

# City of Edinburgh Council

10.00am, Thursday 17 March 2022

## Monitoring Officer Report

Executive/routine  
Wards  
Council Commitments

### 1. Recommendations

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- 1.1 To note that an internal investigation into alleged malpractice within Edinburgh Secure Services (“ESS”) has been completed.
- 1.2 To note that the Council’s Monitoring Officer is reporting to Council, under s.5 of the Local Government and Housing Act 1989, that in the course of the discharge of the Council’s functions he considers that there has been illegality, maladministration and injustice.

**Nick Smith**

Council Monitoring Officer

Contact: Kevin McKee, Head of Legal Services, Deputy Monitoring Officer

E-mail: [kevin.mckee@edinburgh.gov.uk](mailto:kevin.mckee@edinburgh.gov.uk)

# Report

## Monitoring Officer Report

### 2. Executive Summary

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- 2.1 Following a whistleblowing disclosure, an investigation into practices and activities within ESS has identified significant failings over a lengthy period of time (over 10 years).
- 2.2 Given the serious and sustained failings recorded in the investigation outcome report, the Monitoring Officer considers that these should be brought to the attention of Council in terms of section 5 of the Local Government and Housing Act 1989.
- 2.3 The full detail of the disclosures is set out in the background papers which have been made available to elected members on a confidential basis given the sensitive nature of the content. The appendix provides details of the service's Action Plan to address the matters identified.

### 3. Background

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- 3.1 ESS is operated by the Council and is registered under the Regulation of Care (Scotland) Act 2001 to provide a secure service for vulnerable young people.
- 3.2 In 2020, an anonymous complaint was made to the Chief Social Work Officer and thereafter referred to Safecall under the Council's whistleblowing policy alleging serious malpractice within ESS. Safecall, the Council's independent whistleblowing service provider, managed the investigation into the issues raised by the whistleblower.
- 3.3 The investigation has now been completed and the whistleblowing outcome report was considered by the Governance, Risk and Best Value Committee on 8 March 2022. That Committee also considered a response report from the service which sets out a robust and detailed action plan from the service in relation to addressing the shortcomings identified.
- 3.4 As part of the recent Review by Susanne Tanner QC (which reported to Council in December 2021), the approach to this matter was considered by the Review team and informed their findings and thematic outcomes. The Review team was satisfied that the matter was being progressed appropriately through the relevant processes, which included investigations by both Police Scotland and Safecall. In line with the

Review Terms of Reference, no merits-based investigation of the whistleblowing was conducted by the Review Team.

## **4. Main report**

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- 4.1 The findings of the investigation, detailed in the Whistleblowing Major Investigation Outcome Report (Edinburgh Secure Services) (made available to elected members on a confidential basis), include serious failings which compromised the wellbeing and safety of young people. The Monitoring Officer considers that these failings require to be brought to the attention of Council in terms of section 5 of the Local Government and Housing Act 1989.
- 4.2 The Response to Whistleblowing Major Investigation Outcome Report (Edinburgh Secure Services) sets out the service's response to the findings and has been made available to elected members on a confidential basis.
- 4.3 In response to the findings, the service has developed an action plan to address the shortcomings identified and this is attached in the appendix.
- 4.4 Following consideration by the Governance, Risk and Best Value Committee, the reports at 4.1 and 4.2 are being referred to the Education, Children and Families Committee for consideration and oversight.
- 4.5 Elected Members should note that due process is still being followed in relation to some members of staff and in relation to those affected by the issues identified. To ensure the integrity of these processes and to protect those impacted it is important that the information in the background papers remains confidential.
- 4.6 The Council has already engaged with both the Care Inspectorate and the Scottish Social Services Council in relation to relevant matters arising from the report.

## **5. Next Steps**

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- 5.1 The Council should consider the recommendations set out in the investigation report.

## **6. Financial impact**

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- 6.1 There may be some as yet unknown financial impact once engagement with those affected has been undertaken.

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

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- 7.1 The whistleblowing service and process exists to ensure that any allegations of wrongdoing can be independently examined and reported upon, with appropriate action taken in response. This report demonstrates that this process is working and ensures that the matters raised have been investigated properly and action taken to improve behaviours and practices in response.

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

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- 8.1 Whistleblowing Major Investigation Outcome Report (Edinburgh Secure Services) (Confidential)
- 8.2 Response to Whistleblowing Major Investigation Outcome Report (Edinburgh Secure Services) (Confidential)

## **9. Appendices**

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- 9.1 Action Plan

**Residential and Consolidate Action Plan**

<b>Key to colour completion status</b>	Not started
	<25%
	25-50%
	50-75%
	75-95%
	Complete
	Migrated with another recommendations

## Appendix 1

Ref No/ Evidence link	Source	Theme	Recommendation/theme	Action required	Key milestone	By when	By Whom	Millstone completion status	Action completion status
RSSI/01	A Review of the use and recording of restraints in residential units; and handling of complaints made against residential care staff	Restraint/ single separation/ physical intervention	<p>A clear procedure for recording restraints which includes: - A clear context of the restraint, including the individual restraint techniques deployed, the location and duration, any observed behaviours and the reason for escalation if/where required (specifically use of 'prone') - A clear record of staff involved in the restraint - A clear written account / record of the incident and restraint and any forward actions identified - Evidence the incident and subsequent actions have been escalated to a manager or duty manager for overview and scrutiny of records held / created</p> <p>- A clear written audit trail that any actions identified have been completed in a timely manner - That any remedial actions identified are undertaken to ensure a safe working environment for staff, young people and visitors - Our practice is underpinned by the terms of the UNCRC and the Promise</p>	Develop a new procedure in Residential and ESS for the recording of restraints which will include the detail required within this recommendation.	Establish a CALMS theory working group to plan and coordinate CALM Training within ESS	30/11/2021	Mark Crawford	Complete	25-50%
					Research and consider best practice to support the development of a clear protocol for the recording of restraints. This protocol will include the elements identified within the recommendation as action required.	10/03/2022	Mark Crawford	75-95%	
					Undertake a consultation with all ESS and Residential Staff on the new protocol for recording restraints (pre-implementation)	10/04/2022	Mark Crawford Frank Phelan	Not started	
					Implementation of new protocol for the recording restraints across ESS and Residential suite.	10/06/2022	Mark Crawford Frank Phelan	Not started	
					Restraint protocol will include requirement for colleagues and young people be provided with an opportunity to debrief following a physical intervention. Issues or concerns will be recorded and escalated. Resulting actions will be addressed timeously. Action taken will be recorded.	10/06/2022	Mark Crawford Frank Phelan	Not started	
					A process will be established in residential and ESS to notify Senior Managers of restraints for audit purposes and senior management scrutiny	31/12/2022	Steve Harte	Complete	

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RSSI/02	GC SCR	Restraint/single Separation / Physical intervention	All managers should hold CALM training records of their staff, including when staff are scheduled for re-accreditation.	A register for all residential and ESS will be created. This will identify the names of residential care officers and team leaders and their CALMS training record align with a re-accreditation schedule	A regular report will be provided to managers from MyCALMS online.	31/01/2022	Peter Still Jackie Sloan	75-95%	75-95%
						MyPeople (iTrent) will record all staff who require physical intervention training (new and outstanding).	31/01/2022	Peter Still Jackie Sloan	

Ref No/ Evidence link	Source	Theme	Recommendation/theme	Action required	Key milestone	By when	By Whom	Millstone completion status	Action completion status
RSSI/03	GC SCR	Restraint/ single separation/ physical intervention	No member of staff whose CALM reaccreditation has lapsed should be leading on a physical restraint.	A register for all residential and ESS will be created. This will identify the names of residential care officers and team leaders and their CALMS training record align with a re-accreditation schedule	See, RSSI/02 Regular reports will be available to managers from MyCALMS Online. MyPeople (iTrent) records all staff requiring mandatory physical intervention training.	31/01/2022	Peter Still Jackie Sloan	Complete	50-75%
					Secure services will regularly review and identify CALM accredited colleagues and put in place contingency measures where colleague's accreditation has lapsed, or they have not met the standard to achieve annual accreditation	31/03/2022	Mark Crawford	75-95%	
					Residential services will regularly review and identify CALM accredited colleagues and put in place contingency measures where colleague's accreditation has lapsed, or they have not met the standard to achieve annual accreditation	31/03/2022	Frank Phelan	75-95%	
					An incident report will be completed in all instances where a physical intervention has taken place and the 'lead' is undertaken by a colleague who is not accredited.	30/06/2022	Steve Harte	25-50%	

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					Numbers of accredited and non-accredited colleagues will be monitored over the short term to assess risk levels associated with teams comprising of mixed skills.	01/04/2022	Steve Harte	Not started	
RSSI/04	A Review of the use and recording of restraints in residential units; and handling of complaints made against residential care staff	Restraint/ single separation/ physical intervention	Our residential workforce undertakes specific training and re-accreditation CALM as required in relation to restraints and all such training.  Registration and competence is maintained to the standards required to demonstrate competence around de-escalation and safe execution in order to ensure the welfare of the child/young person is paramount.	A register for all residential and ESS will be created. This will identify the names of residential care officers and team leaders and their CALMS training record align with a re-accreditation schedule	See, RSSSI/02 Regular reports will be provided to managers from MyCALMS Online. MyPeople (iTrent) records all staff requiring physical intervention training.	01/02/2022	Mark Crawford Frank Phelan Steve Harte	Complete	<25%
					Identification of champions/spocs/leads within each service area, to enable and support practice and approach, including training coordination and awareness raising amongst colleagues.	01/06/2022	Mark Crawford Frank Phelan Steve Harte	Not started	
					A minimum of 50% of Res/ESS colleagues will have completed and received full accreditation of the myCALMS online training by 1 April 2022.	01/04/2022	Mark Crawford Frank Phelan Steve Harte	Not started	
					A target of no less than 90% of permanent ESS/Res colleagues will have completed and received full accreditation of the myCALMS online training by 1 November 2022	01/11/2022	Mark Crawford Frank Phelan Steve Harte	Not started	

Ref No/ Evidence link	Source	Theme	Recommendation/theme	Action required	Key milestone	By when	By Whom	Millstone completion status	Action completion status
RSSI/05	A Review of the use and recording of restraints in residential units; and handling of complaints made	Restraint/ single separation/ physical intervention	A clear procedure for recording episodes of single separation which include: -	A new standalone Single Separation Procedure will be developed	Mangers will consult with colleagues from both residential and ESS to review current practice and establish a model of 'best practice' in which associated guidance, recording templates and colleague training will be developed	31/12/2022	Mark Crawford Frank Phelan Steve Harte	25-50%	

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	against residential care staff		<p>A clear context leading to single separation</p> <p>A clear record of staff involved</p> <p>A clear record that demonstrates consideration of time required for young person to be held in single separation, appropriate regular audit of staff checks and de-briefing of young person</p> <p>A review of the actions by a Team Manager - Our practice is underpinned by the terms of the UNCRC and the Promise</p>		<p>Create a standalone Single Separation Procedure</p> <p>Create a universal template for recording incidents of single separation, including start/end times, times of young person checks carried out, and initials of colleagues undertaking checks with note of observation.</p> <p>Single Separation incident record will be checked by a Team Manager within 48 hours of the incident. The record will be signed and dated. Where records are incomplete or unclear remedial action will be taken.</p>	<p>31/12/2022</p> <p>31/12/2022</p> <p>01/02/2022</p>	<p>Mark Crawford</p> <p>Mark Crawford</p> <p>Mark Crawford Steve Harte</p>	<p>Not started</p> <p>Not started</p> <p>Not started</p>	<25%
RSSI/06	ESS Whistleblowing Report	Restraint single separation/ physical intervention	A consultation exercise should be carried out with all young people living in both secure and close support units, and managers and staff, to accurately assess the levels of physical intervention used.	The development of our Restraint Procedure (RSS/01) should form part of learning from the Restraint documentation and audit trail created via the new procedure.	<p>Restraints, Physical Interventions and Single Separation incident records will include the young person's views, noting any reported injuries (young person and colleagues).</p> <p>Services will complete an annual (anonymous) questionnaire/survey related to young people's experience and perception around the use of restraints, physical interventions and Single Separation.</p> <p>Restraint and Single Separation will be a standing item within staff and management meetings. Restraint and Single Separation will be a standing item within young people residents meetings.</p>	<p>30/06/2022</p> <p>30/06/2022</p> <p>30/06/2022</p>	<p>Mark Crawford Frank Phelan</p> <p>Mark Crawford Frank Phelan</p> <p>Mark Crawford Frank Phelan</p>	<p>Not started</p> <p>Not started</p> <p>Not started</p>	<p>Not started</p> <p>Not started</p> <p>Not started</p>
RSSI/07	ESS Whistleblowing Report	Restraint/ single separation/ physical intervention	An audit should be carried out of Manager's and staff's accreditation, training and refresher training in the CALM System.	An audit report will be produced outline colleagues CALM accreditation from the CALMS System.	<p>See RSS1/02 and RSS1/03. A monthly report will be created and provided to Team Managers from MyCALMS online.</p> <p>See RSS1/02 and RSS1/03 MyPeople (iTrent) will identify all colleagues who require physical intervention training.</p>	<p>01/04/2022</p> <p>01/04/2022</p>	<p>Mark Crawford Frank Phelan</p> <p>Mark Crawford Frank Phelan</p>	<p>75-95%</p> <p>75-95%</p>	<p>75-95%</p>
RSSI/08	ESS Whistleblowing Report	Restraint single separation/ physical intervention	No Manager or staff member whose CALM reaccreditation has lapsed should lead on a physical intervention.	See RSS/03				Migrated with another	Migrated with another recommendation

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<a href="#">RSSI/09</a>	ESS Whistleblowing Report	Restraint single separation/ physical intervention	Following incidents, debriefing sessions should be carried out with young people and staff as soon as possible and issues, concerns or problems should be timeously addressed	See RSS/01					Migrated with another recommen dation	Migrated with another recommendation

Ref No/ Evidence link	Source	Theme	Recommendation/theme	Action required	Key milestone	By when	By Whom	Millstone completion status	Action completion status
<a href="#">RSSI/10</a>	ESS Whistleblowing Report	Restraint/ single separation/ physical intervention	Managers and staff should gain awareness of, and should be trained in, alternative techniques when working with challenging behaviour, trauma, mental health issues, autism and learning difficulties.	See RSS/01 (for CALMS Training)	Annual Performance Objectives will provide a vehicle for identification for individual colleagues to undertake training and professional development as required across key areas, including * Trauma Informed Approaches * Young People and Mental Health * Autism and Learning Disabilities	01/05/2022	LAC SMT	25-50%	25-50%
<a href="#">RSSI/11</a>	ESS Whistleblowing Report	Restraint / single separation / physical intervention	A consultation exercise should be carried out with all young people living in both secure and close support units, and managers and staff, to accurately assess the use of single separation and time out and timescales of separation.	See RSS/06 The development of our Restraint Procedure (RSS/01) should form part of learning from the Restraint documentation and audit trail created via the new procedure.		01/09/2022	LAC SMT	Not started	Not started
<a href="#">RSSI/12</a>	ESS Whistleblowing Report	Restraint/ single separation/ physical intervention	Policies/procedures/paperwork pertaining to single separation and time out should be updated, where appropriate, and managers and staff should be aware of updates and trained in their use	See RSS/05		01/09/2022		Migrated with another recommendation	Migrated with another recommendation

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AAC/13	A Review of the use and recording of restraints in residential units; and handling of complaints made against residential care staff	Allegations and complaints	Our residential workforce receives training of what procedure they must use in relation to complaints made against staff involved in implementing a restraint or physical intervention, and that this training can be audited.	<p>All Residential and ESS colleagues will be made aware of our</p> <ul style="list-style-type: none"> <li>-Allegations of abuse against staff procedure</li> <li>-Reporting of concerns by Staff procedure - Whistleblowing policy</li> </ul> <p>We will ensure that attendance at this training is auditable</p>	<p>All colleagues will undertake directed reading of the Managing Allegation of Abuse against staff Procedure and the procedure for Reporting of Concerns. A copy of the Procedures will be available on line and will be accessible to all colleagues</p> <p>The Procedures will form part of the essential learning under the existing Induction Programme for all new colleagues</p>	01/04/2022	LAC SMT	75-95%	50-75%
					<p>All Residential and ESS managers will undertake directed reading associated with the Allegations of Abuse against Staff Procedure. Completion will be noted and dated within their supervision record.</p>	01/04/2022	LAC SMT	75-95%	
					<p>A minimum of 75% of Residential and ESS colleagues will completed the online training Allegations of abuse against staff on the mylearning hub</p>	01/06/2022	LAC SMT	75-95%	
					<p>A minimum of 65% of Residential and ESS colleagues will have completed the essential training as part of their essential learning.</p>	01/07/2022	LAC SMT	Not started	
					<p>A minimum of 95% of Residential and ESS colleagues will have completed the essential training as part of their essential learning.</p>	13/01/2023	LAC SMT	Not started	
					<p>An audit (dip sample) will be undertaken by managers to establish levels of compliance with actions under AAC/13 (% completion target). Any remedial action, including formal performance management monitoring will be taken as required.</p>	01/07/2022	LAC SMT	Not started	

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Ref No/ Evidence link	Source	Theme	Recommendation/theme	Action required	Key milestone	By when	By Whom	Millstone completion status	Action completion status
AAC/14	GC SCR	Allegations and complaints	Where a practice issue has been identified for a member of staff, through performance management, complaint, allegation etc. the issue is to be documented and managed with timescales of expected outcomes.	We will reinstate the supervision policy and procedure into our practice by ensuring all Line Managers use the recognised policy/procedure and use the recognised template for recording of supervision records.  Where an issue around performance and or behaviour is raised through complaint, informal performance management oversight will be triggered and reviews.	Formal supervision sessions will be recorded using a standard template. Each record will be signed and dated by the supervisee/supervisor. An electronic record of each session will be provided to the supervisor.	01/06/2022	LAC SMT	Not started	No started
					All colleagues will agree a (minimum of 3 maximum of 6) performance objectives for each performance period as part of their Looking Back / Looking Forward conversations. Objectives will reflect identified areas of personal/professional development and learning and may include whole service objectives as deemed necessary by the service manager.	01/06/2022	LAC SMT	Not started	Not started
					Where a service complaint is upheld or partially upheld and linked to colleagues practice, approach or conduct or where standards have fallen below that expected of Council employee's this will form part of a colleagues performance objectives setting (Looking Forward) conversation.	01/06/2022	LAC SMT Brian Henderson Gavin Thomson	Not started	Not started
AAC/15	GC SCR	Allegations and complaints	Complaints received that consist of an allegation made against members of staff by a young person in care should be managed using the procedure for allegations made against members of staff and should be consistently recorded.	See (AAC/13)		01/06/2022	LAC SMT Brian Henderson Gavin Thomson	Migrated with another recommendation	Migrated with another recommendation
AAC/16	GC SCR	Allegations and complaints	When further investigation is required following an allegation, the member of staff must be either placed within the organisation away from users of the service or suspended for the duration of the investigation. Where the staff member is a locum worker there should be no further shifts allocated during the investigation period.	Our Allegations of abuse against staff and supporting guidance for managers from (AAC/13) clearly set out our expectation of procedure when allegations are made against a member of staff.	Implement and KPI/Milestones set out at (AAC/13)			50-75%	50-75%
					Locum RCO's will be required to read the Allegations of Abuse Against Staff as part of their induction.	01/06/2022		Not started	
AAC/17	GC SCR				Implement milestones set out at (AAC/13)			25-50%	

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		Allegations and complaints	Where a member of staff is being managed for performance or behaviour issues, they should not be routinely moved from one unit to another but managed in accordance with procedure.	Our Allegations of abuse against staff and supporting guidance for managers from (AAC/13) clearly set out our expectation of procedure when allegations are made against a member of staff.	No colleague will be transferred to another unit unless subject to a Disciplinary Investigation or as a result of a decision by the Service Manager, stating clearly the reasons and rationale. Residential and ESS will undertake an annual audit with HR colleague's to evidence compliance.	01/04/2022		<25%	25-50%
AAC/18	GC SCR	Allegations	All levels of management must work to create		All Grade 9 and 10 Residential and ESS colleagues will complete				
		and complaints	a culture of support and positive response to ensure staff raise any concerns they have of a colleague's behaviour. Reporting staff Concerns and Whistleblowing policy and procedure awareness must be effectively implemented and monitored creating a compulsion to act on concerns raised staff and managers.		Conversation Spotlight session by May 2022	31/05/2022		<25%	<25%
AAC/19	GC SCR	Allegations and complaints	Where a member of staff is subject to performance management measures or disciplinary proceedings this needs to be shared with other managers who have a responsibility, if the staff member holds more than one post. This will include where there is a need to move a member of staff	Item incorporated into management meeting agenda. Recording and Notification process agreed.	Colleagues subject to active Disciplinary and formal Performance Management will be a standing item on the senior management meeting agenda. Where a colleague is identified as holding more than one post within the Council or works as a temporary, agency or Locum in another section, this information will be noted and a basic non-disclosure advisory notice will be provided.	01/02/2022	LAC/SMT	50-75%	50-75%
AAC/20	ESS Whistleblowing Report	Allegations and complaints	Use of the Allegations of Abuse Against Members of Staff Procedure should be promoted throughout City of Edinburgh Council's Social Work Services.	We will promote our Allegations of abuse against staff procedure, Reporting of concerns by Staff procedure and Whistleblowing policy within our Residential and ESS Service.	Updated and Revised Procedure ratified March 2021 eLearning Module available to colleagues via i-Trent from December 2021 Incorporated into Chief Executives News Beat December 2021	01/01/2022	Jackie Irvine	Complete	Complete

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				This will include information on our online training course on the mylearning hub "Allegations of abuse against staff"						
AAC/21	ESS Whistleblowing Report	Allegations and complaints	All managers and staff should undertake the eLearning module which accompanies the Allegations of Abuse Against Members of Staff Procedure and oversight should be provided by Learning & Development to ensure that this happens.	See (ACC/13)					Migrated with another recommendation	Migrated with another recommendation
AAC/22	ESS Whistleblowing Report	Allegations and complaints	Awareness and training about the Allegations of Abuse Against Members of Staff Procedure should be cascaded to young people.	Young people will receive an induction pack when they enter our houses	Residential Service and ESS will ensure each house has a welcome pack that is kept up to date and includes details of the allegation of abuse against staff procedure	31/03/2022	Mark Crawford Frank Phelan		Not started	Not started
AAC/23	ESS Whistleblowing Report	Allegations and complaints	When an allegation has been made against a staff member and further investigation is required, the staff member should be moved away from working with young people or suspended for the duration of the investigation. If the staff member is a locum worker, no further shifts should be allocated during the period of the investigation.	See AAC/17 and AAC/19  (Our Allegations of abuse against staff and supporting guidance for managers from (AAC/13) clearly set out our expectation of procedure when allegations are made against a member of staff. )					Not started	Not started
AAC/24	ESS Whistleblowing Report	Allegations and complaints	Use of the Reporting of Staff Concerns Procedure should be promoted throughout City of Edinburgh Council's Social Work Services.	See (AAC/13/15/20)					Migrated with another recommendation	Migrated with another recommendation

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Ref No/ Evidence link	Source	Theme	Recommendation/theme	Action required	Key milestone	By when	By Whom	Millstone completion status	Action completion status
<a href="#">AAC/25</a>	ESS Whistleblowing Report	Allegations and complaints	All managers and staff should be trained in the use of the Reporting of Staff Concerns Procedure.	See (AAC/13/15)				Migrated with another recommendation	Migrated with another recommendation
<a href="#">AAC/26</a>	ESS Whistleblowing Report	Allegations and complaints	Use of the Whistleblowing Policy should be promoted throughout City of Edinburgh Council's Social Work Services	See (AAC/20)				Migrated with another recommendation	Migrated with another recommendation
<a href="#">AAC/27</a>	ESS Whistleblowing Report	Allegations and complaints	All managers and staff should be trained in use of the Whistleblowing Policy.	See (AAC/18//20)				Migrated with another recommendation	Migrated with another recommendation
<a href="#">AAC/28</a>	ESS Whistleblowing Report	Allegations and complaints	Where issues with a Manager or staff member's practice has been identified, these should be documented and robustly managed within the council's performance management framework or disciplinary procedure. Practice	See AAC/017 and ACC/19  (All colleagues in Residential Services and ESS will use the councils established performance management or disciplinary	See AAC/13 - Essential learning KPI/Millstone			Not started	Not started
					All performance management issues and disciplinary actions will be recorded on MyPeople (iTrent)			Not started	
<a href="#">AAC/29</a>	ESS Whistleblowing Report	Allegations and complaints	The Care Inspectorate and regulatory bodies should be informed timeously of all notifiable incidents and Significant Occurrence Notifications should be completed, where appropriate.	Ensure all staff are aware of their duty to report concerns and record significant occurrences	See KIP/Millstones for ACC/13			Not started	Not started
					Information on how to notify that care inspectorate will be sent to all residential and ESS Colleagues	01/06/2022		Not started	Not started
<a href="#">AAC/30</a>	ESS Whistleblowing Report	Allegations and complaints	When a member of staff is subject to performance management measures or disciplinary proceedings and holds another post, this should be shared with other managers. This will include when there is a need to move a member of staff.	See AAC/19		01/09/2022	LAC SMT	Migrated with another recommendation	Migrated with another recommendation

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AAC/31	ESS Whistleblowing Report	Allegations and complaints	A robust review of the formal complaints process should be carried out, including storage and retention of complaints records and adherence to the statutory SPSO Standards for the handling and management of complaints	All colleagues in Residential and ESS will undertake the online training on the complaints procedure  See AAC/32	All Stage 1 (Frontline Resolution) and Stage 2 (Investigations) undertaken in accordance with the Council's Complaints Procedures will be recorded and held by the Children's Services Complaint Team. Including; * Complaint summary, date and details of complainant * whether managed under S1 or S2 * An investigation report (S2) provided on the investigation Officers Report Template * The Outcome(s) Upheld, Partially Upheld, Not Upheld * Service Improvement(s) generated Action owner / responsible officer	01/04/2022	Brian Henderson  Gavin Thomson  Jon Ferrer	<25%	<25%
AAC/32	ESS Whistleblowing Report	Allegations and complaints	A robust review should be carried out of complaints handling and management at secure and residential unit level across the Communities and Families estate	Review of current complaints handling practice  review of recording keeping (communication with complainant, completion of investigating officers report, complaint response letter, senior sign off and implementation of service improvements generated from upheld and partially upheld complaints)	All Stage 1 (Frontline Resolution) and Stage 2 (Investigations) undertaken in accordance with the Council's Complaints Procedures will be recorded and held by the Children's Services Complaint Team. Including; * Complaint summary, date and details of complainant * whether managed under S1 or S2 * An investigation report (S2) provided on the investigation Officers Report Template * The Outcome(s) Upheld, Partially Upheld, Not Upheld * Service Improvement(s) generated Action owner / responsible officer	01/04/2022	Brian Henderson  Gavin Thomson  Jon Ferrer	Migrated with another recommendation	Migrated with another recommendation
AAC/33	ESS Whistleblowing Report	Allegations and complaints	Complaints which allege malpractice by staff members should be managed using the Allegations of Abuse Against Staff Procedure.	Complaints received and screened by the Children's Services Complaints Team will identify complaints that require to be managed under the Allegations of Abuse Against Staff Procedure.		01/03/2022	Brian Henderson  Gavin Thomson	Migrated with another recommendation	Migrated with another recommendation



Appendix 1

		Craig Murchie		
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Ref No/ Evidence link	Source	Theme	Recommendation/theme	Action required	Key milestone	By when	By Whom	Millstone completion status	Action completion status
					Following the scheduled recruitment and selection activity planned for February 2022. A substantive review of the RCO Job description and job Specification linked to both Residential and Secure will take place (and prior to the next recruitment drive) identifying key skills and requirements for each post reflecting skills sets associated with each working environment.	30/06/2022	Mark Crawford Frank Phelan James Bertram James Gallagher Craig Murchie		
					Review Essential learning directory for colleagues in all residential and ESS posts	30/06/2022	Mark Crawford Frank Phelan		
<a href="#">R/36</a>	Review of Recruitment Practice and Procedures; and the use of Locum and Temporary Staff in Residential Care	Recruitment	To ensure all staff employed or who work within residential care services have the appropriate qualifications to practice, are registered with the appropriate professional registration body and have been subject to appropriate checks, including PVG before they undertake any formal duties.	All pre-recruitment checks including PVG will be completed and in place before any preferred candidate is provided with a start date	See R/35  All essential qualification certificates are witnessed, signed and copies held on personnel file (responsibility of the recruiting manager). All preferred candidates that require SSSC registration will be registered under the correct employment category, or be in the process of registering with the relevant regulatory body	01/03/2022	Mark Crawford Frank Phelan James Bertram James Gallagher Craig Murchie	<25%	<25%

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<a href="#">R/37</a>	GC SCR	Recruitment	The residential induction programme should be re-introduced. This should also include child protection training that includes perpetrator behaviour and creating confidence in staff to report concerning behaviour.	The residential induction programme and Essential Learning Register will be revised and updated as required  This training will include, <ul style="list-style-type: none"> <li>directed reading relating to the relevant CEC policies and procedures for residential care and ESS.</li> <li>Colleagues Code of Conduct, ICT and SWIFT acceptable use policy</li> <li>CALMS Training</li> </ul>	The views of residential managers will be sought to support the development of an induction programme  The Essential Learning Directory will be adopted by all line managers and recruiting managers following employee starting in post.	01/06/2022	Mark Crawford Frank Phelan James Bertram James Gallagher Craig Murchie	<25%	<25%
					Short life working group will support a review and refresh of existing induction programme. The programme will include the materials covered within the action for this recommendation R/37	01/06/2022	Steve Hart Frank Phelan		

Ref No/ Evidence link	Source	Theme	Recommendation/theme	Action required	Key milestone	By when	By Whom	Millstone completion status	Action completion status
					Review the Essential learning Directory for colleagues in all residential and ESS posts. (See recommendation R/35)	01/06/2022	Steve Hart Frankie Phelan HR		
<a href="#">R/38</a>	GC SCR	Recruitment	The Council's safer recruitment training should be revised. The subject of safe recruitment is	Review our safe recruitment process as part of wider review of recruitment in	Improvement plan will track progress. Leads from HR and L&D who have primacy for undertaking any refresh of essential learning relevant to council posts, regulatory requirements and Terms and conditions.	30/06/2022	Mark Crawford	Not started	Not started
<a href="#">R/39</a>	GC SCR	Recruitment	There must be strict compliance with recruitment processes and all staff recruited to post or the locum bureau must be recruited through the Recruitment Centre.	See R/35, R/36, R/37, R/38, R/40, LB/51		01/02/2022	Mark Crawford Frank Phelan James Bertram James Gallagher	<25%	<25%

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							Craig Murchie		
<a href="#">R/40</a>	GC SCR	Recruitment	Corporate messages should form part of the Recruitment Centre. The recruitment of prospective residential and secure staff need to be made aware that they are part of a local authority. The use of Council logos, templates, aims and vision as well as status of Corporate Parenting should be present and communicated	Senior Management Team will undertake a review of current activities and literature associated with 'Recruitment Centre and Evaluation suite'.  Associated documentation will be 'branded' and consistently formatted.  Associated documentation will include reference to the Corporate Parenting Plan and principles as set out within Edinburgh's Promise.		01/09/2022	Steve Harte  Frank Henderson  Mark Crawford	Not started	Not started
<a href="#">LB/51</a>	Review of Recruitment Practice and Procedures; and the use of Locum and Temporary Staff in Residential Care	Locum Bureau	Review the arrangements and circumstances where overtime is utilised/authorised and how overtime arrangements are monitored and managed, to ensure CEC is compliant with Fair Work Principles in our use of casual workers in residential care. This includes a review to understand current oversight of arrangements and practice associated with the Locum Bureau.	Overtime costs and usage will be subject to a financial impact review. Identifying spikes in overtime by unit, team and colleagues. Overtime will be mapped against vacancies and absence rates to ensure it is cost effective, subject to a fair, equity allocation process and to ensure managers are cognisant of the need for a safe work/life balance and compliance with working time directives	Financial break down of overtime by service, unit, colleague. Identification of any patterns or trends (indicating high/low usage) impact on budget management / sickness absence cost effectiveness when measured against vacancy rates, locum and temporary agency usage.	05/04/2022	Nichola Dadds  Jon Ferrer  Steve Harte	<25%	<25%
<a href="#">LB/52</a>	GC SCR	Locum Bureau	Practice guidance for locum bureau staff is needed. The practice guidance should include the use of existing Council staff members and the appropriate deployment of these staff in units where they may have had previous contact with children or young people	Practice Guidance will be developed in conjunction with the Council's RCO Essential Learning Directory, Residential and ESS Induction package		01/01/2023	LAC SMT Locum Bureau	Not started	Not started

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Ref No/ Evidence link	Source	Theme	Recommendation/theme	Action required	Key milestone	By when	By Whom	Millstone completion status	Action completion status
<a href="#">LB/53</a>	GC SCR	Locum Bureau	There is the need to review the Locum Bureau to ensure long-serving locums have been through the Recruitment Centre process.	We will undertake an audit of all colleagues registered with the locum bureau to identify any colleagues that have not been through the recruitment centre process	An audit report will be provided by the locum bureau identifying all colleagues registered with them and clarifying the colleagues has gone through the assessment centre.		LAC SMT Contracts Officer Locum Bureau Yvonne McWhirr	<25%	<25%
<a href="#">LB/54</a>	GC SCR	Locum Bureau	There must be regular quality assurance of agency staff to ensure that staff provided are of an agreed standard in qualification and registration	See LB/55	Assurance from agency providers that systems in place to ensure all agency staff are registered with SSSC  Mechanism agreed between CEC and agencies to verify registration of agency staff	01/09/2022	LAC SMT Contracts Officer Locum Bureau Yvonne McWhirr	<25%	<25%
<a href="#">LB/55</a>	GC SCR	Locum Bureau	Staff provided by agencies and those on the locum bureau list must be registered with the SSSC	Review of current locum usage and evidence of SSSC registration  Review of contractual arrangements and service contract with agencies contracted to provide temporary staff through contracts officer.	Assurance from agency providers that systems in place to ensure all agency staff are registered with SSSC  Mechanism agreed between CEC and agencies to verify registration of agency staff	01/09/2022	LAC SMT Contracts Officer Locum Bureau Yvonne McWhirr	50-75%	50-75%
<a href="#">LB/56</a>	GC SCR	Locum Bureau	Communication between areas of the service when a member of staff is suspended, resigns during, or is dismissed due to serious misconduct must include the suspension from the locum bureau. Removal from the list is part of the process that the risk of future contact is eliminated.	Ongoing and active Disciplinary will become a standing item of management meeting agenda. This will include performance or conduct subject to investigation, review or scrutiny.  Where colleague is also employed under Locum Bureau a directive will be issued by Service Manager	Information sharing through management meetings  Regular review of colleagues subject to active disciplinarys and precautionary suspensions.  Colleagues who remain on the Locum register, but have resigned from their substantive post whilst an active investigation by either CEC or SSSC is underway (Fitness to Practice)	01/04/2022	LAC SMT	Not started	Not started

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				suspending them from active duty as a CEC Locum until conclusion of the investigation or where decision to dismiss.					
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Ref No/ Evidence link	Source	Theme	Recommendation/theme	Action required	Key milestone	By when	By Whom	Millstone completion status	Action completion status
<a href="#">QA/57</a>	GC SCR	Quality Assurance	Systematic and regular quality reporting must be implemented. The service should consider the creation of a Quality Assurance governance meeting.	Multi-Agency Quality Assurance Governance meeting to be established covering all CEC residential and secure provisions. concerns will be identified through existing triggers and exception/escalation reporting mechanisms, including service complaints managed at S2, Care Service Feedback, SON, Inspection feedback, self-evaluation and colleague surveys. Meetings will be attended by internal and external stakeholders, Who Cares, CEC complaints team, Care Inspectorate, C&F Practice Team and Quality, Compliance and Regulation. The meeting structure and methodology will be modelled on the existing provision for MAQA within EHSCP.	Creation of Terms of Reference  Formation of Group membership and information management / referral system  Initial meeting to have taken place by	01/06/2022  01/09/2022  01/01/2023	Jon Ferrer  Keith Dyer  Quality and Compliance	Not started	Not started

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<p><a href="#">AQ/58</a></p>	<p>GC SCR</p>	<p>Quality Assurance</p>	<p>The recommendations from the Quality Assurance Report on Secure Care 2016, have not been fully implemented with inconsistencies in the notifications of secure placement of young people to the Chief Social Work Officer and others.</p> <p>It is strongly recommended that the process of this be revised with practice guidance created and implemented.</p>	<p>Secure Review Improvement Plan March 2017</p> <ol style="list-style-type: none"> <li>1) Introduce business process to save extract of secure referral panel minute for young people in Swift and case notes.</li> <li>2) Ensure all Young People being considered for admission to secure accommodation and placed in Edinburgh or out with Edinburgh are discussed at the secure referral panel</li> <li>3) Completion of a SON by Head of Secure Services for all planned admissions into secure</li> <li>4) Completion of SON by Head of Secure Services for all planned admissions into secure were out of authority</li> <li>5) Completion of SON where young person placed in secure as an emergency admission</li> <li>6) where Children's Hearing authorises a secure condition but the young person is not admitted</li> <li>7) Completion of a SWIFT case note by team manager/ Head of Secure to agree that a secure placement has been agreed and is appropriate - setting out reasons.</li> </ol>	<p>Revised Emergency Admission checklist and authorisation process revised and updated 2020 and 2021</p> <p>Revised categorisation and recording of secure admissions, placement agreed, placement not available, placement not provided, revised 2017, updated 2020 and 2021.</p> <p>Authorisation and notification letters created and signed off by CSWO 2021</p>	<p>01/10/2021</p>	<p>Jon Ferrer Keith Dyer Andrew McWhirter Mark Crawford Brian Henderson</p>	<p>Complete</p>	<p>Complete</p>
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Ref No/ Evidence link	Source	Theme	Recommendation/theme	Action required	Key milestone	By when	By Whom	Millstone completion status	Action completion status
<a href="#">QA/59</a>	GC SCR	Quality Assurance	Action plans as a result of self-assessment or Care Inspectorate activity must be completed and used to improve the service.	Actions, activity and service improvements generated from internal and external scrutiny and self-evaluation will be delivered and monitored in conjunction with the MAQA (See QA/57), activity identified through annual SLA activity and routine self-assessment and dip sampling will be overseen by LAC SMT	Formation of MAQA  collation of existing recommendations and service improvements generated by recent inspection and self-evaluation activity from 01/01/2019  Evaluation of compliance and implementation with associated evidence carried out at agreed intervals	01/01/2023  01/02/2022  01/05/2022	Steve Harte  Frank Phelan  Mark Crawford  Jon Ferrer  Quality and Compliance	25-50%	25-50%
<a href="#">QA/60</a>	GC SCR	Quality Assurance	Managers should consider extending the current Practice Evaluations model in Communities and Families to Residential and Secure Care.	SLA between Quality and Compliance and Children's Services (Res and ESS) will identify output from self-evaluation and audit activity from the MAQA and external inspection. Key tasks and deliverables will be recorded with timescales and action leads and supported via the CSWO Quality and Compliance service. Delivery of components of work identified through as core activity within the SLA will be reported to the CSWO and Director via SMT and feature in the CSWO annual report.	Revision of SLA to include single and multi-agency practice evaluations that incorporate a minimum of 1 case from Residential and 1 case from Secure to be included in each sample and for each separate exercise.	01/06/2022	Keith Dyer  Quality and Compliance  Steve Harte	25-50%	25-50%
<a href="#">QA/61</a>	GC SCR	Quality Assurance	The quality assurance of care provided out with the authority requires a robust management system of monitoring or governance of the quality of care provided	See QA/57 and QA/58	Recommendation absorbed under related activity	N/A	N/A	Migrated with another recommendation	Migrated with another recommendation

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<a href="#">QA/62</a>	ESS Whistleblowing Report	Quality Assurance	Regular auditing of paperwork should be carried out by Unit Managers and External Manager to assure accuracy and quality of written work, and to address issues of practice, culture and overall service provision to young people. This should include the timeous quality assurance of Incident Register Records by Unit Manager and External Manager.	See QA/60 and QA/57 A dip sample internal audit timetable will be included in the expectations set out by the SLA for Residential and ESS. Small scale quality control dip sample audits will be undertaken at agreed intervals by middle and senior managers, covering themes identified under QA/62, including restraint register and associated processes, single separations, complaint management, compliance with key procedures (ie Allegations of abuse against staff)	Creation of Terms of Reference Creation of MAQA for Residential and Secure	01/09/2022	Jon Ferrer Keith Dyer Quality and Compliance Steve Harte	<25%	<25%
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Ref No/ Evidence link	Source	Theme	Recommendation/theme	Action required	Key milestone	By when	By Whom	Millstone completion status	Action completion status
<a href="#">QA/63</a>	ESS Whistleblowing Report	Quality Assurance	Regular auditing of supervision model, quality and frequency should be carried out, to include the opinions of managers and staff, with regular dip sampling of supervision records to assure the quality of the process.	See QA/62 The LAC management team will undertake an annual dip sample of supervision records held and seek assurance regarding completion of performance conversations and objective setting for each period. This exercise will include a review of supervisory ratio's, frequency of supervision, quality of supervision records, accountability of actions and tasks assigned during supervision and the quality of performance objectives set. The sample will be no less than 10% of total establishment.	Refresher of Corporate Supervision Policy and Procedure, including; recording template supervision contracts Performance Objective setting retention and access Creation of Supervision audit template Audit exercise (testing)	01/03/2022  01/06/2022  01/10/2022	Keith Dyer Quality and Compliance Steve Harte	<25%	<25%

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QA/64	ESS Whistleblowing Report	Quality Assurance	A review of quality assurance mechanisms, systems and processes should be carried out across Communities and Families in order to develop a robust response to assessing quality and implementing improvements. This would provide assurance about the quality of service provision and would ensure timeous identification and early prevention of issues of concern, whilst also celebrating areas of good practice and high-quality service provision.	See QA/63, QA/62, QA/61, QA/60, QA/59	Recommendation absorbed, oversight through monitoring of actions QA63, 62, 61, 60, 59	01/12/2022	Jon Ferrer Keith Dyer Quality and Compliance Steve Harte	Migrated with another recommendation	Migrated with another recommendation
QA/65	ESS Whistleblowing Report	Quality Assurance	A procedure should be developed for regular quality assurance of complaints, such as dip sampling. This would ensure quality assurance of the complaints process and could assist in identifying patterns and trends at an earlier stage.	See QA/60, QA/62	Recommendation monitored via QA/60, QA/62	01/09/2022	Keith Dyer Quality and Compliance Steve Harte Brian Henderson Gavin Thomson	<25%	<25%
CAP/66	ESS Whistleblowing Report	Culture and practice	Managers and staff should understand, and should be trained in, the impact of trauma and adverse childhood experiences on young people and their behaviours.	All Residential and ESS colleagues and managers will receive Trauma Informed and ACE's training and service specific professional	Programme of training to take place during 2022. Dates TBC	01/12/2022	LAC SMT	<25%	<25%
CAP/67	ESS Whistleblowing Report	Culture and practice	ESS should promote a nurturing, supportive home for young people and should work towards becoming a trauma-informed environment.	See CAP/66. Associated documentation will link directly with the principles as set out in the Edinburgh Corporate Parenting Plan and the Edinburgh Promise	Programme of training to take place during 2022. Dates TBC	01/12/2022	LAC SMT	<25%	<25%

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Ref No/ Evidence link	Source	Theme	Recommendation/theme	Action required	Key milestone	By when	By Whom	Millstone completion status	Action completion status
<a href="#">CAP/68</a>	ESS Whistleblowing Report	Culture and practice	Managers and staff should use child positive language when speaking to, or referring to, young people.	See CAP/66, CAP/67	Programme of training to take place during 2022. Dates TBC	01/12/2022	LAC SMT	<25%	<25%
<a href="#">CAP/69</a>	ESS Whistleblowing Report	Culture and practice	Staff and, where appropriate, young people should know how and where to access all council-wide and ESS policies/procedures and should be trained in their use.	See LB/52, R/37, RS/12, AAC/13, 18, 20, 22, 26, 34	Recommendation and associated actions absorbed		LAC SMT	Migrated with another recommendation	Migrated with another recommendation
<a href="#">CAP/70</a>	ESS Whistleblowing Report	Culture and practice	Managers, staff and young people should be aware of the Edinburgh and Lothians Interagency Child Protection Procedures.	Colleagues to be advised and refreshed on the existing Inter-agency Child Protection Procedures	Number of colleagues and managers trained in CP Procedure	01/03/2022	LAC SMT	50-75%	50-75%
<a href="#">CAP/71</a>	ESS Whistleblowing Report	Culture and practice	Managers, staff and young people should know how and where to access the Edinburgh and Lothians Inter-Agency Child Protection Procedures.	Access to relevant and associated documentation will be available to all Colleagues. Awareness to be created through staff meetings and service events.	Number of colleagues and managers trained in CP Procedure		LAC SMT	50-75%	50-75%
<a href="#">CAP/72</a>	ESS Whistleblowing Report	Culture and practice	Managers, staff and young people should understand the content and processes of the Edinburgh and Lothians Inter-Agency Child protection Procedures and use appropriately.	See CAP/71	Number of colleagues and managers trained in CP Procedure		LAC SMT	50-75%	50-75%
<a href="#">CAP/73</a>	ESS Whistleblowing Report	Culture and practice	A review should be carried out of the paperwork used by managers and staff and paperwork should be updated, where appropriate.	See QA/57, QA/60 and QA/61 Internal guidance, protocols, business processes only Does not include formal Policies or Procedures which have a predetermined authorisation pathway for their creation, sign off, ratification and review.	Review of all in house and formatted documentation and templates used across service area Seek feedback from current user group Review, update and replace documentation, using uniform suite of templates, to ensure consistent formatting, branding, file naming convention and retention protocols Launch revised documentation	01/05/2022 01/08/2022 01/12/2022 01/03/2023	LAC SMT Quality and Compliance	25-50%	25-50%
<a href="#">CAP/74</a>	ESS Whistleblowing Report	Culture and practice	Managers and staff should be aware of, and trained in, the use of paperwork.	See CAP66, CAP/67, CAP/68 and CAP/73		01/03/2023	LAC SMT Quality and Compliance	<25%	<25%

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<a href="#">CAP/75</a>	ESS Whistleblowing Report	Culture and practice	Child positive language should be used in written documentation.	See CAP66, CAP/67, CAP/68 and CAP/73		01/03/2023	LAC SMT Quality and Compliance	<25%	<25%
<a href="#">CAP/76</a>	ESS Whistleblowing Report	Culture and practice	One-to-one interviews should be carried out with young people currently living at ESS to obtain their views about the ESS culture and dynamic.	Young People will be given the opportunity to speak to colleagues, key workers, trusted adults and advocates and Who Cares around experiences of secure and residential as part of their exist interviews, key worker meetings, reviews and post incident debriefings.		01/09/2022	LAC SMT	Not started	Not started

Ref No/ Evidence link	Source	Theme	Recommendation/theme	Action required	Key milestone	By when	By Whom	Millstone completion status	Action completion status
<a href="#">CAP/77</a>	ESS Whistleblowing Report	Culture and practice	An anonymised questionnaire should be provided to managers and staff to obtain their views about the ESS culture and dynamic.	Development of anonymous colleagues survey	Survey questions developed survey tool created survey launched feedback collated feedback and report presented Actions implemented.	01/09/2022	Keith Dyer  Quality and Compliance  Jon Ferrer  Steve Harte	Not started	Not started
<a href="#">CAP/78</a>	ESS Whistleblowing Report	Culture and practice	One-to-one interviews should be made available to managers and staff where requested	See CAP/77  Colleagues have access to 'safe space' conversations with line manager and service manager.  Colleagues can report concerns through Whistle Blowing anonymously or through care service feedback.  Colleagues can also access the individual Stress Risk Assessment tools and be referred for support for confidential counselling and support via		01/02/2022	Steve Harte  Frank Phelan  Mark Crawford	75-95%	75-95%

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				employee assistance (PAM's)					
<a href="#">CAP/79</a>	ESS Whistleblowing Report	Culture and practice	Timeous action should be taken to address identified issues.	See QA/57, QA/59	Recommendation and associated actions absorbed.	01/06/2022	LAC SMT	Migrated with another recommendation	Migrated with another recommendation
<a href="#">CAP/80</a>	GC SCR	Culture and practice	The service needs to develop opportunity to share good practice with a view to replicating it across the service.	See QA/57, QA/59 and QA/60	Recommendation and associated action(s) absorbed	01/06/2022	Jon Ferrer Keith Dyer Steve Harte LAC SMT	Migrated with another recommendation	Migrated with another recommendation
<a href="#">SMO/81</a>	Review of Recruitment Practice and Procedures; and the use of Locum and Temporary Staff in Residential Care	Staffing and management oversight	Creating a transparent overview of team and service establishment within units that is available to managers, finance officers and human resource staff; that employee establishment numbers are kept up to date and reviewed in line with annual service provision and projected staffing requirements.	See LB/51 Service and Unit Est will be understood in terms of workforce numbers, position and deployment  Workforce movement, identification of gaps and staffing pressures will be considered across the suite of services and resources will be pulled and managed accordingly	Financial breakdown is a regular agenda and service managers and accountants will meet to review and identify pressures, flex and establishment (current and projected) on a minimum quarterly basis	01/06/2022	LAC SMT Principle Accountant	75-95%	75-95%

Ref No/ Evidence link	Source	Theme	Recommendation/theme	Action required	Key milestone	By when	By Whom	Millstone completion status	Action completion status
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<a href="#">SMO/82</a>	Review of Recruitment Practice and Procedures; and the use of Locum and Temporary Staff in Residential Care	Staffing and management oversight	Address any anomalies or issues associated with current establishment structure, including short term or time limited terms and conditions (such as acting up, use of agency staff and use of temporary contracts) to ensure compliance with CEC and HR policy. To ensure up to date information is available and visible to management.	See LB/51 and SMO/82	Permeant, fixed term and temporary positions will be reviewed and considered in terms of overall impact on basic staffing costs linked with Est budget  Overtime, use of Locum and Agency Staff will incrementally reduce to a level that operates within an acceptable and predicible expenditure range (under normal operating parameters). Cover will be used where possible based on impact cost, with higher cost cover being reduced and replaced.	01/02/2023	LAC SMT  Principle Accountant	25-50%	25-50%
<a href="#">SMO/83</a>	GC SCR	Staffing and management oversight	Supervision of staff must take place in line with Council policy and procedure. This also includes temporary agency and locum staff.	See AAC/14	Recommendation and associated action(s) absorbed	01/06/2022	LAC- SMT	Migrated with another recommendation	Migrated with another recommendation
<a href="#">SMO/84</a>	GC SCR	Staffing and management oversight	Locally held HR files, including supervision records should be passed on to new managers of the employee.	See QA/63	Recommendation and associated action(s) absorbed	01/03/2022		Migrated with another recommendation	Migrated with another recommendation
<a href="#">SMO/85</a>	GC SCR	Staffing and management oversight	Practice guidance should be created for management on the recording and storing of staff supervision, absence management and performance with the expectation of effective implementation	See AAC/17, AAC/19, AAC28, QA/63	Recommendation and associated action(s) absorbed	01/06/2022		Migrated with another recommendation	Migrated with another recommendation
<a href="#">SMO/86</a>	GC SCR	Staffing and management oversight	The managers of the establishment must notify registration and regulatory bodies when there is a possible breach of registration made by a staff member.	See AAC/29	Recommendation and associated action(s) absorbed	01/06/2022		Migrated with another recommendation	Migrated with another recommendation

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SMO/87	ESS Whistleblowing Report	Staffing and management oversight	A robust review should be carried out of the policies and procedures used by ESS and that these are updated, where appropriate.	All existing Policies and Procedures (excluding internal or local protocols/Guidance - see CAP/73) will be reviewed, updated, ratified or created as required	<p>All existing (and newly created) Policies and Procedures will be added to the Directorate P&amp;P Register.</p> <p>Policies will be reviewed if outstanding or pending (Annual) Procedures will be reviewed if outstanding or pending (1, 2 or 3 yearly)</p> <p>Each document will have a current 'author' and 'sponsor'</p> <p>Each document will be assessed as to the requirement to complete a DPIA or Integrated Impact Assessment (IIA). IIA's will be signed off by a SD or Service Manager and published on the CEC website</p> <p>Each document will proceed through the appropriate sign off and ratification process (Council Committee for Policies, Director/SD Sign off for Procedures)</p> <p>Completed P&amp;P will be added to the Council ORB P&amp;P Register and where appropriate the CEC External website</p>	<p>01/06/2022</p> <p>01/02/2023</p> <p>01/06/2022</p> <p>01/06/2022</p> <p>01/02/2023</p> <p>01/04/2023</p>	LAC SMT	<25%	<25%
SMO/88	ESS Whistleblowing Report	Staffing and management oversight	There should be regular auditing of ESS-specific policies and procedures to check their efficacy and appropriateness.	All Residential and ESS related Policies and Procedures, Protocols and Guidance will be reviewed at the agreed frequency standard (annually - policy, 1, 2, 3 yearly for Procedures and internal or local Protocols and Guidance)	<p>P&amp;P Register updated with service specific P&amp;P's</p> <p>Identify date of next review, author, sponsor and risk level</p> <p>Assess against requirements for IIA and DPIA</p> <p>Complete the appropriate sign off and ratification process</p>	01/04/2022	LAC SMT	<25%	<25%

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Ref No/ Evidence link	Source	Theme	Recommendation/theme	Action required	Key milestone	By when	By Whom	Millstone completion status	Action completion status
<a href="#">SMO/89</a>	ESS Whistleblowing Report	Staffing and management oversight	A review should be undertaken of the current model, quality and frequency of supervision carried out with managers and staff.	See action ACC/14 & QA/63	Recommendation and associated action(s) absorbed into ACC/14 and QA/63	01/06/2022	LAC - SMT	Migrated with another recommendation	Migrated with another recommendation
<a href="#">SMO/90</a>	ESS Whistleblowing Report	Staffing and management oversight	An updated ESS Supervision Policy and model should be developed, aligned to council policy and procedures, in consultation with managers and staff.	ESS and Residential services will comply with and follow the assigned Council Supervision Policy and Procedure  Work undertake will link in with the following related areas; AAC/14, QA/63, CAP/66, CAP/67, CAP/68, CAP/73, CAP/74, CAP/75	Additional service/discipline/culture specific guidance will be created reflecting the principles of the Promise, Trauma and Restorative Informed Approaches.	01/12/2022	LAC SMT	Migrated with another recommendation	Migrated with another recommendation