

# Education Children and Families Committee

**10.00am, Tuesday, 14 August 2018**

## **Communities and Families Assurance Framework Report**

**Item number** 7.4

**Report number**

**Executive/routine**

**Wards**

**Council Commitments**

### **Executive Summary**

The Communities and Families Assurance Framework has been in place for two years during which time the service, Internal Audit and Business Partners created a Local Assurance Statement for Head Teachers and Heads of Establishment to complete. A combined team from Internal Audit and Corporate Health and Safety carried out a programme of 30 audit visits to schools (15 per year) and other Communities and Families establishments over the two-year period. Findings were reported to Governance, Risk and Best Value Committee in April 2016 and February 2017.

In this third year of the Assurance Framework, Internal Audit did not carry out any audit visits to schools recommending Communities and Families move to a 1<sup>st</sup> line of defence model where day to day operational controls manage service delivery risk (appendix 1 details the line of defence model).

Within the service Communities and Families with Corporate Risk Management have used the Local Assurance Statement questionnaire plus 15 school visits between February – April 2018 to inform this process.

This report outlines the key themes emerging from the Assurance Framework and our recommendations to provide continual improvements in Communities and Families establishments' management of risk through a robust control environment.

The focus of this report is on the self-assurance process, findings and subsequent actions.

# Communities and Families Assurance Framework report 2017/18

## Communities and Families Assurance Framework Report

### 1. Recommendations

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1.1 The Education Children and Families Committee is requested to:

1.1.1 note the content of this report.

### 2. Background

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2.1 The Schools Assurance Framework launched as a pilot in 2015/16 with a programme of 15 school audits undertaken by Internal Audit and Corporate Health and Safety. In 2016/17 a further 15 audits were completed and included other Communities and Families establishments as well as schools.

2.2 Internal Audit presented a report to Governance Risk and Best Value Committee after each years' programme. The reports are available on the Council's website and a link to each report can be found below.

April 2016

[http://www.edinburgh.gov.uk/download/meetings/id/50411/item\\_75\\_schools\\_assurance\\_framework\\_pilot](http://www.edinburgh.gov.uk/download/meetings/id/50411/item_75_schools_assurance_framework_pilot)

February 2017

[http://www.edinburgh.gov.uk/download/meetings/id/53154/item\\_71\\_-\\_communities\\_and\\_families\\_assurance\\_framework\\_pilot](http://www.edinburgh.gov.uk/download/meetings/id/53154/item_71_-_communities_and_families_assurance_framework_pilot)

2.3 In 2017 Governance Risk and Best Value Committee commended the work undertaken to date and recommended that the assurance framework be adopted as best practice and monitored annually by the Education, Children and Families Committee.

2.4 In 2017/18 Communities and Families has worked with Risk Management to carry out a programme of 15 (1.3% of the Communities and Families estate) establishment "Support and Challenge" conversation visits over February to April 2018. Headteachers and Business Managers met with the Operations Manager and Principal Risk Manager for Communities and Families. All areas of the questionnaire were included apart from Health and Safety, Property and Statutory

Inspections and Facilities Management including Health and Safety food hygiene as these areas are managed through separate audit processes.

The establishments visited are detailed below:

- Blackhall Primary School
- Castleview Primary School
- Echline Primary School
- Drummond CHS
- Firhill High School
- Granton Primary School
- Leith Walk Primary School
- Liberton Primary School
- Newcraighall Primary School
- Pilrig Park Special School
- Prestonfield Primary School
- Queensferry Primary School
- Stenhouse Primary School
- St Ninian's RC Primary School
- Wardie Primary School

- 2.5 In June 2018 the Council was awarded the UK-wide ALARM (Association of Local Authority Risk Managers) 2018 Operational award for the self-assurance framework having previously won the ALARM resilience award in 2017.

### 3. Main report

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#### **Self-Assurance Process**

- 3.1 The Local Assurance Statement asks for a response to 78 statements covering 11 different areas of control Yes or No answers are requested. Where no is stated, the reason for any lack of control is required to build a picture of weaknesses/gaps. The themes of Questions are included below and the full questionnaire is available in Appendix 3:

Health and Safety

Property and Statutory Inspections

Facilities Management

Financial Controls

Workforce Controls

Resilience

Information Technology

- 3.2 The questionnaire process is designed and managed applying the principles of risk management – PACED - (Proportionate, Aligned, Comprehensive, Embedded and Dynamic) which ensure proportionality, alignment (to objectives), and provides a comprehensive approach which is embedded and dynamic.
- 3.3 The support and challenge visits managed at the first line of defence are a low assurance option. Internal Audit (third line of defence) will provide medium assurance through their annual audit programme in 2018 where they will audit the Support and Challenge process.
- 3.4 Within Communities and Families, the self-assurance process feeds into the annual Executive Directors Statement of Annual Control process which forms part of finalising the Councils' annual accounts. Areas of strength, weaknesses and further actions are detailed within the response which provides feedback based on returns. Survey Monkey is used to gather information. Appendix 2 refers to the self - assurance process/timeline.
- 3.5 This report is shared with Headteachers, Managers across Communities and Families as well as with Business Managers who are responsible for working with the service to develop and maintain risk strategy.
- 3.6 The Communities and Families Risk Management Group comprising of colleagues from across the service and Business Partners meets monthly and drives the self-assurance process in terms of accuracy/appropriateness and format/content. The group re-designs the questionnaire annually in line with information required. This ensures a comprehensive and dynamic approach. The questionnaire aligns to a calendar plan which establishments use throughout the year to work through each section of the questionnaire.
- 3.7 Communities and Families recognise capacity and expertise is vital to manage the framework, as part of this a self-assurance training post is being put in place to bolster communication and learning to further enable colleagues to have a strong understanding of requirements. The post has been designed to enable this.

### **Self-assurance findings**

- 3.8 Feedback on the support and challenge visits has been very good. Communities and Families Managers have found the visits so useful in terms of engagement and conversations it has been decided to continue the visits throughout the year. A programme is being developed to include 5 visits per month commencing September 2018. Visits have also been discussed in terms of areas where risk themes show controls as weak. The detail included in the visit conversations includes the management of risk, the reasons behind the “no’s” and capturing good

practice as well as areas of control weaknesses for action. The visit programme is driven by the Communities and Families Senior Management Team.

- 3.9 Several staff new to post said that the process had been extremely valuable in terms of their role and responsibility regarding self-assurance/general business management. They felt the process clarified what they have to do and that validation information sign posted to where information is.
- 3.10 The results in the table below are based on the questionnaire returns and Support and Challenge visits. This information is shared with Business Partners to ensure wherever required they can create/improve controls and learn of the good practice creating a dynamic, improving approach. The risk communication template “Risk Matters” is used to share information in terms of communication and learning, this is a one-page guidance sheet which directs staff to what they have to know. The information is shared, for example, at team talks, put on the staff notice boards and kept on file.
- 3.11 Support and challenge visits cover all areas of the questionnaire apart from sections A/B/C questions which are part of the Corporate Health and Safety team audit (question 4 within section C is managed by Facilities Management).

A summary of discussions from the visits for sections D to K of the questionnaire is provided below:

Section of Questionnaire	Summary of conversation findings (from support and challenge visits)
<b>D – Financial Controls</b>	<p>Most establishments have meetings between the Business Manager and Headteacher in financial controls. Where meetings were not formalised it was requested that this is put in place.</p> <p>In terms of ParentPay/Pebble in general colleagues are finding the system very helpful in terms of reconciliation. There are some concerns around support timelines, this is being addressed with the company. It is noted that the implementation of ParentPay and Pebble was the result of findings from the first Self Assurance process in 2016.</p> <p>Cash and other assets are safeguarded. There was discussion on trophies and the fact that they should be safeguarded if high value. Information is kept on asset registers where required.</p> <p>The further establishment visits for 2018 will include “deep dive” finance visits where establishments require further support on finance and/or where there are new staff in place.</p>

<b>E – Workforce Controls</b>	<p>At establishments visited colleagues recognised the value of the bi-ennial policy reading exercise and feel that it is embedding. The self-assurance questionnaire acts as a reminder on this.</p> <p>In terms of teaching staff General Teaching Council arrangements are in place, managed and maintained. For staff grades 1-4 arrangements are being put in place around annual conversations. Time and capacity are an issue for example some Business Managers have 25 staff to have conversations with. Establishments are looking at proportionate approaches to this for example involving teachers in conversations with Learning Assistants they work with.</p> <p>In establishments sickness absence is well managed with controls operating as expected.</p>
<b>F - Resilience</b>	<p>Take up on training is good, where staff are new to posts training is being organised, Establishment Managers advised that they could see the value in sharing emergency scenarios with their team post training and doing this on a continuous basis.</p> <p>There is a need to look at the frequency of the essential resilience training, the course had been expanded so for example those trained 3 years ago will not have been trained on the revised programme. Ready for Winter training has been rolled into the Essential Resilience training, this needs to be considered to ensure all staff required have been trained.</p> <p>Establishments have emergency information updated/in place e.g. crib cards (which we commonly saw in walls on offices), Red Button emergency folders.</p> <p>Establishment Managers asked for a trigger where contingency arrangements such as crib cards are updated to ensure they have the right information.</p> <p>Health Protection have translated the Noro Virus 48-hour rule letter sent to parents and carers in October annually following a request from a school as part of support and challenge discussion.</p> <p>The Resilience Unit are currently leading on guidance for loss of premises/intruder threat for Communities and Families.</p>

	<p>One school had very good emergency contact cards which can be shared across the estate in terms of good practice.</p>
<b>G – Information Technology</b>	<p>Safeguarding protocols are in place. Acceptable use policies are signed by parents/carers where applicable (not all establishments allow IT equipment to be taken home).</p> <p>All establishments ask staff to sign the acceptable use policy for ICT apart from one and they will action this.</p> <p>Mobile equipment is monitored regularly and updates to ensure data is safeguarded in line with Council policy was in place for all establishments visited.</p> <p>Equipment provided to temporary staff is collected on conclusion of contract as part of the leavers process.</p> <p>In all establishments visited access to IT systems and data was controlled and restricted in line with Council policy.</p> <p>The content of IT equipment is reviewed regularly to ensure appropriateness in most establishments, however in a couple this needed to be put on place.</p> <p>Authorisation and permission is required before applications can be loaded onto ipads (in most establishments this is managed by the IT Co-ordinator).</p> <p>There were discussions over the visits about the role of the ICT Co-ordinator and how important their role is in assuring ICT controls are in place.</p>
<b>H – Child Protection</b>	<p>Establishments ensure the policy and procedure on Child Protection, allegations of abuse for members of staff and the Councils Whistle Blowing policy is shared with staff, this is usually at the start of term (August).</p> <p>Annual Child Protection briefings are undertaken at the start of term. One school had created a leaflet for new staff which had proved to be very helpful.</p> <p>Specific contact workforce training is in place, and new members of staff are booked on to training.</p> <p>The Headteacher and other designated members of staff have undertaken intensive contact workforce training, new staff are booked on.</p> <p>There were some schools where the Headteacher had not undertaken managing allegations of abuse against staff and volunteers (e-learning) these colleagues were asked to do</p>

	<p>this as a priority.</p> <p>All establishments keep Child Protection records in line with corporate policy, this is seen as an essential part of child protection.</p> <p>On a number of visits there was discussion about the number of courses available and length of waiting time.</p> <p>There was discussion at one school that if training was 2 hours instead of 2.5 hours it could be included within a SCAT afternoon.</p>
<b>I - GIRFEC</b>	<p>There was very good feedback on the GIRFEC team and the support that they had provided to schools, especially with regards to training and the development of pastoral notes on SEEMIS</p>
<b>J – Equalities</b>	<p>The Equalities and anti-bullying policy is updated, share with staff, parents, carers and pupils annually and included on the school website. Some schools had taken this information down to update information. Some schools included the information within the behaviour policy.</p> <p>Details of bullying and prejudiced incident logs are kept, managed and maintained.</p> <p>Staff are made aware of the Equalities Act and respond with respond with other areas of the Council e.g. property where pupils need adjustments to be made.</p> <p>Schools advised that good controls are in place around the administration of medication and that support is available from a central source in Additional Support for Learning. It is recommended that any future updated to policy or guidance for this area comes though the Communities and Families Health and Safety forums for approval/cascade.</p> <p>In school's members of the senior leadership team have responsibility for equalities and diversity.</p> <p>Gaps were identified in terms of equalities training, what is available/required and who delivers what. Further advice on training will be available in Summer 2018, in the meantime an interim guidance note has been circulated to Headteachers and Establishment Managers using the Risk Matters template.</p>
<b>K – Information Governance</b>	<p>There are issues across establishments in terms of Information Governance/GDPR and how schools can</p>



	prepare with the systems they use/requirements. Schools have asked for an approach where guidance is provided using a crib card format detailing the expectations for each area of requirement.
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### **Business Partner meetings – subsequent actions and advice.**

This year the Communities and Families Senior Management team met with each of the Business Partners involved in each area of the questionnaire to discuss areas where controls may be weak/opportunities for improvement. This has resulted in a guidance document for establishment managers on any areas where it was considered advice on risk controls required to be improved. In line with dynamic approaches this is now part of the self-assurance process and annually colleagues will receive additional guidance wherever the process uncovers areas of weakness.

## **4. Measures of success**

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- 4.1 Delivery of an assurance process that provides a front-line day to day operational control framework designed to manage operational service delivery risk.

## **5. Financial impact**

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- 5.1 Business support post.

## **6. Risk, policy, compliance and governance impact**

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- 6.1 There would be a negative impact in terms of risk mitigation if actions are not concluded within timelines.

## **7. Equalities impact**

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- 7.1 There are equalities impacts if actions required are not concluded within timelines.

## **8. Sustainability impact**

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- 8.1 None.

## 9. Consultation and engagement

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- 9.1 The Communities and Families Senior Leadership Team, the Headteachers Executive and Senior Management from Resources have been consulted and engaged when developing the process.

## 10. Background reading/external references

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- 10.1 Links to background reports are provided in section 2 above.

### **Alistair Gaw**

Executive Director of Communities and Families

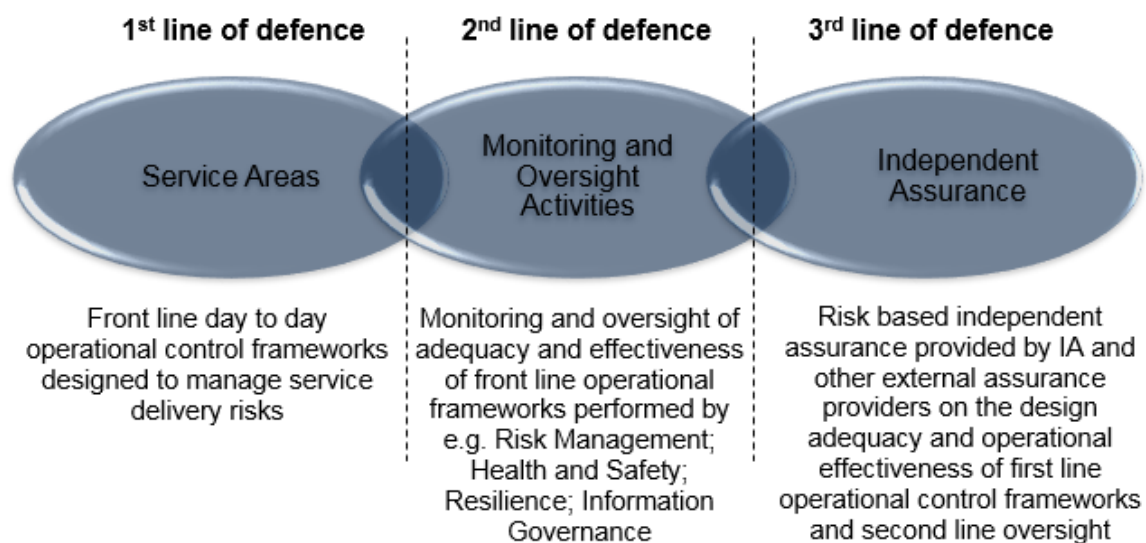
Contact/s: Michelle McMillan, Principal Risk Manager, 0131 469 3832, [Michelle.McMillan@edinburgh.gov.uk](mailto:Michelle.McMillan@edinburgh.gov.uk) / Cheryl Buchanan, Operations Manager, 0131 553 8384, [Cheryl.Buchanan@edinburgh.gov.uk](mailto:Cheryl.Buchanan@edinburgh.gov.uk)

## 11. Appendices

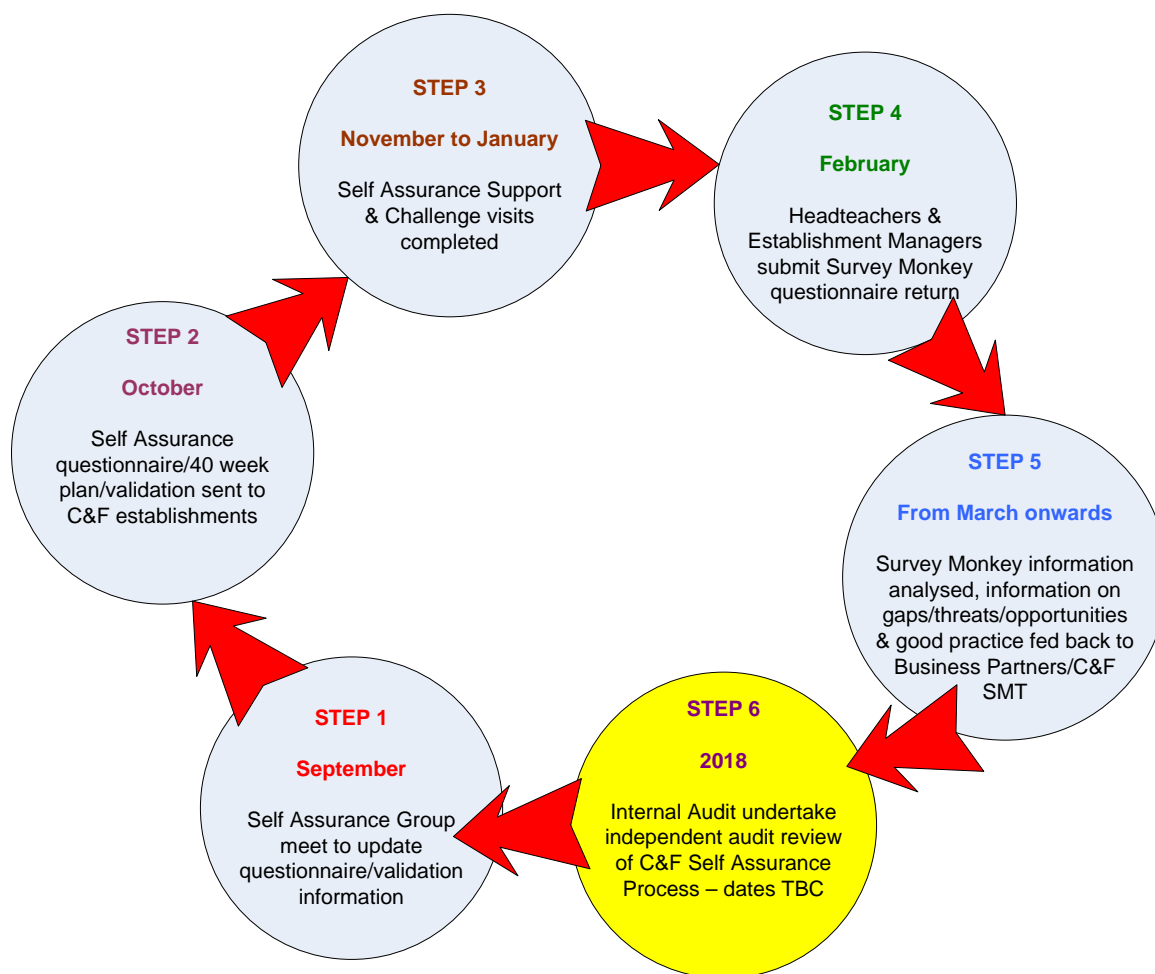
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- 11.1 Appendix 1 – Three lines of defence model
- 11.2 Appendix 2 - Self Assurance Cycle
- 11.3 Appendix 3 - Communities
- 11.4 Appendix 4 – Communities and Families – Self Assurance - Survey Monkey Returns

## Appendix 1 – Three lines of defence model



## Appendix 2 – Self Assurance Cycle



## Appendix 3

A	HEALTH AND SAFETY	YES	NO	N/A
1	Local roles and responsibilities for health and safety are defined and communicated. These are included in personal objectives for key roles.			

## COMMUNITIES AND FAMILIES – LOCAL ANNUAL ASSURANCE STATEMENT

### Checklist

Issued November 2017

The purpose of this document is to inform and support the Director's annual assurance statement and enhance the Communities and Families control framework. It also provides Head Teachers and Establishment Managers within Communities & Families with an opportunity to highlight areas of risk that are not being managed/controlled effectively and to specify the reasons adequate controls are not in place.

This statement should be compiled on completion of the self-assessment questionnaire provided and be informed by the self-assessment results.

As the assurance framework has now matured enough to become a first line management tool within C&F, there is a requirement for C&F operational staff and business partners to carry out a set of inhouse support and challenge visits.

These visits will run from December 2017 to February 2018. 40 establishments will be visited in total. The visits will cover all areas of the self-assurance questionnaire except Health & Safety which will continue to be monitored as part of their ongoing audit framework.

If you have any queries relating to the statement and associated questions please contact:

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Michelle McMillan, Principal Risk Manager

[Michelle.McMillan@edinburgh.gov.uk](mailto:Michelle.McMillan@edinburgh.gov.uk) tel: 0131 469 3832

Name	Designation	Establishment	Date of completion

2	Health and safety training (covering induction training, and other required health and safety training relevant to role) has been completed and records are available.			
3	Health and safety information and guidance is readily accessible and communicated to staff and pupils.			
4	All significant H&S risks have been assessed (including life threatening safety risks <sup>1</sup> ) by competent person <sup>2</sup> . The risk assessments are documented and dated, and are reviewed at least annually.			
5	Adequate controls identified in the health and safety risk assessments are in place and are working effectively.			
6	All statutory tests and inspections are up to date for teaching equipment, and records are available.			
7	Portable gym equipment has been inspected in last 12 months.			
8	Health and Safety Workplace Inspections are carried out.			
9	Stress risk assessments are carried out as appropriate, and information on the Employee Assistance Programme has been communicated to all staff.			
10	Adequate first-aid arrangements are in place, and communicated.			
11	Arrangements in place for use of defibrillator including signage, equipment checks and staff familiarisation and awareness.			
12*	Fire safety and emergency response arrangements are in place, and communicated, including <ul style="list-style-type: none"> <li>- Fire safety and evacuations</li> <li>- Lift break downs</li> <li>- Swimming pool incidents</li> </ul>			
13	There is a systematic approach in place to report and investigate all incidents,			

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<sup>1</sup> Life threatening safety risks includes: -Fire, Water (*legionella*), Asbestos, Gas, Electricity, Driving

<sup>2</sup> A competent person someone with the necessary skills, knowledge and experience in relation to hazard identification, risk assessment, and determination of necessary controls; and includes knowledge of legal and regulatory requirements.

	accidents and work-related ill health, to identify immediate and underlying causes – plus root causes for the more serious ones.			
14	There is a process in place to escalate and monitor health and safety risks and issues (including health and safety audit/ workplace inspection actions), to ensure the required remedial action is taken.			
15	There are effective arrangements in place to ensure that health and safety is managed for works undertaken by contractors, including recording of contractor's visits.			
16	There are effective arrangements in place to ensure the health and safety is managed for voluntary organisations (e.g. football clubs) that use the school's facilities.			

B	PROPERTY AND STATUTORY INSPECTION CONTROLS	YES	NO	N/A
1*	All statutory tests and inspections are up to date (for Property and Facilities Management related equipment), and records are available.			
2*	Information on the presence and location of asbestos is known, and is readily available.			
3*	The condition of asbestos is inspected in accordance with the asbestos plan, and records are available.			
4*	There is adequate maintenance, testing and inspection of the water management system			
5	There is adequate maintenance, testing and inspection of teaching equipment and cooking equipment. (HFT)			
6	Playground equipment has been inspected in the past 12 months.			
7	Natural playgrounds have been inspected in the past 12 months.			
8*	Fixed gym equipment has been inspected in the past 12 months.			
9	Goal posts have been inspected in the past 12 months.			
10*	Window restrictors' suitability check has been carried out in the past 12 months and recorded.			
11	There is segregation between vehicles and pedestrians.			
12*	Condition survey of premises carried out within last 5 years			
13*	Regular walk round inspections carried out by Service Support Officer (Janitor).			

**\* = Liaise with Property/ Facilities Management to provide a joint submission. See guidance for further details.**



C	FACILITIES MANAGEMENT - HEALTH AND SAFETY AND FOOD HYGIENE	YES	NO	N/A
<b>This checklist looks at the retrospective service received 2017/18.</b> <b>For information on the current development position of the FM Service Level Agreement (SLA) please see the statement in the relevant section of the attached Self Assurance Guidance document.</b>				
1*	Health and safety training needs identified and training implemented for Facilities Management staff			
2*	All significant health and safety risks arising from Facilities Management activities have been assessed by competent person. The risk assessments are documented and dated, and are reviewed at least annually.			
3*	Adequate controls identified in the health and safety risk assessments for Facilities Management activities are in place and are working effectively.			
4*	Regular checks of food hygiene controls (Hazard Analysis and Critical Control Points - HACCP) are carried out to provide assurance that these are in place and operating effectively.			

**\* = Liaise with Property/ Facilities Management to provide a joint submission. See guidance for further details.**

D	FINANCIAL CONTROLS	YES	NO	N/A
1	I am provided with sufficient financial information by my Business Manager on a monthly basis to allow me to manage expenditure within allocated budgets			
2	Financial controls are in place to demonstrate completeness and accuracy of management of income through Parentpay/pebble (school fund, grant, bursaries, awards etc) and appropriateness of expenditure (PEF, school fund, imprest/petty cash, oracle etc).			
3	Cash and other assets / equipment and artefacts are safeguarded			
E	WORKFORCE CONTROLS	YES	NO	N/A
1	Compliance with Key Corporate Policies and Procedures is embedded in the establishment			
2	There is evidence to demonstrate staff induction and PRD procedures, including General Teaching Council for Scotland Professional Update requirements, are fully implemented.			
3	Sickness absence is managed and recorded in accordance with Council policy.			

<b>F</b>	<b>RESILIENCE</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1	The school management team have attended Significant Occurrence training. All staff have been briefed on the procedure and roles/responsibilities are defined.			
2	Emergency contact details are kept and updated for staff. My staff are familiar with and have access to information on the following contingency arrangements, and roles/responsibilities are defined: <ul style="list-style-type: none"> <li>• C&amp;F Emergency Hub</li> <li>• Red Button Folders</li> <li>• C&amp;F Severe Weather Plans including Risk Assessments, Crib Cards etc.</li> <li>• C&amp;F Responding Outbreak of Infection and Noro Virus toolkit</li> <li>• C&amp;F Bomb Threat and Suspicious Items Procedure, related training and crib cards.</li> </ul>			
3	All School management team have attended Ready for Winter training and have been briefed on the procedures with roles and responsibilities defined.			

<b>G</b>	<b>INFORMATION TECHNOLOGY</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1	CEC IT equipment is safeguarded at all times.			
2	Pupils and their Parent/Carers who have been allocated mobile it devices have signed an acceptable use policy.			
3	Members of staff allocated mobile IT devices have signed an acceptable use policy.			
2	All school managed mobile equipment is maintained with regular updates completed to ensure network connectivity is maintained and data is safeguarded in line with Council policy.			
3	Equipment provided to temporary staff is collected on conclusion of their contract			
4	All leavers have their user accounts deleted in line with current leaver policy			
5	Access to IT systems and data is controlled and restricted in line with Council policy?			
6	IT equipment held in schools and provided to pupils is regularly reviewed to ensure content and applications are appropriate and in line with Council policy			
7	Authorisation and permission is required from appropriate school staff before apps can be downloaded onto iPads.			

H	CHILD PROTECTION	YES	NO	N/A
1	The policy and procedure on Child Protection, Allegations of Abuse Against Members of Staff and the Council's Whistle-blowing policy has been shared with staff.			
2	Staff have had their annual Child Protection briefing at the beginning of term (August) as a reminder of their role in the Child Protection Process.			
3	Staff have undertaken Specific Contact Workforce training course (formerly Level 2) in the past three years			
4	The Head Teacher and all other designated members of staff for Child Protection have undertaken Intensive Contact Workforce training course (formerly Level 4) in the last three years			
5	The Head Teacher has undertaken training in Managing Allegations of Abuse Against Staff and Volunteers by completing the e-learning module annually			
6	Child protection records are kept in accordance with corporate policy.			

I	GIRFEC	YES	NO	N/A
<p>For Clarification: "Heads of Establishments will be aware that John Swinney has written to C&amp;F recently and set out his desire to clarify various issues with regards to the implementation of GIRFEC. The timescale for work to be completed on Named Person legislation by the end of 2018. Questions may also be related to the General Data Protection Register (GDPR) which is UK wide legislation that will be enshrined in law by May 2018. Please complete this section of the checklist bearing in mind these timescales and indeed that guidance is to be forthcoming to clarify various issues and as such our response to new GIRFEC legislation is a work in progress". Martin Gemmell, Lead Officer for GIRFEC.</p>				
1	The National Policy, draft Statutory Guidance on Getting It Right For Every Child, and the Children and Young Peoples Act (2014) has been shared with all staff.			
2	Staff have regular updates on GIRFEC and its component parts; <ul style="list-style-type: none"> <li>• Wellbeing</li> <li>• Named Person</li> <li>• Information Sharing</li> <li>• child/Young Person's Plan</li> <li>• Lead Professionals</li> </ul>			
3	Staff are reminded annually as a minimum on their roles and responsibilities under the GIRFEC policy.			
4	The Head Teacher and all lead GIRFEC staff have undertaken training on their responsibilities and implementation of the Policy within the last three years.			
5	Pastoral Notes are used to maintain wellbeing concern records and actions, this includes the chronology.			
6	Physical files for pupils with Wellbeing concerns are maintained in accordance with the policy and corporate guidance. Chronologies are included to aid discussion and child planning meetings.			
7	The recommended standard templates are being used for wellbeing concern files, and reporting.			
8	Wellbeing physical files are stored in accordance with GIRFEC Policy, separate from Pupil records and child protection files.			
9	The Head Teacher has a continuity plan in place in the event that the key wellbeing concern officer is not available.			

J	EQUALITIES	YES	NO	N/A
1	The equalities and anti-bullying policy is updated and is shared with staff, parents and pupils annually. The anti-bullying policy is on the school website.			
2	A bullying and prejudiced incidents log is maintained in accordance with Council policy.			
3	I am aware of the Equality Act and briefing guidance. Reasonable adjustments are in place for disabled pupils, advice is taken from CEC on this where required.			
4	Controls over the administration of medication are in line with the guidance contained in 'The Handbook of Procedures for the Management of Pupils with Health Care Needs in Educational Establishments'.			
5	There is a member of the Senior Leadership Team designated to have responsibility for equalities and diversity.			
6	Staff have undertaken training in equalities and diversity within the last three years.			

K	INFORMATION GOVERNANCE	YES	NO	N/A
1†	Staff are aware of their information governance responsibilities and what support there is for them. (Responsibilities)			
2†	Processes that create, manage, share and dispose of Council information are documented, approved and reviewed. (Decision making)			
3†	Council information is routinely monitored to ensure accuracy and reliability. (Data quality)			
4†	Council information is secured to a level appropriate to the sensitivity of its content. (Protection)			
5†	Staff comply with the Council's information governance policy requirements; incidents are reported and non-compliance is identified and managed through the Council's Risk Management Framework (Compliance)			
6†	Council information is available to the right staff in the timeframe needed to meet business need and statutory obligations. (Availability)			
7†	Council records are closed and retained against the relevant Council retention rule. (Retention)			
8†	Council records are disposed of in a manner appropriate to their sensitivity and historic value. (Disposal)			

† = Liaise with Information Governance Unit. See guidance for further details.

Section	Question	Reason I believe this area is not adequately controlled

I would like to raise the following matters that you may wish to consider when preparing your annual governance statement for the Communities & Families Department.

I provide further information below in relation to areas that I am not comfortable to sign off on and that may impact the annual sign off of the Directors Statement of Internal Control.

**If you have answered 'NO' to any of the above, please provide further details**

**Further training and support**

Having carried out this self-assessment I have identified the following needs in relation to staff training and/or corporate support.

Identified Needs	Deliverable within Unit Y/N

I confirm this information is correct to the best of my knowledge:

Signature:

[End]

## Appendix 4

### COMMUNITIES AND FAMILIES – Self Assurance - Survey Monkey Returns

Key:

#### Education Scotland – Terms of Quantity

<b>All</b>	100%
<b>Almost All</b>	91%-99%
<b>Most</b>	75%-90%
<b>Majority</b>	50%-74%
<b>Minority/Less than half</b>	15%-49%
<b>A few</b>	Less than 15%

A	HEALTH AND SAFETY	Term of Quantity
1	Local roles and responsibilities for health and safety are defined and communicated. These are included in personal objectives for key roles.	Almost All
2	Health and safety training (covering induction training, and other required health and safety training relevant to role) has been completed and records are available.	Almost All
3	Health and safety information and guidance is readily accessible and communicated to staff and pupils.	All
4	All significant H&S risks have been assessed (including life threatening safety risks <sup>3</sup> ) by competent person <sup>4</sup> . The risk assessments are documented and dated, and are reviewed at least annually.	Almost All
5	Adequate controls identified in the health and safety risk assessments are in place and are working effectively.	Almost All
6	All statutory tests and inspections are up to date for teaching equipment, and records are available.	Almost All
7	Portable gym equipment has been inspected in last 12 months.	Most
8	Health and Safety Workplace Inspections are carried out.	Almost All
9	Stress risk assessments are carried out as appropriate, and information on the Employee Assistance Programme has been communicated to all staff.	Almost All
10	Adequate first-aid arrangements are in place, and communicated.	Almost All
11	Arrangements in place for use of defibrillator including signage, equipment checks and staff familiarisation and awareness.	Almost All
12	Fire safety and emergency response arrangements are in place, and communicated, including <ul style="list-style-type: none"> <li>- Fire safety and evacuations</li> <li>- Lift break downs</li> <li>- Swimming pool incidents</li> </ul>	Almost All
13	There is a systematic approach in place to report and investigate all incidents, accidents and work-related ill health, to identify immediate and underlying causes – plus root causes for the more serious ones.	All

14	There is a process in place to escalate and monitor health and safety risks and issues (including health and safety audit/ workplace inspection actions), to ensure the required remedial action is taken.	Almost All
15	There are effective arrangements in place to ensure that health and safety is managed for works undertaken by contractors, including recording of contractor's visits.	Almost All
16	There are effective arrangements in place to ensure the health and safety is managed for voluntary organisations (e.g. football clubs) that use the school's facilities.	Almost All



B	PROPERTY AND STATUTORY INSPECTION CONTROLS	Term of Quantity
1	All statutory tests and inspections are up to date (for Property and Facilities Management related equipment), and records are available.	Most
2	Information on the presence and location of asbestos is known, and is readily available.	Almost All
3	The condition of asbestos is inspected in accordance with the asbestos plan, and records are available.	Most
4	There is adequate maintenance, testing and inspection of the water management system	Almost All
5	There is adequate maintenance, testing and inspection of teaching equipment and cooking equipment. (HFT)	Almost All
6	Playground equipment has been inspected in the past 12 months.	Almost All
7	Natural playgrounds have been inspected in the past 12 months.	Almost All
8	Fixed gym equipment has been inspected in the past 12 months.	Most
9	Goal posts have been inspected in the past 12 months.	Most
10	Window restrictors' suitability check has been carried out in the past 12 months and recorded.	Most
11	There is segregation between vehicles and pedestrians.	Almost All
12	Condition survey of premises carried out within last 5 years	Almost All
13	Regular walk round inspections carried out by Service Support Officer (Janitor).	Almost All

<b>C</b>	<b>FACILITIES MANAGEMENT - HEALTH AND SAFETY AND FOOD HYGIENE</b>	<b>Term of Quantity</b>
1	Health and safety training needs identified and training implemented for Facilities Management staff	Most
2	All significant health and safety risks arising from Facilities Management activities have been assessed by competent person. The risk assessments are documented and dated, and are reviewed at least annually.	Most
3	Adequate controls identified in the health and safety risk assessments for Facilities Management activities are in place and are working effectively.	Most
4	Regular checks of food hygiene controls (Hazard Analysis and Critical Control Points - HACCP) are carried out to provide assurance that these are in place and operating effectively.	Most

<b>D</b>	<b>FINANCIAL CONTROLS</b>	<b>Term of Quantity</b>
1	I am provided with sufficient financial information by my Business Manager on a monthly basis to allow me to manage expenditure within allocated budgets	Almost All
2	Financial controls are in place to demonstrate completeness and accuracy of management of income through Parentpay/pebble (school fund, grant, bursaries, awards etc) and appropriateness of expenditure (PEF, school fund, imprest/petty cash, oracle etc).	Almost All
3	Cash and other assets / equipment and artefacts are safeguarded	All
<b>E</b>	<b>WORKFORCE CONTROLS</b>	<b>Term of Quantity</b>
1	Compliance with Key Corporate Policies and Procedures is embedded in the establishment	All
2	There is evidence to demonstrate staff induction and PRD procedures, including General Teaching Council for Scotland Professional Update requirements, are fully implemented.	All
3	Sickness absence is managed and recorded in accordance with Council policy.	Almost All

<b>F</b>	<b>RESILIENCE</b>	<b>Term of Quantity</b>
1	The school management team have attended Significant Occurrence training. All staff have been briefed on the procedure and roles/responsibilities are defined.	Most
2	Emergency contact details are kept and updated for staff. My staff are familiar with and have access to information on the following contingency arrangements, and roles/responsibilities are defined: <ul style="list-style-type: none"> <li>• C&amp;F Emergency Hub</li> <li>• Red Button Folders</li> <li>• C&amp;F Severe Weather Plans including Risk Assessments, Crib Cards etc.</li> <li>• C&amp;F Responding Outbreak of Infection and Noro Virus toolkit</li> <li>• C&amp;F Bomb Threat and Suspicious Items Procedure, related training and crib cards.</li> </ul>	Almost All
3	All School management team have attended Ready for Winter training and have been briefed on the procedures with roles and responsibilities defined.	Majority

<b>G</b>	<b>INFORMATION TECHNOLOGY</b>	<b>Term of Quantity</b>
1	CEC IT equipment is safeguarded at all times.	Almost All
2	Pupils and their Parent/Carers who have been allocated mobile it devices have signed an acceptable use policy.	Almost All
3	Members of staff allocated mobile IT devices have signed an acceptable use policy.	Most
2	All school managed mobile equipment is maintained with regular updates completed to ensure network connectivity is maintained and data is safeguarded in line with Council policy.	All
3	Equipment provided to temporary staff is collected on conclusion of their contract	Almost All
4	All leavers have their user accounts deleted in line with current leaver policy	All
5	Access to IT systems and data is controlled and restricted in line with Council policy?	All
6	IT equipment held in schools and provided to pupils is regularly reviewed to ensure content and applications are appropriate and in line with Council policy	Almost All
7	Authorisation and permission is required from appropriate school staff before apps can be downloaded onto iPads.	Almost All

<b>H</b>	<b>CHILD PROTECTION</b>	<b>Term of Quantity</b>
1	The policy and procedure on Child Protection, Allegations of Abuse Against Members of Staff and the Council's Whistle-blowing policy has been shared with staff.	Almost All
2	Staff have had their annual Child Protection briefing at the beginning of term (August) as a reminder of their role in the Child Protection Process.	Almost All
3	Staff have undertaken Specific Contact Workforce training course (formerly Level 2) in the past three years	Almost All
4	The Head Teacher and all other designated members of staff for Child Protection have undertaken Intensive Contact Workforce training course (formerly Level 4) in the last three years	Almost All
5	The Head Teacher has undertaken training in Managing Allegations of Abuse Against Staff and Volunteers by completing the e-learning module annually	Most
6	Child protection records are kept in accordance with corporate policy.	All

<b>I</b>	<b>GIRFEC</b>	<b>Term of Quantity</b>
1	The National Policy, draft Statutory Guidance on Getting It Right For Every Child, and the	All

	Children and Young Peoples Act (2014) has been shared with all staff.	
2	Staff have regular updates on GIRFEC and its component parts; <ul style="list-style-type: none"> <li>Wellbeing</li> <li>Named Person</li> <li>Information Sharing</li> <li>child/Young Person's Plan</li> <li>Lead Professionals</li> </ul>	All
3	Staff are reminded annually as a minimum on their roles and responsibilities under the GIRFEC policy.	Almost All
4	The Head Teacher and all lead GIRFEC staff have undertaken training on their responsibilities and implementation of the Policy within the last three years.	Almost All
5	Pastoral Notes are used to maintain wellbeing concern records and actions, this includes the chronology.	Most
6	Physical files for pupils with Wellbeing concerns are maintained in accordance with the policy and corporate guidance. Chronologies are included to aid discussion and child planning meetings.	All
7	The recommended standard templates are being used for wellbeing concern files, and reporting.	All
8	Wellbeing physical files are stored in accordance with GIRFEC Policy, separate from Pupil records and child protection files.	Almost All
9	The Head Teacher has a continuity plan in place in the event that the key wellbeing concern officer is not available.	Almost All
<b>J</b>	<b>EQUALITIES</b>	<b>Term of Quantity</b>
1	The equalities and anti-bullying policy is updated and is shared with staff, parents and pupils annually. The anti-bullying policy is on the school website.	Most
2	A bullying and prejudiced incidents log is maintained in accordance with Council policy.	All
3	I am aware of the Equality Act and briefing guidance. Reasonable adjustments are in place for disabled pupils, advice is taken from CEC on this where required.	All
4	Controls over the administration of medication are in line with the guidance contained in 'The Handbook of Procedures for the Management of Pupils with Health Care Needs in Educational Establishments'.	Almost All
5	There is a member of the Senior Leadership Team designated to have responsibility for equalities and diversity.	Almost All
6	Staff have undertaken training in equalities and diversity within the last three years.	Majority
<b>K</b>	<b>INFORMATION GOVERNANCE</b>	<b>Term of Quantity</b>
1	Staff are aware of their information governance responsibilities and what support there is for them. (Responsibilities)	Most
2	Processes that create, manage, share and dispose of Council information are documented, approved and reviewed. (Decision making)	Most
3	Council information is routinely monitored to ensure accuracy and reliability. (Data quality)	Most
4	Council information is secured to a level appropriate to the sensitivity of its content. (Protection)	Almost All
5	Staff comply with the Council's information governance policy requirements; incidents are reported and non-compliance is identified and managed through the Council's Risk Management Framework (Compliance)	Almost All
6	Council information is available to the right staff in the timeframe needed to meet business need and statutory obligations. (Availability)	Almost All
7	Council records are closed and retained against the relevant Council retention rule. (Retention)	Most
8	Council records are disposed of in a manner appropriate to their sensitivity and historic value. (Disposal)	Almost All

