

Governance, Risk and Best Value Committee

10.00am, Thursday 23 January 2025

Annual Assurance Schedule - Edinburgh Health and Social Care Partnership 23/24

Executive/routine
Wards

1. Recommendations

- 1.1 It is recommended that the Governance, Risk and Best Value Committee (GRBV):
 - 1.1.1 Note the Edinburgh Health and Social Care Partnership (the Partnership) annual assurance schedule for 2023-24
 - 1.1.2 Note that the Partnership annual assurance schedule 2024/25 would be submitted for scrutiny to GRBV in 12 months (November 2025).

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Annual Assurance Schedule – Edinburgh Health and Social Care Partnership

2. Executive Summary

- 2.1 The purpose of this report is to present the annual assurance statement covering 2023/24 for the Edinburgh Health and Social Care Partnership (the Partnership) to Governance, Risk and Best Value Committee (GRBV) for scrutiny.

3. Background

- 3.1 Every year, the Council requires all Executive Directors and the Chief Officer to review the effectiveness and appropriateness of controls within their areas of responsibility and complete a certificate of assurance. The certificate of assurance supports the drafting of the Council's annual governance statement which is a part of the Council's statement of accounts.
- 3.2 To support the Executive Directors and Chief Officer review their control environment, annual assurance statements are sent out which cover the following areas: risk and resilience, policy, governance and compliance, information governance, health and safety, performance, contract management, financial control, inspection reports and internal audit.
- 3.3 The Partnership was created by the City of Edinburgh Council and NHS Lothian as the vehicle for delivering services delegated to the Edinburgh Integration Joint Board (EIJB).
- 3.4 Although staff remain employed by the Council or NHS Lothian, they work in an integrated organisational structure. The budget allocated to the Partnership is approximately £700 million and 4700 staff who deliver the following services:
- 3.5
- 3.5.1 social work and social care services for adults, including disabilities, mental health, older people, sensory impairment, and substance misuse.
 - 3.5.2 support for unpaid carers.

- 3.5.3 primary care services including GPs and community nursing.
- 3.5.4 allied health services which include the following professionals, such as occupational therapists, psychologists, and physiotherapists.
- 3.5.5 community dental, ophthalmic, and pharmaceutical services.
- 3.5.6 unplanned admissions to hospitals.

4. Main report

- 4.1 The certificate of assurance requires Service Directors, Executive Directors and the Chief Officer 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 A completed annual assurance statement was completed by each Service Director within the Partnership.
- 4.3 This was then taken to inform the basis of the Chief Officer's assurance statement which is attached as appendix 1. The Chief Officer's assurance statement was returned to the Council's Governance Team for review and subsequently the Chief Officer is asked to sign a certificate of assurance.
- 4.4 The Partnership's assurance statement along with the other directorate assurance statements were used to draft the Council's annual governance statement as part of the Unaudited Annual Accounts for 2023/24
- 4.5 As part of the completion of the assurance statement for 2023/24 (included at appendix 1, the Partnership felt that there was moderate compliance in the following areas, recognising that further improvements are required:
 - 4.5.1 1.1 - I have internal controls and procedures in place throughout my directorate that are proportionate, robust, monitored and operate effectively
 - 4.5.2 1.2 - I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties

- 4.5.3 2.1 - I have risk management arrangements in place to identify the key risks to my directorate (and the Council)
- 4.5.4 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 following the Council's Risk Management policy/framework.
- 4.5.5 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.
- 4.5.6 3.1 - I have arrangements in place to ensure compliance with payroll policies, overtime controls, absence management and performance e.g. home/remote working.
- 4.5.7 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.
- 4.5.8 3.6 - I ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.
- 4.5.9 3.7 - I have arrangements in place to support and manage staff performance e.g. regular 1:1/supervision meetings, performance/spotlight conversations.
- 4.5.10 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.
- 4.5.11 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.
- 4.5.12 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.
- 4.5.13 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.
- 4.5.14 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.

- 4.5.15 10.4 - I have a robust governance and reporting structure for Health and Safety in my directorate.
- 4.5.16 12.1 - I ensure all goods, services and works are procured with compliance to the Contract Standing Orders.
- 4.5.17 12.2 - I ensure all goods, services and works procured are managed in compliance with the Contract Standing Orders.
- 4.5.18 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.
- 4.5.19 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.
- 4.5.20 14.6 - I have arrangements in place for identifying any weaknesses in my directorate's compliance with Council financial policies or statutory/regulatory requirements.

Improvement actions

- 4.6 There are several improvement actions planned to move the following areas from moderate compliance to full compliance and these are detailed in appendix 2 of the report.

5. Next Steps

- 5.1 The Partnership continues to implement the actions identified in appendix 2 to strengthen controls in key areas. The annual assurance process will continue to be reviewed in line with feedback to ensure that effective assurance is provided.
- 5.2 The 2024-2025 annual assurance schedule will be presented to Governance, Risk and Best Value Committee in 12 months for scrutiny.

6. Financial impact

- 6.1 There are no financial implications arising from the detail contained with the report. Where operational improvements have been identified to address control gaps, have been contained within relevant service area budgets.

7. Equality and Poverty Impact

- 7.1 There are no direct equality and poverty impacts arising from this report.

8. Climate and Nature Emergency Implications

- 8.1 As a public body, the Council has statutory duties relating to climate emissions and biodiversity. The Council

“must, in exercising its functions, act in the way best calculated to contribute to the delivery of emissions reduction targets”

(Climate Change (Emissions Reductions Targets) (Scotland) Act 2019), and

“in exercising any functions, to further the conservation of biodiversity so far as it is consistent with the proper exercise of those functions”

(Nature Conservation (Scotland) Act 2004)

- 8.2 The City of Edinburgh Council declared a Climate Emergency in 2019 and committed to work towards a target of net zero emissions by 2030 for both city and corporate emissions and embedded this as a core priority of the Council Business Plan 2023-27. The Council also declared a Nature Emergency in 2023.

Environmental Impacts

- 8.3 There are no direct environmental impacts arising from this report.

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

- 9.1 There remains a residual level of risk as a result of control gaps, which have been identified as part of the assurance process. This has resulted in an improvement plan, which will address any control gaps.
- 9.2 The assurance schedule exercise acts as a prompt for services to consider their governance arrangements and internal control environment. An action plan has been identified to address control gaps (as detailed in appendix 2). Complete scheduled are reviewed by the Head of Service for Democracy, Governance and Resilience.

10. Background reading/external references

- 10.1 None.

11. Appendices

Appendix 1 – Partnership Annual Assurance Statement

Appendix 2 – Partnership Improvement Plan

Appendix 1 – Partnership Annual Assurance Statement

Ref	Statement	Response			
1	Internal Control Environment	Ass of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls
1.1	I have internal controls and procedures in place throughout my directorate that are proportionate, robust, monitored and operate effectively.	Moderate Compliance	Yes - there are some control issues identified and actions to address are referenced in improvement actions.	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	EIJB and Partnership (via CEC) Internal Audit Plan. Regular monitoring of IA actions. EIJB Audit and Assurance Committee. EMT strategic risk management approach in place. Operational risk management being embedded in line with the Partnership risk management framework.
1.2	I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.	Moderate Compliance	Yes - there are some control issues identified and actions to address are referenced in improvement actions.	Independent scrutiny from Care Inspectorate, Mental Welfare Commission, Audit Scotland. Health and safety assurance framework. Employment policies managing risk (including antibribery, fraud, code of conduct). Regular team huddles and staff 1:1's / performance conversations. All reports include section on risks. Regular performance reporting on key service	

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.	Full Compliance	No - there are no significant weaknesses that would have an impact on the annual accounts.	<p>agreed through scheme Enterprise Risk Management Policy and Risk Management Procedure</p> <p>External validation/review e.g. external audit, independent assurance providers</p> <p>GRBV quarterly scrutiny of top risks</p> <p>GRBV scrutiny of CLT risk register, delivery of Internal Audit Plan and of all Internal Audit reports</p> <p>Health and safety audits</p> <p>Informal and formal reviews e.g. internal audit, quality assurance audits</p> <p>Overdue audit recommendations report monthly to CLT and quarterly to GRBV</p> <p>Policies that mitigate risks e.g. Anti-bribery, Fraud Prevention, Whistleblowing</p> <p>Quarterly corporate risks scrutinised at CLT</p> <p>Quarterly Risk and Assurance Committees</p> <p>Regular 121 meetings between the Council's Chief Executive and the Chief Executives of key ALEOs</p> <p>Report template and guidance –</p>	<p>areas through Performance and Delivery Committee.</p> <p>Scrutiny at Audit and Assurance Committee and GRBV.</p> <p>Resilience Arrangements in place.</p> <p>Quarterly Risk Committee in place, feeding into CLT risk committee and escalating risks accordingly.</p> <p>Quarterly performance meetings, chaired by Service Director and covers key risks alongside performance reporting.</p> <p>Risk management in place for strategic programmes and reported to a range of governance groups (e.g., change board, savings governance board and project boards).</p>
1.4	The monitoring process applied to funding/operating agreements has not identified any problems that could have a significant negative impact.	Full Compliance	No - there are no issues that have identified any problems that could have a significant negative impact. Service Plans to be developed.	<p>agreed through scheme Enterprise Risk Management Policy and Risk Management Procedure</p> <p>External validation/review e.g. external audit, independent assurance providers</p> <p>GRBV quarterly scrutiny of top risks</p> <p>GRBV scrutiny of CLT risk register, delivery of Internal Audit Plan and of all Internal Audit reports</p> <p>Health and safety audits</p> <p>Informal and formal reviews e.g. internal audit, quality assurance audits</p> <p>Overdue audit recommendations report monthly to CLT and quarterly to GRBV</p> <p>Policies that mitigate risks e.g. Anti-bribery, Fraud Prevention, Whistleblowing</p> <p>Quarterly corporate risks scrutinised at CLT</p> <p>Quarterly Risk and Assurance Committees</p> <p>Regular 121 meetings between the Council's Chief Executive and the Chief Executives of key ALEOs</p> <p>Report template and guidance –</p>	<p>areas through Performance and Delivery Committee.</p> <p>Scrutiny at Audit and Assurance Committee and GRBV.</p> <p>Resilience Arrangements in place.</p> <p>Quarterly Risk Committee in place, feeding into CLT risk committee and escalating risks accordingly.</p> <p>Quarterly performance meetings, chaired by Service Director and covers key risks alongside performance reporting.</p> <p>Risk management in place for strategic programmes and reported to a range of governance groups (e.g., change board, savings governance board and project boards).</p>

		<p> section on risks Reporting/review/monitoring at all levels – committee, CLT, SMTs, service level Risk Appetite Statement Risk Management Groups Risk management policies and strategies (e.g. 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 </p>	
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2	Risk and Resilience	Ass of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls
2.1	I have risk management arrangements in place to identify the key risks to my directorate (and the Council).	Moderate Compliance	Yes - there are some control issues identified and actions to address are referenced in improvement actions.	Budget Planning Business Impact Analysis CLT Change Board – programme/project management framework CLT scrutiny 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 Resilience Protocols Risk Appetite Statement Risk Management Groups	Risk register is in place for the Partnership and currently being embedded across all operational teams. Risk Registers are aligned to the EIJB risk register as well as the CEC and NHSL strategic risks where appropriate. Reports have sections specifically focused on risk. Risk Committee specially focussed on managing risk across the Partnership (feeding from services specific risks and feeds into CLT in terms of escalation. Quarterly performance meetings, chaired by Service Director and covers key risks alongside performance reporting. Risk management in place for strategic programmes and reported to a range of governance groups (e.g., change board, savings governance board and project boards). Processes in place to escalate risks to a range of governance committees as appropriate (e.g. EIJB Audit and Assurance Committee, CLT, GRBV, via professional leads governance structures).
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 following the Council's Risk Management policy/framework.	Full Compliance	No - there were no issues identified in this area.		
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	Moderate Compliance	Yes - there are some control issues identified and actions to address are referenced in improvement actions. This relates to risk reporting & consistency.		

	impact on the Annual Accounts.			Risk management policies and strategies (e.g. 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	Daily huddles in place in relation to safe staffing levels. Significant adverse event process in place which also highlights risk.
2.4	There is appropriate escalation/communication to the directorate Risk Committee and CLT Risk Committee (as appropriate) of significant issues, risks and weaknesses in risk management.	Full Compliance	No - there were no issues identified in this area.		
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.	Full Compliance	No - there are no issues identified in this area.		
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	Full Compliance	No - there are no issues identified in this area.		Resilience Plans in place for all essential services and reviewed annually. Business continuity risks raised and discussed at a range of governance committees including the Partnership Risk Committee. Regular testing of call trees. Training and exercising undertaken alongside two resilience events which were led by the Partnership. Reporting into NHS Resilience

	ensure appropriate staff groups are adequately trained to respond to an incident affecting my directorate. All documentation is regularly reviewed and validated.				Committee in place. Participation in Lothian and Borders Resilience Partnership as well as participation in relevant exercises. Lockdown procedures in place for buildings (e.g., care homes). Adult support and protection policies in place to protect vulnerable people.
2.7	I have policies, strategies, procedures and protocols as well as associated staff training in place to assess vulnerabilities and divert, deter, detect and disrupt activity related to serious and organised crime to protect the council, its clients and the wider community.	Full Compliance	No - there are no issues identified in this area.		eLearning in place for staff on fraud. Serious and Organised Crime policies and strategies in place. Serious and Organised Crime plans, procedures and protocols communicated to staff Segregation of duties in place.

3	Workforce Control	Ass of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Procurement policies and procedures in place.
3.1	I have arrangements in place to ensure compliance with payroll policies, overtime controls, absence management and performance e.g. home/remote working.	Moderate Compliance	Yes - there are some control issues identified and actions to address are referenced in improvement actions.	360 reviews Annual Internal Audit Plan (based on most significant risks to the Council) Employee Assistance Programme Employee Engagement External validation/review e.g. external audit, independent assurance providers	Compulsory training specific to role in place and monitored via supervisions. Online system for recording overtime, absence and performance. Induction process in place for Partnership and EIJB. Personal development in place and discussed as part of 1:1's / supervision / performance conversations.
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.	Full Compliance	No - there are no issues identified in this area.	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 e.g. 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	H&S report relating to staff accidents and incidents. Managing absence support for managers. Workforce Board established which covers a range of workforce issues including recruitment, retention, succession planning, completion of mandatory training, absence management). WLT programme in place to share learning on a wide range of topics which include workforce issues. Specific HR support for key areas where there are high sickness levels to support staff back to work. Quarterly performance meetings,

3.3	I ensure compliance with the Council's HR policies and procedures across all of my service areas, e.g. that recruitment and selection is only undertaken by appropriately trained individuals and is fully compliant with vacancy approvals and controls.	Full Compliance	No - there are no issues identified in this area.	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 e.g. Anti-bribery, Fraud Prevention, Whistleblowing	chaired by Service Director which scrutinise compliance with mandatory training.
3.4	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.	Full Compliance	No - there are no issues identified in this area.	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)	
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.	Moderate Compliance	Yes - there are some control issues identified and actions to address are referenced in improvement actions. This relates to leadership skills and managing high performing teams.	Wider Leadership Team programme Workforce Plan	

3.6	I ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.	Moderate Compliance	Yes - there are some control issues identified and actions to address are referenced in improvement actions. This relates to mandatory training		
3.7	I have arrangements in place to support and manage staff performance e.g. regular 1:1/supervision meetings, performance/spotlight conversations.	Moderate Compliance	Yes - there are some control issues identified and actions to address are referenced in improvement actions. This relates to mandatory training		

4	Council Companies	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls
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.		Not applicable.	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	
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.		Not applicable.	Service Level Agreement Register Shareholder or service level agreements	

5	Engagement and Consultation	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls
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.	Full Compliance	No - there are no issues identified in this area.	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 e.g. Poverty Commission, Tourism Strategy, EIJB, City Deal Edinburgh Partnership (LCCPs, Neighbourhood Networks) Edinburgh People Survey Government partnership working Have Your Say webpage Multi-agency partnerships Multi-channel methodology e.g. social media platform development Networks/user groups – e.g. Edinburgh Tenants' Federation Partnership agreements e.g. Police Scotland Partnership governance arrangements Partnership governance documentation Partnership plans e.g. Edinburgh Children's Partnership Petitions and Deputations	Complaints improvement plans for all upheld complaints. EIJB meetings are public and webcast with papers available publicly. Proposals & deputation arrangements in place for EIJB and committees in place. Consultation protocol in place to standardise consultation approaches across the Partnership. Engagement included in report templates. Lay members (both citizen and user representatives) on the EIJB, to ensure their views are taking into account when making strategic decisions. Partnership Forum in place which meets bi-monthly with all trade union representatives. Trade Union representatives are members of the Executive Team. Imatter staff survey undertaken, with actions plans developed.
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.	Moderate Compliance	Yes - there are some control issues identified and actions to address are referenced in improvement actions. There relate to the visibility of the leadership team and better engagement with frontline staff.		

5.3	I have appropriate arrangements in place throughout my directorate for recording, monitoring and managing customer service complaints and customer satisfaction.	Full Compliance	No - there are no issues identified in this area.	Policies and procedures (consultation framework) Poverty Commission Public participation – deputations and petitions Public sector partnerships Publication of Council diary Report template – section on consultation
5.4	I regularly consult and engage with recognised trade unions.	Full Compliance	No - there are no issues identified in this area.	Stakeholder group meetings Strategic documentation e.g. vision statements, aims, etc. Strategic plans and agreements Strategy and Performance Hub Surveys e.g. Edinburgh People Survey, Annual Tenant Survey Third sector partnership working e.g. EVOC Webcasting of Council and major committees, including subtitles

6.1	Policy	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls
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.	Full Compliance	No - there are no issues identified in this area	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)	Annual Assurance exercise. Audit and Assurance Committee. Policy register in place. Professional leads in place, covering social work, allied health professional, nursing and medical - this has provided professional leadership for implementation of policy requirements relating to practice.
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.	Moderate Compliance	Yes - there are some control issues identified and actions to address are referenced in improvement actions. These relate to several policies being out of date.		

7	Governance and Compliance	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls
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.	Full Compliance	No - there are no issues identified in this area.	Codes of Conduct Committee Terms of Reference and Delegated Functions Council's Procedural Standing Orders Councillors' Code of Conduct Disclosure and PVG checks Employee Induction Employee Performance Framework Leadership Programme Legal Services provision of advice Member/Officer Protocol Policies and procedures Regulatory body reporting e.g. SSSC, GTCS Scheme of Delegation to Officers Statutory officer appointments and responsibilities Statutory/lead officers' independent reports to committee e.g. Monitoring Officer, Chief Social Work Officer, Chief Internal Auditor Whistleblowing Policy	Code of Conduct in place for all employees. Committee TOR's agree with annual review. Standing orders in place. Disclosure and PVG checks undertaken for some roles and checked as part of contract monitoring arrangements. Employee induction and partnership & EIJB specific induction undertaken. Performance framework in place. Leadership / coaching programme offered to employees. Professional roles increased across the Partnership (e.g., Allied Health Professionals, Chief Social Work Officer, Chief Nurse & Medical Director) who provide a leadership role in relation to their specific profession. Whistleblowing policy to support staff to raise any concerns and actions arising from whistleblowing investigations are tracked to conclusion.
7.2	I ensure my directorate's activities are fully compliant with relevant Scottish, UK and international legislation and regulations.	Full Compliance	No - there are no issues identified in this area.		

8	Responsibility and Accountability	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls
8.1	My directorate ensures our officers are clear on their roles and responsibilities in terms of relationships and decision making.	Full Compliance	No - there are no issues identified in this area.	Annual Assurance Process (Council Companies and Joint Boards) Annual Assurance Process (Directorates) Codes of Conduct Commercial and Procurement Strategy	Code of Conduct in place for all employees. Committee TOR's agree with annual review. Standing orders in place. Disclosure and PVG checks undertaken for some roles and checked as part of contract monitoring arrangements.
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.	Full Compliance	No - there are no issues identified in this area.	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 Edinburgh People Survey Employee Code of Conduct Grant Standing Orders Member/Officer Protocol Monitoring/reporting on delivery of 52 coalition commitments Onboarding and induction for officers Performance Framework Policies and procedures Procurement framework	Employee induction and partnership & EIJB specific induction undertaken. Performance framework in place. Leadership / coaching programme offered to employees. Professional roles increased across the Partnership (e.g., Allied Health Professionals, Chief Social Work Officer, Chief Nurse & Medical Director) who provide a leadership role in relation to their specific profession. Whistleblowing policy to support staff to raise any concerns and actions arising from whistleblowing investigations are tracked to conclusion.
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)	Full Compliance	No - there are no issues identified in this area.		

8.4	I consult with elected members as appropriate and as required under the Scheme of Delegation.	Full Compliance	No - there are no issues identified in this area.	Procurement Handbook Public participation – deputations and petitions Report template and guidance Scheme of Delegation to Officers Service Level Agreement template Standard Condition of Grant	
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9	Information Governance	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls
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.	Full Compliance	No - there are no issues identified in this area.	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	All FOI'S and DPA are co-ordinated centrally through Chief Officers Office. Mandatory training in information governance for all staff undertaken every two years. Employees required to adhere to code of conduct. & ICT acceptable use policy. Data breaches process in place for EIJB data. Information asset arrangements in place. Data sharing protocol in place between NHS & CEC PIA and information security arrangements in place.

10	Health and Safety	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls
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.	Moderate Compliance	Yes - there are some control issues identified and actions to address are referenced in improvement actions. These relate to a number of actions arising from the Health and Safety Audits (9 management actions).	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 e.g. external audit, independent assurance providers Health and safety audits Health & Safety policies and procedures	Partnership is represented on the Council & NHS Health and Safety Group All staff undertake mandatory H&S training / e - learning Health and safety assurance framework in place covering 12 key health and safety themes Regular H&S reports to Executive Team meeting for scrutiny and review.
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.	Moderate Compliance	Yes - there are some control issues identified and actions to address are referenced in improvement actions. These relate to a number of actions arising from the Health and Safety Audits (9 management actions).	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 (e.g. procurement, standing orders, project management, health and safety, information governance) Risk Management Procedure	

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.	Moderate Compliance	Yes - there are some control issues identified and actions to address are referenced in improvement actions. These relate to a number of actions arising from the Health and Safety Audits (9 management actions).	Risk management tools Scheme of Delegation Schools assurance programme Training, eLearning and workshops for staff and members
10.4	I have a robust governance and reporting structure for Health and Safety in my directorate.	Moderate Compliance	Yes - there are some control issues identified and actions to address are referenced in improvement actions. These relate to a number of actions arising from the Health and Safety Audits (9 management actions).	

11	Performance	Ass of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls
11.1	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.	Full Compliance	No - there are no issues identified in this area.	Annual external reporting e.g. 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 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	Annual performance report published. Performance and Delivery committee remit is performance scrutiny / assurance. Regular performance reports submitted to Executive Team and EIJB for assurance. Reporting via CLT performance meeting as well as joint Council and NHS performance meeting. Performance Framework in place. B agenda arrangements in place for EIJB. Whole system oversight board has a focus on performance. Quarterly performance meeting in place, chaired by Service Director. Whole System Oversight Board in place, which includes both Chief Executives and collectively reviews Partnership performance. Star chamber in place for care homes to monitor performance. Quality Improvement team in place.
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.	Full Compliance	No - there are no issues identified in this area.		

12	Commercial and Contract Management	Ass of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls
12.1	I ensure all goods, services and works are procured with compliance to the Contract Standing Orders.	Moderate Compliance	Yes - there are some control issues identified and actions to address are referenced in improvement actions. These relate to a number of actions relating to contract management and arrangements for spot contracts.	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	Compliance with procurement strategy and contract standing orders. Partnership procurement board focusing on health and social care contracts / contract monitoring arrangements in place. Scheme of delegation in place. Standardised health and social care contract framework / documentation.
12.2	I ensure all goods, services and works procured are managed in compliance with the Contract Standing Orders.	Moderate Compliance	No - there are no issues identified in this area.		

13	Change and Project Management	Ass of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls
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.	Full Compliance	No - there are no issues identified in this area.	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	Change Programme now in place. A range of reporting is in place for all change projects, including benefits measures, key performance information, risk register, project initiation documentation / business cases, exception reporting, financial targets and progress against target. Regular reporting to the EIJB on the change programme. Savings Governance Board in place, which tracks progress with savings. Change Board in place, chaired by Chief Officer, which focusses on implementation with projects.

14.1	Financial Control	Ass of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls
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.	Moderate Compliance	Yes - there are some control issues identified and actions to address are referenced in improvement actions. This relates to financial approvals and stakeholder engagement at an early stage.	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	Budget setting protocol in place. Budget framework is in place. Reports include confirmation of finance sign off from Finance Business Partner etc Contract standing orders in place. Strong links with Council and NHS Lothian finance team. Finance regular item on ET agenda Finance updates reported to Performance and Delivery Committee and EIJB.
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.	Moderate Compliance	Yes - there are some control issues identified and actions to address are referenced in improvement actions. This relates to budget reporting.	Employee Training Finance & Resources Committee and Governance, Risk & Best Value Committee oversight/scrutiny Finance Rules Financial Regulations Internal control framework	All reports have finance focused element. Medium term financial plan agreed at EIJB MTFS deliverables being monitored through Change Board and Savings Governance Board.
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.	Full Compliance	No - there are no issues identified in this area.	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	Financial approval process in place. Monthly frontier reports in place and sent to key managers.

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 financial statements.	Full Compliance	No - there are no issues identified in this area.		
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.	Full Compliance	No - there are no issues identified in this area.		
14.6	I have arrangements in place for identifying any weaknesses in my directorate's compliance with Council financial policies or statutory/regulatory requirements.	Moderate Compliance	Yes - there are some control issues identified and actions to address are referenced in improvement actions. This relates to segregation for duties.		
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	Full Compliance	No - there are no issues identified in this area.		

	affect the Annual Accounts.				
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15	Group Accounts (Corporate Services only)	Ass of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls
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.	Full Compliance	Not applicable.	Annual assurance exercise (internal audit input and oversight) Annual Corporate Governance Framework self-assessment (internal audit input) Annual Governance Statement – informed by the work of IA Annual Internal Audit Plan (based on most significant risks to the Council) Audit Charter Chief Internal Auditor’s direct reporting line to GRBV	
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.	Full Compliance	Not applicable.	Committee Terms of Reference and Delegated Functions - GRBV Comprehensive system of revenue and capital monitoring, with SMT and CLT oversight Council Companies/ALEOs – Governance Hub, Observers, annual reporting to Executive Committee and GRBV External validation/review e.g. external audit, independent assurance providers Executive Committee and Governance, Risk & Best Value Committee oversight/scrutiny Regular 121 meetings between the Council’s Chief Executive and the Chief Executives of key ALEOs Shareholder or service level agreements	

16	National Agency & Regulatory Body Inspection Reports	Ass of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls
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.	Full Compliance	No - there are no issues identified in this area.	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	National reports presented to Audit and Assurance Committee and / or GRBV committee as appropriate Key national reports or those with an impact on the Partnership are discussed at a range of governance groups in terms of next steps.
16.2	I have arrangements in place that adequately monitor and report on the implementation of recommendations.	Full Compliance	No - there are no issues identified in this area.	Scrutiny of directorate annual assurance schedules Regulatory Body inspection reports	

17	Internal Audit, External Audit and Review Reports	Ass of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls
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.	Full Compliance	No - there are no issues identified in this area.	<p>A validation audit of previously closed audit actions is included in the annual Internal Audit Plan</p> <p>Agreed management actions arising from internal audits are recorded and monitored through TeamMate+ on ongoing basis. Overdue management actions are reported monthly to CLT and quarterly to GRBV</p> <p>Evidence above is for Internal Audit only - needs to link to external audit actions (Finance) and Best Value Actions (Governance).</p> <p>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.</p> <p>Integral part of Annual Assurance Schedule</p>	<p>Robust IA process in place to manage outstanding management actions.</p> <p>All IA actions have a lead officer to manage implementation as well as a lead member of Executive Team in terms of escalation.</p> <p>Regular scrutiny at GRBV and Audit and Assurance Committee.</p> <p>Governance arrangements are in place for any national reports to ensure appropriate monitoring (e.g., Inspection improvement plan scrutiny.)</p>

18	Progress	Ass of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls
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 within agreed timescales.	Full Compliance	No - there are no issues identified in this area.	<p>Agreed management actions arising from internal audits are recorded and monitored through Team Central</p> <p>Overdue management actions are reported monthly to CLT and quarterly to GRBV</p> <p>A validation audit of previously closed audit actions is included in the annual Internal Audit Plan</p> <p>Integral part of Annual Assurance Schedule</p> <p>External Audit Report is scrutinised by GRBV and an improvement plan developed</p> <p>IA communicates regularly with Care Inspectorate, Audit Scotland, Scottish Housing Regulator and Education Scotland</p>	<p>Robust IA process in place to manage outstanding management actions.</p> <p>Regular scrutiny in place at ET on IA management actions and any other assurance actions.</p> <p>All IA actions have a lead officer as well as a lead officer to oversee IA implementation.</p> <p>Regular scrutiny at GRBV and Audit and Assurance Committee.</p>

Appendix 2 – Partnership Improvement Plan				
	Assurance Statement Criteria	Improvement Actions	Action Owner	Planned Completion Date
1.1	I have internal controls and procedures in place throughout my directorate that are proportionate, robust, monitored and operate effectively.	This rating reflects that the Partnership has several assurance actions (e.g. Internal Audit Actions to address and this in turns exposes the Partnership to risk, therefore is graded as moderate compliance. The Partnership continue to address its assurance actions with 1 arising from the Partnership and this is being actively monitored.	Service Directors	In line with IA completion dates.
1.2	I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.			
2.1	I have risk management arrangements in place to identify the key risks to my directorate (and the Council).	Work continues to align existing operational risk registers to the Partnership integrated risk management approach, ensuring they reflect the new operating structure as a result of the restructure. The Partnership are also working to implement formal risk management arrangement for services reporting to the Chief Nurse and Operations with further training to be rolled out to operational staff to ensure consistency of approach.	Service Directors	Summer 2025
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 following the Council's Risk Management policy/framework.			
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.			
3.1	- I have arrangements in place to ensure compliance with payroll policies, overtime controls, absence management and performance e.g. home/remote working.	There is work through the Workforce Board to address a range of HR related issues including overpayments, overtime spend, absence management, completion with mandatory training and supervision.	Service Directors	Summer 2025
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.	A range of HR related information is regularly scrutinised at the Partnership Workforce Board. There are also plans to introduce a Workforce Lead as part of phase 2 of the restructure which will bring additional focus in these areas. It is recognised that leadership skills / development is a key improvement activity identified in the Adult Support and Protection Improvement Plan and Adult Social Work and Social Care Improvement Plan and again this is being addressed through the Workforce Board.		
3.6	I ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.			
3.7	- I have arrangements in place to support and manage staff performance e.g. regular 1:1/supervision meetings, performance/spotlight conversations.			
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.	Work continues to look at improving the visibility of the senior leadership team as well as delivering a range of town hall engagement sessions. A communication and engagement strategy are being developed to ensure that engagement protocols are clear for colleagues.	Service Directors	Summer 2025
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.	A Policies and Procedures Oversight Group has been established with the remit to identify new policies and the oversight of ensuring existing policies are update. A range of policies are being presented to the next meeting for approval and will be presented to Policy and Sustainability Committee in due course for endorsement.	Service Directors	Implemented
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	Several actions in relation to a council wide internal audit into health and safety were identified (9) and these have now been implemented.	Service Directors	Implemented
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.			
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.			
10.4	I have a robust governance and reporting structure for Health and Safety in my directorate.			
12.1	I ensure all goods, services and works are procured with compliance to the Contract Standing Orders.	Moderate compliance reflects that there was an internal audit into non contracted spend and waivers, with recommendations raised for all Directorates. The work to implement the internal audit actions are being actions in line with the implementation dates agreed.	Service Directors	In line with IA management actions
12.2	I ensure all goods, services and works procured are managed in compliance with the Contract Standing Orders.			
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.	There has been a significant amount of work since the completion of the assurance statement to ensure that expenditure and budget variances are identified at the earliest possible opportunity, including a robust approval process for the approval of high packages of care, regular budget monitoring meetings to address any overspend , chaired by the Chief Finance Officer, any spend above the National Care Home rate can only be approved by the Chief Officer.	Service Directors	Implemented.
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.			
14.6	I have arrangements in place for identifying any weaknesses in my directorate's compliance with Council financial policies or statutory/regulatory requirements.			