

Governance, Risk and Best Value Committee

10.00am Tuesday 8 December 2020

Annual Assurance Schedule – Edinburgh Health and Social Care Partnership

Executive/routine
Wards
Council Commitments

1. Recommendations

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

- 1.1.1 Note the Edinburgh Health and Social Care Partnership (the Partnership) annual assurance schedule for 2018-19 and 2019-20
- 1.1.2 Note that the Partnership annual assurance schedule 2020-21 would be submitted for scrutiny to GRBV in 12 months.

Judith Proctor

Chief Officer – Edinburgh Health and Social Care Partnership

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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 schedule covering 18/19 and 19/20 for the Edinburgh Health and Social Care Partnership (the Partnership) to Governance Risk and Best Value Committee (GRBV) for scrutiny.
- 2.2 The 18/19 assurance schedule was initially scheduled to come to GRBV in March 2020, however due to impact of Covid19, the committee structure was suspended with only urgent business being considered. Therefore, it is being submitted with the 19/20 assurance schedule 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 £600 million and almost 6000 staff deliver the following services:
 - 3.4.1 social work services for adults, including disabilities, mental health, older people, sensory impairment, and substance misuse

- 3.4.2 support for carers
- 3.4.3 primary care services including GP's and community nursing
- 3.4.4 allied health professionals, such as occupational therapists, psychologists, and physiotherapists
- 3.4.5 community dental, ophthalmic, and pharmaceutical services
- 3.4.6 continence services
- 3.4.7 unplanned admissions to hospitals.

4. Main report

- 4.1 The certificate of assurance requires Heads of Service, Executive Directors and 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 Head of Service within the Partnership.
- 4.3 This was then taken as the basis of the Chief Officers assurance statement which is attached as appendix 1 (for 18/19) and appendix 2 (19/20). The Chief's Officers assurance statement was returned to the Governance Team within Strategy and Insight for review and subsequently the Chief Officer is asked to sign a certificate of assurance. 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 2019 and 2020.
- 4.4 As part of the completion of the assurance statement for 2019/20, the Partnership felt that there was partial compliance in the following areas:
 - 4.4.1 Risk Management
 - 4.4.2 Policy Reviews
 - 4.4.3 Change and Transformation Programmes
- 4.5 As part of the process an improvement plan has been developed and included as part of Appendix 3 covering those areas identified as partially compliant with responsible officer and deadline included. Due to the significant impact of Covid19 on Partnership services, it is likely that elements of the improvement plan may need to be reassessed and delivery deadlines reviewed.

5. Next Steps

- 5.1 The Partnership continues to work to deliver those actions identified in appendix 3 to strengthen controls in key areas.
- 5.2 The annual assurance process will continue to be reviewed in line with feedback to ensure that effective assurance is provided.
- 5.3 The 20/21 annual assurance schedule will be presented to Governance, Risk and Best Value Committee in 12 months for scrutiny.

6. Financial impact

- 6.1 The annual assurance process and development of the annual governance statement is contained within relevant service area budgets.
- 6.2 An effective control framework is key in ensuring that the Council has appropriate governance in place.

7. Stakeholder/Community Impact

- 7.1 The assurance schedule exercise acts as a prompt for service areas to think about good governance and their internal control environment. Action plans support improvements in areas where weaknesses have been identified.
- 7.2 Completed schedules are reviewed by the Democracy, Governance and Resilience Senior Manager and are provided to the Chief Internal Auditor for comment.
- 7.3 The annual assurance schedule template has been drafted using input from the Council's subject matter experts and contributions from a range of specialist areas across the Council and Partnership including resilience, health and safety and internal audit.

8. Background reading/external references

None.

9. Appendices

Appendix 1 - Partnership Annual Assurance Statement 18/19

Appendix 2 - Partnership Annual Assurance Statement 19/20

Appendix 3 - Annual Assurance Action Plan

Appendix 1 – 18/19 Partnership Annual Assurance Schedule

Assurance Statement				
Ref	Statement	Response	If no, please explain	Actions to be taken
1	Internal Control Environment	Assessment of compliance	If not fully compliant, please explain	Improvement actions
1.1	I have internal controls and procedures in place throughout my directorate that are proportionate, robust, monitored and operate effectively.	Compliant		
1.2	I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.	Compliant		
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.	Compliant		
1.4	The monitoring process applied to funding/operating agreements has not identified any problems that could have an impact on Annual or Group Accounts.	Compliant		
2	Risk and Resilience	Assessment of compliance	If not fully compliant, please explain	Improvement actions
2.1	I have risk management arrangements in place to identify the key risks to my directorate (and the Council).	Compliant		
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.	Partially compliant	A governance review within the EIJB has taken place and actions agreed. These will also support appropriate escalation of risks across the HSCP as well as the IJB. Further work is needed and underway to develop a risk escalation framework across the organisation to ensure that risks are escalated appropriately.	Complete development of risk escalation framework for Partnership.

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	Partially compliant	A governance review within the EIJB has taken place and actions agreed. These will also support appropriate escalation of risks across the HSCP as well as the IJB. Further work is needed and underway to develop a risk escalation framework across the organisation to ensure that risks are escalated appropriately.	Complete development of risk escalation framework for Partnership.
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.	Partially compliant	A governance review within the EIJB has taken place and actions agreed. These will also support appropriate escalation of risks across the HSCP as well as the IJB. Further work is needed and underway to develop a risk escalation framework across the organisation to ensure that risks are escalated appropriately.	Complete development of risk escalation framework for Partnership.
2.5	I have arrangements in place to promote and support the Council's policies and procedures for staff to raise awareness of risk concerns, Council wrongdoing and officer's misconduct.	Compliant		
2.6	My directorate has appropriate resilience arrangements in place and my directorate's business continuity plans and arrangements mitigate the business continuity risks facing our essential activities.	Compliant		
3	Workforce Control	Assessment of compliance	If not fully compliant, please explain	Improvement actions
3.1	I have arrangements in place to ensure workforce resources are managed properly, including compliance with payroll policies, overtime controls, absence management and performance e.g. home/remote working.	Compliant		
3.2	I have robust controls in place to manage off-payroll workers/contractors, including agency workers and consultants, ensuring approved framework contracts have been used and that those engaged are wholly	Compliant		

	compliant with the provisions of IR35 Council guidance and procedures.			
3.3	I ensure that recruitment and selection is only undertaken by appropriately trained individuals and is fully compliant with Council policies and procedures, including vacancy approvals and controls.	Compliant		
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.	Compliant		
3.5	I have robust controls in place to ensure that statutory workforce requirements are met.	Compliant		
3.6	I have arrangements in place to manage staff health and wellbeing; ensuring that sickness absence, referral to occupational health and stress risk assessments is managed in compliance with the Council's HR policies.	Compliant		
3.7	I ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.	Compliant		
3.8	I have arrangements in place to support and manage staff performance e.g. regular 1:1/supervision meetings, performance/spotlight conversations.	Compliant		
3.9	I ensure compliance with the Council's HR policies and procedures across all of my service areas.	Compliant		
3.10	I regularly consult and engage with recognised trade unions.	Compliant		
4	Council Companies	Assessment of compliance	If not fully compliant, please explain	Improvement actions
4.1	I have arrangements in place for the oversight and monitoring of the Council companies I am responsible for, that give me adequate assurance over their operation and delivery for the Council.	Compliant		

4.2	I have an appropriate Service Level Agreement, or other appropriate legal agreement, in place for each Arm's Length External Organisation that I am responsible for.	Compliant		
5	Policy	Assessment of compliance	If not fully compliant, please explain	Improvement actions
5.1	I have arrangements in place to ensure all directorate staff are made aware of and fully understand the implications of all relevant existing and new council policies and procedures.	Compliant		
5.2	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.	Compliant		
6	Governance and Compliance	Assessment of compliance	If not fully compliant, please explain	Improvement actions
6.1	I ensure directorate staff are aware of their responsibilities in relation to the Council's governance framework and that the authority, responsibility and accountability levels within my directorate are clearly defined, with proper officer designation delegated, recorded, monitored, revoked and reviewed regularly to ensure ongoing compliance with the Scheme of Delegation.	Compliant		
6.2	I ensure my directorate's activities are fully compliant with relevant Scottish, UK and EU legislation and regulations.	Compliant		
7	Information Governance	Assessment of compliance	If not fully compliant, please explain	Improvement actions

7.1	I ensure directorate staff are made aware of their responsibilities in relation to the proper management of Council information, including the need to adhere to relevant legislation, Council policies, procedures and guidance around: information governance; records management; data quality; data breaches and privacy impact assessments; information rights; information compliance; information security; and ICT acceptable use.	Compliant		
7.2	I ensure data sharing arrangements with third parties are recorded, followed and regularly reviewed throughout all service areas in my directorate.	Compliant		
8	Health and Safety	Assessment of compliance	If not fully compliant, please explain	Improvement actions
8.1	Directorate staff are made aware of their responsibilities under relevant H&S policies and procedures and I have appropriate arrangements in place for the identification and provision of H&S training necessary for all job roles, including induction training.	Compliant		
8.2	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 H&S risks are adequately controlled.	Compliant		
8.3	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 H&S laws and regulations.	Compliant		
8.4	I have a robust governance and reporting structure for H&S in my directorate.	Compliant		
9	Performance	Assessment of compliance	If not fully compliant, please explain	Improvement actions

9.1	I have arrangements in place for reporting to CLT, Committee and/or Council when performance monitoring identifies inadequate service delivery or poor value for money and ensure that improvement measures to address these issues are implemented and monitored.	Compliant		
9.2	I have appropriate arrangements in place throughout my directorate for recording, monitoring and managing customer service complaints and customer satisfaction.	Compliant		
10	Commercial and Contract Management	Assessment of compliance	If not fully compliant, please explain	Improvement actions
10.1	I ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders.	Compliant		
11	Change and Project Management	Assessment of compliance	If not fully compliant, please explain	Improvement actions
11.1	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.	Partially compliant	Projects are not always started with clear business cases or a formal project management approach adopted. Projects are started in relation to an issue or service change, but recognition not always given to other projects creating duplication. A Business Planning process is also being established.	A transformation and change team has been created for the Partnership and will be responsible for providing project support capacity across the Partnership. This allows for project oversight across the Partnership and ensure that project have clear business justification and business case before project initiation.
12	Financial Control	Assessment of compliance	If not fully compliant, please explain	Improvement actions
12.1	The operation of financial controls in my directorate is effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.	Compliant		

12.2	I am confident that the arrangements in place to monitor expenditure/budget variances would identify control problems or variances that could have an effect on the Annual Accounts.	Compliant		
12.3	I have arrangements in place to ensure all material commitments and contingent liabilities (i.e. undertakings, past transactions or events resulting in future financial liabilities) are notified to the Chief Financial Officer.	Compliant		
12.4	I have arrangements in place to review and protect assets against theft, loss and unauthorised use; identify any significant losses; and ensure the adequacy of insurance provision in covering the risk of loss across my directorate.	Compliant		
12.5	I have arrangements in place for identifying any weaknesses in my directorate's compliance with Council financial policies or statutory/regulatory requirements.	Compliant		
12.6	I have arrangements in place for identifying any internal control, risk management or asset valuation problems within my directorate's service areas that could affect the Annual Accounts.	Compliant		
13	Group Accounts (Resources only)	Assessment of compliance	If not fully compliant, please explain	Improvement actions
13.1	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.			
13.2	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.			
14	National Agency Inspection Reports	Assessment of compliance	If not fully compliant, please explain	Improvement actions

14.1	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.	Compliance		
14.2	I have arrangements in place that adequately monitor and report on the implementation of recommendations.	Compliance		
15	Internal Audit, External Audit and Review Reports	Assessment of compliance	If not fully compliant, please explain	Improvement actions
15.1	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.	Compliance		
16	Progress	Assessment of compliance	If not fully compliant, please explain	Improvement actions
16.1	All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years have been addressed satisfactorily.	Compliance		

Appendix 2 – 19/20 Annual Assurance Schedule

Assurance Statement						
Ref	Statement	Response				
1	Internal Control Environment	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 Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
1.1	I have internal controls and procedures in place throughout my directorate that are proportionate, robust, monitored and operate effectively.	Compliant		<p>Annual Internal Audit Plan (based on most significant risks to the Council)</p> <p>CLT Change Board – programme/project management framework</p> <p>Council Companies/ALEOs – Governance Hub, Observers, annual reporting to Executive Committee and GRBV</p> <p>Community planning – Edinburgh Partnership, Community Plan 2018-28</p> <p>Contingency planning and business continuity arrangements</p> <p>EIJB – scrutiny and accountability arrangements agreed through scheme</p> <p>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</p>	<p>EIJB and Partnership (via CEC) Internal Audit Plan, EIJB Audit and Assurance Committee, Internal Audit Oversight Group, EMT strategic risk management approach in place, independent scrutiny from Care Inspectorate on service delivery, health and safety assurance framework, employment policies managing risk, antibribery, fraud, code of conduct, Regular staff 1:1's. All reports include section on risks, regular performance reporting on key service areas, training on risk. A range of operational groups within the organisation</p>	

				<p>Internal Audit reports Health and safety audits Informal and formal reviews e.g. internal audit, quality assurance audits Overdue audit recommendations report monthly to CLT and quarterly to GRBV Policies that mitigate risks e.g. Anti-bribery, Fraud Prevention, Whistleblowing Quarterly corporate risks scrutinised at CLT</p>	<p>manage internal controls / procedures.</p>	
1.2	<p>I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.</p>	<p>Compliant</p>		<p>Quarterly Risk and Assurance Committees Regular 121 meetings between the Council's Chief Executive and the Chief Executives of key ALEOs Report template and guidance – section on risks Reporting/review/monitoring at all levels – committee, CLT, SMTs, service level Risk Appetite Statement Risk Management Groups Risk management policies and strategies (e.g. procurement, standing orders, project management, health and safety, information governance) Risk Management Procedure Risk management tools</p>	<p>EIJB and Partnership (via CEC) Internal Audit Plan, EIJB Audit and Assurance Committee, Internal Audit Oversight Group, EMT strategic risk management approach in place, independent scrutiny from Care Inspectorate on service delivery, health and safety assurance framework, employment policies managing risk, antibribery, fraud, code of conduct, Regular staff 1:1's. All reports include section on risks, regular performance reporting on key service areas, training on risk,</p>	

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.	Compliant		<p>Schools assurance programme</p> <p>Shareholder or service level agreements</p> <p>Team Central – monitoring implementation of audit recommendations</p> <p>Training, eLearning and workshops for staff and members</p> <p>Wide ranging internal and external counter fraud activity</p>	<p>EIJB and Partnership (via CEC) Internal Audit Plan, EIJB Audit and Assurance Committee, Internal Audit Oversight Group, EMT strategic risk management approach in place, independent scrutiny from Care Inspectorate on service delivery, health and safety assurance framework, employment policies managing risk, antibribery, fraud, code of conduct, Regular staff 1:1's. All reports include section on risks, regular performance reporting on key service areas, training on risk,</p>	
1.4	The monitoring process applied to funding/operating agreements has not identified any problems that could have an impact on Annual or Group Accounts.	Compliant			<p>EIJB and Partnership (via CEC) Internal Audit Plan, EIJB Audit and Assurance Committee, Internal Audit Oversight Group, EMT strategic risk management approach in place, independent scrutiny from Care Inspectorate on service delivery, health and safety assurance framework, employment policies managing risk, antibribery, fraud, code of conduct, Regular staff 1:1's. All</p>	

					reports include section on risks, regular performance reporting on key service areas, training on risk,	
2	Risk and Resilience	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 Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
2.1	I have risk management arrangements in place to identify the key risks to my directorate (and the Council).	Partially compliant		Budget Planning CLT Change Board – programme/project management framework CLT scrutiny Contingency planning and business continuity arrangements Council Business Plan	Risk register is in place for ET and the EIJB. Reports have section specifically focused on risk. A range of operational groups to manage risk to the organisation (e.g. LSI, MAQA)	Roll out risk management framework across wider leadership teams and Partnership teams
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.	Partially compliant		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	Risk register is in place for ET and the EIJB. Reports have section specifically focused on risk. A range of operational groups to manage risk to the organisation (e.g. LSI, MAQA)	Roll out risk management framework across wider leadership teams and Partnership teams
2.3	The robustness and effectiveness of my risk management arrangements is regularly reviewed, and the last review did not identify any weaknesses that	Partially compliant		Quarterly corporate risks scrutinised at CLT Quarterly Risk and Assurance Committees Report template and guidance – section on risks Reporting/review/monitoring at all	Risk register is in place for ET and the EIJB. Reports have section specifically focused on risk. A range of operational groups to manage risk to the organisation (e.g. LSI, MAQA)	Roll out risk management framework across wider leadership teams and Partnership teams

	could have an impact on the Annual Accounts.			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 Service Planning Training, eLearning and workshops for staff and members		
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.	Partially compliant			Risk register is in place for ET and the EIJB. Reports have section specifically focused on risk. A range of operational groups to manage risk to the organisation (e.g. LSI, MAQA)	Roll out risk management framework across wider leadership teams and Partnership teams
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.	Partially compliant			Risk register is in place for ET and the EIJB. Reports have section specifically focused on risk. A range of operational groups to manage risk to the organisation (e.g. LSI, MAQA)	Roll out risk management framework across wider leadership teams and Partnership teams
2.6	My directorate has appropriate resilience arrangements in place and my directorate's business continuity plans and arrangements mitigate the business continuity risks facing our essential activities.	Compliant			Risk register is in place for ET and the EIJB. Reports have section specifically focused on risk. A range of operational groups to manage risk to the organisation (e.g. LSI, MAQA)	Roll out risk management framework across wider leadership teams and Partnership teams

3	Workforce Control	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 Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
3.1	I have arrangements in place to ensure compliance with payroll policies, overtime controls, absence management and performance e.g. home/remote working.	Compliant		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 Financial benefits (credit union, season ticket loans, car benefit scheme, pension schemes) Funding scheme for professional qualifications	Staff should complete compulsory training specific to role , annual review of policies, online system for recording overtime, absence and performance, service specific induction, personal development, H&S report relating to staff accidents and incidents, Managing absence support for managers, WLT programme	
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	Compliant		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 managers Occupational Health service	Staff should complete compulsory training specific to role , annual review of policies, online system for recording overtime, absence and performance, service specific induction, personal development, H&S report relating to staff accidents and incidents, Managing absence support for managers, WLT programme	

	Council guidance and procedures.			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		
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.	Compliant		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) Wider Leadership Team programme	Staff should complete compulsory training specific to role , annual review of policies, online system for recording overtime, absence and performance, service specific induction, personal development, H&S report relating to staff accidents and incidents, Managing absence support for managers, WLT programme	
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.	Compliant			Staff should complete compulsory training specific to role , annual review of policies, online system for recording overtime, absence and performance, service specific induction, personal development, H&S report relating to staff accidents and incidents, Managing absence support for managers, WLT programme	

3.5	I have arrangements in place to manage staff health and wellbeing; ensuring that sickness absence, referral to occupational health and stress risk assessments is managed in compliance with the Council's HR policies.	Compliant	
3.6	I ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.	Compliant	
3.7	I have arrangements in place to support and manage staff performance e.g. regular 1:1/supervision meetings, performance/spotlight conversations.	Compliant	

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Staff should complete compulsory training specific to role , annual review of policies, online system for recording overtime, absence and performance, service specific induction, personal development, H&S report relating to staff accidents and incidents, Managing	

					absence support for managers, WLT programme	
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 Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
4.1	I have arrangements in place for the oversight and monitoring of the Council companies I am responsible for, that give me adequate assurance over their operation and delivery for the Council.	Compliant		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	Not applicable	
4.2	I have an appropriate Service Level Agreement, or other appropriate legal agreement, in place for each Arm's Length External Organisation that I am responsible for.	Compliant		Service Level Agreement Register Shareholder or service level agreements	Not applicable	
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 Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)

5.1	My directorate engages effectively with institutional stakeholders, service users and individual citizens, applying the council's consultation and engagement standards with evidence that the insights gathered are used to shape my directorates activities.	Compliant		<p>Budget consultation Business sector forums Community engagement activity Community engagement strategy/policy Complaints Improvement Plan Consultation framework Consultation Hub Council Change Strategy: Planning for Change and Delivering Services 2019-2023 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</p>	<p>Strategic plan consultation, complaints improvement plan, all meetings public and webcast with papers available to the public, petitions and deputations for EIJB and Council committees, Strategic Planning group has a range of stakeholder as part of the group ensuring widest engagement possible, engagement section included in report templates. Locality plans. EIJB has membership from both third sector, users of services we commission ensuring consultation across a wider range of groups.</p>	
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	Compliant		<p>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 Policies and procedures (consultation framework) Poverty Commission</p>	<p>Strategic plan consultation, complaints improvement plan, all meetings public and webcast with papers available to the public, petitions and deputations for EIJB and Council committees, Strategic Planning group has a range of stakeholder as part of the group ensuring widest engagement possible, engagement section included in report templates. Locality plans. EIJB has membership from both third</p>	

	the work of the directorate.			Public participation – deputations and petitions Public sector partnerships Publication of Council diary Report template – section on consultation 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	sector, users of services we commission ensuring consultation across a wider range of groups.	
5.3	I have appropriate arrangements in place throughout my directorate for recording, monitoring and managing customer service complaints and customer satisfaction.	Compliant			Strategic plan consultation, complaints improvement plan, all meetings public and webcast with papers available to the public, petitions and deputations for EIJB and Council committees, Strategic Planning group has a range of stakeholder as part of the group ensuring widest engagement possible, engagement section included in report templates. Locality plans. EIJB has membership from both third sector, users of services we commission ensuring consultation across a wider range of groups.	

5.4	I regularly consult and engage with recognised trade unions.	Compliant			Strategic plan consultation, complaints improvement plan, all meetings public and webcast with papers available to the public, petitions and deputations for EIJB and Council committees, Strategic Planning group has a range of stakeholder as part of the group ensuring widest engagement possible, engagement section included in report templates. Locality plans. EIJB has membership from both third sector, users of services we commission ensuring consultation across a wider range of groups.	
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 Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
6.1	I have arrangements in place to ensure all directorate staff are made aware of and fully understand the implications of all relevant existing and new council policies and procedures.	Compliant		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	Annual Assurance exercise, Audit and Assurance Committee, Committee papers online, policy register.	

6.2	I have arrangements in place for the annual review of policies owned by my directorate, via the relevant executive committee, to ensure these comply with the Council's policy framework.	Partially compliant		communications Information Governance framework Policy Register Report template and guidance (incorporating adherence to commitments and policy implications)	Policies in place however not been reviewed and process will be developed to ensure regular review.	By the end of 2020, all policies within the Partnership will be reviewed and a review framework will be put in place
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 Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
7.1	I ensure directorate staff are aware of their responsibilities in relation to the Council's governance framework and that the authority, responsibility and accountability levels within my directorate are clearly defined, with proper officer designation delegated, recorded, monitored, revoked and reviewed regularly to ensure ongoing compliance with the Scheme of Delegation.	Compliant		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	Code of Conduct, Committee TOR's, Standing Orders, Disclosure and PVG checks for specific roles, employee induction and partnership specific induction, performance framework in place for all staff, leadership / coaching programme in place. Chief Social Work Officer - assurance role, whistleblowing policy.	

7.2	I ensure my directorate's activities are fully compliant with relevant Scottish, UK and EU legislation and regulations.	Compliant		Statutory/lead officers' independent reports to committee e.g. Monitoring Officer, Chief Social Work Officer, Chief Internal Auditor Whistleblowing Policy	Code of Conduct, Committee TOR's, Standing Orders, Disclosure and PVG checks for specific roles, employee induction and partnership specific induction, performance framework in place for all staff, leadership / coaching programme in place. Chief Social Work Officer - assurance role, whistleblowing policy.	
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 Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
8.1	My directorate ensures our officers are clear on their roles and responsibilities in terms of relationships and decision making.	Compliant		Annual Assurance Process (Council Companies and Joint Boards) Annual Assurance Process (Directorates) Codes of Conduct Commercial and Procurement Strategy Committee Terms of Reference and Delegated Functions Complaints Improvement Plan Consultation and engagement Contract Standing Orders	Code of Conduct, Committee TOR's, Standing Orders, employee induction and partnership specific induction, performance framework in place for staff, leadership / coaching programme in place. Chief Social Work Officer - assurance role.	
8.2	I ensure that the Council's ethical standards are understood and embedded across my directorate and are	Compliant		Council Change Strategy: Planning for Change and Delivering Services 2019-2023 Council company monitoring including	Code of Conduct, Committee TOR's, Standing Orders, employee induction and partnership specific induction, performance	

	upheld by external providers of services.			Governance Hub, Council Observers on Boards, committee reporting Edinburgh People Survey Employee Code of Conduct Grant Standing Orders Member/Officer Protocol	framework in place for staff, leadership / coaching programme in place. Chief Social Work Officer - assurance role.
8.3	My directorate ensures that decisions are made on the basis of objective information, the consideration of best value, risk, stakeholder views, rigorous analysis, and consideration of future impacts. This is formalised through appropriate structures. (i.e. SMT reporting)	Compliant		Monitoring/reporting on delivery of 52 coalition commitments Onboarding and induction for officers Performance Framework Policies and procedures Procurement framework Procurement Handbook Public participation – deputations and petitions Report template and guidance Scheme of Delegation to Officers Service Level Agreement template Standard Condition of Grant	Code of Conduct, Committee TOR's, Standing Orders, employee induction and partnership specific induction, performance framework in place for staff, leadership / coaching programme in place. Chief Social Work Officer - assurance role. Policies and procedures in place, High risk operational and strategic decisions are made at the Partnership EMT and / or EIJB if required. All reports require risk mitigation to be included and consideration of the impact of decisions and are taken through the appropriate governance route (operational management team - ET - relevant committee - EIJB).

8.4	I consult with elected members as appropriate and as required under the Scheme of Delegation.	Compliant			Code of Conduct, Committee TOR's, Standing Orders, employee induction and partnership specific induction, performance framework in place for staff, leadership / coaching programme in place. Chief Social Work Officer - assurance role. Policies and procedures in place, High risk operational and strategic decisions are made at the Partnership EMT and / or EIJB if required. All reports require risk mitigation to be included and consideration of the impact of decisions. Regular sessions with Chair and Vice Chair of EIJB and Board development sessions are held throughout the year focussing on key strategic areas.	
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 Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)

9.1	I ensure directorate staff are made aware of their responsibilities in relation to the proper management of Council information, including the need to adhere to relevant legislation, Council policies, procedures and guidance around: information governance; records management; data quality; data breaches and privacy impact assessments; information rights; information compliance; information security; and ICT acceptable use.	Compliant		<p>Annual communications plan, awareness raising initiatives and training events</p> <p>Centralised Information governance unit</p> <p>Council wide Record of Processing Data quality reviews and audits form part of statutory returns</p> <p>Established framework of management information and reporting to support operational decision making and trend analysis</p> <p>Information Board</p> <p>Information governance policies, framework, guidance, procedures and toolkit</p> <p>Information sharing agreements and data protection impact assessments</p> <p>Locking Client's Record Guidance</p> <p>Mandatory training for all employees</p>	<p>All FOI'S and DPA are co-ordinated centrally.</p> <p>Mandatory training in information governance for all staff. Employee code of conduct, ICT acceptable use policy, data breaches, PIA, and information security.</p> <p>Reinforced via team meetings</p>	
9.2	I ensure data sharing arrangements with third parties are recorded, followed and regularly reviewed throughout all service areas in my directorate.	Compliant		<p>Staff responsibilities outlined in relevant policies - Employee Code of Conduct, ICT Acceptable Use Policy, Policy on Fraud Prevention</p> <p>Standard data related terms and conditions in all new Council contracts</p>	<p>All FOI'S and DPA are co-ordinated centrally.</p> <p>Mandatory training in information governance for all staff. Employee code of conduct, ICT acceptable use policy, data breaches, PIA, and information security.</p> <p>Reinforced via team meetings</p>	

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 Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
10.1	Directorate staff are made aware of their responsibilities under relevant Health & Safety policies and procedures and I have appropriate arrangements in place for the identification and provision of Health & Safety training necessary for all job roles, including induction training.	Compliant		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	Member of Health and Safety Group, all staff H&S training and agreed under code of conduct. Health and safety framework with HSC. H&SC E-learning (mandatory). 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.	Compliant		Health & Safety policies and procedures Institution of Occupational Safety and Health training Mandatory Health & Safety training for staff Reporting/review/monitoring at all levels – committee, CLT, SMTs, service level Risk Management Groups Risk management policies and strategies (e.g. procurement, standing orders, project management, health	Member of Health and Safety Group, all staff H&S training and agreed under code of conduct. Health and safety framework with HSC. H&SC E-learning (mandatory). Regular H&S reports to Executive Team meeting for scrutiny and review.	

10.3	I have competencies, processes and controls in place to ensure that all service areas in my directorate, and other areas of responsibility, operate in compliance with all applicable Health & Safety laws and regulations.	Compliant		and safety, information governance) Risk Management Procedure Risk management tools Scheme of Delegation Schools assurance programme Training, eLearning and workshops for staff and members	Member of Health and Safety Group, all staff H&S training and agreed under code of conduct. Health and safety framework with HSC. H&SC E-learning (mandatory). Regular H&S reports to Executive Team meeting for scrutiny and review.	
10.4	I have a robust governance and reporting structure for Health and Safety in my directorate.	Compliant			Member of Health and Safety Group, all staff H&S training and agreed under code of conduct. Health and safety framework with HSC. H&SC E-learning (mandatory). Regular H&S reports to Executive Team meeting for scrutiny and review.	
11	Performance	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 Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)

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.	Compliant		Annual external reporting e.g. Local Government Benchmarking Framework, Scottish Public Services Ombudsman, Scottish Government, etc Annual performance report to Council B agenda protocol Best Value reporting CLT Quarterly performance meeting Committee Terms of Reference and Delegated Functions Local Government Benchmarking Framework	Annual performance report published, performance and delivery committee remit cover performance scrutiny / assurance. Regular performance report got to ET and EIJB for assurance. Reporting via CLT performance meeting as well as joint Council and NHS performance meeting.	
11.2	My directorate regularly works with relevant teams in Strategy and Communications to review and improve effectiveness by performance monitoring, benchmarking and other methods to achieve defined outcomes.	Compliant		Monitoring/reporting on delivery of 52 coalition commitments Performance Framework Strategy and Performance Hub	Annual performance report published, performance and delivery committee remit cover performance scrutiny / assurance. Regular performance report got to ET and EIJB for assurance. Reporting via CLT performance meeting as well as joint Council and NHS performance meeting.	
12	Commercial and Contract Management	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 Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)

12.1	I ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders.	Compliant		<p>Annual Assurance Process (Directorates)</p> <p>Codes of Conduct</p> <p>Commercial and Procurement Strategy</p> <p>Committee Terms of Reference and Delegated Functions</p> <p>Contract and Grants Management team</p> <p>Contract Standing Orders</p> <p>Council company monitoring including Governance Hub, Council Observers on Boards, committee reporting</p> <p>Grant Standing Orders</p> <p>Legal Services provision of advice</p> <p>Policies and procedures</p> <p>Procurement Handbook</p> <p>Scheme of Delegation to Officers</p> <p>Service Level Agreement Register</p> <p>Standard Condition of Grant</p>	Code of conduct, compliance with procurement strategy and contract standing orders. Regular procurement board focusing on HSC contracts / contract monitoring arrangements in place, Scheme of delegation in place. Standardised HSC contract framework / documentation	
13	Change and Project Management	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 Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)

13.1	All projects and programmes have a clear business justification, as a minimum this should articulate outcomes and benefits; have appropriate governance in place to support delivery; effective controls in place to track delivery progress and to take corrective action if required; have a robust benefits management framework in place; and ensure that a formal closure process is undertaken.	Partially compliant		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: Planning for Change and Delivering Services 2019-2023 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	Transformation team now in place, work is ongoing to refine and further scope projects. Work on post COVID19 recovery plan and return to transformation initiated in April 2020. A lesson capture process will inform the transition to the new normal post COVID19.	
14.1	Financial Control	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 Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)

14.1	The operation of financial controls in my directorate is effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.	Compliant		<p>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: Planning for Change and Delivering Services 2019-2023 Elected Member training on financial</p>	<p>Budget setting protocol in place, budget framework is in place, contract standing orders in place, strong links with Council and NHS Lothian finance team, regular finance reports provided. Finance regular item on ET agenda. All reports have finance focused element</p>	
14.2	I am confident that the arrangements in place to monitor expenditure/budget variances would identify control problems or variances that could have an effect on the Annual Accounts.	Compliant		<p>statements, financial planning and treasury management Employee Training Finance & Resources Committee and Governance, Risk & Best Value Committee oversight/scrutiny Finance Rules Financial Regulations Internal control framework Medium-term Financial Strategy Professional officer</p>	<p>Budget setting protocol in place, budget framework is in place, contract standing orders in place, strong links with Council and NHS Lothian finance team, regular finance reports provided. Finance regular item on ET agenda. All reports have finance focused element</p>	
14.3	I have arrangements in place to ensure all material commitments and contingent liabilities (i.e. undertakings, past transactions or events resulting in future financial liabilities) are notified to the Chief Financial Officer.	Compliant		<p>representation/support/advice on major project boards, project assurance reviews, SMTs Tiered framework of financial planning and control Treasury Management Strategy</p>	<p>Budget setting protocol in place, budget framework is in place, contract standing orders in place, strong links with Council and NHS Lothian finance team, regular finance reports provided. Finance regular item on ET agenda. All reports have finance focused element</p>	

14.4	I have arrangements in place to review and protect assets against theft, loss and unauthorised use; identify any significant losses; and ensure the adequacy of insurance provision in covering the risk of loss across my directorate.	Compliant			Budget setting protocol in place, budget framework is in place, contract standing orders in place, strong links with Council and NHS Lothian finance team, regular finance reports provided. Finance regular item on ET agenda. All reports have finance focused element	
14.5	I have arrangements in place for identifying any weaknesses in my directorate's compliance with Council financial policies or statutory/regulatory requirements.	Compliant			Budget setting protocol in place, budget framework is in place, contract standing orders in place, strong links with Council and NHS Lothian finance team, regular finance reports provided. Finance regular item on ET agenda. All reports have finance focused element	
14.6	I have arrangements in place for identifying any internal control, risk management or asset valuation problems within my directorate's service areas that could affect the Annual Accounts.	Compliant			Budget setting protocol in place, budget framework is in place, contract standing orders in place, strong links with Council and NHS Lothian finance team, regular finance reports provided. Finance regular item on ET agenda. All reports have finance focused element	

15	Group Accounts (Resources only)	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 Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
15.1	I have arrangements in place for identifying and reviewing any developments during the year that should lead to additions, deletions or amendments to the companies included in the Group Accounts.			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)		
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.			Audit Charter Chief Internal Auditor's direct reporting line to GRBV Committee Terms of Reference and Delegated Functions - GRBV Comprehensive system of revenue and capital monitoring, with SMT and 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 Inspection Reports	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 Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
16.1	I have arrangements in place to identify any reports relating to my directorate and can confirm that there were no inspection reports that could impact on the signing of the Annual Governance Statement.	Compliant		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	Audit and Assurance Committee and Clinical Governance Committee place. Committees have TORs in place.	
16.2	I have arrangements in place that adequately monitor and report on the implementation of recommendations.	Compliant		oversight of external audit and inspection activity Scrutiny of directorate annual assurance schedules	Audit and Assurance Committee and Clinical Governance Committee place. Committees have TORs in place.	

17	Internal Audit, External Audit and Review Reports	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 Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
17.1	I have arrangements in place to ensure that all recommendations from any internal audit, external audit or review report published during the year, that have highlighted high, medium or significant control deficiencies, have been (or are being) implemented and that this is monitored effectively.	Compliant		A validation audit is included in the annual Internal Audit Plan Agreed management actions arising from internal audits are recorded and monitored through Team Central Integral part of Annual Assurance Schedule Overdue management actions are reported monthly to CLT and quarterly to GRBV	Internal Audit assurance group in place, regular focus on internal audit outstanding actions at ET. Focussed work is ongoing to close Partnership IA actions.	
18	Progress	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 Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)

18.1	All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years have been addressed satisfactorily.	Compliant		<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 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>Council participates in LAN (council scrutiny bodies) whose activity is based on shared risk assessment</p>	Internal Audit assurance group in place, regular focus on internal audit outstanding actions at ET.	
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Appendix 3 Improvement Plan

Assurance Statement Criteria	Improvement Action	Action Owner	Planned Completion Date (pre-Covid19)	Status Update
I have risk management arrangements in place to identify the key risks to my directorate (and the Council). and manage the risk.	Develop a refreshed risk management framework for the Partnership, taking cognisance of the risk management approaches within partner organisations. The risk management framework will clarify risk management arrangements, including staff training on risk management, escalation approach for risks and the best approach in terms of risk committees, and align risk management framework to any resilience risks identified.	Executive Team	31 March 21	Work has started to develop a risk management framework for the Partnership.
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.		Executive Team	31 March 21	Work has started to develop a risk management framework for the Partnership.
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		Executive Team	31 March 21	Work has started to develop a risk management framework for the Partnership.
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.		Executive Team	31 March 21	Work has started to develop a risk management framework for the Partnership.
I have arrangements in place to promote and support the Council's policies and procedures for staff to raise awareness of risk concerns,		Executive Team	31 March 21	Work has started to develop a risk management framework for the Partnership.

Council wrongdoing and officer's misconduct.				
My directorate has appropriate resilience arrangements in place and my directorate's business continuity plans and arrangements mitigate the business continuity risks facing our essential activities.		Executive Team	31 March 21	Work has started to develop a risk management framework for the Partnership.
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.	By the end of 2020, all policies within the Partnership will be reviewed and a review framework will be put in place	Executive Team	31 June 21	The Partnership has undertaken an initial review of all policies and identified these required updating to reflect the integrated arrangements now in place across the Partnership.
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.	Transformation team now in place, work is ongoing to refine and further scope projects. Work on post COVID19 recovery plan and return to transformation initiated in April 2020. A lesson capture process will inform the transition to the new normal post COVID19.	Transformation and Change Manager	31 July 2021	There has been significant work undertaken to develop a clear transformation programme aligned to the EIJB strategic plan. The Programme has been reviewed in light of Covid19 and a revised programme has been agreed by EIJB in August 20 therefore the improvements haven't had the opportunity to be fully embedded yet, namely relating to the governance approach to projects / benefits management

				framework and formal closure of projects.
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