

# Governance, Risk and Best Value Committee

10.00am, Tuesday, 27 November 2018

## Annual Assurance Schedule – Place

<b>Item number</b>	7.7
<b>Executive/routine</b>	Executive
<b>Wards</b>	All
<b>Council Commitments</b>	

### Executive Summary

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The purpose of this report is to present the Annual Assurance Schedule from the Executive Director of Place to the Governance, Risk and Best Value Committee for scrutiny.

## Annual Assurance Schedule – Place

### 1. Recommendations

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- 1.1 To note the Place Directorate annual assurance schedule, submitted for scrutiny.
- 1.2 To note that an action plan is being developed to respond to the issues identified in the annual assurance statement, which will be combined with other Directorate plans to provide a composite action plan for reporting to the Corporate Policy and Strategy Committee.

### 2. Background

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- 2.1 Each year the City of Edinburgh Council requires that the individual Executive Directors complete certificates of assurance that represent their professional view of the effectiveness and appropriateness of controls in their areas of responsibility. These certificates support the writing of the Annual Governance Statement which is a component part of the authority's Statement of Accounts.
- 2.2 An assurance schedule, to help prompt Executive Directors and relevant Heads of Service to consider various aspects of their control environment, is circulated in advance of certificates.
- 2.3 On 31 July 2018 the Chief Internal Auditor, in her annual opinion, reported weaknesses in regard to the Council's internal controls for the year ended 31 March 2018. The Governance, Risk and Best Value Committee requested that an action plan from each Directorate be developed to identify how they are going to improve internal controls.
- 2.4 On 7 August 2018 the Corporate Policy and Strategy Committee also considered the Internal Audit Opinion and called for an update report on Directorate actions to strengthen controls including the timescales for implementation.

### 3. Main report

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- 3.1 For context, the Place directorate remit includes Culture, Localities, Place Development and Place Management. The service areas are:

## **Culture**

- Cultural Strategy (Arts, Events and Festivals);
- Cultural Venues: Museums and Galleries; and
- Cultural Venues (Usher Hall, Assembly Rooms, Church Hill and Ross Theatres).

## **Place Development**

- Economic Development;
- Housing Development;
- Housing Property;
- Planning and Building Standards;
- Regulatory Services; and
- Transport Networks.

## **Place Management**

- Community Transport;
- Fleet Services;
- Parks, Greenspace and Cemeteries;
- Scientific and Bereavement Services;
- Transport Infrastructure; and
- Waste and Cleansing.

3.2 In 2017/18 the directorate employed 2,300 people and the annual gross budget for 2016/17 was £82,576,971.

3.3 The Place schedule (appendix 1) was completed and returned to the Strategy and Insight Division, which includes the corporate governance team, after which a Certificate of Assurance was issued. This informed the drafting of the Annual Governance Statement, submitted to Council as part of the Unaudited Annual Accounts on 28 June 2018.

3.4 The Certificates of Assurance require that Heads of Service and Executive Directors confirm that:

3.4.1 they have considered the effectiveness of controls in their service area/directorate, including controls in place to mitigate major risks to their service area/directorate's objectives;

3.4.2 to the best of their knowledge, appropriate controls are in operation upon which they can place reasonable assurance and that there are no significant

matters arising that should be raised specifically in the Annual Governance Statement (or otherwise); and

- 3.4.3 they have identified actions that will be taken to continue improvement.
- 3.5 In the Place Directorate, the schedule was completed by service managers from across the directorate and the analysis and outcomes from this have formed the basis on which the Executive Director's statement was completed.
- 3.6 Before signing their Certificate of Assurance, the Head of Service or Executive Director concerned should personally assure themselves that the schedule has been completed accurately.
- 3.7 An action plan for Place is attached at appendix two. This includes actions in relation to identified internal control weaknesses. In each instance a responsible officer and a deadline for completion is included.

#### **4. Measures of success**

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- 4.1 Improved internal controls and good governance throughout all service areas.
- 4.2 Identification of areas where controls require strengthening.

#### **5. Financial impact**

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- 5.1 The annual assurance process and production of the annual governance statement is contained within relevant service area budgets.

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

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- 6.1 The assurance schedule exercise acts as a prompt for service areas to think about good governance and the internal control environment. Action plans support improvements in areas where weaknesses have been identified.
- 6.2 Completed schedules are reviewed by a group led by the Democracy, Governance and Resilience Senior Manager and consists of representatives from Internal Audit and Governance.

#### **7. Equalities impact**

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- 7.1 There are no direct equalities impacts as a result of this report.

#### **8. Sustainability impact**

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- 8.1 There are no direct sustainability impacts as a result of this report.

## 9. Consultation and engagement

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- 9.1 The annual assurance schedule exercise is a corporate activity concerned with internal controls and does not require consultation or external engagement.
- 9.2 The Annual Assurance Schedule template for 2017/18 was drafted using input from the Council's subject matter experts. This included contributions from Resilience, Internal Audit, Health and Safety, Corporate Governance, Legal Services, Finance and Human Resources.

## 10. Background reading/external references

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- 10.1 [City of Edinburgh Council – 28 June 2018 – Unaudited Annual Accounts 2017-18](#)
- 10.2 [Internal Audit Opinion and Annual report for the Year ended 31 March 2018, report to Governance, Risk and Best Value Committee, 31 July 2018](#)

### Paul Lawrence

Executive Director of Place

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## 11. Appendices

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Appendix 1 – Place Annual Assurance Schedule

Appendix 2 – Place Action Plan

# Executive Director's Schedule to Support Evidence of Assurance for the Annual Governance Statement

For the year end 31 March 2018

<b>Directorate</b>	Place				
<b>Completed by</b>	Alison Coburn	<b>Job title</b>	Senior Executive Assistant	<b>Date completed</b>	08/05/2018
<b>Signed off by</b>	Paul Lawrence	<b>Job title</b>	Executive Director of Place		
<b>Print name of signatory</b>	Paul Lawrence	<b>Date of signature</b>	09/05/2018		

## Introduction

The Statement of Accounts 2017/2018 includes the Annual Governance Statement signed by the Council Leader, the Chief Executive and the Head of Finance. The Annual Governance Statement is supported by Certificates of Assurance from each of the Executive Directors.

The Certificates of Assurance require Executive Directors to confirm that:

1. they have considered the effectiveness of controls in their directorates, including controls in place to mitigate major risks to their directorate's objectives;
2. to the best of their knowledge, appropriate controls are in operation upon which they can place reasonable assurance and that there are no significant matters arising that should be raised specifically in the Annual Governance Statement (or otherwise); and
3. they have identified actions that will be taken to continue improvement.

Completing this schedule helps prompt Executive Directors to consider various aspects of their control environment before signing their Certificate of Assurance. Executive Directors should seek assurance through issue of a similar schedule to their Heads of Service to satisfy themselves that effective controls are in place across all service areas.

**This schedule should be used as a prompt to think about good governance and the internal control environment and is not an exhaustive list.**

## Guidance on completing the schedule

The schedule should be completed by the Executive Director or by a nominated senior manager (suggested managers to provide information and/or responses are highlighted below). Additional guidance notes are provided throughout the document.

Before signing the Certificate of Assurance Executive Directors should ensure that this schedule has been completed accurately.

Please note that although evidence does not need to be attached to the completed schedule, accurate reference should be made to any supporting evidence because **responses made in the schedule may be subject to audit at a later date.**

Your assessment should consider how your directorate's arrangements would stand up to external scrutiny. When completing the schedule please include your assessment of the directorate's compliance and, if your assessment is partially or not compliant, please note planned improvement actions in the relevant column.

Please return your completed schedule to [governance@edinburgh.gov.uk](mailto:governance@edinburgh.gov.uk) no later than **Friday 27 April 2018**.

<b>Section</b>	<b>Requirements</b>	<b>Supporting officers</b>
Section 1	Internal Control Environment	Head of Service
Section 2	Risk and Resilience	Service Area Risk Committee Representative/Resilience Co-ordinator
Section 3	Workforce Controls	Head of Service
Section 4	Council Companies	Senior Relationship Lead / Company Observer(s)
Section 5	Policy	Head of Service
Section 6	Governance and Compliance	Head of Service
Section 7	Information Governance	Directorate Record Officers
Section 8	Health & Safety	SMT Health & Safety Lead
Section 9	Performance	Head of Service
Section 10	Commercial and Contract Management	Head of Service
Section 11	Change and Projects	Head of Service
Section 12	Financial Control	Service Area Financial Manager or Representative
Section 13	Group Accounts	RESOURCES only
Section 14	National Agency Inspection Reports	Head of Service
Section 15	Internal Audit, External Audit & Review Reports	Head of Service
Section 16	Progress	Executive Director

For further information or assistance please contact:

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**Laura Callender**

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1 Internal Control Environment requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
1.1	You must have internal controls and procedures in place throughout your directorate that are proportionate, robust, monitored and operate effectively.	<p>Please describe and/or give examples of the controls and procedures that you have in place and how these are monitored, tested, and reported.</p> <p>Place SMT meets on a fortnightly basis and includes all Heads of Service (service area managers when Heads of Service were not available) and the Business Partners from Communications, Finance and Human Resources. Standing items on each agenda include financial monitoring, HR dashboard etc. Quarterly Risk Management discussions take place in addition to the Place Risk Committee and Place is represented on the Council's Health and Safety Board. wide Health and Safety Groups have been established to ensure that operational matters are regularly reviewed and discussed regularly. In addition, dedicated groups meet to discuss specific issues raised by/in the service e.g. HAVs.</p> <p>Regular meetings of Service Area Management Groups allow for discussion on internal controls and procedures to ensure arrangements are proportionate, robust, monitored and are operating effectively.</p> <p>Service areas follow Council procedures for financial transactions and procurement arrangements. Regular monitoring of budgets is undertaken by budget holders and engagement with Finance colleagues is on-going on a regular basis, with updates at divisional management teams on a monthly basis, in addition to the standing item discussed at each SMT.</p>	Compliant	Regular reviews of Place processes and procedures take place and changes made if improvements/changes are identified.

			<p>The process for performance reporting is evolving as part of the implementation of the Council's business plan. Key Performance Indicators are being developed with Strategy and Insight for monitoring and reporting to Committee as appropriate. Monitoring on the Coalition Pledges is also undertaken and reported to Committee on a six-monthly basis. In addition, performance improvement plans have been prepared.</p> <p>Robust review of procurement, recruitment requests is undertaken within the service, with Head of Service and Executive Director sign off where appropriate. In addition overtime for people Grade 8 and above is also approved by the Director.</p> <p>On Caselink, Place have added HRBP sign off on recruitment requests in addition to that of Finance, before requests are passed to Heads of Service and Executive Director. For Place, changes are being considered to ensure robust business cases are submitted as part of all recruitment requests.</p>		
1.2	You must have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.	Please describe and/or give examples of the controls and procedures that you have in place and how these are monitored, tested and reported.	Place provides oversight for six Council Arms Length Companies (ALCs) (Tram and Lothian Buses are monitored through Transport for Edinburgh). Board Observers have been nominated and regularly attend Board Meetings, as well as having regular meetings with representatives of the ALCs. The frequency of these is determined by the needs of the service and the	Compliant	

			<p>organisation.</p> <p>As appropriate, the ALCs are invited to the appropriate Executive Committee on an annual basis to present on progress and upcoming activities. All Place ALCs are represented on the Council's Governance Hub and all ALC arrangements are governed by the Council's policy and procedure for the Governance of ALCs.</p> <p>Company business plans are presented to the relevant executive and Board appointments are approved by Council. There are Elected Member representatives on the ALC Boards.</p> <p>Where ALCs and/or third parties provide services on behalf of the Council and/or receive Council funding, robust Service Level Agreements are in place. These are monitored on a regular basis and action is taken if performance is not satisfactory or where issues are identified.</p>		
1.3	Your internal controls and procedures and their effectiveness must be reviewed regularly.	Please describe how these are reviewed, by whom and how often.	<p>Internal controls and procedures are considered by SMT and divisional teams. Risk Registers and controls are reviewed quarterly at SMT. Finance is discussed fortnightly at SMT. The Council's Health and Safety Manager is invited to attend SMT on a quarterly basis, as are representatives from Internal Audit and Risk Management.</p> <p>A review of internal controls is undertaken annually to ensure the controls and procedures are proportionate and appropriate, with the next review</p>	Compliant	

			scheduled for September 2018.		
1.4	Did the last review of your internal control environment identify any weaknesses that could have an impact on the Annual Accounts?	Please include the date of the last review, whether any weaknesses were identified and, if so, how these have been or will be addressed.	N/A	No	
1.5	Has the monitoring process applied to funding/operating agreements identified any problems that could have an impact on Annual or Group Accounts?	Please describe the arrangements you have in place, including an overview of the monitoring process and frequency of reporting, and summarise any problems that have been identified.	N/A	No	
<b>2</b>	<b>Risk and Resilience requirements</b>	<b>Guidance notes</b>	<b>Response and reference to evidence</b>	<b>Assessment</b>	<b>Improvement actions</b>
2.1	Your risk management arrangements should identify the key risks to your directorate (and the Council) including those arising from: <ol style="list-style-type: none"> <li>1. Change (e.g. structural, service delivery, demographic and/or management)</li> <li>2. Partnerships (external and internal)</li> <li>3. Projects</li> <li>4. Legal or regulatory action(s), and</li> <li>5. Reputational damage.</li> </ol>	Please describe your risk management arrangements and confirm that these adequately cover the three categories listed.	<p>The Place risk register is reviewed on a quarterly basis to ensure that the key risks are considered and updated regularly. Although the frequency of review has been set quarterly, it can be increased as new risks are identified. Service area risk registers are also reviewed and updated regularly.</p> <p>An internal risk working group, with representatives from every service area, meets bi-monthly.</p> <p>The Place Risk Committee meets on a quarterly basis to consider recent issues. Where appropriate, the risk register and controls in place are updated where appropriate.</p> <p>Risks arising from partnership arrangement</p>	Compliant	

			<p>and/or projects are considered on a divisional basis and are escalated to the Place SMT risk register if appropriate.</p> <p>In reviewing risks for Place, consideration is given to whether risks need to be escalated to CLT.</p> <p>A Place Lead Officer for Risk was identified and has recently been replaced following retirement.</p>		
2.2	You must have effective controls and procedures in place to manage the risks identified above to a tolerable level or actions put in place to mitigate and manage the risk.	Please describe the controls and procedures that you have in place.	The controls in place for risks are reviewed on a quarterly basis and additional action taken if the assessment of the risk has increased. All risks are currently considered to be adequately controlled to maintain them at tolerable levels.	Compliant	
2.3	The robustness and effectiveness of your risk management arrangements must be regularly reviewed.	Please describe how you review your risk management arrangements, who does this and how often.	The robustness and effectiveness of the risk management arrangements is undertaken on a regular basis (quarterly) at the Place Risk Committee, in conjunction with colleagues from the Council's corporate risk team.	Compliant	
2.4	Did the last review identify any weaknesses that could have an impact on the Annual Accounts?	Please include the date of the last review, any weaknesses that were identified and how these will be addressed.	N/A	No	

2.5	There must be appropriate escalation/communication to the directorate Risk Committee and CLT Risk Committee (as appropriate) of significant issues, risks and weaknesses in risk management.	Please describe the process for escalation/communication to the relevant Risk Committees.	<p>Service area management teams consider risk on a regular basis and escalate significant issues, risks and weaknesses as appropriate. These can be escalated to the Service area risk registers, to the Place Risk Committee and to CLT if appropriate.</p> <p>Guidance throughout this process is provided by the corporate risk team to ensure consistency and oversight.</p>	Compliant	
2.6	You should have arrangements in place throughout your directorate for the identification, recording and minimising of bribery risks.	Please describe these arrangements and how they are monitored and reported.	<p>This is embedded within the Place risk process to ensure that any risks are identified and captured.</p> <p>In addition, Place maintains a register of all gifts and hospitality offered and accepted. The process for this has been recently updated to ensure that information is captured on a more regular basis and also to ensure that all offers are captured.</p>	Compliant	
2.7	You should have arrangements in place to promote and support the embedding of the Council's Whistleblowing Policy and procedures, including raising awareness of the routes for concerns to be raised.	Please describe the arrangements you have in place, including the reporting of disclosures received by management to the Council's independent service provider.	<p>The arrangements in place for dealing with Whistleblowing reports is in line with the Council's policy and procedures, including following up appropriately on any concerns raised.</p> <p>As this policy is included in the suite of policies which employees are asked to confirm they have read and understood, this exercise is carried out in line with HR requirements.</p> <p>In addition, the policy is picked up on an ad-hoc basis at team meetings and wider Place manager get-togethers as appropriate.</p>	Compliant	

2.8	You should have arrangements in place throughout your directorate for the recording and addressing of audit actions.	Please describe these arrangements and how they are monitored and reported.	<p>All audit actions are shared with the relevant service managers and progress is followed up directly with Internal Audit.</p> <p>Place SMT and CLT review the open audit actions, and specifically outstanding audit actions on a monthly basis.</p> <p>Updates are provided to the Internal Audit team in face to face meetings and through the Council's approved process for review of audit actions.</p>	Partially Compliant	The process for reviewing audit actions in Place requires to be improved to ensure early warnings are picked up where actions have been delayed/deferred/are no longer applicable. This will be carried out on the introduction of Team Central which will be launched in July 2018 and which will be used to track all open audit actions for Place.
2.9	<p>Your directorate should have appropriate resilience arrangements in place, including:</p> <ol style="list-style-type: none"> <li>1. A Service Area Resilience Group and Workplan</li> <li>2. A Resilience Coordinator and deputies for each essential activity area</li> <li>3. A Counterterrorism Coordinator and deputy</li> <li>4. A Building Incident Manager for each staffed Council premise.</li> </ol> <p>All who should have received the appropriate training.</p>	Please confirm your compliance with each requirement and how you ensure each is managed.	The Place arrangements for resilience, counter terrorism and building incidents are in line with Council processes and procedures and are carried out in conjunction with the Council's resilience team.	Compliant	
2.10	Your business continuity plans and arrangements should mitigate the business continuity risks facing your directorate's essential activities.	Please detail the plans and arrangements you have in place and explain how and when these are reviewed and reported.	The Place Business Continuity Plans mitigate the risks facing the essential services in Place.	Partially Compliant	Further work is required to develop plans for the Mortuary in following up on an internal audit finding. This should be complete by end of June

					2018.  Discussion planned with Business Continuity and Emergency Planning colleagues in summer 2018 to ensure full compliance.
<b>3 Workforce Control requirements</b>	<b>Guidance notes</b>	<b>Response and reference to evidence</b>	<b>Assessment</b>	<b>Improvement actions</b>	
3.1	You should have arrangements in place to ensure workforce resources are managed properly, including compliance with payroll policies, overtime controls, absence management and performance eg. home/remote working.	Please describe these arrangements and how they are monitored and reported.  Place services ensure workforce resources are managed in line with Council policies and procedures.  Payroll submissions are completed in line with the Council arrangements, while all overtime is approved by line managers and Heads of Service (up to GR7) and the Executive Director (for GR8 and above) in advance of the overtime being worked.  Absence management policies and performance management policies are followed by line managers in line with policy arrangements for people at various grades.  Home/remote working in Place is carried out on an ad-hoc basis rather than as a service delivery approach.	Compliant		
3.2	You should have robust controls in place to manage off-payroll workers/contractors, including agency workers and consultants, ensuring approved framework contracts have been used and that those engaged are wholly compliant with the provisions of	Please detail the controls you have in place to ensure compliance and explain how these are monitored and reported.  A review of arrangements was carried out as part of the wider Council review of off-payroll workers and changes were made to ensure compliance with the provisions of IR35 procedures.	Compliant		



	IR35 Council guidance and procedures.				
3.3	You must ensure that recruitment and selection is only undertaken by appropriately trained individuals and is fully compliant with Council policies and procedures, including vacancy approvals and controls.	Please describe how you ensure compliance.	<p>All Place recruitment is now carried out through Talentlink, with approval arrangements in line with previous service arrangements (sign off by Finance and HR before Head of Service and Director).</p> <p>Vacancy controls were reviewed as part of the Council's recruitment freeze in 2017 and found to still be relevant and up to date.</p> <p>Recruitment panels are always chaired by individuals who have been appropriately trained and appropriate training is progressed for anyone proposed for recruitment panels who has not completed the relevant training.</p>	Compliant	
3.4	You should have robust controls in place to manage new starts, movers and leavers, including induction and mandatory training, IT systems security (access and removal) and access to buildings and service users' homes.	Please describe the controls and monitoring in place.	These arrangements are in line with Council processes and procedures. The implementation is carried out by line managers.	Compliant	

3.5	You must have robust controls in place to ensure that statutory workforce requirements are met, eg. PVG/disclosure checks, statutory registration/qualification, European Working Time Directive, right to work in the UK.	Please describe the controls you have in place, including monitoring and reporting arrangements.	These arrangements are in line with Council processes and procedures. The implementation is carried out by line managers.	Compliant	To discuss with third and fourth tier managers how to ensure that these arrangements are consistent across Place services.
3.6	You should have arrangements in place to manage staff health and wellbeing, ensuring sickness absence is managed in compliance with the policy, including stress risk assessments and referrals to occupational health.	Please describe the arrangements you have in place to ensure compliance.	Arrangements in Place follow the Council's processes and procedures and regular reports are presented at SMT on performance. In addition this is discussed with the Trade Unions at Place JCC meetings as appropriate.	Compliant	To discuss with third and fourth tier managers how to ensure that these arrangements are consistent across Place services.
3.7	You must ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.	Please detail how you monitor to ensure compliance.	Professional development is delivered in service areas e.g. local staff development groups offer CPD opportunities.  Council opportunities for training through courses and CECIL are available to staff and personal development is a key part of the Performance Conversations process.  Where service or individual needs are identified, these are met through local arrangements e.g. specific training courses for skills required (advanced driving for bad weather).	Compliant	
3.8	You should have arrangements in place to support and manage staff performance eg. regular 1:1/supervision meetings, performance/spotlight	Please describe the arrangements you have in place.	All Place services follow the Council's performance conversations process appropriately for their roles and responsibilities, with at least 2 conversations per year. Toolbox talks take	Compliant	

	conversations.		place in more manual service areas while team meetings and briefings are used to share information and gather feedback.		
3.9	You must ensure compliance with HR policies and procedures across all service areas, eg. Code of Conduct, Disciplinary, Grievance, Bullying and Harassment.	Please describe how you monitor compliance across all service areas, eg. maintaining a register of gifts and hospitality, recording conflicts of interest, recording and approving secondary employment where required.	Place services adhere to the Council policies and procedures for HR and people are reminded of this annually, in line with the Council's Essential Learning arrangements.	Compliant	
<b>4 Council Company requirements</b>		<b>Guidance notes</b>	<b>Response and reference to evidence</b>	<b>Assessment</b>	<b>Improvement actions</b>
4.1	You must have arrangements in place for the oversight and monitoring of the council companies you are responsible for, that give you adequate assurance over their operation and delivery for the Council.	Please describe the arrangements you have in place, including observer attendance at board meetings, monitoring and reporting on performance/development/risks, Governance Hub, etc.	<p>Place provides oversight for six Council Arms Length Companies (ALCs) (Tram and Lothian Buses are monitored through Transport for Edinburgh). Board Observers have been nominated and regularly attend Board Meetings, as well as having regular meetings with representatives of the ALCs. The frequency of these is determined by the needs of the service and the organisation.</p> <p>As appropriate, the ALCs are invited to the appropriate Executive Committee on an annual basis to present on progress and upcoming activities. All Place ALCs are represented on the Council's Governance Hub and all ALC arrangements are governed by the Council's policy and procedure for the Governance of ALCs.</p> <p>Company business plans are presented to the relevant executive and Board</p>	Compliant	

			<p>appointments are approved by Council. There are Elected Member representatives on the ALC Boards.</p> <p>Where ALCs and/or third parties provide services on behalf of the Council and/or receive Council funding, robust Service Level Agreements are in place. These are monitored on a regular basis and action is taken if performance is not satisfactory or where issues are identified.</p>		
4.2	<p>You must ensure that an appropriate Service Level Agreement, or other appropriate legal agreement, is in place for each Arm's Length External Organisation that you are responsible for.</p>	<p>Please confirm that this is the case, that each agreement is up to date and the frequency of review.</p>	<p>Agreements are in place in respect of almost all of the ALCs and these are approved by the appropriate Executive Committee.</p> <p>Marketing Edinburgh's agreement is due to be considered by Housing and Economy Committee in June 2018 in response to a request for further information in March 2018.</p>	<p>Partially compliant</p>	<p>Internal Audit are currently reviewing the Service Level/Funding Agreements in place.</p> <p>A review of arrangements is underway for the Council's Transport ALCs which do not currently have SLA/Funding Agreements in place. These companies do, however, comply with other Council policies in respect of Governance.</p>
4.3	<p>You must regularly consult and engage with recognised trade unions.</p>	<p>Please describe the arrangements you have in place.</p>	<p>Service areas meet with Trade Union representatives in line with service activities and these meetings take place on a regular (but not necessarily the same) frequency.</p> <p>A DJCC for Place takes place each quarter, and a Culture service JCC takes place quarterly too. Arrangements for Place Development and Place Management have</p>	<p>Compliant</p>	<p>Arrangements for Place Management and Development are to be embedded in 2018.</p>

			<p>been discussed regularly at the Place DJCC and arrangements are being established for regular meetings in these areas.</p> <p>Place Senior Managers also participate in the Council's Partnership at Work Forum.</p>		
5 Policy requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
5.1	You should have arrangements in place to ensure all directorate staff are made aware of and fully understand the implications of relevant existing and new council policies.	Please describe the arrangements you have in place at directorate level eg. Employee Handbook requirements, as well as locally in relation to operational and/or role specific requirements.	<p>Employee handbooks have been created in some service areas and these are reviewed regularly (e.g. Waste and Cleansing).</p> <p>For other service areas, the relevant policies are reviewed as part of the annual essential learning process.</p>	Compliant	
5.2	You should have arrangements in place for the annual review of policies owned by your directorate, via the relevant executive committee, to ensure these comply with the Council's policy framework.	Please describe the arrangements you have in place to ensure the policies you are responsible for are up to date and fit for purpose (reflecting organisational changes, best practice, operational experience and legislative changes).	<p>This takes place on an annual basis, around December/January and the review is reported to the appropriate Executive Committee.</p> <p>Specific reviews and updated policies are still reported to Committee on an ad-hoc basis. For example, an update on Waste and Cleansing policies is being considered by Transport and Environment Committee in May 2018.</p>	Compliant	
5.3	You should ensure that policies and procedures of particular relevance to services within your directorate are implemented in a planned and consistent manner.	Please describe the arrangements you have in place eg. action plans, training programmes, etc.	<p>As part of the policy review, a review of the implementation is also undertaken, while implementation plans are put in place for new/revised policies.</p> <p>Employee Handbooks are updated where relevant and arrangements are put in place to ensure employees are aware through toolbox talks and 121 conversations. For new employees, these policies are covered as part of induction.</p>	Compliant	

6 Governance and Compliance requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
6.1	You must ensure directorate staff are aware of their responsibilities in relation to the Council's governance framework eg. Committee Terms of Reference and Delegated Functions, Scheme of Delegation, Contract Standing Orders, Financial Regulations.	Please describe the arrangements you have in place to ensure operational decisions and activities are carried out within agreed parameters.	Place adheres to the Council Terms of Reference and Delegated Functions, Scheme of Delegation, Contract Standing Orders and Financial Regulations. These are considered as part of all service area operations.  Place contribute to the annual review of the Scheme of Delegation and review the arrangements in place at that time.  Place services work closely with Procurement to ensure the Contract Standing Orders are adhered to, with advice sought where concerns are identified.	Compliant	Further arrangements are being prepared to delegate activities to Heads of Service (where these do not currently exist) and formal confirmation of these changes will be notified to the individuals when agreed.
6.2	The authority, responsibility and accountability levels within your directorate should be clearly defined, with proper officer designation delegated, recorded, monitored, revoked and reviewed regularly to meet the requirements of the Scheme of Delegation.	Please describe the process for this including how this is undertaken, by whom and the frequency of review.	This is reviewed annually following the review of the Scheme of Delegation.	Compliant	In 2018, further delegations and designations are planned. Place SMT are working with Legal Services to ensure appropriate arrangements are in place.
6.3	You should have arrangements in place to ensure your directorate's activities are fully compliant with relevant Scottish, UK and EU legislation and regulations.	Please describe the arrangements you have in place, including risk assessment, monitoring and compliance with statutory reporting requirements.	Advice is sought on all activities as the need arises, including on relevant legislation and regulations.	Compliant	
7 Information Governance requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions

7.1	Directorate staff must be made aware of their responsibilities in relation to the proper management of Council information, including the need to adhere to Council policies, procedures and guidance around: information governance; records management; data quality; information rights; information compliance; information security; and ICT acceptable use.	Please describe the arrangements in place and how these are monitored and reported.	<p>Council arrangements are implemented throughout Place, with regular updates to managers through Managers News, Team Talk, toolbox talks, management teams, Place SMT, Extended SMT and Extended SMT (to 4<sup>th</sup> tier).</p> <p>Compliance is monitored as part of the essential learning review and in dealing with FOI/SAR/DP requests.</p> <p>Place managers works with colleagues in relevant services to ensure compliance with the relevant policies within services.</p> <p>Place have an identified Data Governance Officer who also works with corporate colleagues and with service areas on request.</p>	Compliant	
7.2	Data sharing arrangements with third parties must be recorded, followed and regularly reviewed throughout all service areas in your directorate.	Please describe the arrangements in place and how these are monitored and reported.	<p>All data sharing requests are dealt with in consultation with the Information Governance Unit and in accordance with their procedures and policies.</p> <p>For activities delivered locally for national agencies such as Business Gateway, a data sharing agreement is in place and is reviewed regularly by the national body e.g. the Business Gateway National unit.</p>	Compliant	
7.3	Privacy impact assessments must be completed to assess risks to processes that handle personal data (when appropriate) throughout all service areas in your directorate.	Please describe the arrangements in place and how these are monitored and reported.	Yes, where appropriate. These are always completed in conjunction with the Information Governance team.	Compliant	

7.4	All directorate staff must be made aware of their responsibilities to report and manage data protection and information security breaches.	Please describe the arrangements in place and how these are monitored and reported.	All staff are aware of their responsibilities to report and management data protection and information security breaches. Reminders are included in Managers News, at team meetings and 121 conversations. Corporate GDPR training has been rolled out over the past 12 months and briefings were arranged for managers across Place.	Compliant	Continue to review processes and procedures in line with Council arrangements for GDPR.
7.5	Information risks should be routinely recorded in risk registers and managed throughout all service areas in your directorate.	Please describe the arrangements in place and how these are monitored and reported.	The Place Risk Register is reviewed regularly and information risks are captured at the appropriate level risk register for the risk.	Compliant	
7.6	Processes that manage Council records, created and used within your directorate, must be documented within approved procedures.	Please describe the arrangements in place for both core service records and business support records (e.g. Finance, HR, Health & Safety, Procurement etc.), as well as how these arrangements are reviewed and updated.	<p>Arrangements for record keeping are undertaken in line with the Council policies and procedures, and local arrangements where these exist (e.g. in Transport as part of their Quality Assurance activities).</p> <p>H&amp;S records (e.g. Divisional improvement Plan, List of Risk Assessment, Workplace Inspections) are kept by the service area and reviewed by service area management team quarterly.</p> <p>Accident reporting and records are recorded and held on SHE Assure.</p> <p>Financial transactions are recorded on Oracle and monitored using the Council's systems such as Frontier.</p>	Compliant	



7.7	All Council records within your directorate should be routinely disposed of according to their relevant record retention rules and these disposals should be documented.	Please describe the arrangements in place and how these are monitored for compliance..	<p>All records are stored and disposed of according to the Council's processes and procedures. Where specific retention and disposal arrangements are required e.g. European funded programmes, these are followed.</p> <p>Archive records are stored by Iron Mountain and are reviewed in line with the retention and disposal arrangements.</p> <p>A directorate Records Officer is in place to provide guidance and advice as well as to liaise with corporate colleagues as appropriate.</p>	Compliant	
<b>8</b>	<b>Health &amp; Safety (H&amp;S) requirements</b>	<b>Guidance notes</b>	<b>Response and reference to evidence</b>	<b>Assessment</b>	<b>Improvement actions</b>
8.1	Directorate staff must be made aware of their responsibilities under relevant H&S policies and procedures, including: Council Health and Safety Policy; Fire Safety Policy and Procedures; First-aid and Emergency Procedures; Stress Policy and Procedures; Accident, incident and work-related ill health reporting and investigation procedure; all other relevant health and safety policies and procedures (e.g. Asbestos, Water Safety).	Please describe the arrangements you have in place to meet these requirements and how these are monitored.	<p>All policies and procedures are available on the Orb and staff are aware of their responsibilities under the relevant ones.</p> <p>Risk assessments in place and regularly reviewed along with safe working procedures. Staff made aware of relevant risk assessments and safe working procedures through induction, team briefings and tool box talks. Health and Safety management indicators including details of accidents and incidents regularly reports to management teams. Regular audits of Health and Safety carried out by Corporate Health and Safety team to ensure compliance.</p> <p>Place is represented on the Council's Health and Safety Board and actions arising are communicated through the Place Health and Safety working group. Health and Safety performance reports are</p>	Compliant	

			<p>provided by the Council's Health and Safety team at SMT on a regular basis.</p> <p>Service areas discuss Health and Safety on a regular basis (the frequency differs depending on the service activities) and action is taken to address any concerns raised through the risk assessments, Health and Safety assessments and/or as a result of feedback from people.</p> <p>A HAVs working group has been established in 2017 in response to concerns raised about how HAVs are managed within the service. Stress risk assessments carried out as required and stress related absence reported both through Health and Safety performance reporting and attendance management reporting.</p> <p>All buildings have an Establishment manager who is responsible for fire safety including carrying out regular fire evacuation testing.</p>		
8.2	You must have appropriate arrangements in place for establishing, implementing and maintaining procedures for the ongoing hazard identification, risk assessment and determination of necessary controls to ensure all H&S risks are adequately controlled.	Please describe the arrangements you have in place and how these are monitored, reviewed and reported.	See answer to 8.1.	Compliant	

8.3	You must have competencies, processes and controls in place to ensure that all service areas in your directorate, and any other areas of responsibility, operate in compliance with all applicable H&S laws and regulations.	Please describe the arrangements you have in place and how these are monitored, reviewed and reported.	See answer to 8.1.	Compliant	
8.4	You must have appropriate arrangements in place for the identification and provision of H&S training necessary for all job roles, including induction training.	Please describe the arrangements you have in place and how these are monitored, reviewed and reported.	<p>Appropriate arrangements for Health and Safety are considered by service area management teams, in response to the type of activities undertaken in each area.</p> <p>The Council's Health and Safety team engage with service area management teams on a regular basis to ensure appropriate training is provided as necessary for all job roles, including induction training.</p>	Compliant	
8.5	You must have a robust governance and reporting structure for H&S in your directorate.	Please provide the name of the SMT member in your directorate who sits on the Council H&S Group. Please also describe your governance and reporting structure for H&S and how you ensure that H&S issues across your directorate are brought to the attention of the Council H&S Group as appropriate.	<p>Alexander Burns represented Place on the Council's Health and Safety Group. Alex organised an internal working group to cascade information from the corporate group and also to consider Health and Safety across the service areas. This forum is also utilised if concerns raised within Place need to be escalated to the corporate Health and Safety group.</p> <p>Health and Safety is discussed at service area management teams on a regular basis (the frequency is determined by the service activities) and on the Place SMT agenda on a regular basis.</p>	Compliant	Alex is being replaced on the Corporate Health and Safety Board by Gareth Barwell and on the Member/Officer/Trade Union Group by Carol Reid. Carol will chair the Place Health and Safety Group from June 2018.

9	Performance requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
9.1	Where performance monitoring identifies inadequate service delivery or poor value for money, you must have arrangements in place for reporting to CLT, Committee and/or Council.	Please describe your performance monitoring arrangements, including frequency of reporting, and provide detail of any such reports during the reporting period.	<p>The arrangements for performance monitoring have changed somewhat in 2017/18 as corporate reporting on the Council Business Plan is still being established. The KPIs for Place have been reviewed but reporting of progress is still to be carried out effectively.</p> <p>In the meantime, Place service areas have continued to monitor performance against statutory indicators and other established measures.</p> <p>During 2017, issues were identified with service delivery in Building Standards and an improvement plan established. An Internal Audit and Scottish Government review have identified further improvement required and this is being progressed currently. This has been reported to Planning Committee and Governance Risk and Best Value Committee.</p> <p>A Roads Improvement Plan was approved by Transport and Environment Committee in 2017 and this has been followed up with reports to GRBV and progress updates to T&amp;E.</p> <p>The Waste and Cleansing Improvement Plan was concluded in 2017 with a final report to T&amp;E. Work continues within the service to ensure improvements are maintained.</p>	Partially compliant	Regular reporting of KPIs is to be established with Strategy and Insight.

9.2	You should have arrangements in place to implement and monitor improvement measures to address any service delivery or performance problems.	Please describe the arrangements you have in place and give details of improvement measures introduced during the reporting period, eg. exception reporting to CLT, and any outstanding issues.	See 9.1	Compliant	
9.3	<p>You should have appropriate arrangements in place throughout your directorate for recording, monitoring and managing customer service complaints and customer satisfaction, including:</p> <ol style="list-style-type: none"> <li>1. Compliance with the complaints procedure, including stage 1 and 2 processes.</li> <li>2. Recording and analysing all complaints to identify service improvement.</li> <li>3. Implementation of improvement actions in relation to common complaints.</li> <li>4. Adherence to the Council's Managing Customer Contact in a Fair and Positive Way Policy, to support staff in handling difficult situations.</li> <li>5. Addressing recommendations from the SPSO in relation to the service area.</li> </ol>	Please describe the arrangements you have in place and how these are monitored, reviewed and reported.	<p>Customer complaints and customer satisfaction are monitored in line with Council policy and procedures. Place utilises both Confirm and Capture for managing complaints and customer satisfaction and works closely with the Customer division to ensure action is taken where performance falls below the standard expected. Performance is reported as part of the corporate performance report to CLT and to the appropriate Committees.</p> <p>Place follows the Council's policies and procedures in relation to customer service, managing customer contact in a fair and positive way and customer complaints.</p> <p>Place acts on feedback from the corporate complaints team and the SPSO where appropriate.</p>	Partially compliant	Improvement are required in ensuring customer contacts are responded to within the Council's target timescales.

10 Commercial and Contract Management requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
10.1	You must have arrangements in place to ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders.	Please describe the arrangements in place and how these are monitored and reported.	<p>The corporate arrangements for procuring goods and services are utilised throughout Place. Where alternative arrangements are required, Place follow the Council arrangements for Waivers and/or reporting to Committee.</p> <p>Place SMT and service area management teams meet regularly with colleagues from Procurement to discuss contract arrangements, procurement activities and performance.</p> <p>The Procurement Commercial Partner for Place meets regularly with colleagues to maintain strong links with service areas and Place SMT members.</p>	Compliant	Work will continue to ensure compliance with the procurement arrangements where appropriate and alternative arrangements are progressed where this is not possible.
10.2	You must have arrangements in place to ensure that there are named contract managers in place for every contract managed by the directorate and they are made aware of their contract monitoring and record keeping responsibilities.	Please describe these arrangements and how they are monitored and reported.	Procurement Commercial Partner and Place SMT have reviewed all contracts in Place and have identified contract managers. They are aware of their contract monitoring and recording responsibilities.	Compliant	Further review to be undertaken in September 2018 and refresher training arranged where appropriate.
10.3	You must have controls and procedures in place to ensure that contract and supplier monitoring is carried out and recorded in accordance with the contract terms.	Please describe the arrangements in place and how these are monitored and reported.	Contract Managers are in regular contact with Procurement Category Managers on this. Controls are in place to ensure monitoring is carried out and recoded in accordance with each contract terms.	Compliant	Sample review to be carried out in September 2018 to provide assurance on this.

10.4	You must have arrangements in place to ensure that changes to contracts or supplier details are recorded and communicated to relevant parties.	Please describe the arrangements in place and how these are monitored and reported.	Arrangements are in place for this.	Compliant	
<b>11 Change and Project Management requirements</b>		<b>Guidance notes</b>	<b>Response and reference to evidence</b>	<b>Assessment</b>	<b>Improvement actions</b>
11.1	All projects/programmes must have a clear business justification, as a minimum this should articulate outcomes and benefits, normally via a business case prior to commencing delivery.	Please outline the arrangements you have in place.	All projects/programmes have clear business justification and articulated outcomes and benefits.  Major projects (as defined corporately) are reported to Place SMT and to CLT on a regular basis.	Compliant	
11.2	Your project/programme management arrangements should have appropriate governance in place to support delivery. As part of governance, clear roles, responsibilities, and accountabilities are articulated and demonstrated by all members of the project/programme team.	Please outline the arrangements you have in place.	Appropriate governance arrangements are in place to support service delivery. For some projects e.g. Tram Extension and Central Edinburgh Transformation the governance in place is strong and robust.  However, work is underway to strengthen the arrangements in place for some existing and upcoming projects to ensure delivery and accountability.	Partially compliant	Further work required to support project delivery across all projects/programmes.
11.3	You must have effective controls in place to track delivery progress, take corrective action if required, and ensure ongoing viability of your projects and programmes.	Please outline the controls you have in place and confirm that these adequately ensure delivery and ongoing viability.	For governance of major projects (as defined corporately) effective controls are in place and reporting is in Place.  For smaller projects/programmes, controls are in place and are monitored at the appropriate level. Where issues arise, these are dealt with by the project lead and Senior Responsible Officer.	Compliant	

11.4	You should have a robust benefits management framework in place, including clear benefit measures, owners and realisation plan.	Please outline the arrangements you have in place.	This is integrated into the business cases for all projects and programmes.	Compliant	
11.5	You must undertake end stage reviews and once the project has delivered the required outputs a formal closure process should be undertaken, including a final lessons learned exercise.	Please outline the arrangements you have in place.	This is integrated into the process for managing projects//programmes.	Compliant	
<b>12</b>	<b>Financial Control requirements</b>	<b>Guidance notes</b>	<b>Response and reference to evidence</b>	<b>Assessment</b>	<b>Improvement actions</b>
12.1	The operation of financial controls in your directorate must be effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.	Please describe your financial controls.	Place follows the Council's policies and procedures in relation to financial controls and transactions and operates utilising the corporate systems for financial transactions (oracle) and financial monitoring (frontier).	Partially Compliant	Internal Audit of Housing Property identified some issues with the processing of payments for contractors. These are being addressed with the management actions being implemented following this review.
12.2	The arrangements you have in place to monitor expenditure/budget variances should identify control problems or variances that could have an effect on the Annual Accounts.	Please give details of the arrangements you have in place and if any control problems or variances have been identified.	Financial monitoring takes place at service/team level, as appropriate. Finance colleagues regularly attend service area management teams and work with local managers to monitor expenditure/budget variances. Finance/Budget is a standing item on the Place SMT, with the Finance Manager for Place a core member of the Place Senior	Compliant	



			Management Team.		
12.3	You should have arrangements in place to ensure all material commitments and contingent liabilities (i.e. undertakings, past transactions or events resulting in future financial liabilities) are notified to the Chief Financial Officer.	Please describe the arrangements you have in place and provide details of any such notifications to the Chief Financial Officer.	Material Commitments and Contingent Liabilities are identified by service areas with Finance colleagues and are notified to the Chief Financial Officer.	Compliant	
12.4	You should have arrangements in place to protect assets against theft, loss and unauthorised use and identify any significant losses.	Please describe the arrangements you have in place and if there have been any significant losses please detail these and outline any corrective action that has been, or will be, taken.	Arrangements have been developed with service areas and corporate property to protect assets against theft, loss, unauthorised use and to identify any significant losses. This is particularly true in the Council's depots and community recycling centres.	Partially compliant	Further analysis requires to ensure that these arrangements are consistent across Place.
12.5	You should have arrangements in place to review the adequacy of insurance provision and its adequacy in covering the risk of loss across your directorate.	Please describe the arrangements you have in place including the frequency of review and date of last review.	Insurance provision is managed by the Insurance section in Finance, however this is reviewed annually with the service to ensure adequacy.	Compliant	

12.6	You should have arrangements in place for identifying any weaknesses in your directorate's compliance with Council financial policies or statutory/regulatory requirements.	Please describe the arrangements you have in place, detail any weaknesses that have been identified and (if any) how these have been or will be addressed.	Weaknesses in compliance would be identified through regular financial monitoring and discussed with the corporate finance team before taking steps to address these weaknesses. No weaknesses have been identified in 2017/18.	Compliant	
12.7	You should have arrangements in place that would identify any internal control, risk management or asset valuation problems within service areas that could affect the Annual Accounts?	Please describe the arrangements you have in place and detail any problems that have been identified.	These would be identified through regular financial monitoring and discussed with the corporate finance team before taking steps to address the issues raised. None have been identified in 2017/18 through the financial monitoring process.	Compliant	
<b>13 Group Accounts (Resources only)</b>		<b>Guidance notes</b>	<b>Response and reference to evidence</b>	<b>Assessment</b>	<b>Improvement actions</b>
13.1	Have there been any developments during the year that should lead to additions, deletions or amendments to the companies included in the Group Accounts?	This question requires a Yes/No response. If the response is Yes, please provide details.	N/A	Yes / No	
13.2	You should have arrangements in place to identify any internal control, risk management or asset valuation problems with Council companies that could affect the Group Accounts.	Please describe the arrangements in place and detail any problems that have been identified during the reporting period.	N/A	Compliant / Partially compliant / Not compliant	

14 National Agency Inspection Reports		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
14.1	You should have arrangements in place to identify any reports relating to your directorate that could impact on the signing of the Annual Governance Statement.	Please describe the arrangements you have in place, list the inspection reports published during the year, detail any issues that could have an impact and explain how these have been reported.	<p>Arrangements are in place to identify reports relating to Place which could have an impact on the signing of the annual governance statement.</p> <p>For example in December 2017 the Scottish Government carried out a further review of Building Standards. The outcome of this is now known and the Council is working with Scottish Government and an Improvement Team to develop an Improvement Plan, building on the progress made in 2017. This has been reported to Elected Members and considered by Governance Risk and Best Value Committee.</p>	Partially Compliant	
14.2	You should have arrangements in place that adequately monitor and report on the implementation of recommendations.	Please describe the arrangements you have in place.	These are discussed by service managers and actions are included within the improvement plans developed in response.	Partially compliant	Further review of arrangements for monitoring and reporting on improvements to be considered for strengthening.
15 Internal Audit, External Audit and Review Report Requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
15.1	Have there been any internal audit, external audit or review reports published during the year that have highlighted high, medium or significant control deficiencies?	This question requires a Yes/No response. Please also list the reports published during the year and highlight any that have flagged high, medium or significant control deficiencies.	<p>A number of internal audits have been carried out in Place during 2017/18, with some high and medium control deficiencies identified. Management actions are in place for all of these reports and regular follow up is undertaken and reported to Internal Audit.</p> <p>For outstanding actions (where actions have not been delivered within the agreed</p>	Yes	This process will be strengthened with the introduction of Team Central for monitoring internal audit actions as there is no one system currently available which allows all actions to be tracked.

			timescale), a monthly review is undertaken and information (when available) is supplied to Internal Audit. In addition, regular meetings between managers and Internal Audit have been arranged to discuss actions and seek clarity on progress.		
15.2	You should have arrangements in place to ensure all recommendations from these reports have been (or are being) implemented and that this is monitored effectively.	Please describe your implementation, monitoring and reporting arrangements and provide detail of any recommendations that are outstanding at the end of the reporting period.	<p>A Council wide issue has recently been identified where Internal Audit findings raised dating back to 1 April 2016 have either not been implemented; or were implemented, but have not been sustained, resulting in unnecessary exposure to service delivery risk.</p> <p>The Corporate Leadership Team agreed that each Directorate would review the full population of IA High and Medium rated findings and confirm (via a self attestation process) whether these had been implemented; not implemented; implemented but not sustained; or were no longer applicable, with any findings that had not been implemented, or were implemented but not sustained, reopened by Internal Audit to ensure that these risks are effectively addressed.</p> <p>The results for Place confirmed that a total of 2 High and 3 Medium rated findings will be reopened.</p> <p>The Executive Director of Place and Place Heads of Service are all personally committed to ensuring that this historic position is addressed together with timely resolution of our existing population of open IA findings. Action plans have been</p>	Partially compliant	Action Plans are now in place for all re-opened actions as well as all outstanding actions for Place service activities.

			developed and sufficient resources allocated to ensure that this will be achieved within appropriate timeframes.		
16 Progress		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
16.1	All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years should have been addressed satisfactorily.	Please detail how any remaining outstanding issues or recommendations are being addressed.	All outstanding issues and recommendations have been progressed, or are being progressed as per the requirements of the prepared improvement plans. Rolling action logs are maintained for all committees and regular updates are provided to members on progress until actions are complete.	Partially compliant	New arrangements are being introduced to track Committee actions and to ensure that these are followed up immediately following committees and progress tracked.

Reviewed by		Role	Internal Audit	Date	
Reviewed by		Role	Democracy, Governance and Resilience Senior Manager	Date	

## Appendix 2 – Place Directorate Action Plan in Response to Annual Assurance Statement Findings

Control Area	Paragraph of Schedule	Issue	Action	Senior Responsible Officer	Target completion date
2.8	Risk and Resilience requirements	You should have arrangements in place throughout your directorate for the recording and addressing of audit actions.	<p>Place has taken action on a number of the historic and outstanding audit actions which have been identified.</p> <p>All audit actions are now recorded within TeamCentral and are being tracked on an on-going basis.</p> <p>A review of all open audit actions in Place is currently underway to ensure actions are being progressed in accordance with the audit findings.</p> <p>Audit actions are now discussed with the relevant risk owner and a recommendation/approach to addressing the risk within an achievable timeframe is agreed. This will now include time for the action to be assessed by auditors for compliance.</p>	<p>Executive Director and Heads of Service</p> <p>Risk Contributors and Owners</p>	<p>1 – 3 by 31 December 2018</p> <p>On-going</p>
2.10	Risk and Resilience Requirements	Your business continuity plans and arrangements should mitigate the business continuity risks facing your	The outstanding business continuity plan for the mortuary has now been prepared and is with Internal Audit for review.	Scientific Services Service Manager and Internal Audit	31 December 2018

## Appendix 2 – Place Directorate Action Plan in Response to Annual Assurance Statement Findings

		<p>directorate’s essential activities.</p>	<p>Business Impact Assessments for all Place services are being progressed with support from the Corporate Resilience team. Actions identified will be progressed in accordance with the Council’s business continuity arrangements.</p> <p>Specific business continuity plans are in place for key service activities and these are reviewed on a regular basis.</p>	<p>Heads of Service, Service Managers and Resilience Specialist</p> <p>Service Managers</p>	<p>This is on-going</p> <p>Reviewed annually</p>
4.1	Council Company Requirements	<p>You must have arrangements in place for the oversight and monitoring of the council companies you are responsible for, that give you adequate assurance over their operation and delivery for the Council.</p>	<p>The arrangements for oversight and monitoring of the Culture, Economic Development and Transport arms length companies are in line with the Council’s governance arrangements.</p>	N/A	N/A
4.2	Council Company Requirements	<p>You must ensure that an appropriate Service Level Agreement, or other appropriate legal agreement, is in place for each Arm’s Length External Organisation that you are responsible for.</p>	<p>Internal Audit reviewed the Place agreements in place. Additional information has been requested and Place are currently working with Internal Audit to clarify the requirements of this action and will put the necessary changes in Place, where appropriate.</p>	Operations Manager	31 December 2018

## Appendix 2 – Place Directorate Action Plan in Response to Annual Assurance Statement Findings

			<p>There was an outstanding Service Level Agreement for Marketing Edinburgh which was approved by Housing and Economy Committee in June 2018 for the period of one year.</p> <p>An Internal Audit in 2017/18 required service level agreements to be in place for all arms length organisations. Agreements are in place with most of the Place ALEOs however these are being reviewed in line with the audit findings and will be amended accordingly if required. Where agreements are not in Place, this will be addressed or action taken if not appropriate.</p>	<p>Executive Director of Place</p> <p>Board Observers and Heads of Service</p>	<p>June 2018</p> <p>31 March 2019</p>
9.1 and 9.2	Performance Requirements	Where performance monitoring identifies inadequate service delivery or poor value for money, you must have arrangements in place for reporting to CLT, Committee and/or Council.	Performance reporting has been undertaken as part of the Council's annual performance reporting process, with reports prepared for CLT and Committee both on performance and the Programme for the Capital by Strategy and Insight with support from Place service areas.	N/A	N/A



## Appendix 2 – Place Directorate Action Plan in Response to Annual Assurance Statement Findings

			<p>In line with the Council's business planning process, a suite of Key Performance Indicators is currently being developed for Place. This is being prepared on a balanced scorecard approach, with the focus on outcomes rather than outputs. This includes data gathering on a regular basis (will be monthly, quarterly or annually depending on the KPI) and will be reported to Place Senior Management Team meetings, to CLT and to Committee/Council in line with the regular reporting schedule. This will sit alongside reporting on the Programme for the Capital reporting on a six monthly basis.</p> <p>Place has action plans in place in two service areas currently to address identified performance issues – Roads and Building Standards. Progress on each is monitored regularly and reported to the appropriate Committees.</p> <p>Where performance issues are identified, specific action plans are developed and monitored accordingly.</p>	<p>Executive Director Heads of Service Strategy and Insight</p> <p>Service Managers Head of Service Strategy and Insight</p> <p>Service Managers Heads of Service</p> <p>Service Managers Heads of Service</p>	<p>31 December 2018</p> <p>On-going</p> <p>On-going</p> <p>On-going</p>
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## Appendix 2 – Place Directorate Action Plan in Response to Annual Assurance Statement Findings

9.3	Performance Requirements	You should have appropriate arrangements in place throughout your directorate for recording, monitoring and managing customer service complaints and customer satisfaction.	A review of Place's approach to responding to customer complaints and response times is currently underway to ensure consistency and compliance with the Council's processes and procedures. An action plan will be implemented if the findings indicated that Council timescales for response are not being achieved or that there are issues with compliance.	Operations Manager	31 March 2019
11.2	Change and Project Management Arrangements	Your project/programme management arrangements should have appropriate governance in place to support delivery. As part of governance, clear roles, responsibilities, and accountabilities are articulated and demonstrated by all members of the project/programme team.	<p>The corporate arrangements for governance of major change projects has changed during 2018. Place contributes to this process with regular dashboards on all projects submitted to CLT on a monthly basis and to GRBV regularly.</p> <p>A review of projects underway in the directorate has been undertaken and the findings are currently being considered corporately before local actions will be identified.</p>	<p>N/A</p> <p>Executive Director Heads of Service</p>	<p>N/A</p> <p>31 March 2019</p>
12.1	Financial Control Requirements	The operation of financial controls in your directorate must be effective in ensuring the valid authorisation of financial transactions and	An issue was identified by Internal Audit as part of a review of payments to contractors in Housing Property. Actions have been agreed with Internal Audit and are currently being	Head of Place Development	XX

## Appendix 2 – Place Directorate Action Plan in Response to Annual Assurance Statement Findings

		maintenance of accurate accounting records.	implemented. This is being managed in accordance with Internal Audit findings and reported through the TeamCentral system.  No other issues have been identified in Place service areas.		
12.4	Financial Control Requirements	You should have arrangements in place to protect assets against theft, loss and unauthorised use and identify any significant losses.	A review of arrangements for all operational buildings managed by Place and Localities is required to ensure that arrangements are being applied consistently.	Heads of Service Service Managers	30 June 2019
14.1	National Agency Inspection Reports	You should have arrangements in place to identify any reports relating to your directorate that could impact on the signing of the Annual Governance Statement.	Arrangements are in place to identify reports which could have an impact on the signing of the Annual Governance Statement.  In 2016/17, the Scottish Government review of the Building Standards service identified a number of improvements required. These have been shared corporately and with Elected Members. An improvement plan is in place and progress is being monitored and reported.	Head of Place Development	30 June 2019
14.2	National Agency Inspection Reports	You should have arrangements in place that adequately monitor and report on the implementation of recommendations.	As part of the 2018/19 assurance schedule review, managers have been asked to confirm the current	Executive Director Heads of Service Service Managers	31 March 2019

## Appendix 2 – Place Directorate Action Plan in Response to Annual Assurance Statement Findings

			<p>arrangements and assess these for adequacy.</p> <p>The findings of this will be used to determine if further changes are required to strengthen the approach in Place.</p>	<p>Executive Director Heads of Service</p>	<p>30 June 2019</p>
15.1	Internal Audit External Audit and Review Report Requirements	<p>Have there been any internal audit, external audit or review reports published during the year that have highlighted high, medium or significant control deficiencies?</p>	<p>The arrangements for implementing actions following internal audit arrangements has been reviewed with the introduction of TeamCentral. Services are working with Internal Audit to improve the flow of information and to ensure that the expectations in respect of audit actions are clearly understood.</p> <p>For external audit and review reports, arrangements continue to be monitored through the development of implementation of improvement plans.</p>	<p>Executive Director Heads of Service Service Managers</p> <p>Executive Director Heads of Service Service Managers</p>	<p>31 March 2019</p> <p>On-going</p>
15.2	Internal Audit External Audit and Review Report Requirements	<p>You should have arrangements in place to ensure all recommendations from these reports have been (or are being) implemented and that this is monitored effectively.</p>	<p>The implementation of all internal audit actions is now being tracked through TeamCentral.</p> <p>A review of all open actions is currently underway.</p>	<p>Executive Director Heads of Service Service Managers</p> <p>Operations Manager</p>	<p>On-going</p> <p>31 December 2018</p>

## Appendix 2 – Place Directorate Action Plan in Response to Annual Assurance Statement Findings

			<p>Service managers are responsible for ensuring that implemented audit actions continue to be monitored for effectiveness.</p> <p>Internal Audit are currently undertaking a review of a sample of closed audit actions to check on-going compliance. This includes Place actions. The findings of this will be reported in due course and any required actions will be taken.</p>	<p>Service Managers</p> <p>Internal Audit</p>	<p>On-going</p> <p>On-going</p>
16.1	Progress	All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years should have been addressed satisfactorily.	<p>All outstanding actions from Committees are now being tracked through action logs for individual committees and regular updates are included in Rolling Action Logs and/or within Committee reports. The outstanding actions are reviewed as part of the process for Committee planning and reporting and Committee work programmes are updated to bring forward reports and updates as requested.</p> <p>Internal Audit actions are now being tracked through TeamCentral and will be monitored closely on an on-going basis.</p>	<p>Executive Director</p> <p>Heads of Service</p> <p>Service Managers</p> <p>Heads of Service</p> <p>Service Managers</p> <p>Operations Manager</p>	<p>Actions are progressed regularly by Service Managers and reviewed/updated on a bi-monthly basis as part of the Committee process.</p> <p>Actions are progressed as appropriated. A monthly review is undertaken by</p>

**Appendix 2 – Place Directorate Action Plan in Response to Annual Assurance Statement Findings**

					Heads of Service and action taken as appropriate.
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