Leadership Team programme	Each service within the division is responsible for ensuring compliance with IR35 Council guidance and procedures and work closely with business support colleagues aligned to the service, to monitor off-payroll workers/contractors. Any issues should be highlighted to the Senior Management Team.  Service Managers liaise with HR/Corporate procurement when necessary.	Review of divisional SMT membership and agenda to ensure regular attendance from Council business partners in Finance, HR and S&I to ensure oversight and SM level. Services to use approved routes for procuring agency staff.
3.3	I ensure compliance with the Council's HR policies and procedures across all of my service areas, eg. that recruitment and selection is only undertaken by appropriately trained individuals and is fully compliant with vacancy approvals and controls.	Compliant	Education		Continue to seek, take advice from HR in these areas and communicate to colleagues across the service effectively for example through Risk Matters  Use SORT as part of risk communication and learning	N/A
		Compliant	Justice Services		All recruitment must be approved by senior managers and signed off by Exec Director as no Service Director. Support through AskHR and use of Essential Learning Matrix - available on the Orb Review of information on Orb in relation to SSSC registration and managers responsibilities. Use of Newsbeat/Managers News to update colleagues on HR Processes/Procedures. TOR Group has implemented actions for managers in our residential services to undertake training and implement inhouse recruitment. Review of PVG requirement and clear guidance on consideration for newly created posts	
	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.	Compliant	Education		Continue to seek, take advice from HR in these areas and communicate to colleagues across the service effectively for example through Risk Matters  Use SORT as part of risk communication and learning	N/A



3.4		Compliant	Justice Services		Essential learning for all roles within the division is available on the Orb and includes appropriate learning for recruiting managers. Each service area has bespoke induction procedures and shadowing arrangements. Clear Leavers process in place to improve controls and reduce the risk of any salary overpayments. Support through AskHR and HR colleagues and use of Essential Learning Matrix (orb)	Ongoing review of service specific Policies and Procedures Services are being supported to update Essential Learning for each role by business partners. Direction to managers to be proactive in reviewing training requirements and gaps in completion within their teams.
3.5	I have arrangements in place to manage staff health and wellbeing; ensuring that sickness absence, referral to occupational health and stress risk assessments is managed in compliance with the Council's HR policies.	Compliant	Education		Continue to seek, take advice from HR in these areas and communicate to colleagues across the service effectively for example through Risk Matters	N/A
		Compliant	Justice Services		Use SORT as part of risk communication and learning Managers are aware of their responsibilities to ensure all colleagues in their services are provided appropriate support and supervision. Absence Management is discussed at SMT quarterly and looks at how best to support staff and line managers to manage staff health and wellbeing in line with Council policy Business Partners provide stats which allows senior managers to address any issues relating to compliance with the Managing Attendance policy, referrals to occupational health and the use of stress risk assessments for individuals and teams. Use of Ask HR advice and support of Council wide Health and Wellbeing/Occupational Health service promoted by senior managers to their line managers and staff.	
3.6	I ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.	Compliant	Education		Arrangements in place for staff training (Inset days).  Promotion of MyLearningHub  MyLearningHub links to school Self-Assurance Framework where risk associated training is delivered via induction sessions for new headteacher and Bite-Size refresh sessions for those who wish to refresh their knowledge. All courses are planned/recorded and details are included within Self-Assurance planners. Training is designed to manage risk so for example Resilience/Health and Safety training is scheduled in August/September to support school leaders where they are new to post.	Continue to review Essential Learning on an ongoing basis and use MyLearningHub wherever this is appropriate.
		Compliant	Justice Services - There are still some issues with availability of some face to face training following the removal of pandemic restrictions		Managers are aware of their responsibilities to ensure all colleagues in their services are provided appropriate support and supervision. Absence Management is discussed at SMT quarterly and looks at how best to support staff and line managers to manage staff health and wellbeing in line with Council policy Business Partners provide stats which allows senior managers to address any issues relating to compliance with the Managing Attendance policy, referrals to occupational health and the use of stress risk assessments for individuals and teams. Use of Ask HR advice and support of Council wide Health and Wellbeing/Occupational Health service promoted by senior managers to their line managers and staff.	
3.7	I have arrangements in place to support and manage staff performance e.g. regular 1:1/supervision meetings, performance/spotlight conversations.	Compliant	Education		Regular Council wide reminders - communications in terms of spotlight conversations  Meeting culture in place where 1:1 meetings /supervision happen as required	N/A
		Compliant	Justice Services		Senior Managers are aware of their responsibilities to ensure all colleagues in their services are provided appropriate support and supervision.	
4	Council Companies	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)

4.1	I have arrangements in place for the oversight and monitoring of the Council companies I am responsible for, that give me adequate assurance over their operation and delivery for the Council.	Compliant	Education	Annual Assurance Process (Directorates) Council Companies/ALEOs – Governance Hub, Observers, annual reporting to Executive Committee and GRBV Regular 121 meetings between the Council's Chief Executive and the Chief Executives of key ALEOs Service Level Agreement Register	SLA in place with Edinburgh Leisure - regular formal meetings with entity (liaison meetings)	N/A
		Compliant	Justice Services		there are no companies for which the division are responsible.	
4.2	I have an appropriate Service Level Agreement, or other appropriate legal agreement, in place for each Arm's Length External Organisation that I am responsible for.	Compliant	Education		SLA in place with Edinburgh Leisure - regular formal meetings with entity (liaison meetings)	N/A
		Compliant	Justice Services		For services delivered through contracts or grants on behalf of the Council, there is a dedicated Contracts and Commissioning Team in place.	
5	<b>Engagement and Consultation</b>	<b>Assessment of Compliance</b>	<b>Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)</b>	<b>Extract of Evidence from the Council's Corporate Governance Code. For information only.</b>	<b>Relevant service area controls</b>	<b>Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)</b>
5.1	My directorate engages effectively with institutional stakeholders, service users and individual citizens, applying the council's consultation and engagement standards with evidence that the insights gathered are used to shape my directorates activities.	Compliant	Education	Budget consultation Business sector forums Community engagement activity Community engagement strategy/policy Complaints Improvement Plan Consultation framework Consultation Hub Council Change Strategy Committee Papers Online Current partnerships eg. Poverty Commission, Tourism Strategy, EIJ, City Deal Edinburgh Partnership (LCCPs, Neighbourhood Networks) Edinburgh People Survey Government partnership working Have Your Say webpage	Council Committee reporting processes	N/A
		Compliant	Justice Services - Service Director left her post in September 2022		Regular engagement between ELT/members  Engagement Officer (Education)  Parental consultation (strategic and within schools) Community Engagement with stakeholders and service users Elected members enquiries highlighting constituents concerns. Service user feedback and evaluation questionnaires The use of People's Stories enhances our insight into the quality of service delivery. Council Committee Reports	
5.2	I have arrangements in place throughout my directorate to ensure that there are effective communication methods that encourage, collect and evaluate views and experiences (while ensuring inclusivity e.g. customer surveys, consultation procedures, social media presence, etc.) and that these insights are used to inform the work of the directorate.	Compliant	Education	Multi-agency partnerships Multi-channel methodology eg. social media platform development Networks/user groups – eg. Edinburgh Tenants' Federation Partnership agreements eg. Police Scotland Partnership governance arrangements Partnership governance documentation Partnership plans eg. Edinburgh Children's Partnership Petitions and Deputations Policies and procedures (consultation framework) Poverty Commission Public participation – deputations and petitions Public sector partnerships	The Quality Improvement Team manage internal and external stakeholder engagement supported by the service Engagement Officer.	N/A
		Compliant	Justice Services		As above, consultations, reviews and audits are in place and embedded in service delivery and evaluation. Advocacy services commissioned to support young people in our care.	
5.3	I have appropriate arrangements in place throughout my directorate for recording, monitoring and managing customer service complaints and customer satisfaction.	Compliant	Education	Strategic plans and agreements Strategy and Performance Hub Surveys eg. Edinburgh People Survey, Annual Tenant Survey Third sector partnership working eg. EVOC Webcasting of Council and major committees, including subtitles	Customer complaints policy	N/A
		Compliant	Justice Services - Recent Council wide audit of Complaints Procedures highlighted weaknesses which are being addressed  Service Director left her post in September 2022		Complaint administration systems, logging and recording system/Complaints inbox/Weekly input at EMT on complaints/complaint follow up meetings	Action Plan to review themes and embed learning across the division. Further consideration around how the division manages complaints and whether this robust enough.
5.4	I regularly consult and engage with recognised trade unions.	Compliant	Education		Regular engagement takes place with teaching/non teaching unions through the recognised forums that include Health and Safety forums with union representation. Forums include LNCT/DJCC	N/A

		Compliant	Justice Services - Service Director left her post in September 2022, all discussions in relation to the division are discussed at DJCC.		Any issues in relation to Health and Safety are fed in through the H&S Working Group which union colleagues attend. Ops Manager attends DJCC Senior Managers meet with union colleagues when necessary whilst no JCC in place.	
6.1	Policy	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
6.1	I have arrangements in place to ensure all directorate staff are made aware of and fully understand the implications of all relevant existing and new council policies and procedures.	Compliant	Education	Annual Assurance Exercise Annual Policy Assurance Statements Corporate Policy Framework and Toolkit, including consultation and engagement strategies Council Papers Online Employee policy refresher arrangements, process workshops and communications Information Governance framework Policy Register Report template and guidance (incorporating adherence to commitments and policy implications)	The self-assurance questionnaire asks establishment colleagues to familiarise themselves with policies/procedures  Council wide communications to promote policies/procedures  Council wide communications to promote policies/procedures. Managers are responsible for ensuring that staff are made aware of new policies and the impact they have on their teams. New policies or significant changes discussed at SMT and Wider Leadership Meetings	Awaiting information Corporately on revised Whistle Blowing/Code of Conduct policies/essential learning. These will be promoted via SORT.
		Compliant	Justice Services - Service Director left her post in September 2022			
6.2	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.	Partially compliant	Education		Council Committee structure/action logging  Role of Internal Audit (actions may relate to policy improvement)  Support from Strategy and Communications (management of policies/Committee support)	Education are part of a Council wide exercise that has been ongoing for some time to look at the review of policies across the organisation.
		Partially compliant	Justice Services - Policy Review Audit highlighted areas for improvement, these are being progressed through the P&P Working Group		Web editors now identified to assist service areas Initial Review of all Policies and Authors has been undertaken and working group set up to progress reviews. Support to services to ensure policy updates are presented to Committee	P&P Working Group (WG) meets monthly to monitor progression of agreed workstreams.
7	Governance and Compliance	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
7.1	I ensure directorate staff are aware of their responsibilities in relation to the Council's governance framework and that the authority, responsibility and accountability levels within my directorate are clearly defined, with proper officer designation delegated, recorded, monitored, revoked and reviewed regularly to ensure ongoing compliance with the Scheme of Delegation.	Compliant	Education	Codes of Conduct Committee Terms of Reference and Delegated Functions Council's Procedural Standing Orders Councillors' Code of Conduct Disclosure and PVG checks	The Council's governance framework is implemented through Committee work  Risk management within the service contributes towards effective governance	N/A
		Compliant	Justice Services - Service Director left her post in September 2022	Employee Induction Employee Performance Framework Leadership Programme Legal Services provision of advice Member/Officer Protocol Policies and procedures Regulatory body reporting eg. SSSC, GTCS Scheme of Delegation to Officers Statutory officer appointments and responsibilities Statutory/lead officers' independent reports to committee eg. Monitoring Officer, Chief Social Work Officer, Chief Internal Auditor Whistleblowing Policy	Senior Managers/HOS are aware of the responsibilities aligned to them in terms of scheme of delegation, contract standing orders (including approval limits), reporting requirements and other financial guidance to ensure compliance with Council governance policies and procedures. This is reiterated through email briefings and regular discussions at management team meetings. Clear governance arrangements in place through - Chief Officers' Group, Adult Protection Committee, Child Protection Committee, Offender Management Committee, MAPPA, SOG, ECP and others.	When new Service Director is in post will review arrangements to ensure robust and effective.
7.2	I ensure my directorate's activities are fully compliant with relevant Scottish, UK and international legislation and regulations.	Compliant	Education		Support and advice form Council Legal Services team  Risk management used to identify legal risk impacts - (which if required would be discussed in terms of advice with Legal Services)  Advice and support sought regularly from the Corporate Health and Safety team in terms of Health and Safety legislation  Regular Council wide policy updates	N/A

		Compliant	Justice Services - As above		The division is regulated by statute, regulations, and professional governance and each service areas senior manager is aware of legislation, policies, and procedures. Council Legal Services team provides support and advice when required. Risk management processes Corporate H&S provide advice and support in terms of Health and Safety legislation Quality assurance processes to ensure and monitor compliance with appropriate legislation and regulations.	
<b>8</b>	<b>Responsibility and Accountability</b>	<b>Assessment of Compliance</b>	<b>Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)</b>	<b>Extract of Evidence from the Council's Corporate Governance Code. For information only.</b>	<b>Relevant service area controls</b>	<b>Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)</b>
8.1	My directorate ensures our officers are clear on their roles and responsibilities in terms of relationships and decision making.	Compliant	Education	Annual Assurance Process (Council Companies and Joint Boards) Annual Assurance Process (Directorates) Codes of Conduct Commercial and Procurement Strategy Committee Terms of Reference and Delegated Functions Complaints Improvement Plan Consultation and engagement Contract Standing Orders Council Change Strategy Council company monitoring including Governance Hub, Council Observers on Boards, committee reporting	Team meeting structures throughout service  Risk Management Committee structures, service meeting risk architecture (EMT/ELT)  Good structure of 1:1 meetings managers/staff  Good structures for establishment staff to meet regularly/make decisions for example Headteachers Executive/Primary/Secondary headteacher forums	N/A
		Compliant	Justice Services - Service Director left her post in September 2022	Edinburgh People Survey Employee Code of Conduct Grant Standing Orders Member/Officer Protocol Monitoring/reporting on delivery of 52 coalition commitments	Clear governance structure around decision making in place which should be communicated through team meetings, 1:1 / supervision, performance conversations and monitored through reviews and senior manger oversight of service delivery.  Increased capacity within Commissioning team, to do this	
8.2	I ensure that the Council's ethical standards are understood and embedded across my directorate and are upheld by external providers of services.	Compliant	Education	Onboarding and induction for officers Performance Framework Policies and procedures Procurement framework Procurement Handbook Public participation – deputations and petitions Report template and guidance Scheme of Delegation to Officers	General management of teams promoting the importance of ethical behaviours  Equalities training  Use of IIA process where appropriate	N/A
		Compliant	Justice Services - Service Director left her post in September 2022,	Service Level Agreement template Standard Condition of Grant	SSSC registered staff are supported by the code of ethical behaviours, The Service Director is also the Chief Social Work Officer. Contract and Commissioning Services and Development Officers are aware of standards and report to senior managers any issues which may be flagged.	
8.3	My directorate ensures that decisions are made on the basis of objective information, the consideration of best value, risk, stakeholder views, rigorous analysis, and consideration of future impacts. This is formalised through appropriate structures. (i.e SMT reporting)	Compliant	Education		Team meeting structures throughout service  Risk Management Committee structures, service meeting risk architecture (EMT/ELT)  Good structure of 1:1 meetings managers/staff  Good structures for establishment staff to meet regularly/make decisions for example Headteachers Executive/Primary/Secondary headteacher forums	N/A
		Compliant	Justice Services - As above		Structure in place regarding reporting to Committees with clear governance around roles and responsibilities. Regular meetings and consultations during service reviews with appropriate stakeholders. Public Protection Committees governance and constitution embedded. SMT meet fortnightly and clear agenda planning in place Executive Director attends SMT until Service Director post has been filled.	
	I consult with elected members as appropriate and as required under the Scheme of Delegation.	Compliant	Education		Regular meetings between ELT/members  Council Health and Safety Forum chaired by a member  Council Committee reporting structures	N/A

8.4		Compliant	Justice Services - As above		Regular meetings between SMT and Convenor and Vice Convenors. Elected Members Enquiries process embedded across the services for all enquiries.  Council Committee reporting structure and good communication with colleagues in Committee Services	
9	<b>Information Governance</b>	<b>Assessment of Compliance</b>	<b>Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)</b>	<b>Extract of Evidence from the Council's Corporate Governance Code. For information only.</b>	<b>Relevant service area controls</b>	<b>Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)</b>
9.1	I ensure directorate staff are made aware of their responsibilities in relation to the proper management of Council information, including the need to adhere to relevant legislation, Council policies, procedures and guidance around: information governance; records management; data quality; data breaches and privacy impact assessments; information rights; information compliance; information security; and ICT acceptable use.	Compliant	Education	Annual communications plan, awareness raising initiatives and training events Centralised Information governance unit Council wide Record of Processing Data quality reviews and audits form part of statutory returns Established framework of management information and reporting to support operational decision making and trend analysis Information Board Information governance policies, framework, guidance, procedures and toolkit Information sharing agreements and data protection impact assessments Locking Client's Record Guidance Mandatory training for all employees Staff responsibilities outlined in relevant policies - Employee Code of Conduct, ICT Acceptable Use Policy, Policy on Fraud Prevention Standard data related terms and conditions in all new Council contracts	Risk management structures - discussion on Information Governance  Council wide training (Information Governance for example e-learning)  Regular liaison/advice and support from Information Governance team  Council wide Information Governance forums  Use of "Risk Matters" to remain colleagues of Information Governance requirements  Lessons learned/debriefing used within service if there is a breach for example Bow Tie cause and effect modelling  Role of CGI ensuring ICT infrastructure is compliant  Council wide communications on Information Governance requirements  Use of Significant Occurrence reporting to report on breaches  Information Governance/Digital Learning induction and Bite Size training included within Self-Assurance training valander/annual planner	N/A
		Compliant	Justice Services - SWIFT system is unable to provide full needs of services and the G:Drive is vulnerable to data loss and no process or control to identify changes or errors. Reliance on CGI to retrieve data can be problematic	Infrastructure to improve information governance controls within one area of the division being introduced and will be reviewed on completion to ensure compliance. Weekly meeting with Ops Manager, IG Manager and Exec Asst to discuss FOI and SAR requests to ensure timescales are met and issues addressed. Team briefings and newsletters highlight responsibilities and expectations for all colleagues in the division. CSWO and those with delegated authority can timeously agree Swift records are locked when required. Cross directorate enquiries are co-ordinated via embedded process. Use of Significant Occurrence Notification to report on breaches	Continued development of robust governance controls across the division to reduce risk  Swift replacement and improvements to align with requirements	

9.2	I ensure data sharing arrangements with third parties are recorded, followed and regularly reviewed throughout all service areas in my directorate.	Compliant	Education		Risk management structures - discussion on Information Governance	Risk management structures - discussion on Information Governance
		Compliant			Justice Services	All elected members enquiries are progressed through dedicated mailbox and following the Enquiries process and are assigned to Council Officers to provide a response which is approved before release. All FOI and SAR requests are progressed through dedicated mailbox and signed off by an appropriate senior manager before being sent to Information Governance Team. Any learning from data breaches is anonymised and shared appropriately to reduce risk
10	Health and Safety	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
10.1	Directorate staff are made aware of their responsibilities under relevant Health & Safety policies and procedures and I have appropriate arrangements in place for the identification and provision of Health & Safety training necessary for all job roles, including induction training.	Compliant	Education	Contingency planning and business continuity arrangements Corporate Health and Safety Strategy and Plan Council Health and Safety Group Employee Code of Conduct Enterprise Risk Management Policy Enterprise Risk Management Policy and Risk Management Procedure External validation/review eg. external audit, independent assurance providers Health and safety audits Health & Safety policies and procedures Institution of Occupational Safety and Health training Mandatory Health & Safety training for staff Reporting/review/monitoring at all levels – committee, CLT, SMTs, service level Risk Management Groups Risk management policies and strategies (eg procurement, standing orders, project management, health and safety, information governance) Risk Management Procedure Risk management tools Scheme of Delegation Schools assurance programme Training, eLearning and workshops for staff and members	ECJS Health Safety and Wellbeing Committee  Council Health and Safety Group  Risk Matters used to share important Health and Safety messages some of which are included within an annual planner  Self-assurance questionnaire includes a section on Health and Safety that mirrors the work place inspection checklist for establishments  Health and Safety e-learning  Health and Safety training  Health and Safety essential learning matrix  Health and Safety Working Group  Health and Safety Committees in schools  Council Health and Safety Forum (chaired by a member)  Corporate Health and Safety team - regular engagement with headteachers/business managers at relevant  SORT used for Health and Safety communications and	Specialised school safety audits are undertaken by the Corporate Health and Safety Team as required and agreed

		Compliant	Justice Services - There are still some issues with availability of some face to face training following the removal of pandemic restrictions due to backlog.
10.2	I have the necessary arrangements in place to establish, implement and maintain procedures for ongoing hazard identification, risk assessment and the determination of necessary controls to ensure all Health & Safety risks are adequately controlled.	Compliant	Education
		Compliant	Justice Services - No H&S Audits have taken place since before the pandemic. Difficulties with accessing inhouse face to face training remains and services are now looking at external providers. Changes post covid to building usage has meant some buildings don't have BUG or named responsible persons.

Health and Safety is a standing item on the SMT agenda. The H&S Working Group evaluates compliance within the service and notes of meetings are circulated to SMT E&CS Health Safety and Wellbeing Committee quarterly meeting - representation from the division in attendance. Self Assurance questionnaire completed by managers which includes a section on H&S with ability to outline areas of concerns. Ops Manager attends monthly Fire Safety Technical Meeting chaired by Council's Fire Safety Manager and Council H&S Group Support provided to managers to ensure they align with divisional controls for H&S and Fire Safety E-Learning and training for appropriate roles.	H&S Audits should be prioritised for high risk services to strengthen assurance and support colleagues
Council wide advice on risk assessment Self-assurance questionnaire and validation guidance (advice on risk assessment) Health and Safety forums Use of SHE incident management portal - creates management information on risk themes we can respond to as a service Use of isomorphic learning (learning from within the organisation) and responding to risk by assessing and mitigating (Significant Occurrence process and Lessons Learned meetings) Bespoke advice as required on specific areas of risk/risk assessment (Corporate Health and Safety Advisors) Corporate Health and Safety site visits (as required) Use of "Bow-Tie" cause and effect model - post event and to risk assess Risk qualification/ to assess risks - quantify by RAG analysis - quantify further if required Use of Risk Management Committees to escalate health	Specialised school safety audits are undertaken by the Corporate Health and Safety Team as required and agreed
Risk Assessments are carried out and reviewed Clear governance structure in place within the division which provides an established route for escalation of risks if required. Use of SHE portal - recent comms and user guides circulated to improve use Shared learning from incidents Corporate H&S site visits when required and support from H&S advisor H&S Working Group includes union colleague and representation from service within the division.	Continued monitoring of SHE portal reporting and frequent comms to encourage use. Training for those with H&S responsibilities to be reviewed as part of MyLearning review.

10.3	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.	Compliant	Education		Corporate Health and Safety team (all members of the team are qualified in health and safety) ECJS Health Safety and Wellbeing Committee Council Health and Safety Group Risk Matters used to share important Health and Safety messages some of which are included within an annual planner Self-assurance questionnaire includes a section on Health and Safety that mirrors the work place inspection checklist for establishments Health and Safety e-learning Health and Safety training Health and Safety essential learning matrix Council Health and Safety Forum (chaired by a member) Corporate Health and Safety team - regular engagement with headteachers/business managers at relevant forums Self-Assurance Induction and Bite Size training programme	N/A
		Compliant	Justice Services - Difficulties in securing appropriate paperwork for inspections due to reliance on Corporate Property/FM to provide them has impacted negatively on some services.		As at 10.1 Corporate Health and Safety team - regular engagement with managers and attendance at H&S Working Group.	Interdependencies which provide appropriate paperwork for inspections require review to ensure services receive what is needed for inspections (CA-FM)
10.4	I have a robust governance and reporting structure for Health and Safety in my directorate.	Compliant	Education		Council Health and Safety meeting architecture / reporting structures including Union engagement Risk & Assurance Committee structures Service reporting structures/meetings/team ELT/SLT/CLT Use of SHE Significant Occurrence Lessons Learned process and procedure	N/A
		Compliant	Justice Services - As above		As above.	As above
11	<b>Performance</b>	<b>Assessment of Compliance</b>	<b>Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)</b>	<b>Extract of Evidence from the Council's Corporate Governance Code. For information only.</b>	<b>Relevant service area controls</b>	<b>Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)</b>
	I have arrangements in place for reporting to CLT, Committee and/or Council and, where performance monitoring identifies inadequate service delivery or poor value for money, ensure that improvement measures to address these issues are implemented and monitored.	Compliant	Education	Annual external reporting eg. Local Government Benchmarking Framework, Statutory reporting, Scottish Public Services Ombudsman, Scottish Government, etc Annual performance report to Council B agenda protocol Best Value reporting CLT Meeting - Performance Committee Terms of Reference and Delegated Functions Local Government Benchmarking Framework – Committee Report	Committee reporting structures Risk & Assurance Committee structures Service reporting structures/meetings/team/ELT/CLT Increased capacity in Commissioning Team	N/A



11.1		Compliant	Justice Services - Service Director left her post in September 2022	Monitoring/reporting on delivery of 52 coalition commitments – delete : no longer exists under new administration HR Performance Framework Planning & Performance Framework Strategy and Performance webpage	Regular performance reports provided and discussed at SMT and CLT. Annual Performance Reports are submitted to Committees, these include Partnership Agreements, CSWO Annual Report, Child Protection Committee Annual Report Data collected and shared on SON, Statutory Complaints and Care Service Feedback. Improvement Plans incorporate actions from audits, WB investigations, reviews and inspection reports. These are monitored through working groups and reported through Committee, PP Committees and COG.	Review of performance data and KPIs across the division is underway and supported by business partners.
11.2	My directorate regularly works with relevant teams in Corporate Services to review and improve effectiveness by performance monitoring, benchmarking and other methods to achieve defined outcomes.	Compliant	Education		Regular input at ELT meetings in terms of for example absence statistics.	It would be good to see an approach where KPIs and KRIs data was presented regularly in terms of service planning.
		Compliant	Justice Services - As above		Auditing of regulatory services are undertaken and actions monitored and reported to appropriate committees. Performance targets are monitored and monthly performance reports from S&C team are discussed at SMT	As above
12	<b>Commercial and Contract Management</b>	<b>Assessment of Compliance</b>	<b>Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)</b>	<b>Extract of Evidence from the Council's Corporate Governance Code. For information only.</b>	<b>Relevant service area controls</b>	<b>Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)</b>
12.1	I ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders.	Compliant	Education	Annual Assurance Process (Directorates) Codes of Conduct Commercial and Procurement Strategy Committee Terms of Reference and Delegated Functions Contract and Grants Management team Contract Standing Orders Council company monitoring including Governance Hub, Council Observers on Boards, committee reporting Grant Standing Orders Legal Services provision of advice Policies and procedures Procurement Handbook Contract management manual Scheme of Delegation to Officers Service Level Agreement Register Standard Condition of Grant	Commercial and Procurement Strategy  Contract and Grants Management team  Contract Standing Orders  Council company monitoring including Governance Hub, Council Observers on Boards, committee reporting  Grant Standing Orders  Procurement Handbook  Scheme of Delegation to Officers  Service Level Agreement Register  Standard Condition of Grant  Support and advice from the Corporate Procurement team  Use of "Risk Matters" to share Corporate Procurement advice/requirements  Corporate Procurement team engagement - for example headteacher/business manager forums	N/A
		Compliant	Justice Services - Service Director left her post in September 2022,		Contract and Commissioning Team work with service managers to ensure compliance. Monthly Procurement Board which looks at dashboard, contracts register, waivers, pipeline procurements and contract end dates. Waivers are discouraged and only used in exceptions and must be approved by Service Director/Exec Director. Standing item on SMT agenda - QA Reviews/Third Party Spend Separation of duties mechanisms are in place to ensure there is no conflict of interest (3 way checks - Procurement, Commissioning and Budget holder) Multi-disciplinary six monthly monitoring meetings for tier one and tier two contracts. Ongoing oversight of financial processes to ensure commitment matches the ledger	

13	Change and Project Management	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
13.1	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.	Compliant	Education	2050 City Vision Budget Planning Capital Budget Strategy City Plan CLT Change Board Committee Terms of Reference and Delegated Functions Contract Standing Orders Council Business Plan Council Change Strategy Council's Risk Appetite Statement Enterprise Risk Management Policy External audits, reviews and validation Finance Rules Financial Regulations Procurement framework Report template and guidance Revenue Budget Framework Risk Registers Scheme of Delegation to Officers Service Planning Sustainability Strategy process Treasury Management Strategy	Prince 2 methodology used in large projects (includes risk management as part of scope)  Council Projects Team advise and support Education (project management)  Strategic Asset Planning manage school new builds	Work required on rising roles risks (Strategic Asset Planning)  Engagement required with Strategic Asset Planning team in terms of new builds lessons learned, design issues identified and snagging
		Compliant	Justice Services - Service Director left her post in September 2022,		Prince 2 methodology used in large projects (includes risk management as part of scope) IIA are undertaken prior to commencement of new projects/programmes. Proposals for projects are discussed at SMT with clear business justification prior to commencement and all projects have oversight from appropriate senior manager/HOS. Lead Officers are appointed for all projects with clear responsibilities and reporting mechanisms. Council's Project Team provide advice and support	
14.1	Financial Control	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
14.1	The operation of financial controls in my directorate is effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.	Partially compliant	Education	Budget Framework Comprehensive system of revenue and capital monitoring, with SMT and CLT oversight Contract Standing Orders Corporate Debt Policy Council Business Plan Council Change Strategy Elected Member training on financial statements, financial planning and treasury management	Regular input, advice and support from Council Finance team at ELT meetings within service budget monitoring  Regular budgetary monitoring/management  Risk based approach to budget monitoring  Regular budget meetings including Headteachers	N/A
		Compliant	Justice Services - Service Director left her post in September 2022	Employee Training Finance & Resources Committee and Governance, Risk & Best Value Committee oversight/scrutiny Finance Rules Financial Regulations Internal control framework Medium-term Financial Strategy Professional officer representation/support/advice on major project boards, project assurance reviews, SMTs Tiered framework of financial planning and control Treasury Management Strategy	Regular budgetary monitoring and support from Council Finance Team who meet with service managers regularly. Work closely with finance partners to look at pressures and work undertaken to look at reducing additional spending. Risk based approach to budget monitoring and management. Segregation of duties between commissioner, requestor and approver on Oracle at all stages of the financial process. Any additional financial commitment must be discussed with Executive Director and Service Director prior to agreement.	Undertake yearly review of Oracle approval limits

14.2	I am confident that the arrangements in place to monitor expenditure/budget variances would identify control problems or variances that could have an effect on the Annual Accounts.	Compliant	Education
		Compliant	Justice Services - As above
14.3	I have arrangements in place to ensure all material commitments and contingent liabilities (i.e. undertakings, past transactions or events resulting in future financial liabilities) are notified to the Chief Financial Officer.	Compliant	Education
		Compliant	Justice Services - As above
14.4	I have arrangements in place to ensure that new and existing leases in the scope of IFRS16 are promptly identified and relevant details notified to Finance colleagues for incorporation in the Council's annual	Compliant	Education
		Compliant	Justice Services - As above
14.5	I have arrangements in place to review and protect assets against theft, loss and unauthorised use; identify any significant losses; and, ensure the adequacy of insurance provision in covering the risk of loss across my directorate.	Compliant	Education
		Compliant	Justice Services - As above
14.6	I have arrangements in place for identifying any weaknesses in my directorate's compliance with Council financial policies or statutory/regulatory requirements.	Compliant	Education
		Compliant	Justice Services - As above
14.7	I have arrangements in place for identifying any internal control, risk management or asset valuation problems within my directorate's service areas that could affect the Annual Accounts.	Compliant	Education

Regular input, advice and support from Council Finance team at ELT meetings within service budget monitoring	N/A
Regular budgetary monitoring/management	
Risk based approach to budget monitoring	
Regular budget meetings including Headteachers	
As above. Budget monitoring in place, finance colleagues meet with budget managers regularly. Areas of pressure are monitored and if appropriate included in the divisional risk register. Reports submitted to CLT on any potential pressures or financial risks within the division	Divisional SMT - reinstate finance in rolling agenda, with finance colleagues in attendance.
Knowledge and application of Finance Rules	N/A
Expertise and support of Council Finance team	
Appropriate Committee reporting and regular meetings with Convenor and Vice Convenor in place. Application of finance rules and support of Council Finance Team with regular meetings in diaries and adhoc meetings held as required. Major risks of future liabilities would be discussed with legal colleagues and escalated to CLT	
The service does not manage leases, this is undertaken by Corporate Property.	N/A
Finance have oversight of all leases and what they cost and Corporate Property manage leases on our behalf.	
Support and advice form Council Insurance Services team	The Council wide approach to CCTV in buildings needs to be agreed. The approach to CCTV across the school estate is neither comprehensive or consistent.
Asset register update reminder to school SLTs (as part of self assurance questionnaire)	
CCTV in some schools	
Significant Occurrence process (reporting of intruder issues/thefts/lessons learned meetings)	
No significant losses reported in 22/23, all ICT equipment should be encrypted in line with Council procedures and equipped with appropriate security measures. Insurance cover is managed corporately, and any losses are dealt with through this route or absorbed by the service depending on the monetary value. Insurance Services conduct annual checks to confirm adequacy. Senior managers should be made aware of any loss within their area and report to SMT if significant financial implications. CCTV in some buildings	Asset Register - some time has lapsed since review and work should be undertaken to ensure this is updated.
The self assurance questionnaire has a section on Finance which sets out the main requirements of establishment financial reporting	School Operations Support are developing further clarification in terms of the self-assurance questionnaire section with a primary headteacher representative
Contract and Commissioning Team to support services All budgets (including ring-fenced funding) are managed per accountancy rules with close working between finance colleagues and budget managers. Transactions and banking assist compliance with HMRC. Separation of duties in place - prior to financial commitments.	
Council Internal Audit programme (risk based approach where services have the opportunity to make suggestions as to annual Internal Audit plan)	N/A
Risk forums in place as per Council requirements, Risk and Assurance Committees/Regular discussion on risk at EC&S Wider Management team ELT/SLTs	

		Compliant	Justice Services - As above		As above. Council's Internal Audit programme allows services to make proposals to annual plan. Risk escalation and management is discussed at SMT and cascaded up to CLT and R&A Committee if required.	
15	Group Accounts (Corporate Services only)	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
15.1	I have arrangements in place for identifying and reviewing any developments during the year that should lead to additions, deletions or amendments to the companies included in the Group Accounts.	Compliant	Education	Annual assurance exercise (internal audit input and oversight) Annual Corporate Governance Framework self-assessment (internal audit input)	Advice and support from Council Finance team/regular update at ELT	N/A
			Justice Services - N/A - Corporate Services only	Annual Governance Statement – informed by the work of IA	N/A - Corporate Services only	
15.2	I have arrangements in place to identify and review any internal control, risk management or asset valuation problems with Council companies that could affect the Group Accounts.	Compliant	Education	Annual Internal Audit Plan (based on most significant risks to the Council) Audit Charter Chief Internal Auditor's direct reporting line to GRBV Committee Terms of Reference and Delegated Functions - GRBV Comprehensive system of revenue and capital monitoring, with SMT and	Risk structures in place Corporate Property support asset valuation Support of Council Insurance team	N/A
			Justice Services - N/A - Corporate Services only		N/A - Corporate Services only	
16	National Agency & Regulatory Body Inspection Reports	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
16.1	I have arrangements in place to identify any reports relating to my directorate and can confirm that there were no inspection reports that could impact on the signing of the Annual Governance Statement.	Compliant	Education	Committee Terms of Reference and Delegated Functions Governance, Risk and Best Value Committee – chaired by an opposition councillor and excluding executive committee conveners from its membership, with power to act on its own accord Executive Committee and GRBV oversight of external audit and inspection activity Scrutiny of directorate annual assurance schedules Regulatory Body inspection reports	Internal/External audit for example Council Internal Audit team/Education Scotland/Social Work Scotland	N/A
		Compliant	Justice Services - Service Director left her post in September 2022		Internal/External Reviews include Internal Audit, Care Inspectorate, inspections of services within the division with clear governance arrangements around reporting and progressing recommendations in place. The Quality Regulation and Governance Team (QGR) review grades from national agency inspection reports as part of their role to support the CSWO. Services submit returns to Scottish Government which include performance. CSWO Annual Report is submitted to the Scottish Government Public Protection Committees report to the COG on improvement plans from inspection reports	
16.2	I have arrangements in place that adequately monitor and report on the implementation of recommendations.	Compliant	Education		Committee reporting structures Management of associated actions/recommendations from reports (authorising bodies)	N/A
		Compliant	Justice Services - As above		As above, Inspections, reviews and audits are in place and embedded in service delivery and evaluation. Reporting to Committee on progression of open actions and recommendations from reports.	Work with Property/FM to look at maintenance/inspection schedule and paperwork required for external inspections
17	Internal Audit, External Audit and Review Reports	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
17.1	I have arrangements in place to ensure that all recommendations from any internal audit, external audit or review report published during the year, that have highlighted high, medium or significant control deficiencies, have been (or are being) implemented and that this is monitored effectively.	Compliant	Education	A validation audit of previously closed audit actions is included in the annual Internal Audit Plan Agreed management actions arising from internal audits are recorded and monitored through Team Central on ongoing basis. Overdue management actions are reported monthly to CLT and quarterly to GRBV Evidence above is for Internal Audit only - needs to link to external audit actions (Finance) and Best Value Actions (Governance). Also needs to consider improvement plans from regulator inspections such as Care Inspectorate and Education Scotland and other relevant review reports for the directorate which require monitoring, response and action plan. Integral part of Annual Assurance Schedule	Meetings take place regularly between the Internal Audit team/service colleagues in line with Internal Audit service level agreement requirements  There are workshops organised by Internal Audit which support the audit action process and service colleagues are involved in this  There are strong links between Risk Management within the service and Internal Audit, this aids the efficiency and effectiveness of the control environment as risk also focuses on the assessment of controls	N/A

		Compliant	Justice Services - Service Director left her post in September 2022		Audit actions are reviewed and monitored through Team Central. Action owners are supported by Ops Manager to view dashboard and provide updates and supporting evidence to IA. Improvement Plans are developed and where necessary short term working groups put in place to progress actions and embed change. As at 16.1 and 16.2 - Governance arrangements in place for reporting through COG regarding public protection.	
<b>18</b>	<b>Progress</b>	<b>Assessment of Compliance</b>	<b>Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)</b>	<b>Extract of Evidence from the Council's Corporate Governance Code. For information only.</b>	<b>Relevant service area controls</b>	<b>Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)</b>
18.1	All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years have been addressed satisfactorily.	Compliant	Education	Agreed management actions arising from internal audits are recorded and monitored through Team Central Overdue management actions are reported monthly to CLT and quarterly to GRBV A validation audit of previously closed audit actions is included in the annual Internal Audit Plan Integral part of Annual Assurance Schedule External Audit Report is scrutinised by GRBV and an improvement plan developed IA communicates regularly with Care Inspectorate, Audit Scotland, Scottish Housing Regulator and Education Scotland	Annual review of assurance statement actions/reporting to Governance Risk and best Value Committee	N/A
		Compliant	Justice Services - Service Director left her post in September 2022		A report was submitted to GRBV noting completion of open improvement actions. Actions from 2021/22 have progressed and clear plans developed and timescales set for completion.	

# Education, Children and Families Committee

10:00am, Tuesday, 7 November 2023

## Children's Services Improvement Plan and Edinburgh Residential Services Improvement Plan Update

Executive/routine  
Wards  
Council Commitments

### 1. Recommendations

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- 1.1 The Education, Children and Families Committee is asked:
  - 1.1.1 To note the positive progress made against the Children's Services Improvement Plan, and the Edinburgh Residential Services Improvement Plan.
  - 1.1.2 To scrutinise those areas where progress is slower than planned and ensure effective mitigations are in place.

#### **Amanda Hatton**

Executive Director Children, Education and Justice Services

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# Report

## Children's Services Improvement Plan and Edinburgh Residential Services Improvement Plan Update

### 2. Executive Summary

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- 2.1 Progress has been made in all areas of the Children's Services Improvement Plan. In some areas progress has not been as expected, this primarily relates to delays in getting key staff into post.
- 2.2 This report sets out the continuous improvements in the Edinburgh Secure and Residential Services Improvement Plan from the last report that went to the Education, Children and Families Committee in September 2023.

### 3. Background

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- 3.1 The Executive Director led significant due diligence activity which resulted in a self-assessment and Improvement Plan for Children's Services. This was shared as a B agenda with Committee on 27 April 2023. Updates will continue to be reported at each committee cycle.
- 3.2 On 15 November 2022 the Education, Children and Families Committee requested that the Executive Director of Education and Children's Services would:
  - 3.2.1 Continue to deliver on the Edinburgh Secure Services and Residential Services Improvement Plan; updates have been shared with members.
  - 3.2.2 Continue to report at each cycle the ongoing improvement work.

### 4. Main Report

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- 4.1 Several actions within the Children's Services Improvement Plan are now complete or progressing well. Although delays in recruitment continues to be an issue in some areas, plans have been put in place to mitigate this including reallocation of cases and a review of demand and capacity to ensure best use of resources.
- 4.2 The Practice Standards have been finalised and implemented and will now be a fundamental part of reporting on our performance measures.

4.3 Significant achievements have been made in delivering and sustaining our Edinburgh Secure Services and Residential Services Improvement Plan. Progress is as follows using a Red, Amber, Green scale:

Red = 3 (3% of Actions)

Amber = 15 (17% of Actions)

Green = 42 (47% of Actions)

Completed Actions = 30 (33% of Actions)

4.4 The Care inspectorate have completed three Care Inspections since the last Committee, Seaview Residential House for Children with a Disability; Heathervale Residential House for Children; and Adoption, Fostering and Continuing Care Services. Published Inspection reports for Seaview and Adoption, Fostering and Continuing Care are on the Care inspectorate website; verbal feedback has been received on the inspection of Heathervale. A consistent theme of feedback from recent Care Inspections of our children's houses is that our children in our care state they feel safe, loved, and respected.

4.5 Seaview Residential House was assessed as follows:

*How well do we support children and young people's rights and wellbeing?* Grade 5 – very good

4.6 Adoption Services were assessed as follows

*How well do we support people's wellbeing?* Grade 3 – adequate

*How well is our care and support planned?* Grade 4 – good.

4.7 Fostering Services were assessed as follows

*How well do we support people's wellbeing?* Grade 4 – good

*How well is our care and support planned?* Grade 5 – very good

4.8 Continuing Care/Adult Placements were assessed as follows

*How well do we support people's wellbeing?* Grade 4 – good

*How well is our care and support planned?* Grade 4 – good.

4.9 **Aberlour and Kibble update** (request following Motion by Councillor Lesley Marion Cameron at Full Council on the 24 November 2023 “To request a progress report to the next Education, Children & Families Committee after the conclusion of the review”).

When we undertook the Pilot alongside colleagues throughout Scotland we anticipated that the main service that would benefit would be Edinburgh Secure Services. Although Edinburgh no longer has a secure house, we have shared the learning gained with managers of all of our houses and will continue to monitor changes to practice and ensure training is geared towards Rethinking Restraint. Whilst other houses rarely ever engage in restraint, the tools and approaches to



deescalate, engaged and connect with heightened behaviour is useful in all residential care settings

- 4.10 The specialist Disability Foster Care team at City of Edinburgh Council has won a prestigious Fostering Excellence Award, recognising their exceptional contributions to foster care. They were awarded The Fostering Network Award for a Social Work Team at The Fostering Excellence Awards.

## **5. Next Steps**

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- 5.1 The service will continue to drive the improvement agenda and learn through the process.
- 5.2 This will inform future decision making and enable us to capitalise on best practice and build on our strengths in a way that makes the greatest difference for children and young people and their families.
- 5.3 The Improvement Board will have monthly progress reports against the Improvement Plan and will also receive audit reports. This will be managed under the Corporate Change Programme Board to ensure scrutiny by Corporate Leadership Team.
- 5.4 The Improvement Plans will remain live documents which drives improvement and where an area is deemed to be completed this will be added to the audit plan to ensure continued compliance.

## **6. Financial Impact**

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- 6.1 A report was submitted to Finance and Resources on [10 March](#) which detailed costs associated with temporary staff. An update on the Swift replacement and associated costs will be presented to Finance and Resources on completion of analysis, which should be October 2023.

## **7. Equality and Poverty Impact**

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- 7.1 The Improvement Plan ensures that we are meeting our statutory obligations to the most vulnerable children, young people, and their families in Edinburgh.
- 7.2 Our commitment is to ensure that Edinburgh is the best place to live and grow up.
- 7.3 We are securing connections with community planning partners, strategic partnership groups and the tackling poverty work, seeing poverty as the largest single cause for children and young people coming to the attention of statutory services.

## **8. Climate and Nature Emergency Implications**

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- 8.1 There will be no impact on this.

## **9. Risk, policy, compliance, governance and community impact**

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- 9.1 The focus of the plan is to improve the children and families social work practice and approach and ensure safety for our most vulnerable children.
- 9.2 It is recognised that children and young people live within families and communities and as such partners are key in driving forward any change agenda.
- 9.3 Whilst we seek the views of children, young people, and their families on an individual basis, we are eager to ensure we enter greater debate around family and community capacity building, codesign and production of services. This will be reflected in our three-year strategy.

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

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- 10.1 None

## **11. Appendices**

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- 11.1 Appendix 1 Updated Children's Services Improvement Plan

1. Ensuring Safety							Progress		
Review and Strengthen the front door									
Action	Lead	Start	End	Outcome	Evidence	Progress	Progress as 21st August 2023	Progress as of 10/10/2023	
<p><b>Improve team working and develop a learning culture</b></p> <ul style="list-style-type: none"> <li>Currently SCD provides a single point of access to the services that help keep children safe. As part of whole family support there is a need for greater emphasis on supporting and building resilient communities. There will be an increased focus on prevention, early help and asset-based community development working across all life stages.</li> </ul>	HOS Early intervention	1st April	Mar-24	Seamless early help offer in place and threshold document agreed by partnership	reduction in the number of needing social work support.	We have a partnership whole family support plan in place and are currently recruiting to the team	Permanent Head of Service in post as of 7th August. Integrated Front Door Project Implementation document now approved at CLT and project manager in place. Strategic and operational boards to be actioned. Partnership whole family support transformation post now recruited and in place. Early help coordinators and participation and business support posts to develop family information directory. Additional team leader post recruitment successful however 5 social work vacancies remain unfilled. Further recruitment in place and agency cover will remain to ensure capacity until recruitment is successful. New model is having positive reduction on work volume going to practice teams.	Recruitment continues to be an issue. Child protection cases are currently being reallocated to ensure timely intervention in line with need. Work on integrated Front Door continues with HSCP colleagues. Visits arranged to neighbouring authorities to share good practice models.	
<ul style="list-style-type: none"> <li>Team to be physically co located with their managers and rota to build in time for team meetings and collaborative time.</li> </ul>	HOS Early intervention	Jun-23	Review September 2023	Better team cohesion and support	Reduced sickness improved morale	Additional capacity in the form of a bridging team and a new grade 12 put into the front door	Significant improvement in practice with tighter systems and processes in place. However still recruitment needed as evidenced above. Return to the office tied to wider organisational review of future of work questionnaire to ensure equity. Questionnaire currently out to all staff.	Use of space and place within Waverley Court, City Chambers and Locality Offices still subject to ongoing review and short term moves in line with identified need. A Development Day has been held and further dates in calendar, Family Based Care Team now relocated to Drumbrae allowing closer working alignment with social work practice teams colleague. Further team movement is part of wider review through Our Future Work	
<ul style="list-style-type: none"> <li>Office space to be re modelled to support collaborative learning and working if necessary</li> </ul>	HOS Early intervention	Mar-23	May-23	As above	As above		In progress Strategic Asset Partnership Manager looking at collaborative work space. Police also requesting collaborative space. Some delay because of need to link to wider corporate property strategy which has now been agreed at P and S Committee	As above, this is being progressed alongside the Our Future Work developments.	
<ul style="list-style-type: none"> <li>Working with Education needs to be better supported to ensure that all notifications from police can be effectively communicated to schools and capacity to deliver Girfec can be enhanced through a dedicated point of contact for education colleagues in schools and settings. Therefore an education safeguarding officer will be developed in social care direct.</li> </ul>	HOS Early intervention -	Mar-23	Sep-23	Improved communication with schools and education focus in planning	Reduction in repeat referrals from schools, better use of team around the learning community	Post established in the whole family support team – currently out to advert.	Schools safeguarding post out for advert and recruiting. Weekly complex cases panel in place with social care and education to ensure information sharing for our most complex young people. Further work needed to ensure education are equal partners in IRD processes hence this is amber.	Recruitment still being progressed, GIRFEC and Child Protection processes being reviewed to ensure timely and appropriate response from all partners. Critical Review of child wellbeing into child protection across the partnership to inform future working is now in place.	
<ul style="list-style-type: none"> <li>Development of reflective group learning offer to support team development and consistency of practice.</li> </ul>	CSWO	Apr-23	Programme in place September 2023	Clarity in relation to what good looks like and a body of positive evidence	Case audit 85 percent adequate or above.		Practice standards in place which articulates what good looks like. Audit programme in place and beginning to evidence practice improvement - most recent audits showing all cases had assessment and management oversight. Learning loop from audit still needs to be embedded and further work required on understanding the data now being captured at the frontdoor - hence this is amber.	Practice Standards finalised and implemented and will be part of performance measure reporting and included Development Days scheduled.	
<p><b>Manager oversight from CEC manager on all case decisions in place</b></p> <ul style="list-style-type: none"> <li>Ease note type will be used for management oversight</li> <li>Nothing will be closed or passed to a practice team without manager signing this off.</li> </ul>	HOS Early intervention	1st March 1st April	On going Review effectiveness June 2023	Consistency of decision making	As above	All actions now outcome by a manager	Additional team leaders now recruited. All actions outcomes by a manager. Audit will now be used to ensure this remains consistent	Practice Standards finalised and implemented and will be part of performance measure reporting.	
<ul style="list-style-type: none"> <li>2 additional staff to be added to the team in the short term to ensure that all contacts can be managed within the week on duty process.</li> <li>The permanent structure of the team will be enhanced by 6 social workers and 2 student placements in addition to the current senior practitioners in place. This will be done from existing social work establishment as a stronger front door will significantly reduce the amount of work going through to practice teams. Initial data shows that currently only 8 cases per week are moving through. This data will need on going weekly monitoring.</li> </ul>	HOS Early intervention	April 2023 April 2023	September 2023 September 2023	Children get a timely response which supports prevention.	Reduction in work going to practice teams No cases on a wait list Decisions making within 24 hours	Bridging team have added another manager to the team so there are 2 managers in place which is providing additional support and supervision to the team. This post needed to be added to the structure as a permanent post and to provide progression opportunities for staff in the	Completed HOS now in post as of 7th August. Practice change has happened and no child is closed without manager sign off. Audit programme will be used to ensure continued compliance.	Practice Standards finalised and implemented and will be part of performance measure reporting. This work is under further review to provide assurance of compliance.	
<ul style="list-style-type: none"> <li>Recruitment campaign which focuses specifically on the front door to be put in place to recruit permanent staff for both children's and adult services. This will include (and be an opportunity to test) :- 1. A new brand for social work in Edinburgh – Working for Edinburgh Children 2. Recruitment specific microsite 3. Open days with director input and an opportunity to meet potential colleagues and see the offices.</li> </ul>	As above	Apr-23	Sep-23	Front door resilient and well-staffed	Reduction in cases which transfer to practice teams Reduction in staff sickness	Initial open day planned for 3rd May. Comms plan in development for revised campaign.	Successful recruitment at team leader level with high demand for these posts but 5 social work vacancies remain	Reallocation of cases work and wider service review. Ongoing Absence Support Panels held at Senior Management Level and part of monthly performance reporting to HOS. Active recruitment continues with support from HR colleagues.	-34% -47%
<p><b>Assessment pod in place as a test of concept model</b></p> <ul style="list-style-type: none"> <li>Rod is currently live and has reduced significantly the amount of work going through to the practice teams.</li> <li>Weekly monitoring of this approach is now in place and an options appraisal report will be developed when the team has been in place for 12 weeks.</li> </ul>	HOS Early intervention - Change project lead	Mar-23	May 2023 - formal review	Early support and assessment in place which links to community capacity	Reduction in work going to practice teams No cases on a wait list		The assessment pod has supported 269 children. All have been responded to in 24 hours and have had an assessment completed withing 45 days. Of this group 61 have needed support from the locality teams and 156 have required no ongoing support from social work the rest are supported short term by the assessment pod. All children have been seen alone.	This is part of case reallocation and further review of demand and capacity to ensure right people in right place. Practice Standards are used to monitor workflows.	
<p><b>Weekly tracking data in place</b></p>	HOS Early intervention - Change project lead	Apr-23	May 2023 - formal review	Better understanding of need and demand that can be used to inform commissioning and resource allocation	Weekly spreadsheet used at performance management meetings	Data pack developed and in place – beginning to demonstrate reduction in work being passed to the practice teams	11/08/2023 completed and weekly data now moved to monthly progress report from swift rather than weekly manual collection.	Reviewing in line with case reallocation and service review to give assurance re ongoing compliance.	
<p><b>Partnership Whole family support plan in place</b></p>	HOS Early intervention - Change project lead	Feb-23	Dec-23	Children and their families get earlier support.	Reduction in children who need social work support Reduction in repeat referrals Increase in numbers of GIRFEC plans in place.	Plan in place and agreed by the partnership – funding secured and team out to advert.	Partnership transformation post now recruited to and will support Head of Service.	Postholder developing strategy with partners and Whole Family Wellbeing fund open to application (January 2024)	
<ul style="list-style-type: none"> <li>Interim manager in place to provide additional support</li> <li>Grade 12 advert out week beginning 27th February</li> <li>Interviews week beginning 27th March</li> </ul>	Exec Director	Mar-23	Sep-23	Additional leadership in place to develop robust early support	Less children require social work support	Interim in post March 2023	Completed Permanent head of service in place 7th August.	Now complete	

<p><b>Options appraisal report to move to an integrated front door in place this to include :-</b></p> <ul style="list-style-type: none"> <li>Review the existing contact centre arrangement</li> <li>Development of operational manual to embed consistency approach and thresholds applications</li> <li>Development of Integrated Front Door including Adult Social Care and stakeholders to enable collective decision making</li> <li>Development of Social Care Direct practice and performance framework</li> <li>Development of Assessment and Child in Need teams to ensure the children's needs are assessed and identified at the earliest opportunity in order to provide appropriate support and intervention. This will help the service to reduce re-contact and re-referrals and avoid drift and unnecessary delay</li> <li>Development of robust Management</li> </ul>	Change Project Lead	Mar-23	Aug-23	Ensure we build our model based on best practice across the country	Report presented to CLT		Project initiation document agreed by Corporate Leadership team. Project manager in place. Project now being monitored as part of the Change Programme.	Progress in place, report to CLT. Visits to other local authorities being undertaken to inform required change.		
<p><b>Full allocation model in place</b></p> <p><b>Review all current waitlist cases and allocate in line with need</b></p> <ul style="list-style-type: none"> <li>This is dependent on additional audit capacity</li> </ul>	HOS Practice Teams	Mar-23	Jun-23	All cases on wait list have been allocated	Audit reports in place	we have identified a number of additional audit staff – 2 will start in March and will begin to audit waitlist cases in the north of the city.	Whilst caseload averages remain reasonable there is significant variation across the teams and individual team members. There are a number of staff members who have reduced caseloads due to ongoing health issues which will require more support. Additional resources are being moved to the assessment team to ensure children in need are supported in a timely manner. Initial referral discussions will now be managed in a dedicated team and those children needing an annual financial review of their kinship placement will also be supported by a dedicated resource.	Cases being reallocated to enable this to happen and additional resource being sought to cover staff vacancies.		
<p><b>Cease dual allocation to team leaders and managers</b></p> <ul style="list-style-type: none"> <li>Current data on case numbers is inaccurate – exercise need to be undertaken to make this accurate. All teams have been asked to complete a data exercise to clarify numbers on current caseloads and the nature of the cases</li> <li>This will then clarify the number of social workers required to ensure purposeful practice and manageable workloads (no more than 22 children and 15 for those in their first year post qualification)</li> </ul>	HOS Practice Teams	Mar-23	May-23	No cases are allocated to a manager	Case load lists	A caseload exercise has been undertaken.	There are still a small number of children allocated to team leaders but this is temporary as their new social workers are coming into post.	Onboarding progressing, further adverts out for recruitment to vacant posts.		
<p><b>Revise and re model current duty system leading to allocation by locality</b></p> <ul style="list-style-type: none"> <li>This is dependent on the completion of the assessment pod and caseload data identified above.</li> <li>Working group with all levels of staff represented to devise the new model</li> </ul>	HOS Practice Teams	Mar-23	Aug-23	Children have a social worker they are able to build a relationship with and not have to tell their stories multiple times	All children have an allocated social worker		Draft structure developed and managing change process about to be initiated.	Discussions with trade union colleagues to discuss change management process to commence in November 2023		
<p><b>Re allocate resource between teams to support capacity for full allocation – once the work above has been completed.</b></p> <p><b>Case audits and QA</b></p>	HOS Practice Teams	May-23	Sep-23	As above	As above		on track- additional staffing moving to assessment team to support early action and intervention.	Subject to further review in line with case reallocation of child protection cases and will be brought into wider service review.		
Audit a sample of children on the CP register	CSWO	Feb-23	Mar-23	The quality of practice is understood and we are able to evidence continuous learning and improvement.	Audit monthly report	Plan in place and audit activity re launched in Feb 2023. Moderation, tracking and learning plan needs to be established and embedded.	Completed – audit programme in place and quality assurance framework that includes self-evaluation being developed with managers for full rolled out in September.			
Audit a sample of edge of CP cases	CSWO	Apr-23	Jun-23	As above	Audit action tracker		24/07/2023 - audit of all children with a CP plan completed and actions for children added to tracker for follow up.			
Audit a sample of CIN cases	CSWO	Apr-23	May-23	As above	As above		24/07/2023 completed and report completed - actions added to tracker for follow up			
Audit a sample of transition cases	CSWO	Apr-23	Jul-23	As above	As above		24/07/2023 completed and report completed - actions added to tracker for follow up			
Audit a sample of through care and aftercare cases	CSWO	Apr-23	Jul-23	As above	As above		24/07/2023 completed and report completed - actions added to tracker for follow up			
Audit sample of emergency reception into care	CSWO	Apr-23	May-23	As above	As above		24/07/2023 completed and report completed - actions added to tracker for follow up			
Monitor and coordinated support for the ESS/RES Consolidated Improvement Plan and the transition from targeted intervention to BAU	HOS Corporate Parenting	Aug-22	ongoing	Children and young people are able to be looked after locally in a placement that is stable and meets their needs.	Improvement board reports demonstrate on going improvement	Improvement board in place since to monitor progress.	27/07/2023 Ongoing. There is also oversight provided to the Children's Services Multi-Agency Quality Assurance (MAQA). This includes service feedback as well as analysis and response to CI reports. Report to each committee on progress	Work progressing well, update to committee scheduled.		
Develop a document and evidence library	Ops Manager	Apr-23	Jul-23	We have a library of good practice, an evidence base for all aspects of our self-assessment and improvement plan.	Document and evidence library in place and accessible.	Request made to add page to Orb and information being gathered for going live date.	In progress - Quality Assurance Team are collating documents for next inspection as part of inspection planning. Examples of good practice are being captured in audits and examples where possible are reported to committee in the business bulletin.	Repository now live on the Orb and communication sent out to all staff - Complete.		
SCIM team to take forward the next stage of the review of historic ESS cases	CSWO	Apr-23	Sep-23	Children who may have been subject to historic abuse in our care are supported to tell their story and all appropriate action has been taken	Review reports	External review of possible cases has been commissioned and this is linked to national enquiry. We are now working on a potential redress scheme.	work is ongoing but is delayed pending legal and insurance advice on options in relation to possible redress.	Legal and Insurance advice still pending.		
Section 25 case review completed and improvement plan in place	CSWO	Feb-23	Apr-23	Ensure that children who are cared for but not on an order are in the appropriate place and all family / kinship options have been considered	Review report and action plan in place	Review now completed – child level planning in place – strategic governance systems being developed.	Initial review completed and plans in place for those children. Reviewing office manager has been continuing to review children subject to being looked after under section 25. This cohort of children are now to be tracked to ensure permanence planning is progressing.			
Implementation plan for full QA model in place – including each team having their own improvement and QA plan	CSWO	Mar-23	Sep-23	We have a robust understanding of the quality and impact of our practice.	Audit reports	QA framework now developed.	Full launch in August and renewed self evaluation to be undertaken in October			
Children's Services and Justice Senior Management Teams will engage in the development of an annual programme of audit	CSWO	Mar-23	May-23	We understand the quality of our practice, have a learning loop in place and capture and build on best practice.	Each leader has their own line of sight plan	Annual CSWO report	Launched with teams April and May for them to then develop their team plans.			
Review complaints process and resource and ensure learning from complaints.	CSWO	Mar-23	May-23	We understand the quality of our practice, have a learning loop in place and capture and build on best practice.	Annual plan in place	Evidence of continuous improvement	Draft plan in place	Audit plan in place linked to Quality Assurance Practice Learning Framework, self-evaluation and supervision policy and procedure		
	CSWO	May-23	Sep-23	People are listened to, we learn from what complaints are telling us and any themes.	Learning from practice and reduced complaints			24/07/2023 Complaints being looked at regarding resource - QA team focus has been in relation to auditing, and so to change focus on learning from what children and young people are telling us about the service		

<b>Self-assessment in place and agreed with partners</b>	CSWO	Mar-23	Jun-23	Staff and partners are able to articulate where services are strong and what improvement needs to happen. They own the improvement	Self-assessment in place ratified through the partnership and frontline sessions. Each team has their own version of the self assessment and plan.	Staff engagement and self-assessment events planned April and May.	24/07/2023 self-assessment planned in April and May moved to October given improvement plan and Launch of new ways of working / practice standards in August to ensure self-evaluation can provide more reflection of progress.		
<b>Residential improvement plan</b> •Current demand for placements is exceeding supply – emergency measures have been put in place to mitigate this and an ongoing placement sufficiency plan in development.	HOS Corporate Parenting	Mar-23	Jul-23	Children and young people are able to access placements that meet their needs locally	Number of children placed at a distance, placement stability is strong.	Weekly meetings in place – action plan re UASC, in place, governance systems in development, test project with housing in place.  Capacity has now improved and enabled children to move back to the city.  Tracking system now needs to be embedded.	27/07/2023 Agreement made to review the Senior Management Review Group (SMRG) that meets very second Thursday to review requests for Out of Authority Placements  Review of Family Based Care Intake procedures has begun. The new process for care placements will be work flowed and recorded on SWIFT, allowing for reporting. The new process will require more detailed information regarding the reasons why care is required and what the exit strategy is to return the child to their family.  Work to provide throughput of young people in our care is beginning to create capacity. As well as new strategies for supporting UASC population, we have also reviewed the use of our in house provision to better meet need. Numbers of children in our care, in out of area residential and in secure are safely reducing.	Children and families strategy to ensure all ch/yps can remain living in Edinburgh with their family or local community, with a plan to expedite ch/yps plan to return to Edinburgh from out of area residential and foster care arrangements as safe and appropriate.	
<b>Supervision recording and improvement</b> • Case supervision to be recorded on a child's file in the specific case note tab so reporting is enabled. • Currently supervision focuses predominantly on staff welfare and not case management and case reflection. Leaders of practice across all areas of services need training and support to ensure effective supervision is in place. Therefore training will be commissioned and mandatory for all staff in a management role.	HOS Practice Teams	Apr-23	May-23	Drift and delay is minimised	Monthly report in place Annual supervision survey		Completed - supervision/ manager consultation tab added to swift. Practice standards rolled out which now has supervision case record recording	Will be part of monthly reporting performance reports	
• Supervision policy will be revisited to ensure all staff have at least monthly supervision with those in their first year in practice at least fortnightly. Supervision policy will be revisited to ensure all staff have at least monthly supervision with those in their first year in practice at least fortnightly.	CSWO	Mar-23	Oct-23	Managers are able to effectively support reflective practice and children get support that makes a difference and delivers positive outcomes.	Monthly report in place Annual supervision survey	SG Chief social work officer asked for support to identify effective development programmes in these areas.	Practice standards launched on 10th August contain requirements in relation to supervision. Supervision policy update is in progress and on track for launch date/ training in October. Corporate learning and development to support with supervision training	12/10/2023 On track and Progress has been made in developing a Trauma informed supervision model that incorporates personal and child's case management. Roll out and training is being planned for Nov/December - Trauma Lead is supporting with this.	
•Supervision policy will be revisited to ensure all staff have at least monthly supervision with those in their first year in practice at least fortnightly. Supervision policy will be revisited to ensure all staff have at least monthly supervision with those in their first year in practice at least fortnightly.	CSWO	Apr-23	Aug-23	As above	As above		24/07/2023 Supervision policy update is in progress and on track for launch date and training in October.	12/10/2023 practice standards in place for supervision frequency and audits and learning from audits in place. Feedback regarding Trauma informed supervision model and approach being sought from Managers in October and training has been planned for November and December with Trauma lead supporting.	
<b>Howden Hall options report in place to establish an emergency placement and intensive edge of care provision in place.</b>	HOS Corporate Parenting	Jan-23	Jun-23	Edge of care and emergency resource is in place to prevent emergency admission to care which is currently 75%	Reduction in numbers in care and emergency placements.	Formal project in place as part of the change programme	27/07/2023 ESS is now closed as a Secure Unit. The Care Inspectorate are indicating a timeframe of 6 months from conception to approval for the re purposing. Initial actions re Registration are in place and we expect a dedicated Inspector to assist us with Registration soon.	Further to Committee detailing progress made, reliance on partners re physical changes to the building being progressed through CLT.	
<b>2. Building a Platform for Success</b>									
<b>Action</b>	<b>Lead</b>	<b>Start</b>	<b>End</b>	<b>Outcome</b>	<b>Evidence</b>	<b>Progress</b>			
Consideration of the development and embedding of a recognised practice model	Service Director / CSWO through the Child Protection Committee	Oct-23	Mar-24	Edinburgh will have a collaborative recognised practice model that helps make sure that children, parents and family are at the centre of the assessment and any decision making, with a rigorous focus on child safety and wellbeing. There is potential for CEC to adopt the signs of safety model as a practice model instead of child protection conferences.	Improved Practice and assessment of children's needs with more co-production and direct work with children young people and families. Demonstrated in quality assurance case file audits reduction in complaints. Improved assessment of children's needs performance data.  This fits without family group decision making approach, the UNRCR. The Promise and strengths based work. It is also known to secure better outcomes for children and young people through trauma and challenge	Early discussions are taking place with the partner agencies to map out the need/timing for a wider stakeholder consultation and scoping plan.			
Establish a governance structure for this plan which includes an improvement board with an independent chair  •Independent chair appointed  •Board in place with care inspectorate and who cares as full members.  •Frontline practitioner board also in place with 2 seats on the improvement board. Consideration of Trade Union membership	Service Director	Jun-23	Sep-23	Plan on track	Reports to IB	Requests for frontline board out.  Existing IB in place for residential care.	Independent chair of the Child protection committee in post. Re formatted improvement board now managed as part of the change programme. Who Cares independent advocacy, Care Inspectorate and Independent Chair of CPC will all be members. Agenda planning meeting 28th August 2023.	Monthly CPC meetings in place, CP self evaluation completed in timescales given and reports to Chief Officers Group - Public Protection	
Establish and enhance improvement resource and office of CSWO  •Separate the CSWO from the Service Director post to provide additional capacity and also separation of quality assurance from the responsibility for practice management.  •Review the capacity in the QA service given the needs in both adult and children's services  •Ensure an annual QA plan is in place in both adults and children's services	Exec director	Mar-23	Sep-23	Ensure we have capacity in place to support social work improvement across adult and children's services.	Report to Council	Agreement in principle in place report required to Council and then recruitment process. CSWO post currently being led - update June 2023 post agreed through full council and recruitment process in place - target for approval of appointment to September full council	Completed Recruitment process in place - final interviews 29th July 2023.		
<b>Recruitment campaign</b>  •Develop a rolling annual recruitment plan for social work in Edinburgh informed by the work outlined above in relation to the front door.	CSWO	May-23	Sep-23	Staff are able to make effective relationships with the people they work for which support change and positive outcomes.	Caseloads remain in tolerance evidenced in weekly reporting.	Recruitment and retention short life group established	There is now a recruitment program in place, and this is resulting in localised and central recruitment. With a rolling program of recruitment events held in collaboration with HSCP. Two held since April. We had 24 vacancies across the Practice teams - we now have 2.  There is also a grow our own initiative in place with implementation of the HSCP social work student hub, roll out to children's for next cohort of students. We have recruited two full time Practice Educators to provide intensive support. They will take several final placement students each year and look to retain these students until they finish their course and join as social workers. First year students will also be taken, with final placements sought in the third sector in Edinburgh to again encourage recruitment into the workforce.  We have successfully sponsored seven City of Edinburgh employees from across HR&SC, C&F and CJ to undertake Post graduate Social Work Course beginning in February 2024. These successful candidates will return to Edinburgh council as social workers on completion of their course.  All newly qualified social workers will have a supported year in employment to ensure retention.		

Establish an effective communication strategy to support the re launch of social work in Edinburgh to include :-  •Weekly CSWO blog •Monthly newsletter for partners •Re-establish face to face pride in practice events •Establish a regular pattern of learning events	CSWO	Jun-23	Sep-23	Staff feel informed and included	Feedback at events	Townhall events in place  Comms development group in place.	weekly learning and development CSWO blog will be created once CSWO recruited in permanent position. training needs analysis and training plan to be developed by QA/ L&D. Development day held on the 10th August. Draft comms plan in place.	12/10/2023 Progress being made improving communication , corporate colleagues supporting with newsletter with a learning and development focus. Photographs of Both CSWO and Service Director now both in post achieved. Visits out to teams planning being completed. Planning for learning events stalled due to capacity in learning and development and business case regarding more capacity in this area being written.		
<b>Develop a workforce strategy which includes actions to improve:-</b>  Student placements and joint appointments with universities (option to buy into the newly created HSCP Student Hub, or develop a city wide hub – centre of excellence that celebrates students and PE as part of wider Learning Culture).  Recruitment – specifically development of a new brand for SW in Edinburgh, new advertisement and rolling recruitment process.  Develop from your own qualification routes  Induction – consider social work academy models used successfully in other local authorities.  Career development – this is dependent on the structure review identified below  Succession planning – as above  Mandatory training – to be reviewed	Service Director	Jun-23	Nov-23	Stable workforce who feel included and supported to deliver effective outcomes for the people they serve.	Workforce data considered at monthly performance meetings	Practice educator payments have now been increased to £1000 which has expanded the pool and is comparable with other Local Authorities.  Pilot in place for Open University grow your own scheme and costings being developed for a wider scheme as interest in this is high.  Initial interest for a post-graduation grow your own programme has seen 18 coming forward for 2 places.	see above	Part of the wider service review ensuring we have pathways of progression for social work assistants to social workers and to support students in placements.		
Ensure all policies and procedures are up to date, relevant and understood.  •Develop an on line policy and procedure directory  •Each policy to have an owner who is responsible for an annual refresh of the policy  •Understand of an adherence to policy to be reviewed via monthly audit and QA and learning and development highlighted by audit put in place.	Service Director & CSWO	Mar-23	Dec-23	Staff feel safe to practice, children and their families are clear on their rights and get consistent and good quality support.	Audit reports and QA activity	Initial review in place and baseline established. Corporate support agreed	On-going work to update all policy and procedure. Discussions have taken place with Try-ex . A company who are wanting to develop a procedures and protocol web based support hub in Scotland which pulls all National Policy Procedure and guidance together in one place.	Dedicated leads identified to support this work with anticipated completion date on track.		
<b>Develop and begin working to practice standards</b>  •Draft practice standards for consultation circulated 7th November  •Working group in place  •Standards launched  •Review	CSWO	Nov-22	May 2023 launch and review November 2023	As above	As above	•Draft practice standards for consultation circulated 7th November  •Working group in place  •Standards in final draft stage currently.	Practice standards have been rolled out a development day with all managers and team leaders, and will continue to be embedded and monitored via quality assurance activities. Delay in launch as awaiting new service director and senior team coming into post.	Compliance will be part of the monthly performance reports		
<b>Develop performance tracking and weekly reporting against the practice standards</b>	CSWO	May-23	Review November	As above	As above	As above	In progress and also looking at Scottish Government new data request. launch date			
Enhance the use of swift to improve performance data and weekly reporting  •Re-establish the use of case note types  •Team leaders to do a monthly recording check list on all files	CSWO	Mar-23	Jun-23	Effective recording in place so children can understand their stories. Performance data to support improvement in place.	Performance reports in place	Casefile check list is in place.	On-going work with Data support and business support to ensure we have a data set to be able to monitor progress. Balanced with no incurred costs given move to new operating system which will provide improved data and performance reports.	On-going work in relation to data cleansing and ensure correct data to enable improved performance reporting. In the transition from SWIFT to new operating model Some performance reporting is needing to be undertaken via excel in the interim such as permance tracking and promise brother and sister data.		
<b>Build a business case for swift replacement and delivery plan.</b>	Service Director	Jan-23	May-23			Full project plan in place as part of the Change Programme	The Business Case for the replacement system was approved at R&F on the 20th June 23. We will now move into the due diligence stage with the preferred vendor. Delivery plan for next steps to be devised, CGI need to be part of this and it will be discussed at SWIFT board replacement Model on 28th June 23. Further paper to be presented to R&F and full council Autumn 23 with plan to commence work with the new provider Jan24	This work is being led by Improvement Partner and Head of Customer and Digital Services. Business Case completed for additional resource within the directorate to undertake tasks required. Report going to Committee shortly on current position.		
<b>3. Owning the Change</b>										
<b>Action</b>	<b>Lead</b>	<b>Start</b>	<b>End</b>	<b>Outcome</b>	<b>Evidence</b>	<b>Progress</b>				
Re launch social work with children in Edinburgh – all staff events to launch the new vision, standards, workforce support	Service Director CSWO	Apr-23	Nov-23	Clarity of role and ability to deliver effective outcomes for children	QA reports demonstrate continuous improvement and learning.	Initial launch events in the diary	Re-launch day held in August which was positive and regular bi-monthly sessions to be set up to ensure continued development.	Dates in the diary for continued bi-monthly sessions with relevant stakeholders.		
Establish frontline practice boards and working groups	Exec Director	Mar-23	Jul-23	Clarity of frontline issues in place	¼ meetings with Exec Director and part of IB	Managers asked to nominate staff for the board	CSWO setting up Practitioner Boards to ensure improved frontline practice issues.			
Deliver the review of through care and after care	HOS Corporate Parenting	Mar-23	Mar-24	Young people get consistent support until 26	Reduction in the number of young people supported on duty.	Initial scoping paper in place	27/07/2023 Business Plan to advance an Organisational review of TCAC is near completion - this will be done when Mark Crawford returns from sickness on 07/08/2023.  The Champions Board has reviewed what TCAC should be from a service users perspective and we anticipate publication of the TCAC service.	Work progressing well, recent positive inspection report encouraging. Continued reporting to Committee and informing elected members on inspection outcomes.		
Devolve budget holding to line managers	Service Director	Oct-23	Mar-24	Budget decision making is made closer to children to ensure more efficient use of resources	Budgets are managed without overspend	Work in place to clarify spend and impact in a number of areas for example, external placements.	Service Director reviewing budget and looking at proposals on track for Mar 24	Forms part of the wider service review and linking with Internal Audit findings.		
Consult on structure review to ensure appropriate supervision ratios and capacity to have full allocation in place.	Service Director	Aug-23	Jan-24	Stable workforce who feel included and supported to deliver effective outcomes for the people they serve.	Caseload data Outcome data for children and young people			This is instrumental in informing the need for reallocation of child protection cases and wider service review. Trade Union consultation and proposed review commence in November 2023		
Undertake a service review of out of hours	Service Director	Aug-23	Mar-24	OOH practice is good	Audits evidence good practice.			As above, this is part of the wider service review and will link in with HSCP and plans for an integrated front door.		
<b>4. Embedding and Innovating</b>										
<b>Action</b>	<b>Lead</b>	<b>Start</b>	<b>End</b>	<b>Outcome</b>	<b>Evidence</b>	<b>Progress</b>				
Leading practice programme to be developed based on the leading for equity approach successfully used in schools	CSWO	Oct-23	Jul-24	Supporting and developing leaders and systems in creating conditions for learning that “interrupt historically discriminatory practices, supports democracy and achieves fair, inclusive, and just outcomes.”	Improved learning environment that caters for all and creates system leaders.  A workforce that have a voice in discussions and contributions and ability to learn through reflection and critique  A workforce that has access to learning and development.  A workforce with measurable achievements and defined measurable outcomes.					

Monthly audit and practice improvement cycle in place and evidence of impact, this highlights areas for review and innovation	CSWO	Mar-23	Ongoing	Continuous improvement in place – audit ratings improve month on month	Monthly report		manager and quality assurance team audit program in place and revised monthly report		
Review of the rest of the residential estate to ensure we have access to placements which meet the needs of children to be cared for and then effectively move on from care.	Head of Corporate Parenting	Sep-23	Mar-24		Sufficiency strategy in place		Howden Hall being re modelled as an emergency reception into care offer. Revised pathway to ensure unaccompanied asylum seeking children are supported appropriately is in place. Consideration being given to re modelling another of the houses to support moving into independence.	Repurposing of Howden Hall continues. The Care Inspectorate are now involved in assisting with registration elements.  A review of the fabric of current residential accommodation has been completed. One building is nearing the end of its lifespan and a business case will be submitted regarding funding for a replacement in the coming years. Analysis indicates we have more older children staying in our residential care and we are developing a strategy to consider dedicating one children's residential house to young people aged 18+. A new information system will allow us to analyse the needs of children more efficiently than we can currently achieve and this will allow us to develop the current care strategy to meet children's needs better.	
Ensure an effective multi-agency contextual safeguarding policy, procedure including our response to children who go missing and child exploitation. Refreshed training / briefings.	Service Director	May-23	Dec-23		Audits evidence good practice.		Policy and Procedure being updated. Multi-agency discussions taking place in CPC.	This will be informed by the new Child Protection guidance.	
Improved child focussed understanding of safe and together approach to domestic abuse - refreshed training/ briefings from audit findings	Service Director	May-23	Dec-23		Audits evidence good practice.		Refreshed training to ensure child is seen as a priority is being developed by L&D.	Currently under review by the Child Protection Committee as multi-agency funded.	