

Governance, Risk and Best Value Committee

10am, Tuesday, 15 January, 2018

Annual Assurance Schedule – Communities and Families

Item number	7.7
Executive/routine	Executive
Wards	All
Council Commitments	

Executive Summary

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

Annual Assurance Schedule – Communities and Families

1. Recommendations

- 1.1 To note the Community and Families 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

- 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

- 3.1 The Communities and Families directorate includes, Schools and Lifelong Learning, Children's Services, and Safer and Stronger Communities. Safer and Stronger Communities became part of Communities and Families Directorate in June 2018.

3.2 In 2017/18 the Communities and Families directorate employed 10,690 people and Safer and Stronger Communities employed 495 people.

3.3 Budget Information for 2017/18:

	Staff budget	Total expenditure budget	Net budget
	£m	£m	£m
C&F (excl SSC)	273.9	369.6	343.2
SSC	20.5	72.3	27.9
C&F (incl SSC)	294.4	441.9	371.1

3.4 The Communities and Families (appendix 1) and Safer and Stronger Communities (appendix 2) schedules were 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.

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

3.5.1 they have considered the effectiveness of controls in their service area/directorate, including controls in Communities and Families to mitigate major risks to their service area/directorate's objectives;

3.5.2 to the best of their knowledge, appropriate controls are in operation upon which they can give reasonable assurance and that there are no significant matters arising that should be raised specifically in the Annual Governance Statement (or otherwise); and

3.5.3 they have identified actions that will be taken to continue improvement.

3.6 In the Communities and Families Directorate, the schedule was completed by senior 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.

- 3.7 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.
- 3.8 An action plan for Communities and Families is attached at appendix 3. This includes actions in relation to identified internal control weaknesses. In each instance a responsible officer and a deadline for completion is included.
- 3.9 Communities and Families report annually to the Education, Children and Families Committee on assurance activities in schools (appendix 4). 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.
- 3.10 Documents for this year's self-assurance process have been sent to all educational establishments in December 2018, with a return date of the end of January 2019.

4. Measures of success

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

5. Financial impact

- 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

- 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

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

8. Sustainability impact

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

9. Consultation and engagement

- 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

- 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](#)

Alistair Gaw

Executive Director of Communities and Families

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11. Appendices

- 11.1 Appendix 1 – Communities and Families Annual Assurance Schedule
- 11.2 Appendix 2 – Safer and Stronger Communities Annual Assurance Schedule
- 11.3 Appendix 3 – Communities and Families and Safer and Stronger Communities Action Plans
- 11.4 Appendix 4 – Communities and Families Assurance Framework Report August 2018

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

For the year end 31 March 2018

Directorate	Communities & Families				
Completed by	Cheryl Buchanan	Job title	Operations Manager	Date completed	May 2018
Signed off by	Alistair Gaw 	Job title	Executive Director Communities & Families		
Print name of signatory	Alistair Gaw	Date of signature	21 May 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 no later than **Friday 27 April 2018**.

Section	Requirements	Supporting officers
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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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 service area that are proportionate, robust, monitored and operate effectively.	<p>Independent monitoring procedures in place ensure impact of control weaknesses are identified at an early stage.</p> <p>Schools and Lifelong Learning (SLL) and Children's Services (CS) SMTs are provided with monthly budget reports for financial monitoring purposes. The Senior Management Teams meet regularly with budget holders. Senior accountants understand the needs of the services, meet regularly with the teams and contribute to decision making to prioritise budget spend</p> <p>Schools have a three-stage approach to authorising orders.</p> <p>Order processes for the wider department are in place with appropriate level authorisation.</p> <p>A process of review of all Health and Safety policies/procedures is being progressed through the C&F Health and Safety Working Group.</p> <p>Corporate Health and Safety undertake audits in Communities and Families establishments as part of their annual programme.</p> <p>Risk/Health and Safety progress is reported on a quarterly basis to the Communities</p>	Partially compliant	<p>Only 75% of schools returned their self-assurance statement for the 2017/18 return. Follow up action will be taken to ensure assurance is provided by all establishments.</p> <p>Some schools have had a low uptake of parents using ParentPay. Operational staff will work with ParentPay and schools to improve uptake and help move more schools to be a cashless environment.</p> <p>SLL will work with business partners delivering training courses to ensure they are widely available, well communicated and can meet demand. Council wide improved mechanisms e.g. electronic systems are required to manage Essential Learning in a suitably robust way.</p>

			<p>and Families SMT.</p> <p>Risk Committees take place within Communities and Families on a quarterly basis, chaired by the Council's Chief Risk Officer.</p> <p>Communities and Families has a Risk Management Group that coordinate strategic risk activities to ensure internal controls, policies, procedures and training are in place and managing risk effectively. The role of the group is also to ensure effective risk communication is in place. The group has service wide representation including Headteachers and Business Managers.</p> <p>SLL SMT work with procurement to address any issues regarding contract management. Schools have a procurement forum group that meets regularly – chaired by procurement and attended by school business managers. CS manages a small team of commissioning officers who manage contracts and work in partnership with senior officers to ensure that we are getting value for money.</p> <p>Communities and Families heads of establishments complete an annual Self Assurance questionnaire, the questions and statements cover all internal control procedures from an establishment perspective. This provides risk management data as well as risk profiling information at a local level to show the actual risk maturity. The annual self-</p>	<p>The results from the SLL annual self-assurance process information are being analysed to provide feedback to managers and business partners, ensuring they are made aware of risks, gaps in knowledge and training requirements and that improvements are put in place where required.</p>
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			<p>assurance exercise provides colleagues with a reminder of where relevant policies and procedures are through the validation information provided which sign posts colleagues to information on the Orb. The annual self-assurance exercise also provides colleagues with an opportunity to call out areas where controls are not embedded.</p> <p>New essential learning/training matrices were created for 2017/18. Some staff have reported difficulty accessing some essential training due to staff cover and availability of training dates for some courses.</p> <p>Parent Pay was introduced across all schools in 2017 enabling parents to pay online for their children's meals and school trips and reducing the amount of cash collected in schools. This provides improved financial controls.</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.	Communities and Families contracts with third parties have a standard set of conditions and grants to third parties are subject to the Council standard conditions of grant funding (recently updated). All organisations are required to provide information about service delivery using standard contract or grant monitoring templates generally on an annual basis. All grant awards have an identified monitoring officer as do the majority of contract awards, however there continues to be a	Partially compliant	

			<p>capacity issue to achieve full coverage. There is also an issue of providing ongoing training for these officers.</p> <p>Within Corporate Property the PPP contract management team is responsible for managing the services provided by the two PPP providers and the consequent associated risks.</p> <p>The Council Observer on the Board of Edinburgh Leisure and Senior Education Manager (Lifelong Learning) participate in Board meetings but don't vote or make any decisions. Involvement in these meetings allows the Council to be made aware of any risks and performance of the company. The observer has full access and awareness of company board documentation.</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>Risk registers are reviewed at the Communities and Families Senior Management Team meeting and Risk Committees on a regular basis.</p> <p>The Communities and Families Risk Management Group which meets monthly has a risk register which is a standing agenda item.</p> <p>The Education, Children and Families Committee review the risk register annually. The risk register includes details of all controls and actions relating to the risk management discussion/review and revised scoring of the risks ensures that risks are reviewed adequately.</p>	Compliant	

			<p>Communities and Families also works with Internal Audit who review and report on Directorate risk, for example, Information Security, providing the Communities and Families Risk Management Group with management information and advice on the adequacy of controls / recommendations for any further work required.</p> <p>Internal audit/Corporate Health and Safety audit and the annual Self Assurance exercise which all Communities and Families establishments return provide a very effective review of the effectiveness of controls and procedures. The planner used alongside the self-assurance checklist means that controls are reviewed in a proportionate way at establishment level throughout the year plus there is the annual return by heads of establishment in February.</p> <p>Internal Audit are also working on a Schools Business Manager toolkit to help colleagues understand and put controls in place, this should be ready for the start of new academic year in 2018.</p>		
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.	The Self Assurance exercise for 2017/18 has not identified control weaknesses that would have an impact on the annual accounts.	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.	The facilities management review and the transfer of management of secondary school sports facilities to Edinburgh Leisure after 6pm have both been identified as having an impact on SLL income and expenditure.	Yes	An internal CEC/Edinburgh Leisure board, supported by CEC Finance, monitor expenditure. Changes in practice in the use of school buildings out with school hours will help manage the financial impact of the FM review.
2	Risk and Resilience requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
2.1	<p>Your risk management arrangements should identify the key risks to your service area (and the Council) including those arising from:</p> <ol style="list-style-type: none"> 1. Change (e.g. structural, service delivery, demographic and/or management) 2. Partnerships (external and internal) 3. Projects 4. Legal or regulatory action(s), and 5. Reputational damage. 	Please describe your risk management arrangements and confirm that these adequately cover the three categories listed.	<p>Risk Management continues to identify new risks and focus on new risks arising through regular discussion on risk and prioritisation of discussion on key areas of concern through risk committees, the C&F Risk Management group which meets monthly and regular discussion at the C&F SMT.</p> <p>This year the C&F Senior Management Team reviewed the services risk architecture in terms of risk forums. This means that Health and Safety Committees/Working Groups/Risk Committees and Risk Management Groups are diarised and operating to provide the forums for risk management for the categories listed. The C&F Risk Register is a dynamic document and a standard agenda item on the various forums/groups.</p>	Compliant	

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.	<p>The C&F risk committees and regular risk report updates at the C&F Senior Management Team manage controls and procedures to mitigate against the negative impact of identified risks.</p> <p>Where Council wide controls and procedures are required, risks are escalated, for example to the Council Leadership Team.</p> <p>The Communities and Families Risk Management Group also have an input with regards to the effectiveness and appropriateness of controls making improvements wherever necessary.</p>	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.	Risk management arrangements are reviewed to ensure the effectiveness and appropriateness of controls and improvements made wherever necessary.	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.		No	

2.5	There must be appropriate escalation/communication to the service area 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.	The C&F Risk Management Group escalate any significant issues, risks and weaknesses to the C&F Risk Committee who escalate to the CLT Risk Committee. Risk escalation and communication is managed well. We have appropriate risk architecture and involvement of risk colleagues to ensure there is expertise in terms of the risk discussions.	Compliant	
2.6	You should have arrangements in place throughout your service area for the identification, recording and minimising of bribery risks.	Please describe these arrangements and how they are monitored and reported.	Hospitality and gift registers are regularly updated and reviewed.	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.	This is part of the annual policy reading and e-learning required and documented in the essential learning matrix for all SLL staff.	Compliant	
2.8	You should have arrangements in place throughout your service area for the recording and addressing of audit actions.	Please describe these arrangements and how they are monitored and reported.	Audit actions are recorded and addressed, however following up on overdue actions requires a more robust system.	Partially compliant	Senior managers are alerted to audit actions however are not routinely kept informed of overdue actions until they are very overdue. Council wide improved mechanisms e.g. electronic systems are required to manage audit actions in a

					suitably robust way.
2.9	<p>Your service area should have appropriate resilience arrangements in place, including:</p> <ol style="list-style-type: none"> 1. A Service Area Resilience Group and Workplan 2. A Resilience Coordinator and deputies for each essential activity area 3. A Counterterrorism Coordinator and deputy 4. A Building Incident Manager for each staffed Council premise. <p>All who should have received the appropriate training.</p>	Please confirm your compliance with each requirement and how you ensure each is managed.	SLL work closely with our Resilience Business Partner, Kimberley Campbell, and have an annual resilience workplan. Cheryl Buchanan is the Resilience Coordinator and Counterterrorism Coordinator. Deputies have yet to be identified. Building Incident Managers are in place for each staffed Council establishment.	Partially compliant	Deputies have yet to be identified.
2.10	Your business continuity plans and arrangements should mitigate the business continuity risks facing your service area's essential activities.	Please detail the plans and arrangements you have in place and explain how and when these are reviewed and reported.	Business Continuity Plans are regularly reviewed as part of the Council Wide Business Impact Analysis (BIA) Process. A Loss of Premises exercise is currently being undertaken between C&F and Resilience which will enable risks to be identified and plans put in place to manage risks.	Compliant	
3	Workforce Control requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
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 e.g. home/remote	Please describe these arrangements and how they are monitored and reported.	Controls are in place for this. There has been a sustained effort in SLL and CS over 2017/18 to address long term absence management Progress has been made and work is ongoing with HR Case Management support. CS managers have put in place support and challenge panels to assist	Compliant	Continued progress is required on absence management.

	working.		team managers to manage absence.		
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 IR35 Council guidance and procedures.	Please detail the controls you have in place to ensure compliance and explain how these are monitored and reported.	Controls are in place for this. SLL are working closely with Procurement Services to ensure compliance where individual establishments have engaged compliantly with consultants however the aggregate spend between all establishments over a year means we must engage/contract differently going forward.	Partially compliant	Continued work with Corporate Procurement Services to identify aggregate spend and contract requirements.
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.	Controls are in place for this. The essential learning matrix includes training requirements for all recruiting managers.	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.	Controls are in place for this. Induction processes include essential learning and managers are compliant with starter/leaver processes and security requirements.	Compliant	

3.5	You must have robust controls in place to ensure that statutory workforce requirements are met, e.g. 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.	Controls are in place for this. Staff cannot start in post until PVG checks are complete and CEC has received paperwork. Recruiting managers know their requirements to check qualifications/registration/right to work etc. and are responsible for providing the relevant information to HR recruitment.	Compliant	A council wide risk has been identified where an organisation can be placed on a supplier list and be paid by CEC without a contract being in place and therefore without a process of asking for confirmation that the company and their employees are all PVG checked.
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.	Processes are in place for this. There has been a sustained effort in SLL and CS over 2017/18 to address long term absence management Progress has been made and work is ongoing with HR Case Management support.	Compliant	Continued progress is required on absence management. It is hoped the new occupational health provider will better support this process.
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.	A complete review of essential learning for all SLL and CS staff was undertaken and new matrices were created and published for all staff groups. Managers are required to keep records of all staff training requirements at local level. Council wide recording mechanisms e.g. electronic systems would greatly improve this process and make it more efficient. Teaching staff are required to submit a regular professional update through the GTCS to maintain their registration.	Compliant	

3.8	You should have arrangements in place to support and manage staff performance e.g. regular 1:1/supervision meetings, performance/spotlight conversations.	Please describe the arrangements you have in place.	Processes are in place for this and staff/managers are aware of their responsibilities.	Partially compliant	Work is ongoing to ensure the looking back/forward conversations and meetings between staff and managers are recorded in MyPeople as required.
3.9	You must ensure compliance with HR policies and procedures across all service areas, e.g. Code of Conduct, Disciplinary, Grievance, Bullying and Harassment.	Please describe how you monitor compliance across all service areas, e.g. maintaining a register of gifts and hospitality, recording conflicts of interest, recording and approving secondary employment where required.	Controls are in place for this. Compliance with HR policies and procedures is included in the essential learning matrix for all staff groups.	Compliant	
4	Council Company requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
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.	The Service Manager for Lifelong Learning attends the Edinburgh Leisure board meetings as a Council Observer.	Compliant	
4.2	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.	Please confirm that this is the case, that each agreement is up to date and the frequency of review.	Appropriate Service Level Agreements are in place for Edinburgh Leisure. The SLA is discussed and agreed annual before the award of the annual service payment for delivery of service.	Compliant	

4.3	You must regularly consult and engage with recognised trade unions.	Please describe the arrangements you have in place.	Engagement with recognised trade unions is done on a regular basis. Union representatives are invited to attend various forums including C&F health, safety and wellbeing committee and the technical FM and C&F working group.	Compliant	
5 Policy requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
5.1	You should have arrangements in place to ensure all service area 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 service area level e.g. Employee Handbook requirements, as well as locally in relation to operational and/or role specific requirements.	This is included in the staff essential learning matrix for all SLL staff groups. Additionally, on the Orb, schools have a Schools Team Space page with links to policies. Key Health and Safety policies have been communicated through a 'Risk Matters' branded update.	Compliant	
5.2	You should have arrangements in place for the annual review of policies owned by your service area, 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).	All new SLL and CS policies are promoted and made available to all staff on the Orb. It is the role of managers to ensure that their staff are aware of policies and procedures as part of staff management. A policy register is in place and available on line. All policies are reviewed and updated regularly and reported to Education Children and Families Committee or other committees are required.	Compliant	
5.3	You should ensure that policies and procedures of particular relevance to services within your service area are implemented in a planned and consistent manner.	Please describe the arrangements you have in place e.g. action plans, training programmes, etc.	Where policies and procedures are required for specific staff groups they are out on the agenda and discussed in team meetings. Specific policies including Child Protection/Health and Safety and Significant Occurrence reporting is supported by Learning and Development activities.	Compliant	
6 Governance and Compliance requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions

6.1	You must ensure service area staff are aware of their responsibilities in relation to the Council's governance framework e.g. 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.	<p>Information on Committee terms of reference and delegated functions is readily available on the Orb.</p> <p>Details on the scheme of delegation are readily available on the Orb and staff are directed to read this. It is the line manager's responsibility to ensure that staff are aware of the guidance and how it should be used.</p> <p>Information on Contract Standing Orders is available on the Orb (this information is reviewed annually). The procurement handbook is on the Orb and managers would direct staff to this in terms of advice and information regarding procurement within the Council.</p>	Compliant	
6.2	The authority, responsibility and accountability levels within your service area 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.	<p>As above.</p> <p>This is managed between Senior HR Business Partner and Senior Executive Officer</p>	Compliant	
6.3	You should have arrangements in place to ensure your service area'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.	<p>Controls are in place for this.</p> <p>Service area activities are set out in service area plans and are compliant with relevant legislation and regulations.</p>	Compliant	
7	Information Governance requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions

7.1	Service area 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.	We are working towards our staff having a solid understanding of their responsibilities in relation to information management. Information Governance is included within the essential learning matrices for staff.	Partially compliant	The self-assurance statements for 2017/18 indicate staff have a lack of confidence in what is required of them in relation to information governance. SLL are working with the IG team to plan how to address these concerns, improve staff knowledge and provide additional training where required.
7.2	Data sharing arrangements with third parties must be recorded, followed and regularly reviewed throughout all service areas in your service area.	Please describe the arrangements in place and how these are monitored and reported.	We are working closely with information governance to identify all places where data sharing arrangements are required.	Partially compliant	Work is ongoing to ensure all arrangements with third parties have been identified and required data sharing agreements in place.
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 service area.	Please describe the arrangements in place and how these are monitored and reported.	We are working closely with information governance to identify all places where privacy impact assessments are required.	Partially compliant	Work is ongoing to ensure privacy impact assessments are in place.
7.4	All service area 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.	Staff are aware of their responsibilities. This requirement is included in the e-learning module for information governance which is included in the essential learning matrices for staff.	Compliant	

7.5	Information risks should be routinely recorded in risk registers and managed throughout all service areas in your service area.	Please describe the arrangements in place and how these are monitored and reported.	Information risks are included in the C&F risk register and the risk register is regularly reviewed.	Compliant	
7.6	Processes that manage Council records, created and used within your service area, 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.	We are working with the information governance team to record all processes where data is gathered. Processes are within approved procedures.	Partially compliant	Work is ongoing to ensure all processes are recorded.
7.7	All Council records within your service area 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.	We are working with the information governance team to clarify requirements of the record retention schedule as it is complex in some areas, particularly in schools.	Partially compliant	Work is ongoing with colleagues in information governance.
8	Health & Safety (H&S) requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
8.1	Service area 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-	Please describe the arrangements you have in place to meet these requirements and how these are monitored.	The validation checklist which accompanies the self-assurance statement provides links to all the key health and safety policies and procedures so staff are aware of their general responsibilities however at an operational level there has been a lack of clarity around Health and Safety roles and responsibilities. Work undertaken to define this by Corporate Health and	Partially compliant	Clarification of roles and responsibilities and the implementation of the Service Level Agreement for FM and the new FM structure should reduce risks in this area.

	related ill health reporting and investigation procedure; all other relevant health and safety policies and procedures (e.g. Asbestos, Water Safety).		<p>Safety/Corporate Property will assist understanding and define arrangements.</p> <p>There are gaps in how Workplace Inspection is undertaken. Gaps have been identified in risk assessments for non-curricular activities.</p> <p>Statutory inspection record keeping has been identified as variable through the Self Assurance audits and gaps have been identified in the testing of playground and fixed gym equipment. This has been raised with Corporate Property. The development and final sign off of Facilities Management Service Level Agreements will assist in the risk management of all of these areas.</p>		
8.2	<p>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.</p>	Please describe the arrangements you have in place and how these are monitored, reviewed and reported.	<p>SLL and CS have processes in place for this, however following H&S audits where gaps were indicated, clarification has been requested from Corporate Health and Safety for the equipment and activities that they would be expecting a risk assessment for. H&S has engaged a consultant to provide clarity for SLL and CS.</p> <p>At an operational level there has been a lack of clarity around roles and responsibilities where SLL has overall responsibility as Head of Establishment however staff in their building are the responsibility of FM or Customer and therefore SLL do not have visibility over all aspects of their role. Work undertaken to define this by Corporate Health and Safety/Corporate Property/Customer will assist understanding and define</p>	Partially compliant	SLL are working with business partners in other council departments to better define roles and responsibilities.

			arrangements.		
8.3	You must have competencies, processes and controls in place to ensure that all service areas in your service area, 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.	<p>SLL and CS Essential Learning matrices include H&S learning and training.</p> <p>Health and Safety audits are carried out by Corporate Health and Safety through the annual audit programme and senior managers receive the audit result.</p> <p>The induction programme for all SLL and CS staff includes an overview on Health and Safety.</p> <p>Health and Safety related policy/procedure and guidance is available on the Orb.</p> <p>Regular Risk/Health and Safety update and management information is presented to the SLL SMT</p>	Compliant	A Council wide improved mechanism e.g. electronic system is required to manage H&S audit actions in a suitably robust way.
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.	SLL and CS Essential Learning matrices include H&S learning and training.	Compliant	A Council wide improved mechanism e.g. electronic system is required to record completed face to face training in a suitably robust way.
8.5	You must have a robust governance and reporting structure for H&S in your service area.	Please provide the name of the SMT member in your service area 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	Communities and Families Health, Safety and Wellbeing Committee, chaired by Andy Gray, the Schools and Lifelong Learning Head of Service meets quarterly. Andy Gray also represents Communities and Families on the Council Health and Safety Group.	Compliant	

		service area are brought to the attention of the Council H&S Group as appropriate.	Communities and Families Health and Safety Working Group, chaired by the SLL Operations Manager, supports the Committee and escalates issues to the Health, Safety and Wellbeing Committee from the Working Group.		
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.	Communities and Families operate robust performance monitoring and management within the council's strategic performance framework. This includes regular performance monitoring at SMT. Key indicators are reported regularly to CLT and to EC&F and GRBV committees. The framework continues to be developed to ensure senior managers are provided with robust, relevant information in support of policy, decision making and service delivery in line with the Council's aims and objectives.	Compliant	
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, e.g. exception reporting to CLT, and any outstanding issues.	The robust performance monitoring and management framework in place within Communities and Families has ensured that there are no known service delivery or performance problems that remain outstanding.	Compliant	
9.3	You should have appropriate arrangements in place throughout your service area for recording, monitoring and managing customer service complaints and customer satisfaction, including: 1. Compliance with the complaints procedure, including	Please describe the arrangements you have in place and how these are monitored, reviewed and reported.	Complaints are managed according to the Council's 2 stage process. Education Complaints are monitored by the SLL Advice and Complaints Officer who also represents the service on the Council's Complaints Management Group which meets monthly and discusses common issues, cross service solutions, and good	Compliant	Educational establishments cannot currently record in the existing complaints system, due to being on a different IT network. There is a Council wide project through CGI for

	<p>stage 1 and 2 processes.</p> <p>2. Recording and analysing all complaints to identify service improvement.</p> <p>3. Implementation of improvement actions in relation to common complaints.</p> <p>4. Adherence to the Council's Managing Customer Contact in a Fair and Positive Way Policy, to support staff in handling difficult situations.</p> <p>5. Addressing recommendations from the SPSO in relation to the service area.</p>		<p>practice in service planning. The group has taken ownership of implementing actions to improve practice, staff learning and development, policy development, analysis and reporting, and service improvement planning.</p> <p>SLL and CS comply with the SPSO's model Complaint Handling Procedure as implemented on 1 April 2017.</p>		<p>the development of a new complaints handling IT system.</p>
10 Commercial and Contract Management requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
10.1	<p>You must have arrangements in place to ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders.</p>	<p>Please describe the arrangements in place and how these are monitored and reported.</p>	<p>Controls are in place for this with individual SLL and CS establishments with devolved budgets comply with Contract Standing Orders. Issues arise where aggregate spend across schools exceeds compliance limits.</p>	<p>Partially compliant</p>	<p>A Council wide improved mechanism e.g. electronic system, is required to identify aggregate spend in a suitably robust way to ensure compliance.</p>
10.2	<p>You must have arrangements in place to ensure that there are named contract managers in place for every contract managed by the service area and they are made aware of their contract monitoring and record keeping responsibilities.</p>	<p>Please describe these arrangements and how they are monitored and reported.</p>	<p>Contracts and Commissioning Officers, who are part of Children's Services, manage contracts and grants.</p> <p>A contract manager for the recently adopted Scotland Excel Framework Agreement for Educational Materials has started in post and will take on contract manager duties in addition to their main role.</p>	<p>Partially compliant</p>	<p>Contract management of Educational Materials to be put in place.</p>
10.3	<p>You must have controls and</p>	<p>Please describe the arrangements</p>	<p>As 10.2</p>	<p>Partially</p>	<p>Contract management</p>

	procedures in place to ensure that contract and supplier monitoring is carried out and recorded in accordance with the contract terms.	in place and how these are monitored and reported.		compliant	of Scotland Excel Framework for Educational Materials to be put in place.
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.	As 10.2	Compliant	
11	Change and Project Management requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
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 and programmes have a clear business justification. Business cases and project initiation documentation is in place to detail need, cost/benefit etc. before commencement.	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.	All projects and programmes have appropriate governance in place with roles and responsibilities defined.	Compliant	

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.	Project plans are in place to track delivery progress.	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.	As 11.1	Compliant / Partially compliant / Not 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 will be done when any projects close.	Compliant	
12	Financial Control requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
12.1	The operation of financial controls in your service area must be effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.	Please describe your financial controls.	<p>Controls are in place for this and where transactional area issues arise and they are brought to the departments' attention, this is acted upon. The SLL Operations Manager is working with Finance to put in place a series of KPIs for schools to identify any areas of weakness.</p> <p>Internal audit has not carried out any audits in SLL during 2017/18 leaving the service area to act as a first line of defence,</p>	Compliant	The reintroduction of an audit programme across schools would provide a greater assurance that controls are working effectively.

			which is the lowest form of assurance.		
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.	<p>Controls are in place for this.</p> <p>Pressures identified are being reported and management action is being taken.</p> <p>Monthly monitoring of budgets takes place at the Communities and Families Senior Management team.</p> <p>Communities and Families has delivered a balanced budget in 2017/18.</p>	Compliant	
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.	Commitments and contingent liabilities are regularly discussed Communities and Families SMT budget meetings and would be notified to the Chief Finance Officer as appropriate.	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.	Assets are safeguarded. Asset registers are kept and regularly checked within SLL establishments.	Compliant	

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 service area.	Please describe the arrangements you have in place including the frequency of review and date of last review.	The Council's Insurance Manager is consulted on activities or procedures that may affect existing insurance arrangements.	Compliant	
12.6	You should have arrangements in place for identifying any weaknesses in your service area'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.		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.	Arrangements are in place and no problems have been identified.	Compliant	
13	Group Accounts (Resources only)	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
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.		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.		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 service area 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.	Inspection reports are considered by the Sub-Committee on Standards for Children and Families. Any issues raised from the reports which require further action are highlighted and actions agreed. Following the committee meeting, appropriate letters are issued to head teachers or managers summarising the conclusions of the meeting and highlighting aspects of the inspection	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.	As 14.1	Compliant	
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.	CF1617 – Review of Child Protection – Decisions made by professional advisors within Social Care Direct are not reviewed – Medium Risk – Procedures now Implemented and Sustained CF1511 – Continuous Testing – Standby, On Call, and Disturbance Payments – Claims Breaching Council Rules and subsequently authorised without due diligence – High	Yes	Yes

			<p>Risk - Procedures now Implemented and Sustained</p> <p>CF1620 – Management of Care Providers – Contract Review Meetings – Medium Risk – Procedures now Implemented and Sustained</p> <p>CG1621 – GIRFEC – Named Person – Arrangements for out with School Terms – High Risk – Not implemented and Sustained – further work is required to close this action.</p> <p>CF1621 – GIRFEC – Named Person – Consent to Share information – Medium Risk - Not implemented and Sustained – further work is required to close this action</p> <p>CW1502 – Governance Arrangements – Arms Length Companies – Council Observer Roles – Medium Risk – Implemented and Sustained</p>		
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>All recommendations from these reports have been or are being implemented. 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</p>	Compliant	Partially Compliant

			<p>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 Communities and Families confirmed that a total of 2 High and 4 Medium rated findings will be reopened.</p> <p>The Executive Director of Communities and Families and Communities and Families 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 developed and sufficient resources allocated to ensure that this will be achieved within appropriate timeframes</p>		
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.		Compliant	The self-assurance process for 2017/18 continues to identify areas for further improvement, a service action plan is being developed for this year's return and will be managed through the Communities & Families Risk Management Group.

Reviewed by	Alistair Gaw	Role	Executive Director (where applicable)	Date	21 May 2018
Reviewed by		Role	Internal Audit	Date	
Reviewed by		Role	Democracy, Governance and Resilience Senior Manager	Date	

Head of Service

Schedule to Support Evidence of Assurance for the Annual Governance Statement

For the year end 31 March 2018

Directorate	Chief Executive		Division / Service Area	Safer and Stronger Communities	
Completed by	Nichola Dadds	Job title	Senior Executive Assistant	Date completed	06/04/18
Signed off by		Job title	Acting Head of Safer and Stronger Communities		
Print name of signatory	Harry Robertson	Date of signature	06/04/18		

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 directorate, 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.

Executive Directors seek assurance through issue of this schedule to their Heads of Service to satisfy themselves that effective controls are in place across all service areas. Completing this schedule helps prompt Heads of Service to consider various aspects of their control environment and will inform the Executive Director's assessment of compliance.

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 Head of Service 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 submission to their Executive Director (where applicable), Heads of Service 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 service area's arrangements would stand up to external scrutiny. When completing the schedule please include your assessment of the service area'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 your Executive Director no later than **Friday 13 April 2018**. The Chief Executive's Heads of Service should return their completed schedule to governance@edinburgh.gov.uk by the same date and a Certificate of Assurance will be issued for completion.

Section	Requirements	Supporting officers
Section 1	Internal Control Environment	Head of Service
Section 2	Risk and Resilience	Directorate/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/Service Area 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	Directorate/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	Head of Service

For further information or assistance please contact:

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Strategy & Insight
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Laura Callender
Governance Compliance Manager
Strategy & Insight
529 3655 or laura.callender@edinburgh.gov.uk

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 service area that are proportionate, robust, monitored and operate effectively.	<p>Internal controls are in place across Safer and Stronger Communities (SSC) that are proportionate, robust, monitored and operating effectively. Examples of these controls are:</p> <p>Financial Monitoring The budget is a standing item on the fortnightly SSC management team meeting agenda. The principal accountant attends, financial reports are produced and scrutinised to identify variances, risks, pressures and to ensure controls are in place.</p> <p>Performance Management/Quality Assurance Monthly monitoring of performance indicators by management teams across all areas of SSC and exception reporting to CLT. Support and Challenge Panels are held regularly with managers from each of the service areas aligned to SSC.</p> <p>A quality assurance framework is in place for all social work services. This includes a programme of regular case file audits, practice evaluation and self-evaluation activity.</p> <p>Procurement Monitoring A SSC Procurement Board (which includes representation from procurement services)</p>	Compliant	

manages procurement activity across the service in a cohesive and joined up approach. Service teams have regular monthly meetings with procurement teams and there is engagement with procurement services at contract management forums. The contracts registers are in place and monitored and reviewed on an annual basis. A register of all Council funded grants has been set up and is reviewed regularly.

Internal Audit

An internal audit of CCTV was held in 2017/18. An action plan was put in place which SSC are leading on. Contemporaneously a CCTV working group was established under the chair of the vice convenor of Culture and Communities Committee and the work of that group is aligned to achieving the outcomes of the internal audit report.

Risk Management

A risk management governance structure is in place, consisting of a risk steering group which meets bi-monthly and discusses service area risk and overarching service risks; when required these risks are escalated to the SSC Risk and Assurance Committee, who also receive a copy of the minutes from the risk steering group meetings. Divisional and service area risk registers are in place and received quarterly in line with the SSC Risk and Assurance Committee meeting schedule.

			<p>The Head of Service meets monthly with the Chief Risk Officer as a supplement to the risk steering group.</p> <p>Health and Safety The SSC Health and Safety Committee meets monthly and reports to the SSC Risk and Assurance Committee. This group has representation from across the service and progresses action areas and monitors health and safety performance; senior managers also regularly monitor health and safety performance. Workplace inspection and audit inspection programme is underway and progression of assigned actions monitored through the committee. Health and Safety is a standing item at each senior management team meeting and each service area team meeting.</p> <p>Policy and Procedures Service area policies and procedures are in place and updated regularly; when appropriate policy change is reported to elected members. Policies and procedures are held on a corporate register and those within criminal justice are owned by the senior manager for Community Justice.</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.	Controls and procedures are in place to manage risk in delivering service through Council companies, partners and third agencies. Commissioning strategies are in place for a range of external suppliers and third sector organisations. As part of the commissioning of these services, they will be expected to deliver performance or	Compliant	

outcome targets. All procurement is in line with contract standing orders and European regulations.

Framework agreements are also used in some key service areas which allows improved contract management and performance monitoring.

For services delivered through contracts or grants on behalf of the Council, there are joint meetings and performance and service delivery issues are reviewed at these meetings.

Third party grants have been approved by the relevant committees for 18/19 and monitoring regime is in place. A grants register is now in place to monitor the management of grants across the Council and ensure the co-ordination of grant procurement exercises.

The City of Edinburgh Council has a partnership agreement with Police Scotland for community policing. The Culture and Communities Committee oversee this agreement.

The City of Edinburgh Council, Midlothian Council and NHS Lothian jointly commission the Edinburgh and Midlothian Offender Recovery Service. The contract is reviewed quarterly.

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>All internal contract and procedures and their effectiveness are reviewed on a regular basis. Divisional teams consider internal contracts monthly, or more often if required. Any contract issues are escalated to the senior management team or the SSC Procurement Board when required. Risk Registers, internal controls and procedures are reviewed regularly.</p> <p>SSC financial position, health and safety performance, inspections and audits, action plans and procurement activity are all discussed as standing agenda items at senior management and service area meetings on a fortnightly basis.</p>	Compliant	
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.	No weaknesses were identified.	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.	<p>No - Each service area within SSC undertakes budget monitoring with finance colleagues and this is discussed at the SSC management team meeting fortnightly to mitigate the risk of any material variances impacting on the annual accounts. Risk is identified and addressed by the senior management team when required.</p> <p>Arrangements are also in place to monitor the financial performance of commissioned contracts.</p>	No	

2	Risk and Resilience requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
2.1	<p>Your risk management arrangements should identify the key risks to your service area (and the Council) including those arising from:</p> <ol style="list-style-type: none"> 1. Change (e.g. structural, service delivery, demographic and/or management) 2. Partnerships (external and internal) 3. Projects 4. Legal or regulatory action(s), and 5. Reputational damage. 	<p>Please describe your risk management arrangements and confirm that these adequately cover the three categories listed.</p>	<p>The risk management arrangements identify the key risks to SSC. A risk governance structure is in place which includes a well-established risk management steering group with a cross section of operational staff to identify service specific risks as well as risk that cross all SSC services. The group also considers future risk. Any risks identified are escalated and discussed by the SSC Risk and Assurance Committee.</p> <p>The SSC risk register is regularly reviewed in line with the SSC Risk and Assurance Committee meeting timetable and service area risk registers are reviewed and monitored on at least a quarterly basis by service areas.</p> <p>All projects are managed in line with Prince2 methodology with risk registers in place.</p> <p>Business continuity plans are in place and reviewed regularly and Business Impact Analysis (BIA) is being refreshed due to the significant changes within the organisation through transformational review.</p> <p>Any prospective or regulatory action relating to SSC is managed through the steering group and risk and assurance group. Any legal and or regulatory action would also be identified through the senior management team and managed appropriately through governance arrangements.</p>	Compliant	

			Where there is a likelihood of a risk of reputational damage to the Council this is escalated to either the SSC management team or CLT for further discussion and mitigation controls put in place if appropriate.		
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.	<p>The risk governance structure in place within SSC provides a clear escalation for those risks identified as requiring further discussion at a senior level. The risk management steering group and risk and assurance group also focus on emerging risks and carry out horizon scanning. Controls and actions identified in risk registers are used to manage identified risks, and projects are managed in line with Prince2 methodology, including risk management, escalation of key issues and decisions and governance arrangements.</p> <p>Risk assessments are carried out regularly in line with service area requirements; at least yearly or where a significant operational change has occurred.</p>	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.	Service area specific risks are captured in the risk register, which is reviewed and updated on a quarterly basis. The risk steering group and SSC risk and assurance committee provide a focused approach to managing current and future risks and development of mitigation strategies. When specific risks are identified or arise, these are considered and either service area risk workshops or cross service workshops are held dependent on the risk.	Compliant	

			Project risks are managed via project governance arrangements.		
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.	<p>The last review did not identify any weaknesses that could impact on the Annual Accounts.</p> <p>The SSC risk register includes risks relating to robustness of savings that have been built into budgets; sufficient controls have been put in place to allow these to be managed.</p>	No	
2.5	There must be appropriate escalation/communication to the service area 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>Regular monitoring and review from team level through to directorate level is in place.</p> <p>As part of the team level programme, staff are asked to identify risks for escalation, which are then captured, discussed, and managed at an appropriate level. Where emerging risks are identified as requiring escalation, there are appropriate routes via the steering group or risk and assurance committee or directly to senior managers or the Head of Service.</p>	Compliant	

2.6	You should have arrangements in place throughout your service area for the identification, recording and minimising of bribery risks.	Please describe these arrangements and how they are monitored and reported.	<p>Managers are aware of the Anti-Bribery Policy, Procedure, and Risk Assessment Toolkit. All staff must sign to acknowledge they have read and understood the Anti-Bribery Policy as part of their annual conversations relating to CEC Policy and Procedures. Managers will record this on MyPeople.</p> <p>Some service areas have a bribery risk register where this has been identified as necessary (e.g. commissioned or service areas where there are third party contracts in place)</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>Managers are responsible for ensuring that staff are made aware of the Council's whistleblowing policy and procedures and a staff induction checklist includes signed acknowledgement that they have read and understood all core Council policies.</p> <p>E-learning, policy publication on the Orb and team briefing/tool box talks are all used to enforce policy messages and routes for raising concerns.</p> <p>Through team briefs, reminder emails and audits, the Senior Management Team monitors compliance and can ascertain awareness levels of policies and routes for raising concerns.</p>	Compliant	

2.8	<p>You should have arrangements in place throughout your service area for the recording and addressing of audit actions.</p>	<p>Please describe these arrangements and how they are monitored and reported.</p>	<p>Risks identified through the audit programme and will be identified, actioned, and monitored through the SSC Risk and Assurance Committee. Service areas are either developing, or have already developed, a risk register that directly feeds into the SSC risk register.</p>	Compliant	
2.9	<p>Your service area should have appropriate resilience arrangements in place, including:</p> <ol style="list-style-type: none"> 1. A Service Area Resilience Group and Workplan 2. A Resilience Coordinator and deputies for each essential activity area 3. A Counterterrorism Coordinator and deputy 4. A Building Incident Manager for each staffed Council premise. <p>All who should have received the appropriate training.</p>	<p>Please confirm your compliance with each requirement and how you ensure each is managed.</p>	<p>SSC have resilience arrangements in place which include:</p> <p>Appropriate representation at the Council’s monthly Resilience Group which includes stakeholders for all directorates. Currently no SSC Resilience Group or Workplan is in place as this has not been communicated as a requirement.</p> <p>The Service Area Resilience Co-ordinator for Chief Executive covers SSC. The SEA is the Resilience Deputy for SSC and attends the monthly Resilience Group meetings and regularly meets with the Resilience Specialist for SSC.</p> <p>The Counterterrorism Coordinator for Chief Executive covers SSC.</p> <p>SSC premises have a single point of contact for all issues relating to single occupancy buildings and arrangements are in place for shared buildings with our partner agencies. A training programme has been developed for all Building Incident Managers and relevant staff.</p>	Partially compliant	<p>SSC Resilience Group work plan to be developed.</p>

2.10	Your business continuity plans and arrangements should mitigate the business continuity risks facing your service area's essential activities.	Please detail the plans and arrangements you have in place and explain how and when these are reviewed and reported.	<p>Business continuity plans for services areas are in place and feed into the overall Council Business Continuity. Business Impact Analysis (BIA) documents have been refreshed following changes through transformation. These are designed to identify essential services and ensure the continuation of these services in a business continuity incident.</p> <p>Plans are reviewed and updated at a service area level on a regular basis, this includes the current winter weather plan which is being reviewed as a response to recent red weather warnings and will include updated contingency plans for SSC staff and our business services staff during adverse weather conditions or loss of premises.</p>	Partially compliant	Complete review of winter weather arrangements.
3 Workforce Control requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions	
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.	<p>Please describe these arrangements and how they are monitored and reported.</p> <p>Monthly reports from the HR Hub Management are sent to the Head of Service who cascades these to senior managers. These reports are a standing item on the Senior Management Team meeting agenda and discussed in detail.</p> <p>Challenge and Support Panels are held bi-monthly, chaired by the Head of Service, and are attended by the senior manager and the managers for the service being discussed.</p> <p>Home/remote working is monitored and authorised by line managers with service manager oversight. Staff induction and annual conversations includes compliance</p>	Compliant		

			with Council policies and procedures including home/remote working. Any issues with inappropriate use of home/remote working are reported to senior managers.		
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 IR35 Council guidance and procedures.	Please detail the controls you have in place to ensure compliance and explain how these are monitored and reported.	The Business Support Team Manager is responsible for ensuring compliance with IR35 Council guidance and procedures and works closely with service managers to monitor off-payroll workers/contractors procured by SSC. Any issues are highlighted to the Senior Management Team.	Compliant	
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.	All staff involved in recruitment and selection are compliant with Council policies and procedures and managers include this as part of their annual conversations. A clear pathway is in place to ensure vacancy approvals and controls comply with Council standards and all appointments are made in line with Council policy.	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.	All line managers are aware of Council procedures relating to new starts, those leaving the Council and those moving to another area. Checklists are used to ensure procedures are followed. There is close work with the Business Support team to ensure IT system access and equipment	Compliant	

			<p>and building access is sufficient for the post holder.</p> <p>Each service area has bespoke induction procedures and shadowing arrangements.</p>		
3.5	<p>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.</p>	<p>Please describe the controls you have in place, including monitoring and reporting arrangements.</p>	<p>Line managers ensure that all staff involved with recruitment follow Council procedures and work closely with the allocated member of the recruitment team to ensure statutory requirements and evidence relating to the right to work in the UK are met prior to any new starts taking up post.</p> <p>Procedures are in place to ensure all information/queries from the Scottish Social Services Council are processed proficiently and by the appropriate service manager.</p> <p>Work with HR Business Partners ensures that staff meet EWTD and any change of circumstances request, secondary employment or conflict of interests are considered using appropriate Council policies and procedures.</p>	Compliant	
3.6	<p>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.</p>	<p>Please describe the arrangements you have in place to ensure compliance.</p>	<p>Bi-monthly Challenge and Support Panels discuss how best to support staff and line managers to manage staff health and wellbeing in line with Council policy. Service managers share good practice and assist their colleagues with complex cases by using their own examples, and HR business partners are in attendance to offer bespoke advice.</p>	Compliant	

			<p>All line managers meet monthly to discuss staff absence levels and what supports are in place and a monthly sickness absence report is sent from the Business Hub Management Information team which is scrutinised at the fortnightly Senior Management Team meeting.</p> <p>Challenge and Support Panels also address any issues relating to compliance with the Managing Attendance policy, referrals to occupational health and the use of stress risk assessments for individuals and teams.</p>		
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.	<p>Managers are responsible for ensuring staff are trained in line with the requirements for their post.</p> <p>Induction packs include information and checklists for new starts' essential training, CPD requirements and appropriate learning and development.</p> <p>Line managers include within their looking forward conversations required training and learning and development for the upcoming year. Team meetings include discussions on training and learning and development and bespoke requirements for their team.</p>	Compliant	
3.8	You should have arrangements in place to support and manage staff performance eg. regular 1:1/supervision meetings, performance/spotlight conversations.	Please describe the arrangements you have in place.	All line managers have attended the Conversation Spotlight Workshops and are familiar with the new performance framework.	Compliant	

			<p>All staff are expected to have regular 1:1s with their managers, where discussions regarding performance and training and Senior Managers communicate to staff how to highlight any concerns regarding frequency of their meetings.</p> <p>Senior Managers discuss with line managers the importance of annual conversations and recording on MyPeople, and compliance issues are addressed.</p>		
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.	<p>All staff within SSC are made aware of their responsibility to disclose conflicts of interest, secondary employment, hospitality, and gifts. A register is kept, which contains details of approval and a yearly reminder sent out by Service Managers as a prompt for staff. Team briefs are also used to remind staff of their responsibilities.</p> <p>All SSC staff are required to sign to acknowledge (on a yearly basis) they have read and understood Council policy and procedures in relation to Code of Conduct, Disciplinary, Grievance, Bullying and Harassment and this is recorded by line managers on MyPeople, failure to adhere is escalated to senior managers.</p>	Compliant	
4	Council Company requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions

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.	There are no companies for which SSC has responsibility.	Compliant	
4.2	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.	Please confirm that this is the case, that each agreement is up to date and the frequency of review.	<p>A Service Level Agreement is in place for the delivery of prison based social work services to HMP Edinburgh. This is monitored through joint meetings and the provision of monthly performance reports.</p> <p>The City of Edinburgh Council has a partnership agreement with Police Scotland for community policing. The Culture and Communities Committee oversee the agreement.</p> <p>For services delivered through contracts or grants on behalf of the Council, there are joint meetings and performance and service delivery issues are reviewed at these meetings.</p>	Compliant	
4.3	You must regularly consult and engage with recognised trade unions.	Please describe the arrangements you have in place.	There are no companies that SSC have responsibility for.	Compliant	
5	Policy requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions

5.1	You should have arrangements in place to ensure all service area 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 service area level eg. Employee Handbook requirements, as well as locally in relation to operational and/or role specific requirements.	<p>A programme of communication supports the launch of policies/policy reviews, including briefing and training for relevant managers/supervisors.</p> <p>Managers are responsible for ensuring that relevant staff are made aware of new policies and the impact they will have on their role. E-learning, policy publication on and Orb and team brief/toolbox talks are all used to reinforce implementation.</p> <p>A staff induction checklist is in place which asks staff to sign to agree that they have read and understood all core Council policies.</p>	Compliant	
5.2	You should have arrangements in place for the annual review of policies owned by your service area, 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>There are various quality action groups where service managers meet to monitor performance, develop policy, and review policy application.</p> <p>The internal audit of CCTV has identified the need to review policies and procedures, and this is part of the action plan</p> <p>All policies and procedures are now reviewed on an annual basis by the Senior Managers for each of the service areas.</p> <p>Relevant service specific policies are recorded on the Council Policy Register and are subject to regular review and appropriate reporting to Committee.</p>	Partially compliant	Deliver the CCTV internal audit action plan

5.3	You should ensure that policies and procedures of particular relevance to services within your service area are implemented in a planned and consistent manner.	Please describe the arrangements you have in place eg. action plans, training programmes, etc.	<p>The impact of policies and procedures is assessed through a range of audit, quality assurance exercises and practice evaluations.</p> <p>Policies and procedures are reviewed annually or where there has been a policy or legislative change. Quality, Regulation and Professional Governance, themed discussions also take place regarding specific policies.</p> <p>All updated policies and procedures are placed on the Orb and cascaded to staff through line management arrangements. Any training needs are identified and incorporated into the annual training plan.</p>	Compliant	
6 Governance and Compliance requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
6.1	You must ensure service area 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.	Senior managers and appropriate staff are aware of the responsibilities aligned to them in terms of scheme of delegation, contract standing orders (including approval limits), reporting requirements and other financial guidance to ensure compliance with Council governance policies and procedures. This is reiterated through email briefings and regular discussions at management team meetings.	Compliant	

6.2	The authority, responsibility and accountability levels within your service area 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.	Proper Officer and Delegated Authority letters are held with relevant managers within Safer and Stronger Communities.	Compliant	
6.3	You should have arrangements in place to ensure your service area'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.	SSC is regulated by statute, regulations, and professional governance and each service areas is led by a senior manager who is fully versed in legislation, policies, and procedures and in addition there is a range of quality assurance processes to ensure and monitor compliance with appropriate legislation and regulations.	Compliant	
7	Information Governance requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
7.1	Service area 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.	All staff are made aware of their responsibilities to adhere to Council policies, procedures, and guidance. This is communicated by line managers through annual conversations, regular 1:1s and in team meetings. Team briefings and newsletters highlight responsibilities and expectations for all SSC staff. Data Quality procedures are embedded within SSC and arrangements are in place to ensure compliance with GDPR prior to May 2018 roll out. Relevant staff are aware of their obligations in relation to intellectual property rights, data security protocols, FOI requests etc. Cross directorate enquires are co-ordinated	Compliant	

			<p>through the Head of Service business support.</p> <p>Staff are required to sign to acknowledge they have read and understood the ICT acceptable use policy as part of the essential policy and procedures annual compliance.</p>		
7.2	Data sharing arrangements with third parties must be recorded, followed and regularly reviewed throughout all service areas in your service area.	Please describe the arrangements in place and how these are monitored and reported.	<p>All FOI requests are dealt with through the corporate FOI team and these are managed through a generic mailbox for SSC. The Head of Service signs off all FOI responses for SSC. Performance levels indicate a high level of compliance across service areas.</p> <p>Data protection mandates are completed by all customers prior to the sharing of personal information with third parties and these are reviewed bi-annually.</p> <p>The Information Compliance Manager agrees all data sharing arrangements in line with service requirements. Preparations are in hand to ensure that procedures are in line with GDPR roll out in May 2018.</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 service area.	Please describe the arrangements in place and how these are monitored and reported.	Privacy Impact Assessments (PIAs) are completed where appropriate and in consultation with the Information Compliance Manager.	Compliant	

7.4	All service area 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.	<p>Data protection responsibilities for all staff are covered as part of staff induction and mandatory policies that all staff must complete annually.</p> <p>Clear policies are in place for reporting information security breaches and staff are made aware of their obligations in relation to these.</p> <p>Senior Managers are preparing for the GDPR roll out in May 2018 and will disseminate any changes in procedures to staff through team briefings.</p>	Compliant	
7.5	Information risks should be routinely recorded in risk registers and managed throughout all service areas in your service area.	Please describe the arrangements in place and how these are monitored and reported.	<p>Where information risks have been identified, they are managed through the relevant service area and if appropriate the risk steering group, and noted appropriately within service area risk registers.</p> <p>Where a significant risk is identified, it is escalated to the SSC Risk and Assurance Risk Committee.</p>	Compliant	
7.6	Processes that manage Council records, created and used within your service area, 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>There is clear documentation relating to the retention rules in place for SSC. These adhere to the retention rules which are in place across the Council. All records are updated and reviewed when appropriate and stored or disposed of in line with record retention guidelines.</p> <p>Core service records are stored following statutory guidelines and with clear destruction dates recorded.</p>	Compliant	

7.7	All Council records within your service area 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>Working closely with business support colleagues aligned to SSC ensures compliance with retention and destruction dates. These are regularly reviewed and clear processes are in place.</p> <p>SSC has a records retention officer and routine data cleansing is carried out within all our services areas.</p>	Compliant	
8 Health & Safety (H&S) requirements		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
8.1	Service area 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 SSC staff are required to sign to acknowledge they have read the policies and procedures on an annual basis which includes Health and Safety.</p> <p>All new staff must complete the mandatory induction checklist within six weeks of their start date and line managers are responsible for recording this on MyPeople.</p> <p>Health and Safety is a standing item on the Senior Management Team meeting agenda. The SSC Health and Safety Committee evaluates compliance within the service through audit, performance, policy, and procedure monitoring.</p> <p>SSC has representation on the Council Fire Safety Standing Group and Water Safety Standing Group, with feedback to the SSC H&S Committee.</p> <p>Governance structures and processes are in place to ensure robust implementation of health and safety policy and procedures.</p>	Compliant	

			Service areas receive regular SHE incident reports that are analysis and scrutinised and action taken where appropriate.		
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.	<p>Quarterly work place inspections are carried out with identified hazards captured, progressed as relevant and closed via SHE portal.</p> <p>Risk assessments are in place and reviewed regularly. Details of accidents and incidents are recorded, reported, and investigated in line with Council incident reporting policies and procedures.</p>	Compliant	
8.3	You must have competencies, processes, and controls in place to ensure that all service areas in your service area, 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.	<p>Local and divisional improvement plans are embedded within SSC.</p> <p>Workplace assessments and incident reporting is in place and monitored. Regular audits are in place and actions monitored through the SSC H&S Committee. There are named staff with H&S responsibilities within all premises and monitoring and governance is in place to ensure compliance.</p>	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.	The remit of the SSC H&S Committee includes developing a H&S training matrix for staff to ensure each of the posts within SSC have appropriate training for their roles.	Compliant	

8.5	You must have a robust governance and reporting structure for H&S in your service area.	Please provide the name of the SMT member in your service area 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 service area are brought to the attention of the Council H&S Group as appropriate.	<p>There is a robust governance arrangement within SSC. The H&S Committee is in place and is responsible for ownership of all related health and safety matters. The chair of the group is part of the SSC Senior Management Team and is a member of the risk and assurance committee, both of which are a route for escalation from the H&S Committee.</p> <p>The Head of Safer and Stronger Communities is a member of the Council's Health and Safety Group.</p>	Compliant	
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>Performance reports are discussed on a regular basis as part of service area, Senior Management Team and CLT reporting.</p> <p>A new performance framework which is aligned to the Council's development plan is in place.</p> <p>Quarterly reports on the Partnership Agreement with Police Scotland are submitted to the Culture and Communities Committee.</p> <p>A range of service management teams and committees consider more detailed service specific information.</p>	Compliant	
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.	The increase in demand for, and cost of, temporary accommodation has resulted in regular exception reports to the Senior Management Team and CLT, and reports to the Housing and Economy Committee.	Compliant	

			<p>Performance reports are generated within SSC which include significant occurrence notification, statutory complaints, and care service feedback.</p> <p>Oversight of the registration of the workforce and regulated services features in the service advisory role to other departments/divisions.</p> <p>Improvement Plans are held within SSC which include actions from audits and inspection reports. These are monitored and regularly discussed at the appropriate Committees which report to the Chief Officers' Group.</p>		
9.3	<p>You should have appropriate arrangements in place throughout your service area for recording, monitoring, and managing customer service complaints and customer satisfaction, including:</p> <ol style="list-style-type: none"> 1. Compliance with the complaints procedure, including stage 1 and 2 processes. 2. Recording and analysing all complaints to identify service improvement. 3. Implementation of improvement actions in relation to common complaints. 4. Adherence to the Council's Managing Customer Contact in a Fair and Positive Way Policy, to support staff in handling difficult situations. 	<p>Please describe the arrangements you have in place and how these are monitored, reviewed, and reported.</p>	<p>All complaints are monitored and managed in accordance with Council Policies and Procedures.</p> <p>Divisional teams who log complaints on the Capture complaints system, review the system and performance monthly.</p> <p>SSC records all complaints, concerns and elected member enquires. Complaints are monitored continuously to identify potential themes, patterns or trends emerging. Complaint reports detailing performance outcomes and service improvements generated from investigation findings are provided to relevant service areas for quality assurance purposes.</p> <p>All investigations relating to complaints are undertaken in accordance with the Council's Complaints Procedure and</p>	Compliant	

	5. Addressing recommendations from the SPSO in relation to the service area.		<p>approved by the responsible service manager. Complaint responses are signed off by the HOS when appropriate to ensure a robust and consistent approach to complaint management.</p> <p>All SPSO complaints are co-ordinated and recommendations monitored through the Governance team within Corporate Governance.</p>		
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>SSC has procedures in place to ensure all goods, services and works are procured appropriately and in compliance with the Contract Standing Orders.</p> <p>Managers are responsible for ensuring Waiver Requests are completed and tenders submitted where appropriate.</p> <p>There is a clear process in place which requires sign off by the Head of Service to ensure compliance.</p>	Compliant	
10.2	You must have arrangements in place to ensure that there are named contract managers in place for every contract managed by the service area and they are made aware of their contract monitoring and record keeping responsibilities.	Please describe these arrangements and how they are monitored and reported.	Contract managers are assigned and made aware of their responsibilities relating to record keeping and contract monitoring. Performance is measured against outcomes and any issues are highlighted for discussion as part of the agenda for the Senior Management Team meeting which finance business partners attend.	Compliant	

			Each partnership and planning commissioned service has a named commissioning officer who functions as the contract manager. They report to the Partnership and Planning Manager twice monthly. Every two months, contract management is discussed at the Partnership and Planning meeting.		
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.	<p>Contract performance data/reports are received from Council providers every four weeks.</p> <p>A detailed quarterly report with case studies and narrative is provided by commissioned service.</p> <p>Six monthly case audits are undertaken to review providers' service delivery. Close liaison with CPS is maintained and CPS undertake audits of P&P practice to help ensure effective contract management.</p>	Compliant	
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.	Once a change of contract has been agreed with the provider, a new contract is issued to all parties. Hard copies are required for signature and these are scanned and filed by all parties.	Compliant	
11	Change and Project Management requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions

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.	Proposals for projects/programmes are discussed by the Senior Management Team prior to commencing and a clear business justification outlined. The appropriate senior manager for SSC has oversight of the project/programme and Head of Service sign off is required.	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.	Senior Managers appoint lead officers for all projects/programmes who are responsible for ensuring that clear roles and responsibilities are outlined. A review process ensures the senior manager receives regular updates on progression and timescales and these are fed back to the Senior Management Team.	Compliant	
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.	There are robust controls in place to ensure delivery progress is tracked and any issues dealt with swiftly and effectively. The lead officer keeps senior managers informed through regular reports and auditing tracks delivery progress and viability. All projects/programmes include monitoring of effectiveness through feedback sessions with staff, focussed workshops, and evaluation sessions.	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.	All projects/programmes are evaluated to ensure they adhere to robust benefits management arrangements as detailed above.	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 lesson learned exercise.	Please outline the arrangements you have in place.	<p>All projects/programmes must be signed off by the Head of Service and regular updating on delivery provided to the Senior Management Team.</p> <p>A review process includes formal closure reporting and auditing of delivery and whether the proposed expectations have been met. Any lessons learned will be fed back appropriately and an action plan put in place if appropriate.</p>	Compliant	
12	Financial Control requirements	Guidance notes	Response and reference to evidence	Assessment	Improvement actions
12.1	The operation of financial controls in your service area must be effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.	Please describe your financial controls.	<p>There is monthly monitoring of spend, savings plans and pressures at divisional management teams and the Senior Management Team.</p> <p>Appropriate Oracle approval limits are in place and reviewed regularly.</p> <p>Criminal justice social work receives ring-fenced funding through Section 27 allocation from Scottish Government.</p>	Compliant	
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.	<p>Budget monitoring for SSC is in place, the finance manager attends the Senior Management Team and budget is a standing item on the agenda and has regular contact with the service areas in relation to their own budgets.</p> <p>Areas of pressure in 17/18 are being managed; with a balanced out-turn position projected.</p>	Compliant	

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.	Regular meetings with finance staff and committee reporting as appropriate as well as adhoc engagement with finance staff where appropriate. Nothing has been 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.	Security arrangements are in place and regularly reviewed. No significant losses have been identified, all mobile devices are encrypted in line with Council procedures. Laptops are equipped with appropriate security measures (e.g. bit locker passwords) and clear desk policies are in place and monitored.	Compliant	
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 service area.	Please describe the arrangements you have in place including the frequency of review and date of last review.	Insurance cover managed corporately and any losses dealt within the insurance policy or absorbed divisionally. Insurance Services conduct an annual check to confirm adequacy of existing levels of insurance.	Compliant	
12.6	You should have arrangements in place for identifying any weaknesses in your service area'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.	All budgets within SSC and all ring-fenced budget areas are managed per accountancy rules, with close working between finance colleagues and service managers.	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.	Divisional/service area risk registers are in place and highlight areas of risk and the controls that are in place to manage these. These are reviewed each quarter (or more frequently if needed).	Compliant	
13 Group Accounts (Resources only)		Guidance notes	Response and reference to evidence	Assessment	Improvement actions
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.	Not applicable	N/A	
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.	Not applicable	N/A	
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 service area 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.	The Care Inspectorate annually reviews Crane Services. Quality Assurance meetings regularly review grades from national agency inspection reports and implement recommendations accordingly. All meetings are minuted and systems are in place within our multi-agency public protection committees to review lessons learned from inspection reports.	Compliant	

			There were no issues reported in 2017/18 which impacted on the signing of the Annual Governance Statement.		
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.	<p>The Crane Services Review action plan is overseen by the Sector Manager for Community Justice Reintegration Services who reports regularly on progress to the Senior Manager for Community Justice.</p> <p>Recommendations from inspection reports are subject to action plans that are monitored through the appropriate committees.</p> <p>Recommendations and service improvement activity generated from internal audits, service reviews and upheld and partially upheld complaints are logged accordingly and managed through the relevant service.</p>	Compliant	
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>Yes.</p> <p>Internal audit report on CCTV Infrastructure had two high rated findings reflecting the need for a clearly defined CCTV Strategy and the need to improve current CCTV operations across Public Space; Security and Concierge CCTV operations.</p>	Yes	Implement action plan from audit report.

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.	SSC is leading for the three services in the Council on the delivery of the action plan, in itself being part of an elected member led working group for CCTV under the Edinburgh Community Safety Partnership.	Compliant	
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.	Action plans have been developed as a result of all of these processes and managers have prioritised actions in key areas and set timescales for resolution of outstanding issues.	Compliant	

Reviewed by		Role	Executive Director (where applicable)	Date	
Reviewed by		Role	Internal Audit	Date	
Reviewed by		Role	Democracy, Governance and Resilience Senior Manager	Date	

Appendix 3 – Communities and Families Action Plan in Response to Annual Assurance Statement Findings

Control Area	Paragraph of Schedule	Issue	Action	Senior Responsible Officer	Target completion date
Annual Assurance	N/A	Review of annual approach to completion of annual assurance questionnaire.	To improve the process for gathering evidence and completing the annual evidence of assurance schedule.	Operations Manager, HOS and Executive Director	31 March 2019
Annual Assurance	Various	A review of the Council's requirements in respect of Business Continuity, Procurement and Risk are underway to ensure compliance with Council policies and procedures.	Engagement with specialists from the various services takes place regularly and any concerns/risks/issues are highlighted and acted upon.	Operations Manager / Principal Risk Manager	On-going
1.1	Internal Control Environment	You must have internal controls and procedures in place throughout your service are that are proportionate, robust, monitored and operate effectively.	<p>Schools Assurance Statements – Only 75% of the schools returned their self-assurance statement for the 2017/18 return. The self-assurance questionnaires have been issued in Dec 18. Reminders are sent twice during the process. Completion is mandatory.</p> <p>The results are then analysed to provide dieback to managers and business partners, ensuring that they are made aware of the risks and gaps in knowledge and training</p>	Executive Director / Heads of Service / Operations Manager	On-going

Appendix 3 – Communities and Families Action Plan in Response to Annual Assurance Statement Findings

			<p>requirements. Improvements are put in place where required.</p> <p>There is also a quarterly C&F Risk Assurance Committee which covers all C&F risks (next meeting is January 2019).</p> <p>Low Uptake of Parents using Parentpay – C&F now have a dedicated member of staff working directly with schools to help increase the uptake. A week of Parentpay training has been arranged at the end of January 19 (200 spaces) and each school will be encouraged to send at least one person along. Schools with a low uptake will be targeted, but schools that have 100% use can also come along as there will be an opportunity to learn about new developments.</p> <p>New essential learning / training matrices were created in 2017/18 and SLL will work with business partners delivering training courses to ensure they are widely available, well communicated and can meet demand. There will be an updated matrix collated for 2018/19.</p>		
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Appendix 3 – Communities and Families Action Plan in Response to Annual Assurance Statement Findings

1.2	Internal Control Environment	You must have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.	<p>C&F contracts with third parties have a standard set of conditions and grants to third parties are subject to the Council standard conditions of grant funding.</p> <p>All organisations are required to provide information about service delivery using standard contract or grant monitoring templates generally on an annual basis.</p> <p>This is done with annual reports as a minimum requirement however some contracts are monitored on a more regular basis.</p> <p>All grant awards have an identified monitoring officer (service area or commissioning officer). Contracts generally have a service area lead, however where this is not the case the commissioning team will play a more active role. There is a capacity issue for the commissioning team in maintaining the oversight role. A training session for grant monitoring officers was delivered by the commissioning team on 1st</p>		On-going

Appendix 3 – Communities and Families Action Plan in Response to Annual Assurance Statement Findings

			<p>October. The Contract and Grants Management team are in the process of setting up a Contract Managers Forum and further support.</p> <p>Directors will ensure that a service level agreement (SLA) has been established with all arms level organisations (ALEOs) that they support.</p> <p>A copy is provided annually from the legal team of the agreement between C&F and Edinburgh Leisure. The provision of this was subject to Internal Audit Scrutiny as part of the resilience audit in February 2016.</p>		
2.8	Risk and Resilience Requirements	You should have arrangements in place throughout your service area for the recording and addressing of audit actions	<p>Senior managers are alerted to audit actions however are not routinely kept informed of overdue actions.</p> <p>TeamCentral system has been introduced which routinely sends reminders to the Director, Head of Service, Service Area Managers and the Senior Executive Assistant of overdue audit actions.</p> <p>The Senior Executive Assistant is responsible for liaising with the relevant service area and nominated audit officers to ensure that all audit</p>	Director/ Head of Service/ Senior Executive Assistant / Service Area Managers	March 2019

Appendix 3 – Communities and Families Action Plan in Response to Annual Assurance Statement Findings

			<p>actions are updates and appropriate evidence is provided to support the closure of audit actions.</p> <p>Regular meetings are held with the audit team to ensure continuous monitoring is ongoing.</p> <p>Going forward this ensures that C&F have robust processes in place for the next set of audits due to commence due in 2019.</p> <p>New Pentana software has been introduced which will be used to monitor all H&S Audit actions. All the 2018 audit actions are being transferred to the system to allow real-time updates. The Operations Manager and Senior Executive Assistants will be trained on Pentana to enable monthly reports to be generated for tracking.</p>		
2.9	Risk and Resilience Requirements	Your service area should have appropriate resilience arrangements in place.	SLL work closely with our Resilience Business Partner and have an annual resilience work plan. We have a Resilience Coordinator, however deputies still need to be identified.		February 2019

Appendix 3 – Communities and Families Action Plan in Response to Annual Assurance Statement Findings

			<p>This action has now been put on TeamCentral to issue reminders.</p> <p>The Resilience Business Partner has provided an update on the identification of deputies (10 December):</p> <p>Whilst there is no requirement for deputies in Safer and Stronger Communities it is something that should be considered.</p> <p>In C&F the agreed management actions have been discussed and requirements agreed at the Council Resilience Group and CRG Management Review.</p> <p>The operational responsibilities have been defined further discussion is required with the Corporate Resilience Manager.</p> <p>To support the C&F coordinator deputies are required to support essential activity areas. The Resilience Business Partner and Resilience Coordinator are meeting with the Heads of Service to identify them.</p>		
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Appendix 3 – Communities and Families Action Plan in Response to Annual Assurance Statement Findings

3.2	Workforce Control Requirements	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 the IR35 Council guidance and procedures/	Continued work with Corporate Procurement Services to identify aggregate spend and contract. SLL are working closely with Procurement Services. Controls are in place for this.		
3.8	Workforce Control Requirements	You should have arrangements in place to support and manage staff performance e.g. regular 1-1/supervision meetings, performance, and spotlight meetings.	Work is ongoing to ensure this is recorded in MyPeople. Reminder communications are sent to managers to remind them of their responsibilities. HR also provide spreadsheets which provides information on managers who have yet to complete the recording on MyPeople.		March 2019
7.1 7.2 7.3 7.6 7.7	Information Governance Requirements	Service area staff must be made aware of their responsibilities in relation the proper management of Council Information. Data sharing arrangements with third parties must be	The information governance team are planning to carry out a Council wide self-assessment model in January 2019. This will involve an in-depth look at information governance practices across every service area. Since the C&F self-assurance process last year,	Executive Director/Heads of Service/Operations Manager	January 2019

Appendix 3 – Communities and Families Action Plan in Response to Annual Assurance Statement Findings

		<p>recorded, followed and regularly be reviewed.</p> <p>Privacy impact assessments must be completed to assess risks to processes that handle personal data (when appropriate)</p> <p>Processes that manage Council records, created and used with your service are must be documents within approved procedures.</p> <p>All Council records with your service area should be routinely disposed according to their relevant record retention rules and these disposals should be documented.</p>	<p>Information Governance has continued to answer questions from schools as they have come up. There is training available on Cecil and information/guidance on the orb but there has been no additional training offered by Info Gov.</p> <p>7.2 & 7.3 –We are continuing to work with Info Gov to ensure compliance with data sharing and privacy impact assessments. Schools are aware of their responsibilities for GDPR and we have set up a DPIA Board and a process to assess requests from schools for new software before schools commit to purchasing.</p> <p>Work is ongoing to ensure all process are recorded.</p> <p>Record retention rules will be part of the Information Governance self-assessment.</p> <p>Work is still ongoing with Information Governance on record retention due to the complexity in some areas, particularly schools.</p>		
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Appendix 3 – Communities and Families Action Plan in Response to Annual Assurance Statement Findings

<p>8.1 8.2</p>	<p>Health and Safety Requirements</p>	<p>Service area staff must be made aware of their responsibilities under relevant H&S policies and procedures.</p> <p>You must have appropriate arrangements in place for establishing, implement and maintaining procedures for ongoing hazard identification, risk assessment determination of necessary controls to ensure all H&S risks are adequately controlled.</p>	<p>The validation checklist which accompanies the self-assurance statement provides links to all the key health and safety policies and procedures. For all non-school staff the Orb has all the relevant policies and procedures. Managers communications advise managers of changes to policies or new policies for cascading to staff.</p> <p>8.1 The Service Level Agreement with FM has been in place since August 2018 and will be reviewed in the new year. We are in the process of gathering feedback from schools and nurseries about the new FM service and that will inform any amendments to the SLA; this is being done through survey monkey and the closing date for that is 20th Dec.</p> <p>8.2 The Operations Manager has created a suite of template risk assessments for school activities to help schools identify hazards and articulate the controls in place; these have been in place since August and</p>	<p>Executive Director/Heads of Service/Operations Manager</p>	<p>March 2019</p>
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Appendix 3 – Communities and Families Action Plan in Response to Annual Assurance Statement Findings

			schools have made them site. The SLA has helped with roles and responsibilities and the feedback from the survey will help inform future developments in this area.		
10.1 10.2 10.3	Commercial and Contract Management requirements	<p>You must have arrangements in place to ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders.</p> <p>You must have arrangements in place to ensure that there are named contract managers in place for every contract managed by the service are and they are made aware of their contract monitoring and record keeping responsibilities.</p> <p>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.</p>	Schools have been engaging with a procurement forum that was set up to improve consistency and identify aggregate spend. A business manager toolkit was created and has a whole section on procurement with schools are using to inform their process	Head of Service/Operations Manager	Complete

Appendix 3 – Communities and Families Action Plan in Response to Annual Assurance Statement Findings

Safer and Stronger Communities (SSC)

Action Plan in Response to Annual Assurance Statement Findings

Control Area	Paragraph or Schedule	Issue	Action	Senior Responsible Officer	Target Completion date
2.9	Risk and Resilience Requirements	<p>Your service area should have appropriate resilience arrangements in place, including:</p> <ol style="list-style-type: none"> 1. A service Area Resilience Group and Workplan 2. A Resilience Coordinator and deputies for each essential activity area 	<p>Confirmation of Resilience Group and Workplan:</p> <p>On moving to Communities and Families, the Service Area Resilience Coordinator has changed. The Resilience Deputy for SSC corresponds with the Resilience Coordinator to ensure consistency across the service; they also both attend the monthly Resilience Group meetings. Two Resilience Business Partners, Kimberley Campbell for Children and Families and Russell McLauchlan for SSC support the Directorate.</p>	Head of Safer and Stronger Communities	<p>1. – 31.12.18</p> <p>2. – 31.12.18</p>
2.10	Risk and Resilience Requirements	Your business continuity plans and arrangements should mitigate the business continuity risks facing your service area's essential activities	<p>Complete Review of Winter Weather Arrangements:</p> <p>Our Essential Activities scorecard is being updated by each of the Senior Managers and Head of Service. For those scored as a priority service detailed contingency plans will</p>	<p>Head of Safer and Stronger Communities</p> <p>Senior Managers</p>	31.12.18

Appendix 3 – Communities and Families Action Plan in Response to Annual Assurance Statement Findings

Control Area	Paragraph or Schedule	Issue	Action	Senior Responsible Officer	Target Completion date
			<p>be put in place for SSC staff and relevant colleagues from Resources for adverse weather conditions or loss of premises.</p> <p>Plan on a Page created for SSC with clear arrangements for cascading information to managers and staff. Managers in each of the service areas have also developed their own Plan on a Page and shared this with the relevant Senior Manager.</p> <p>Contact for 4x4 vehicles established and information disseminated to appropriate service managers.</p>		10.12.18
5.2	Policy Requirements	You should have arrangements in place for the annual review of policies owned by your service area, via the relevant executive committee, to ensure these comply with the Council's policy framework.	<p>Senior Managers will ensure the groups that meet to monitor performance, develop policy, and review policy application are fit for purpose and undertaking tasks assigned. An audit of review dates will be carried out of all SSC Policies and Procedures.</p> <p>Deliver the CCTV internal audit action plan:</p>	<p>Head of Safer and Stronger Communities</p> <p>Senior Manager for</p>	31.03.19

Appendix 3 – Communities and Families Action Plan in Response to Annual Assurance Statement Findings

Control Area	Paragraph or Schedule	Issue	Action	Senior Responsible Officer	Target Completion date
			<p><i>Recommendations from the Internal Audit from CCTV has identified the need to review policies and procedures.</i></p> <p>These are being included within the Code of Practice which is in its final draft phase; following the Information Governance review, it has been agreed that the Code of Practice will be submitted to the CCTV Working Group for approval and then to the relevant Committee.</p>	Community Justice	27.09.19 - this is the date approved by Internal Audit.

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 1st 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

- 1.1 The Education Children and Families Committee is requested to:
 - 1.1.1 note the content of this report.

2. Background

- 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

February 2017

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

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

Child Protection

Equalities

Getting It Right for Every Child (GIRFEC) (new 2017/18)

Information Governance (new 2017/18)

- 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)
D – Financial Controls	<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>

<p>E – Workforce Controls</p>	<p>At establishments visited colleagues recognised the value of the bi-ennial policy reading exercise and feel that is it 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>
<p>F - Resilience</p>	<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>
<p>G – Information Technology</p>	<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>
<p>H – Child Protection</p>	<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>
I - GIRFEC	<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>
J – Equalities	<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>
K – Information Governance	<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 are 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

- 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

- 5.1 Business support post.

6. Risk, policy, compliance and governance impact

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

7. Equalities impact

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

8. Sustainability impact

- 8.1 None.

9. Consultation and engagement

- 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

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

Alistair Gaw

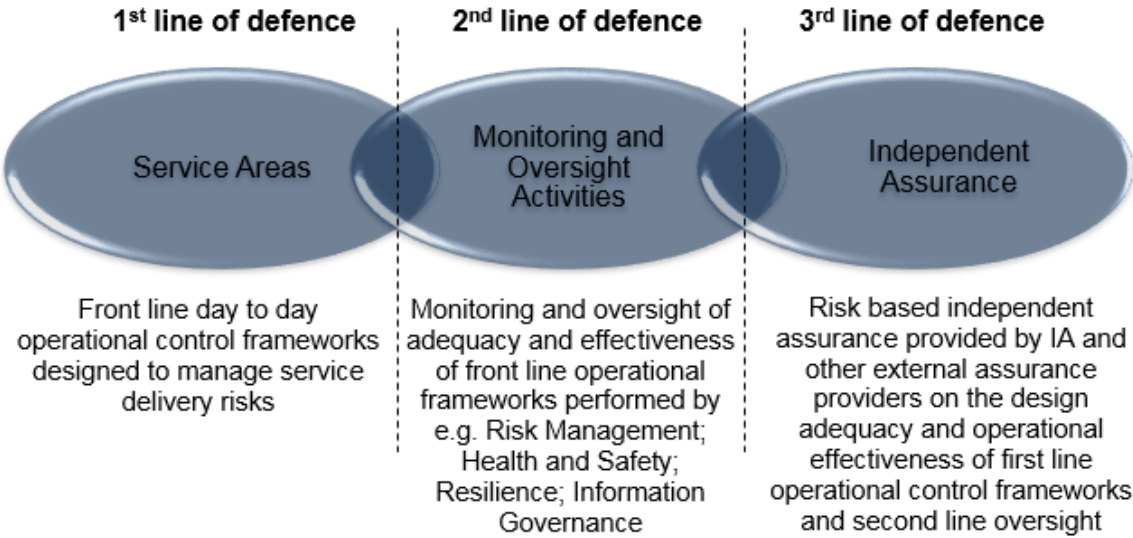
Executive Director of Communities and Families

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

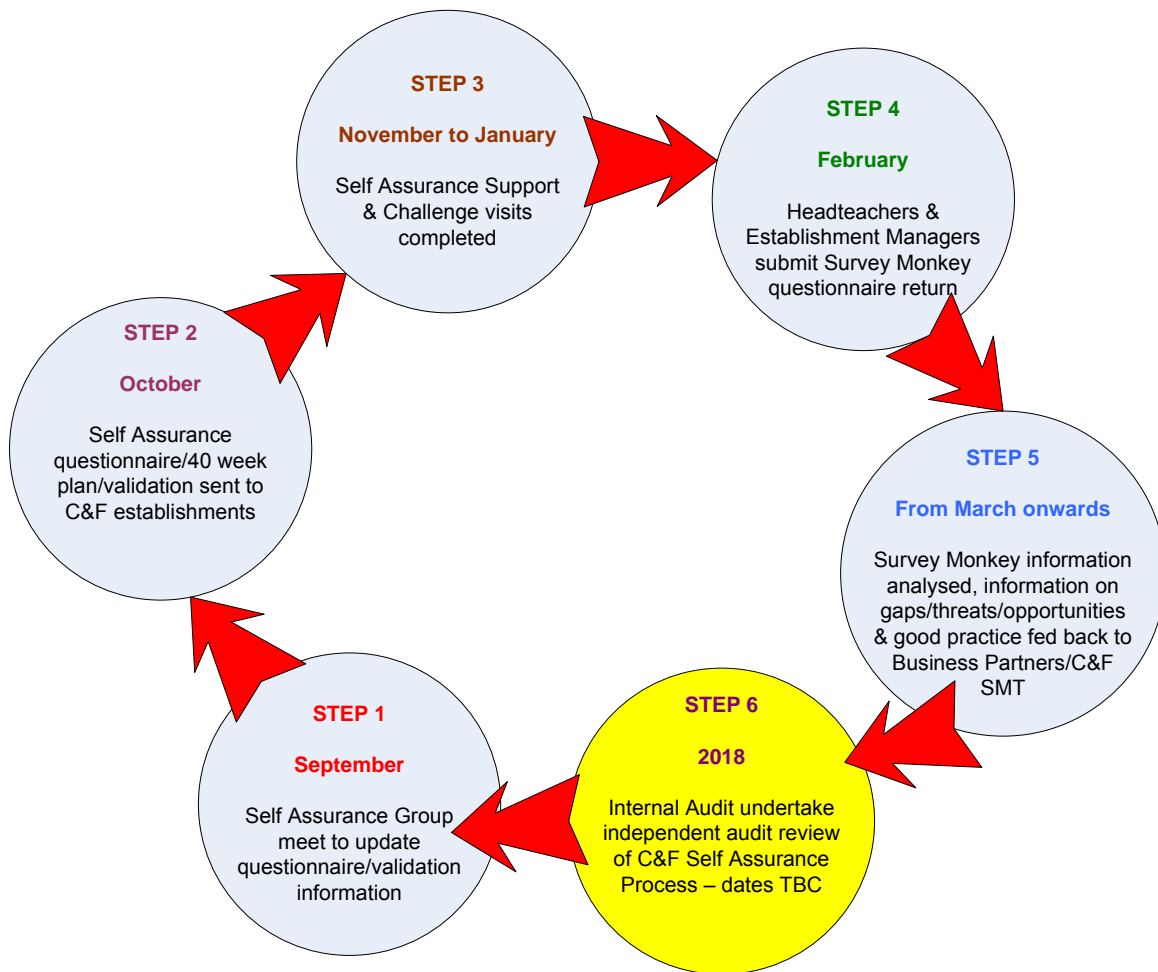
11. Appendices

- 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:

Cheryl Buchanan, Operation Manager, Communities and Families

Cheryl.buchanan@edinburgh.gov.uk tel: 0131 553 8384

Michelle McMillan, Principal Risk Manager

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 ¹) by competent person ² . 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"> - Fire safety and evacuations - Lift break downs - Swimming pool incidents 			
13	There is a systematic approach in place to report and investigate all incidents,			

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

² 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
This checklist looks at the retrospective service received 2017/18. 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.				
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.			

F	RESILIENCE	YES	NO	N/A
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"> • C&F Emergency Hub • Red Button Folders • C&F Severe Weather Plans including Risk Assessments, Crib Cards etc. • C&F Responding Outbreak of Infection and Noro Virus toolkit • C&F Bomb Threat and Suspicious Items Procedure, related training and crib cards. 			
3	All School management team have attended Ready for Winter training and have been briefed on the procedures with roles and responsibilities defined.			

G	INFORMATION TECHNOLOGY	YES	NO	N/A
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&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"> • Wellbeing • Named Person • Information Sharing • child/Young Person's Plan • Lead Professionals 			
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

All	100%
Almost All	91%-99%
Most	75%-90%
Majority	50%-74%
Minority/Less than half	15%-49%
A few	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 ³) by competent person ⁴ . 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"> - Fire safety and evacuations - Lift break downs - Swimming pool incidents 	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

C	FACILITIES MANAGEMENT - HEALTH AND SAFETY AND FOOD HYGIENE	Term of Quantity
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

D	FINANCIAL CONTROLS	Term of Quantity
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
E	WORKFORCE CONTROLS	Term of Quantity
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

F	RESILIENCE	Term of Quantity
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"> • C&F Emergency Hub • Red Button Folders • C&F Severe Weather Plans including Risk Assessments, Crib Cards etc. • C&F Responding Outbreak of Infection and Noro Virus toolkit • C&F Bomb Threat and Suspicious Items Procedure, related training and crib cards. 	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

G	INFORMATION TECHNOLOGY	Term of Quantity
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

H	CHILD PROTECTION	Term of Quantity
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

I	GIRFEC	Term of Quantity
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"> • Wellbeing • Named Person • Information Sharing • child/Young Person's Plan • Lead Professionals 	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
J	EQUALITIES	Term of Quantity
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
K	INFORMATION GOVERNANCE	Term of Quantity
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

