

# Governance, Risk and Best Value Committee

10.00am, Tuesday, 3 December 2019

## Historic and Outstanding Internal Audits – Health and Social Care

Item number  
Executive/routine  
Wards  
Council Commitments

### 1. Recommendations

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Committee is recommended to note:

- 1.1. The recent internal audit (IA) related activities across the Edinburgh Health and Social Partnership; and
- 1.2. The status update for all historic and overdue Council IA items (aged six months or more) for health and social care services.

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# Report

## Outstanding Internal Audits – Health and Social Care

### 2. Executive Summary

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- 2.1 This report sets out affirmative actions that are underway to address historic and overdue internal audit risk findings affecting health and social care services in Edinburgh.

### 3. Background

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- 3.1 Internal audit (IA) overdue findings for the Edinburgh Health and Social Care Partnership (the Partnership) are regularly reviewed and monitored by the Partnership's Executive Team.
- 3.2 Over the last year, greater accountability has been achieved through the Chief Officer's Assurance Oversight Group (AOG). The Group is composed of the Partnership's Executive Team, the Chief Internal Audit Officer and relevant Council Heads of Service whose officers are accountable for the delivery of IA actions. This approach has aided in the significant progress and overall closure of risk findings over the last year.
- 3.3 An ownership protocol was agreed in January 2019 by the AOG for all IJB and Health and Social Care internal audits. The protocol enables the Partnership to retain overall ownership of risk findings, while holding to account contributing officers outside of the organisation through regular tracking and assurance from their respective Head of Service until completion.
- 3.4 Following this protocol arrangement, the IA team reallocated several IA items which had previously sat in other Council Directorates to the Partnership in February 2019.

## 4. Main report

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- 4.1. A total of 41 open IA findings remain to be addressed across the Council as 8 November 2019. This includes 20 risk findings from the Edinburgh Integration Joint Board (EIJB). The cover report will primarily focus on the Council's Health and Social Care 21 open risk findings, however an EIJB overdue IA risk summary that was shared with IJB Audit and Assurance committee members as part of a risk workshop on 28 October 2019 is attached for noting in appendix 2.
- 4.2. The 21 open IA findings across the Council's health and social care services have been split into the following two categories to enable separate monitoring and reporting of the historic findings that were reopened in June 2018:
- Current findings (20 in total) shows progress with findings raised, tracked, and reported on as part of the routine IA assurance cycle; and
  - Historic overdue findings (1 in total) highlights progress with closure of the 7 historic health and social care findings that were reopened in June 2018.
- 4.3. A total of 13 (65%) are currently reported as overdue as they have missed their original agreed implementation dates.
- 4.4. The below graphic analysis (Figure 1) illustrates the composition of open and overdue risk findings as of 8 November 2019.

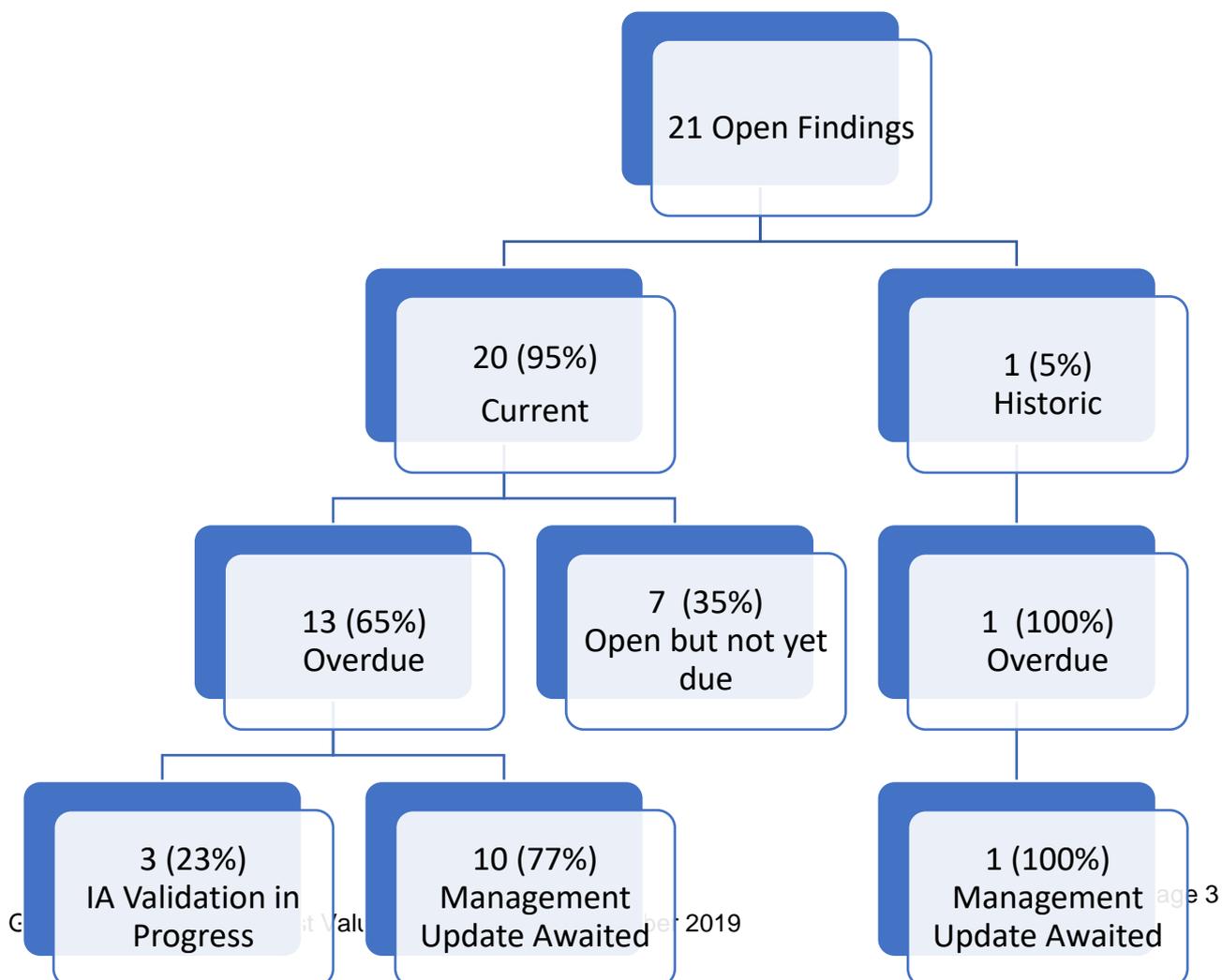


Figure 1: Graphic analysis of Open and Overdue Risk Findings

## Historic Overdue Findings

4.5. Continued good progress is evident with the 7 historic overdue findings (reopened in June 2018). As at 8 November 2019, a total of 6 of the 7 overall historic findings have been closed. The remaining risk finding has a current High rating.

4.6. Table 1 below provides a summary of open and closed historic IA items.

Report Name	Final Report Date	Re-opened Risk Findings	Open	Closed
HSC1503 – Self Direct Support – Option 3	August 2016	2	1	1
CG1502 – Use of Demographics in the Budgeting Provision	August 2015	1	0	1
HSC1502 – Swift Access Control	November 2015	2	0	2
CG1511 – Standby on call and disturbance	April 2016	1	0	1
HSC1601 – Care Home Debt Management	November 2016	1	0	1
<b>Total:</b>		<b>7</b>	<b>1</b>	<b>6</b>

Table 1: Historic risk findings summary by report

4.7. The remaining historic risk is from the *Self-Directed Support – Option 3* report that was finalised in August 2016.

4.8. The risk was re-opened by IA following the self-validation exercise in April 2018. The risk relates to quality assurance checks for personal support plans. The Partnership has been in discussions with Safer and Stronger’s Quality Assurance Team (QA) to take on this role and is aiming to finalise a Service Level Agreement for this work to begin by the end of the year. Additional time will then be needed to allow QA to complete performance checks with reporting cycles in order to successfully close down this risk.

## Current Overdue Findings

- 4.9. Of the 21 currently open findings, 13 (65%) risks comprising of 5 High and 8 Medium rated findings are now 'overdue'.
- 4.10. Table 2 provides a progress summary of current overdue risk findings and associated recommendations by report.

Report Name	Total Risk Findings	Risk Findings overdue	Total Management Actions	Management Actions Overdue
HSC1715 - Edinburgh Drug and Alcohol Partnership – Contract Management	3	3	13	7
HSC1701 – Care Home Thematic Report	44	6*	90	3*
CW1806 – Emergency Prioritisation †	3	1	23	5
HSC1714 - Social Work Centre Bank Account Reconciliations	2	1	15	4
CW1702 - Resilience – Business Continuity †	3	1	17	1
HSC1513: Management structure and business support arrangements	1	1	3	2
<b>Total:</b>	<b>28</b>	<b>13</b>	<b>117</b>	<b>25</b>

*Table 2: Current overdue risk items summary by report*

*\* 3 risks are currently being validated by IA*

*† Overdue items by less than 6 months*

## Current overdue risk findings by more than 6 months

- 4.11. 11 of 13 current overdue risk findings are overdue by more than 6 months. As requested by this committee, a progress summary (by report) is provided below and a full update for each management actions is listed in appendix 1.
- 4.12. Edinburgh and Drugs Alcohol Partnership (EADP) – Contract Management (3 remaining risks)

The IA EADP Contract Management final report (2017) was produced at time when the Council didn't have a formal contract management framework (CMF). The Partnership attempted to create its own interim CMF based on another local

authority which contributed to the closure of 6 out of 13 management actions. The remaining 7 had stalled due to key vacancies within the team and an EHSCP Contract Manager in post.

The Council published its own Contract Management Manual and Toolkit in June 2018. At that point it was thought that the EADP would attempt to align itself to the new guidelines. Later on, the Partnership appointed a new EHSCP Contract Manager in early 2019. The Contract Manager is now creating her own bespoke CMF for all EHSCP contracts that will include EADP contracts.

#### 4.13. Care Home Thematic Report (6 remaining risks)

The Care Home report was finalised in February 2018. The report contained 44 risks and 90 management actions. At that time, many of the business support functions, process and procedures required to be updated and documented. This considerable piece of work involved the collaboration of the Council's Business Support, Health and Safety, Information Governance and Finance teams. The AOG's intervention to progress stagnant issues was instrumental in completing the large majority of the risk findings (58 management actions closed).

Currently, only 6 risks (8 agreed management actions) remain. 3 risks are currently implemented and are being validated by IA. The remaining 3 require further evidence to close – this is being managed by the Partnership's Head of Operations.

#### 4.14. Social Work Centre Bank Account Reconciliations (1 risk)

In 2018, the Council's Resources Business Support team originally took the lead on completing the risk findings on behalf of the Partnership. Following a workshop, it was agreed in March 2019 that the Partnership would complete the last risk relating to the creation of process and procedures for Corporate Appointees. Additional time is now needed to finalise the document, communicate it to the wider social worker teams and ensure that appropriate training is in place to successfully close the risk.

#### 4.15. Management Structure and Business Support Arrangements (1 risk)

This historic risk findings (2015) was re-opened by IA in June 2019 due to the lack of Service Level Agreements (SLA) in place for the Council's Business Support and Transactions services.

Good progress has been made with only the Transactions services SLA remaining to be finalised.

## Challenges

- 4.16. Challenges preventing the successful closure of long-standing IA findings have varied. However, one emerging common theme has been around the gathering of evidence. The gathering of evidence has often revealed an unexpected issue that requires more work to fully understand – increasing the amount of time needed to close the risk that is not fully being controlled.
- 4.17. For the majority, the risk element remains a constant - it is the historic context that changes over time, sometimes more than once. The Partnership is relatively young and is dynamic by nature – as it grows and develops, so do its processes and approaches.
- 4.18. The organisation that contributed to the original risk findings and agreed its management actions is no longer the same. The transition can be at times faster than its ability to successfully implement an agreed control, gather evidence to close a risk and be confident that the exact control can be sustained. By the time the service has moved on and changed its process, the IA risk finding's management actions are no aligned and relevant to adequately address the risk.
- 4.19. Because of this, the Partnership has carried out a series of designated workshops with IA colleagues to target these complex IA items and close the disconnected gap that time may have caused. This positive engagement has resulted in new management actions with realistic timescales in to successfully close (and sustain) 'historic' risk findings.
- 4.20. Another important factor following these workshops, has been around the communication of evidence needed to successfully close the IA items. (e.g. one month's worth of performance reports or six months). On IA's Team Central monitoring application, 'modern' IA reports have the benefit of an added *evidence required to close* tab that was agreed when the final report was produced. Older reports do not have this option. By closely working with IA, the aim is to modernise and update the Team Central database to clarify, better plan and manage expectations.

## Assurance Oversight Group

- 4.21. One element of good practice has been the Partnership's Assurance Oversight Group. The AOG aims to gain a fuller understanding of any aspects or issues (thematic blockages) that are cross-cutting, which might also prevent progress being made. Where appropriate, it will also create protocols (e.g. Ownership Protocols) for clarity and better governance.

- 4.22. Through the AOG, a comprehensive IA Assurance Programme was also introduced in early 2019 to co-ordinate IA management activities. The programme ensures that regular updates on all individual outstanding recommendations are provided to the AOG to enable oversight of progress to address exposure to risk.
- 4.23. Since the Partnership's IA Assurance Programme, new IA reports are thoroughly scrutinised from the start:
- IA workshops are organised with all key stakeholders (including IA officers) to agree management actions;
  - realistic deadlines are set against each action;
  - clearer ownership and reporting lines are also set against each action;
  - increased usage of IA's monitoring application (Team Central) to actively monitor all IA items;
  - early staff engagement and understanding of risk management (e.g. management actions, implementation, ongoing risk management); and
  - when original deadlines are not met, an escalation path is clear - actions are re-evaluated (new action plan) and discussed at the AOG for continual progress monitoring.
- 4.24. The above methodology has contributed to the successful closure of 79 management actions across 30 risk findings<sup>1</sup> since October 2018.

## **5. Next Steps**

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- 5.1. In October 2019, the AOG agreed to enhance and strengthen its oversight objectives with the introduction of an Assurance Governance Group. From January 2019, Senior Officers assigned with a risk finding will be allocated a specific timeslot to present a short progress update in person to the Partnership's Executive Team. Any issues requiring escalation will then be raised in the following hour at the AOG that is also attended by relevant Council Heads of Services and the Chief Internal Auditor.
- 5.2. This approach will not only ensure that the most appropriate senior officer is held into account for any overdue items, but that also keep an eye on upcoming open risk findings are delivered within timescales and prevent them from being overdue.

## **6. Financial impact**

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- 6.1 Although there are no direct financial implications arising from the consideration of this report, delivering the recommended audit actions will have a positive impact by strengthening financial control in audited Partnership service areas.

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<sup>1</sup> Since October 2018, the Partnership IA Programme's portfolio includes 14 Council IA Reports with a total of 68 Council risk findings.

## **7. Stakeholder/Community Impact**

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- 7.1 Recommendations arising from IA reports for health and social care services in Edinburgh promote improvements which have an impact on protected characteristics groups.
- 7.2 If IA findings and associated management actions are not implemented, the Partnership will be exposed to the risks set out in the relevant detailed IA reports. IA findings are raised as a result of control gaps or deficiencies identified during reviews therefore overdue items inherently impact upon effective risk management, compliance, and governance.

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

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- 8.1 N/A

## **9. Appendices**

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Appendix 1 – Health and Social Care Partnership – Historic and Overdue IA Items (by more than 6 months) Summary – November 2019

Appendix 2 – EIJB Historic and Overdue IA items Summary – October 2019



## Appendix 1 - Edinburgh Health and Social Care Partnership – December Update

### Non-Implemented Overdue IA Items (by 6 months or more) as of 8 November 2019

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	EHSCP Comments
1	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management  Key Person Dependency and Process Documentation  Judith Proctor, Chief Officer	Medium	Rec 5 - Records Management Policy  Started	Records retention policy: Direction will be requested from the Information Governance team in relation to Records Management Policy requirements and how they should be applied to retention, archiving and destruction of contract management information. Any lessons learned will be shared with the Health and Social Care contracts management team.	Estimated Date: 30/03/2018  Revised Date: 30/09/2020	EHSCP Contract Manager presented a new Contract Management Framework proposal in July 2019 to the Procurement Board. She has since developed the document and toolkit with the contract team with support from the Council Procurement Team. Consultation with providers has also taken place and the Contract Team is also assessing all 141 EHSCP contracts so that they are tiered. The contract team's remit will be redesigned according to the priorities that emerge from the CMF tool. They then hope to incorporate all the contracts on to PCS-T. Once completed this will be presented to the Core Group.
2	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management  Key Person Dependency and Process Documentation  Judith Proctor, Chief Officer	Medium	Rec 4 - Key Supplier Contracts  Pending	The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the Edinburgh Alcohol and Drug Partnership core group by January 2018.	Estimated Date: 31/01/2018  Revised Date: 30/09/2020	Due to this change of direction (creation of new CMF), additional time is requested to allow this new process to be imbedded by the team and then validated by the IA.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	EHSCP Comments
3	<p>Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management</p> <p>Key Person Dependency and Process Documentation</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>Rec 2 - Contract Management Processes</p> <p>Started</p>	<p>The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the Edinburgh Alcohol and Drug Partnership core group by January 2018.</p>	<p>Estimated Date: 31/01/2018</p> <p>Revised Date: 30/09/2020</p>	<p>Same as above.</p>
4	<p>Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management</p> <p>Risk and Supplier Performance Management</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Rec 1 - Risk Management</p> <p>Pending</p>	<p>A contracts management risk register will be developed describing, prioritising, and addressing risks to delivery. The risk register will be shared with and approved by the Core group by January 2018. The risk register will be refreshed quarterly and reviewed by the Core Group.</p>	<p>Estimated Date: 30/03/2018</p> <p>Revised Date: 31/10/2020</p>	<p>Although, the EADP have an interim risk register, considerable work needs to be done to establish a risk register governance across the Partnership. The Partnership is currently developing its risk register and governance framework following an Executive Team Risk Workshop on the 29th August 2019. This work is being led by Jennifer Evans (Quality Improvement and Safety Assurance Lead). This work will establish a risk escalation process for all Partnership risks.</p> <p>A draft paper will be with the Executive Team early in the new year. Should it be approved, a communication plan/toolkit will be developed to roll out this risk management approach.</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	EHSCP Comments
5	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management  Risk and Supplier Performance Management  Judith Proctor, Chief Officer	High	Rec 3 - Performance Expectations  Pending	The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the Edinburgh Alcohol and Drug Partnership core group by January 2018.	Estimated Date: 31/01/2018  Revised Date: 30/09/2020	Same as item 1.
6	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management Risk and Supplier Performance Management  Judith Proctor, Chief Officer	High	Rec 4 - Timeframes  Pending	The existing contract management procedures will be summarised in a single document. It will include the dates information needs to come in, the key contacts, the escalation process in the event of non-performance and the priority metrics that would trigger those processes (waiting times, numbers taken onto caseloads, planned discharges). There will still be subject knowledge and judgement involved in monitoring the contracts; the escalation process cannot be reduced to an algorithm. To be agreed with the providers to confirm our shared understanding and shared with the Edinburgh Alcohol and Drug Partnership core group by January 2018.	Estimated Date: 31/01/2018 Revised Date: 30/09/2020	Same as item 1

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	EHSCP Comments
7	Edinburgh Alcohol and Drug Partnership (EADP) – Contract Management  Supplier Sustainability  Judith Proctor, Chief Officer	Medium	Rec 2 - Contingency Plans  Pending	Contingency plans will be developed, discussed with existing suppliers, and approved by the Core Group.	Estimated Date: 31/01/2018  Revised Date: 30/09/2020	Same as item 1.
8	H&SC Care Homes - Corporate Report  A3.5: Adequacy of Resources	Medium	A3.5(1)  Pending	Unit managers submit monthly reports to Cluster manager and Locality management team. Locality management team responsible for ensuring resource meets the demand based on dependency scoring.	Estimated Date: 31/01/2019  Revised Date: 30/11/2019	Implemented on 11 November 2019 as evidence required to close this item is tied with self-assurance framework that is being validated by IA.
9	H&SC Care Homes - Corporate Report  A3.4: Agency Staffing  Judith Proctor, Chief Officer	Medium	A3.4(2)  Started	The Business Support Officer will assist the Unit Manager (See A2.1). A paper is being presented to the Health and Social Care Senior Management Team week commencing 15th January 2018 that proposes a solution where information will be provided to Locality Managers who will prepare reports for Care Homes. If this solution is agreed, it will be implemented immediately.	Estimated Date: 30/06/2018  Revised Date: 31/01/2020	Agency Spend spreadsheet for last 3 months prepared by finance has been added to TC as evidence. Additional evidence of regular reporting to Savings Governance Group will be added shortly.
10	H&SC Care Homes - Corporate Report  A3.3: Performance & Attendance Management  Judith Proctor, Chief Officer	Medium	A3.3(2) Health & Social Care Teams  Started	Six monthly and annual performance conversations should be completed for all employees and the outcomes recorded on the iTrent human resources system..	Estimated Date: 30/06/2018  Revised Date: 30/06/2020	Head of Operations has now requested that Annual Conversations completion rate be added as a standing agenda item on the Care Home Manager Forum to remind managers of the importance of Annual Conversations. He will also be running the iTrent report every 2 months to monitor progress.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	EHSCP Comments
11	H&SC Care Homes - Corporate Report  A3.3: Performance & Attendance Management  Judith Proctor, Chief Officer	Medium	A3.3(3) Health & Social Care Teams  Started	Health and Social Care Teams will ensure that managing attendance workshops have been attended by all H&SC line managers in Care Homes.	Estimated Date: 30/06/2018  Revised Date: 20/12/2019	All managers have completed their training however due to a technical glitch, records are not being recorded on Cecil. 2 Managers have now been asked to re-sit module and take a print screen to demonstrate completion.
12	H&SC Care Homes - Corporate Report  A3.3: Performance & Attendance Management  Judith Proctor, Chief Officer	Medium	A3.3(4) Health & Social Care Teams  Started	Health and Social Care Teams will ensure that annual performance conversations (once completed) are recorded on the iTrent system.	Estimated Date: 30/06/2018  Revised Date: 31/01/2020	Head of Operations has now requested that Annual Conversations completion rate be added as a standing agenda items on the Care Home Manager Forum to remind managers of the importance of Annual Conversations. He will also be running the iTrent report every 2 months to monitor progress.
13	Validation of Management Actions 2018/19 Validation Audit CW1810 reopened finding - HSC1513: Management structure and business support arrangements Judith Proctor, Chief Officer	High	Validation Audit CW1810 - Issue 2.3 HSC1503: Business Support Service Level Agreements Started	The Partnership and Business Support Service will jointly establish Service Level Agreements for business support out with the organisational management structure.  Regular meetings between relevant senior managers in the Partnership and Business Support will be established to ensure performance against Service Level Agreements is monitored. Any performance issues will be escalated to the Partnership's Executive Team for consideration and resolution.	Estimated Date: 31/12/2015  Revised Date: 31/01/2019	Good progress has been made. Only two Business Support SLA remain to be signed off and one for Transactions services remains to be finalised.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	EHSCP Comments
14	Validation of Management Actions 2018/19 Validation Audit CW1810 reopened finding - HSC1513: Management structure and business support arrangements Judith Proctor, Chief Officer	High	Validation Audit CW1810 - Issue 2.1 HSC1503: Business Support Service Level Agreements Started	<p>The Partnership's organisational management structure will be finalised, implemented, and embedded.</p> <p>The revised structure does not need to be approved by the IJB because it is an operational matter. It will however be presented to the EIJB for information.</p> <p>The revised implementation date of April 2020 will allow completion of Partnership budget and transformation Programmes.</p>	<p>Estimated Date: 12/31/2015</p> <p>Revised Date: 4/30/2020</p>	Transformation programme is progressing well. Proposed structure will be circulated to staff within the next two weeks.
15	Historic Unimplemented Findings HSC1503 - issue 3 Quality Assurance Judith Proctor, Chief Officer	High	Recommendation 3a Started	<p>There is an existing file audit process that will pick up on overall issues of both data quality and quality of recording. In order to address the specific issues identified through this audit the Quality Assurance Team will undertake a themed audit in respect of Personal Support Plans. This will involve engaging with key managers to establish the questions that need to be answered and will include consideration of the model used in the North West Team.</p>	<p>Estimated Date: 31/12/2016</p> <p>Revised Date: 31/10/2020</p>	<p>Draft SLA between Quality Assurance Team and EHSCP is in development. EHSCP has requested that PSPs are included in the SLA.</p> <p>Once approved, additional time will be needed to allow QA checks to be performed and reported on a regular basis.</p>
16	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer	High	Rec. 2 Started	<p>New guidelines will be written to ensure clarity of responsibilities. Sections will be included detailing Social Work; Business Support; and Transactions team responsibilities. The objective is to create and implement an end to end process that includes eligibility criteria, Department of Work and Pensions processes and a full administrative process that will be applied centrally and across Locality offices; clusters; and hubs.</p>	<p>Estimated Date: 31/05/2018</p> <p>Revised Date: 31/03/2020</p>	<p>The Corporate Appointee procedure is written, the necessary questionnaire for approval of financial interventions is available on AIS so it just needs approval for the EMT and Audit. A meeting has with business services on 12 November 2019 to agree next steps. Once the procedure has necessary governance approvals then we will need to develop training to be rolled out.</p>
17	Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management Judith Proctor, Chief Officer	High	Rec. 8 Started	<p>Refresher training will be offered as part of the implementation of the new guidelines to all staff involved in the process, and recorded on staff training records. The training will also be incorporated into the new staff induction process.</p>	<p>Estimated Date: 31/05/2018</p> <p>Revised Date: 31/03/2020</p>	Same as above

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	EHSCP Comments
18	Social Work Centre Bank Account Reconciliations  Corporate Appointee Client Fund Management  Judith Proctor, Chief Officer	High	Rec Started	<p>Business Support will enable the review of current processes and guidelines in conjunction with Hub and Cluster Managers with sign off at the Locality Managers Forum.</p> <p>Business support will review all Corporate Appointee accounts and contact the relevant social worker, support worker or hub where the funds are over £16K for immediate review.</p> <p>Business support will advise social work when the funds exceed £16K where there is not a valid reason (for example, client deceased and social worker discussing estate with solicitor). Clarity on contact with DWP is being progressed and will be written into the new guidelines.</p> <p>Regular reporting will be introduced from the revised systems being implemented. This will be provided monthly at Senior Social Work level and annually for H&amp;SC management</p>	Estimated Date: 31/05/2018  Revised Date: 31/03/2020	Same as above.

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	EHSCP Comments
19	Social Work Centre Bank Account Reconciliations  Corporate Appointee Client Fund Management  Judith Proctor, Chief Officer	High	Rec.  1a – Health and Social Care	<p>Given the considerable business support and social worker resources implications, the above recommendations will take time to design, implement and maintain.</p> <p>Business Support is resolving problem appointee arrangements as we go along, however, the backlog of reviews will need a programme management approach to rectify errors and support the governance required. In the meantime, associated risks will be added to the Partnership’s risk register to monitor controls and progress on a monthly basis, given its high finding rating.</p> <p>Following the Care Home Assurance Review, the Partnership is developing a self-assurance control framework. Locality Managers have agreed for corporate appointee arrangements to be included in the assurance framework – which if found to be successful and useful, can be mirrored by the other applicable services in this report. Business Support is working on new guidelines for the administration of Corporate Appointeeship (e.g. new procedures, monthly checklists, etc.), which will support the effective delivery of the framework.</p>	Estimated Date: 31/05/2018 Revised Date: 31/03/2020	Same as above



## Appendix 2 - Edinburgh Integration Joint Board – October Update

### Overdue IA Items (IJB only) as of 28 October 2019

IJB Management Information - 2017						
Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Comments
1	<p>IJB Management Information (Historic)</p> <p>Performance Management Framework in Development</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Rec 1a</p> <p>Pending</p>	<p>We now monitor and have data against the 23 core indicators. However, the 2016/17 data will not be available by July 2017. This is a national issue and Scottish Government is aware of it.</p> <p>A Performance Board is being established as part of the overall governance framework for the Health and Social Care Partnership which will work closely with the IJB Performance and Quality Group. The main role of the Performance Board will be to agree the core set of performance indicators and monitor</p>	<p>Estimated Date: 28/02/2017</p> <p>Revised Date: 31/12/2019</p>	<p>New Performance &amp; Delivery Group is operational</p> <p>Minutes of meeting required to close down item</p>
2	<p>IJB Management Information (Historic)</p> <p>Performance Management Framework in Development</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Rec 1c</p> <p>Pending</p>	<p>A governance framework has been developed and documented setting out the roles remits and membership of the various committees and groups and the relationship between them.</p>	<p>Estimated Date: 28/02/2017</p> <p>Revised Date: 31/12/2019</p>	<p><b>Status:</b> Ongoing</p> <p>Governance Framework is being finalised by the Interim Head of Strategic Planning following the Good Governance Institute Report (IJB December 2018) through the transformation programme.</p>

3	<p>IJB Management Information (Historic)</p> <p>Performance information does not meet the needs of users</p> <p>Judith Proctor, Chief Officer</p>	Medium	<p>Rec 2 - Escalation Process</p> <p>Pending</p>	<p>The existing Performance Improvement Meeting (PIM) will be replaced by a Performance Board, membership of which will include all members of the IJB Executive Team.</p>	<p>Estimated Date: 28/02/2017</p> <p>Revised Date: 20/12/2019</p>	<p><b>Status:</b> Ongoing</p> <p>At the Assurance Oversight Group of 16/04 it was agreed that the agreed management actions would be revised to align itself with the Good Governance Institute's Review which provided recommendations to address performance management reporting arrangements.</p>
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## IJB Data Integration & Sharing - 2017

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Comments
4	<p style="text-align: center;">IJB Data Integration &amp; Sharing</p> <p style="text-align: center;">Hardware compatibility and connectivity in NHS and CEC locations</p> <p style="text-align: center;">Judith Proctor, Chief Officer</p>	Medium	<p style="text-align: center;">Connectivity and Hardware Compatibility</p> <p style="text-align: center;">Pending</p>	<p>The ICT and Information Governance Steering Group will request a review of connectivity and hardware compatibility to be conducted across all sites housing integrated teams and consider any recommendations arising from that review.</p> <p style="text-align: center;"><i>*New management action to follow*</i></p>	<p style="text-align: center;">Estimated Date: 31/01/2018</p> <p style="text-align: center;">Revised Date: 31/12/2019</p>	<p>An IJB Data Integration &amp; Sharing workshop was held on 8 May 2019. Follow up session required. New Management Actions to follow.</p>
5	<p style="text-align: center;">IJB Data Integration &amp; Sharing</p> <p style="text-align: center;">Lack of available training, policies and guidance</p> <p style="text-align: center;">Judith Proctor, Chief Officer</p>	Medium	<p style="text-align: center;">Compliance with training plan</p> <p style="text-align: center;">Pending</p>	<p>A training plan will be developed to ensure all existing staff who need to access systems belonging to both the Council and NHS Lothian receive the appropriate training to enable them to use the system appropriately with due regard to data protection. Training on all systems to be used by a postholder will become part of the mandatory training for new appointments. Compliance with this arrangement will be overseen by the nominated officer with responsibility for ICT and Information Governance.</p> <p style="text-align: center;"><i>*New management action to follow*</i></p>	<p style="text-align: center;">Estimated Date: 31/03/2018</p> <p style="text-align: center;">Revised Date: 31/12/2019</p>	<p>An IJB Data Integration &amp; Sharing workshop was held on 8 May 2019. Follow up session required. New Management Actions to follow.</p>

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Comments
6	IJB Data Integration & Sharing  Lack of available training, policies and guidance  Judith Proctor, Chief Officer	Medium	Data Protection  Pending	The nominated officer with responsibility for ICT and Information Governance will work with relevant colleagues in the Council and NHS Lothian to develop an integrated approach to data protection training taking account of the role and responsibilities of the IJB.  <i>*New management action to follow*</i>	Estimated Date: 31/12/2017  Revised Date: 31/12/2019	An IJB Data Integration & Sharing workshop was held on 8 May 2019. Follow up session required. New Management Actions to follow.
7	IJB Data Integration & Sharing  Prioritisation Process  Judith Proctor, Chief Officer	High	Prioritisation Process  Pending	Prioritisation of requirements to be agreed through the EHSCP ICT and Information Governance Steering Group.  <i>*New management action to follow*</i>	Estimated Date: 30/09/2019  Revised Date: 31/12/2019	An IJB Data Integration & Sharing workshop was held on 8 May 2019. Follow up session required. New Management Actions to follow.
8	IJB Data Integration & Sharing  Prioritisation Process  Judith Proctor, Chief Officer	High	Communication  Pending	Vision and goals in respect of ICT to be conveyed through the development and publication of an ICT Strategy for the EHSCP.  <i>*New management action to follow*</i>	Estimated Date: 31/10/2017  Revised Date: 31/12/2019	An IJB Data Integration & Sharing workshop was held on 8 May 2019. Follow up session required. New Management Actions to follow.

9	<p>IJB Data Integration &amp; Sharing</p> <p>Prioritisation Process</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Roadmap</p> <p>Pending</p>	<p>Contingency plans will be developed, discussed with existing suppliers, and approved by the Core Group.</p> <p><i>*New management action to follow*</i></p>	<p>Estimated Date: 30/09/2019</p> <p>Revised Date: 31/12/2019</p>	<p>An IJB Data Integration &amp; Sharing workshop was held on 8 May 2019. Follow up session required. New Management Actions to follow.</p>
10	<p>IJB Data Integration &amp; Sharing</p> <p>Robustness of access management &amp; data protection processes</p> <p>Judith Proctor, Chief Officer</p>	High	<p>Access Management</p> <p>Pending</p>	<p>The existing processes within the Council and NHS Lothian for notifying system owners of staff changes will be communicated to all managers of integrated teams. Establishing an integrated system setting out the systems access requirements for all posts and the mechanism for gaining access for new staff and notifying system owners of leavers and changes in role will be a priority for the nominated officer to be identified in respect of ICT and Information Governance.</p> <p><i>*New management action to follow*</i></p>	<p>Estimated Date: 30/09/2019</p> <p>Revised Date: 31/12/2019</p>	<p>An IJB Data Integration &amp; Sharing workshop was held on 8 May 2019. Follow up session required. New Management Actions to follow.</p>

## IJB Purchasing Budget Management - 2018

Ref	Project/Owner	Issue Type	Issue/Status	Agreed Management Action	Dates	Comments
11	Purchasing Budget Management Issue 2 Financial Control Judith Proctor, Chief Officer	High	Issue 2.2d Delegated authority to wider Partnership	The above will be replicated for the wider Partnership with a view of including any process which impacts on the purchasing budget.	Estimated date: 31/10/2019	Delegated authorities list is manually reviewed on a regular basis, however, there is discussion to have this practice embedded with the Contract Manager's new process and procedure.
12	Purchasing Budget Management Issue 2 Financial Control Judith Proctor, Chief Officer	High	EIJB1701 - Issue 2.2e Review of Delegated Authorities	The Partnership's Operations Manager will be responsible for reviewing and refreshing delegated authorities every three months. A quality control framework for sample-based checking that is aligned with the delegated authority process to be applied and implemented.	Estimated date: 31/10/2019	Delegated authorities list is manually reviewed on a regular basis, however, there is discussion to have this practice embedded with the Contract Manager's new process and procedure.
13	Purchasing Budget Management Issue 2 Financial Control Judith Proctor, Chief Officer	High	EIJB1701 - Issue 2.3b Strategic approach to charging for services	The Partnership's strategic approach to charging for services is currently being reviewed and the output of this work will be presented to the appropriate Council committees in the first quarter of 2019.	Estimated Date: 31/05/2019  Revised Date: 31/12/2020	This has been overtaken by the Council's review of charging being undertaken as part of the 2020-2021 budget process. Once this has concluded the Partnership will develop a relevant policy
14	Purchasing Budget Management Issue 2 Financial Control Judith Proctor, Chief Officer	High	EIJB1701 - Issue 2.3c Operational plan for charging for services	Once the strategy is agreed, an operational plan will be developed to detail how the strategy will be implemented.	Estimated Date:  31/10/2019	Revised date needs to be in alignment with 2.3b

15	Purchasing Budget Management Issue 2 Financial Control Judith Proctor, Chief Officer	High	EIJB1701 - Issue 2.4a Communication of reduction in services	HSC to lead on process development for ensuring Business Support and Social Care Finance teams are effectively updated (potential link to SWIFT upgrade).	Estimated Date: 30/08/2019 Revised Date: 29/05/2020	New process agreed, but slight delay to implementation as we are negotiating terms of new care at home contract which will then be mirrored in our new spot contracts. SMU to be the central point that spot contracts are issued and therefore new controls will be in place as only agreed rates can be selected. New process to be in place by Nov.
16	Purchasing Budget Management Issue 2 Financial Control Judith Proctor, Chief Officer	High	EIJB1701 - Issue 2.5a Agreed provided rates built into Swift	Agreed provider rates have been automatically built into Swift however system based approval process is still to be developed. It is expected this will be rolled out by end of March 2020.	Estimated Date: 28/06/2019 Revised Date: 30/05/2020	New process agreed, but slight delay to implementation as we are negotiating terms of new care at home contract which will then be mirrored in our new spot contracts. SMU to be the central point that spot contracts are issued and therefore new controls will be in place as only agreed rates can be selected. New process to be in place by Nov.
17	Purchasing Budget Management Issue 2 Financial Control Judith Proctor, Chief Officer	High	EIJB1701 - Issue 2.6a Prohibit Swift care cost override	Swift will be amended to prohibit any care costs override. This will be part of development of Swift's Budget Management model with is due to be rolled out by the end of March 2020.	Estimated Date 28/02/2019 Revised Date 30/05/2020	Swift upgrade was delayed by 5 months. System based approval will be included as part of the Swift 'Budget Management Module' which is underdevelopment and expected to be rolled out by the end of the financial year. Date revised to 30 May 2020 to provide sufficient time for roll-out and implementation to be evidenced.
18	Purchasing Budget Management Issue 2 Financial Control Judith Proctor, Chief Officer	High	EIJB1701 - Issue 2.9a Escalation process for non-aligned rates	The Contracts Manager will lead on the review and refresh of current process and/or guidance. The final process/guidance will be available by the end of March and will be verified by IA by the end of June 2019.	Estimated Date: 28/06/2019 Revised Date: 31/01/2020	As per above – new process by Nov. January revised date to allow IA validation time

19	Purchasing Budget Management Issue 2 Financial Control Judith Proctor, Chief Officer	High	EIJB1701 - Issue 2.9b Communication of escalation guidance	Business Support will work with the contracts team to embed the process in conjunction with the Partnership's Contract Team. Communication to all relevant users to reinforce the process will then be sent to relevant staff.	Estimated Date 31/10/2019 Revised Date 29/05/2020	Additional time to allow Business support to embed new process.
20	Purchasing Budget Management Issue 3 Operational Structure Processes Judith Proctor, Chief Officer	High	EIJB1701 - Issue 3.2 Recording client reviews in Swift	A new, redesigned process for the recording of client reviews in Swift will be developed and rolled out as part of the remit of the Systems and Process Management Group.	Estimated Date 30/09/2019 Revised Date: To follow	Workshop required  Revised date to follow
21	Purchasing Budget Management Issue 4 Supplier & Contract Manager Judith Proctor, Chief Officer	High	EIJB1701 - Issue 4.1 Agreed authorities across the Partnership	Authorities for issuing contracts should be agreed across the Partnership and the register of proper officers updated to reflect the outcomes of this review.	Estimated Date 31/10/2019 Revised Date 31/01/2020	SMU to issue spots, when new provider's process is ready to launch (Nov).
22	Purchasing Budget Management Issue 4 Supplier & Contract Manager Judith Proctor, Chief Officer	High	EIJB1701 - Issue 4.2 Communication of revised authorities	Revised authorities for contract approval will be communicated and implemented across the Partnership	Estimated Date 31/10/2019 Revised Date 31/01/2020	This will be done as soon as process is ready to launch in Nov.
23	Purchasing Budget Management Issue 4 Supplier & Contract Manager Judith Proctor, Chief Officer	High	EIJB1701 - Issue 4.3 Former employee signatures	CT/SWIFT Development Team will find a solution to stop the use of electronic signature of former employees by June 2018 with verification by IA by February 2019.	Estimated Date: 29/03/2019	Previously implemented – IA have requested additional evidence to close.  Original Issues caused by technical fault design in SWIFT

24	<p>Purchasing Budget Management</p> <p>Issue 4 Supplier &amp; Contract Manager</p> <p>Judith Proctor, Chief Officer</p>		<p>EIJB1701 - Issue 4.4 Ongoing revision of delegated authorities</p>	<p>A Delegated Authority Process will be created and implemented. It will ensure that contract delegated authorities are regularly revised to reflect all new starts and leavers. The process will include a quality control framework for sample-based checking to ensure that process to correctly be applied and implemented.</p>	<p>Estimated Date 31/10/2019</p>	<p>Included in new process (nov)</p> <p>Proposed Revised date 31 Jan 2020</p>
25	<p>Purchasing Budget Management</p> <p>Issue 4 Supplier &amp; Contract Manager</p> <p>Judith Proctor, Chief Officer</p>		<p>EIJB1701 - Issue 4.5 Establish a formal owner of contract authorities</p>	<p>A Delegated Authority Process will be created and implemented. It will ensure that contract delegated authorities are regularly revised to reflect all new starts and leavers. The process will include a quality control framework for sample-based checking to ensure that process to correctly be applied and implemented.</p>	<p>Estimated Date 31/10/2019</p>	<p>Included in new process (Nov)</p> <p>Proposed Revised date 31 Jan 2020</p>
26	<p>Purchasing Budget Management</p> <p>Issue 4 Supplier &amp; Contract Manager</p> <p>Judith Proctor, Chief Officer</p>	High	<p>EIJB1701 – Issue 4.6a</p> <p>Support of Partnership Contracts Team (short term)</p> <p>Started</p>	<p>The new contracts manager, who will be in post in January 2019, will review the existing processes and procedures and come up with a revised plan by March 2019. The new model will be based on best practice and implemented</p>	<p>Estimated date: 29/03/2019</p> <p>Revised Date: 31/10/2019</p>	<p>Included in new process (Nov)</p> <p>Proposed Revised date 31 Jan 2020</p>

27	Purchasing Budget Management Issue 4 Supplier & Contract Manager Judith Proctor, Chief Officer	High	EIJB1701 - Issue 4.6b Support of Partnership contracts team (long term)	In the longer term, a more fundamental redesign of the Partnership's operating model is planned, which is likely to result in further review and redesign of end to end processes.	Estimated Date 31/10/2019	Included in new process (Nov) Proposed Revised date 31 Jan 2020
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