

Notice of meeting and agenda

Governance, Risk and Best Value Committee

10.00 am Tuesday, 19th January, 2021

Virtual Meeting - via Microsoft Teams

This is a public meeting and members of the public are welcome to watch the live webcast on the Council's website.

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1. Order of Business

- 1.1 Including any notices of motion and any other items of business submitted as urgent for consideration at the meeting.

2. Declaration of Interests

- 2.1 Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

3. Deputations

- 3.1 If any

4. Minutes

- 4.1 Minute of the Governance, Risk and Best Value Committee of 8 December 2020 - submitted for approval as a correct record 5 - 14

5. Outstanding Actions

- 5.1 Outstanding Actions – 19 January 2021 15 - 28

6. Work Programme

- 6.1 Governance, Risk and Best Value Committee Work Programme – 19 January 2021 29 - 36

7. Business Bulletin

- 7.1 None.

8. Reports

- 8.1 Annual Assurance Schedule - Communities and Families – Report by the Chief Executive 37 - 112
- 8.2 Annual Assurance Schedule - Place Directorate – Report by the Executive Director of Place 113 - 146

8.3	Treasury Management Mid-Term Report 2020/21 - referral from the City of Edinburgh Council	147 - 166
8.4	Quarterly Status Update – Digital Services – Report by the Executive Director of Resources	167 - 182

9. Motions

9.1 None.

Andrew Kerr

Chief Executive

Committee Members

Councillor Joanna Mowat (Convener), Councillor Eleanor Bird, Councillor Jim Campbell, Councillor Maureen Child, Councillor Denis Dixon, Councillor Phil Doggart, Councillor Gillian Gloyer, Councillor Gordon Munro, Councillor Susan Rae, Councillor Alex Staniforth and Councillor Norman Work

Information about the Governance, Risk and Best Value Committee

The Governance, Risk and Best Value Committee consists of 11 Councillors and is appointed by the City of Edinburgh Council. The meeting will be held by Microsoft Teams and will be webcast live for viewing by members of the public.

Further information

If you have any questions about the agenda or meeting arrangements, please contact Martin Scott / Natalie Le Couteur, Committee Services, City of Edinburgh Council, Business Centre 2.1, Waverley Court, 4 East Market Street, Edinburgh EH8 8BG, Tel 0131 529 4237 / 0131 529 6160, email martin.scott@edinburgh.gov.uk / natalie.le.couteur@edinburgh.gov.uk.

The agenda, minutes and public reports for this meeting and all the main Council committees can be viewed online by going to <https://democracy.edinburgh.gov.uk/>

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Minutes

Governance, Risk and Best Value Committee

10.00am, Tuesday 8 December 2020

Present

Councillors Mowat (Convener), Bird, Jim Campbell, Child (items 1 to 13), Dixon, Doggart, Lang (substituting for Councillor Gillian Gloyer), Munro (from item 5), Rae (from item 5), Staniforth and Work.

1. Minutes

Decision

To approve the minute of the Governance, Risk and Best Value Committee of 3 November 2020 as a correct record.

2. Outstanding Actions

Details were provided on the outstanding actions arising from decisions taken by the Committee.

Decision

- 1) To agree to close the following actions:

Action 3 – Marketing Edinburgh – Annual Update

Action 5 (2) – Annual Assurance Schedule – Place Directorate

Action 6 – The EDI Group – Update Report

Action 7 (2 and 4) – Draft Annual Governance Statement

Action 8 (2) – Whistleblowing Monitoring Report – B Agenda

Action 11 (2&3) – Internal Audit – Final Internal Audit Reports supporting the 2019/20 Annual Opinion

- 2) To otherwise note the outstanding actions.

(Reference – Outstanding Actions 8 December 2020, submitted.)

3. Work Programme

Decision

To note the Work Programme.

(Reference – Governance, Risk and Best Value Committee Work Programme 8 December 2020, submitted.)

4. Internal Audit: Revisiting Internal Audit Extension Timeframes

An update was provided on management's decisions to risk accept, refresh and rebase (where appropriate) management actions associated with open and overdue IA findings as at 30 October 2020, following consideration of the challenges associated with the current operating environment and the ongoing impact of Covid-19 upon the Council.

Decision

- 1) To note the proposals included in this paper to risk accept, refresh and rebase (where appropriate) management actions associated with open and overdue Internal Audit (IA) findings following consideration of the challenges associated with the current operating environment and the ongoing impact of Covid-19.
- 2) To provide a briefing note to Committee to clarify the timescales for resilience plans as expressed in the report at paragraph 4.6.5 to develop resilience plans for all remaining essential services by 31 December 2023.
- 3) To provide a briefing note to Committee on phishing resilience and the risk mitigation measures in place from digital services.

(References – Governance, Risk and Best Value Committee, 9 June 2020 (item 4); report by the Chief Internal Auditor, submitted.)

5. Internal Audit: Overdue Findings and Key Performance Indicators at 30 October 2020

Committee considered a report on Internal Audit Overdue Findings and Key Performance Indicators at 30 October 2020, which provided an overview of the status of the overdue Internal Audit (IA) findings as at 30 October 2020. A total of 126 open IA findings remained to be addressed across the Council as at 30 October 2020. This included the one remaining historic finding and excluded open and overdue Internal Audit findings for the Edinburgh Integration Joint Board and the Lothian Pension Fund.

Decision

- 1) To note the status of the overdue Internal Audit (IA) findings as at 30 October 2020.
- 2) To refer the report to the relevant Council Executive committees and the EIJB Audit and Assurance Committee for information.
- 3) To note that paragraph 4.8 contained a typographical error and should read 'has significantly increased'.

(References – Governance, Risk and Best Value Committee, 3 December 2019 (item 8); report by the Chief Internal Auditor, submitted.)

6. Internal Audit Update Report: 8 July 2020 to 31 October 2020

Details were provided of Internal Audit (IA) reviews completed as at 31 October 2020, progress with the 2020/21 IA plan and current IA priorities.

Decision

- 1) To note the outcomes of completed 2020/21 audits.
- 2) To note the progress with the delivery of the 2020/21 Internal Audit (IA) plan.
- 3) To note the progress with delivery of IA key priorities and ongoing areas of focus.

(References – Governance, Risk and Best Value Committee, 29 September 2020 (item 5); report by the Chief Internal Auditor, submitted.)

7. Revenue Budget 2020/23: 2020/21 Month Five Position and Framework Assumptions Update - referral from the Finance and Resources Committee

The Finance and Resources Committee had referred a report to the Governance, Risk and Best Value Committee for consideration which provided a further update on the estimated expenditure and income impacts of the Covid-19 pandemic for the Council and its Arm's-Length External Organisations (ALEOs) during 2020/21, alongside offsetting sources of confirmed or anticipated funding. This analysis indicated a reduction in the residual gap from £12.2m to £5.1m since the previous report considered by the Finance and Resources Committee on 24 September 2020.

Decision

- 1) To note the report.
- 2) To note that further representations made to the Scottish Government and UK Governments would be appended to future reports.

(References – Finance and Resources Committee, 29 October 2020 (item 5); referral from the Finance and Resources Committee, submitted.)

8. 2020-30 Capital Budget Strategy - 2020/21 Period Five Monitoring and Revised Budget Update - referral from the Finance and Resources Committee

The Finance and Resources Committee had referred a report to the Governance, Risk and Best Value Committee for consideration which provided capital expenditure and funding forecasts for 2020/21, including explanations for variances.

Decision

To note the report.

(References – Finance and Resources Committee, 29 October 2020 (item 6); referral from the Finance and Resources Committee, submitted.)

9. Corporate Leadership Team (CLT) Risk Register

The Corporate Leadership Team Risk Register was provided. The purpose was to highlight the Council's current strategic risk profile, detail those risks where further action was required (where realistic and possible) to ensure that they were brought within approved strategic risk appetite levels.

Decision

- 1) To note the Council's current strategic risk profile.
- 2) To note that five strategic risks were currently outwith agreed risk appetite ranges mainly due to the ongoing impacts of the Covid-19 pandemic.
- 3) To note that the current strategic risk profile was likely to increase in the event of further individual or concurrent resilience events in the current Covid-19 operating environment.
- 4) To note progress with the refresh of the design of Corporate Leadership team (CLT) risk register.
- 5) To note the content of the refreshed risk assessment matrix to ensure that both operational and strategic risks were assessed in alignment with the risk ranges included in the Council's Risk Appetite Statement.
- 6) To approve the proposed Committee reporting arrangements to support ongoing scrutiny of the Council's most significant risks.
- 7) To agree that future presentations of the Corporate Risk Register conveyed a greater level of detail highlighting instances where there are high residual risks and the associated mitigation measures in place.
- 8) To agree that the Convenor of GRBV in respect of the Directorate Risk Registers, would discuss with the Chief Internal Auditor the risks owned and controlled by the Council and determine an appropriate method for Committee to consider this via a workshop or a scrutiny report to GRBV.

(References – Governance, Risk and Best Value Committee 3 November 2020 (item 10); report by the Chief Executive, submitted)

10. Best Value Assurance Audit - referral from the Policy and Sustainability Committee

The Policy and Sustainability Committee had referred a report which detailed the findings of the City of Edinburgh Council's Best Value Assurance Audit and set out the approach to fully review and respond with a joined up, comprehensive approach to the findings.

Decision

- 1) To note the report.
- 2) That the Governance, Risk and Best Value Committee recommends that when the refreshed Council Business Plan is brought forward this should clearly state what current plans it replaces and how progress against the Plan will be measured and reported to Council so that Council governance was clear.
- 3) That the further consideration of genuine local community empowerment was reported back to Committee with details on how this would be put in place with a clear process and timescale that can progress can be measured against.

(References – Policy and Sustainability Committee, 1 December 2020 (item 9); referral from the Policy and Sustainability Committee submitted.)

11. Annual Assurance Schedule – Edinburgh Health and Social Care Partnership – Report by the Chief Officer, Edinburgh Health and Social Care Partnership

The annual assurance schedule covering 18/19 and 19/20 for the Edinburgh Health and Social Care Partnership (the Partnership) was presented for scrutiny.

Decision

- 1) To note the Edinburgh Health and Social Care Partnership (the Partnership) annual assurance schedule for 2018-19 and 2019-20.
- 2) To note that the Partnership annual assurance schedule 2020-21 would be submitted for scrutiny to GRBV in 12 months.
- 3) To agree to provide dates for improvement actions for areas identified as partially compliant.

(Reference – report by the Chief Officer, Edinburgh Health and Social Care Partnership submitted.)

12. Capital Theatres Company Performance Report 2019/20 - referral from the Culture and Communities Committee

The Culture and Communities Committee had referred the Capital Theatres annual performance report for 2019/20 as a requirement of the Services Funding Agreement process adopted in 2013/14 to the Governance, Risk and Best Value Committee for consideration as part of its workplan.

Decision

- 1) To note the report.
- 2) To record Committee's thanks and appreciation to the work at Capital Theatres Company.

(References – Culture and Communities Committee, 17 November 2020 (item 6); referral from the Culture and Communities Committee submitted.)

13. Edinburgh International Conference Centre - Annual Update - referral from the Housing, Homelessness and Fair Work Committee

The Housing, Homelessness and Fair Work Committee had referred an update report on the Edinburgh International Conference Centre (EICC) which provided an update on the performance of the EICC in the year ending 31 December 2019 and identified key areas of performance to be embedded as Key Performance Indicators (KPIs) in the Strategic Delivery Agreement (SDA) that was now under development to the Governance, Risk and Best Value Committee for information.

Decision

- 1) To note the report.
- 2) To commend EICC for a successful period to 31 December 2019.

(References – Housing, Homelessness and Fair Work Committee, 5 November 2020 (item 5); referral from the Housing, Homelessness and Fair Work Committee submitted.)

14. The EDI Group – Update Report – referral from the Housing, Homelessness and Fair Work Committee

The Housing, Homelessness and Fair Work Committee had referred an update report which provided an update on the progress of the transition strategy for The EDI Group Limited. The EDI Group aimed to close it and its subsidiary companies and bring their projects and assets into the Council.

Decision

To note the report.

(References – Housing, Homelessness and Fair Work Committee, 5 November 2020 (item 18); referral from the Housing, Homelessness and Fair Work Committee submitted.)

15. Marketing Edinburgh Annual Report 2019/20 – referral from the Housing, Homelessness and Fair Work Committee

The Housing, Homelessness and Fair Work Committee had referred an update report which provided an update on the annual performance of Marketing Edinburgh Limited for the financial year 2019/20

Decision

To note the report.

(References – Housing, Homelessness and Fair Work Committee, 5 November 2020 (item 19); referral from the Housing, Homelessness and Fair Work Committee submitted.)

16. Whistleblowing update

The Committee considered a high-level overview of the operation of the Council's whistleblowing hotline for the period 1 July to 30 September 2020

Decision

To note the report by the Chief Executive.

(References – report by the Chief Executive, submitted.)

17. Whistleblowing Monitoring Report

The Committee, in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, were requested to exclude the public from the meeting during consideration of the following item of business for the reason that it involved the likely disclosure of exempt information as defined in Paragraphs 1, 12 and 15 of Part 1 of Schedule 7(A) of the Act.

An overview of the disclosures received, and investigation outcome reports completed during the period 1 July to 30 September 2020 was provided.

Decision

- 1) To note the report by the Chief Executive.
- 2) To agree for The Head of Legal and Risk and the Governance Manager to meet with GRBV Committee to discuss the content and format of the Whistleblowing reports.

(References – report by the Chief Executive, submitted.)

18. Addition to the 2020/21 Internal Audit Annual Plan

The Committee, in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, were requested to exclude the public from the meeting during consideration of the following item of business for the reason that it involved the likely disclosure of exempt information as defined in Paragraph 12 of Part 1 of Schedule 7(A) of the Act.

Retrospective approval was sought for an urgent change to the 2020/21 IA annual plan.

Decision

Detailed in the Confidential Schedule, signed by the Convener, with reference to this minute.

(References – report by the Chief Internal Auditor, submitted.)

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by virtue of paragraph(s) 12 of Part 1 of Schedule 7A
of the Local Government(Scotland) Act 1973.

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Outstanding Actions

Governance, Risk and Best Value Committee

19 January 2021

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
1	26/09/2017	Principles to Govern the Working Relationships between the City of Edinburgh Council Governance, Risk and Best Value Committee and the Edinburgh Integrated Joint Board Audit and Risk Committee	To accept the high-level principles subject to further information on how elected members could best engage with the process.	Chief Internal Auditor	March 2021 December 2020 May 2020 September 2019 January 2019 November 2017		July 2020 A briefing note by the Chief Internal Auditor was circulated to members separately. September 2019 A briefing note by the Chief Internal Auditor was circulated to members separately.
2	28/08/18	Committee Reporting	To request a report by the end of 2019 to monitor the impact of	Chief Executive	December 2020 September		Recommended for Closure This was included

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			the steps taken to improve the process.		2020 February 2020 December 2019		<p>as part of the Political Management Report considered at Council on 10 December 2020</p> <p><u>December 2020</u></p> <p>This will be included as part of the Political Management Report being considered at Council on 10 December 2020.</p> <p><u>June 2020 Update -</u> Due to the Covid-19 emergency the roll out of Modern Gov phase two has been delayed. Work is being carried out on</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							whether the project can be progressed further while on lockdown
3	17.09.19	Work Programme – Member/Officer Protocol	To add the review of the Member/ Officer Protocol to the workplan with timescales for submission and to agree that a workshop for members would be held prior to submission to the Committee.	Chief Executive	February 2021 November 2020 September 2020 January 2020		<u>December 2020</u> The Code of Conduct Consultation is now live. The draft response to this is being developed to be presented to Council on 4 February 2021 (Consultation closes 6 February). Officers are working to ensure these two documents align The Member/Officer Protocol will be brought to GRBV following this

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							<p>exercise in February 2021.</p> <p><u>July 2020</u></p> <p>Scottish Government are consulting on changes to the Code of Conduct and it is suggested that changes to the protocol await this piece of work</p> <p><u>June 2020 Update</u></p> <p>Consideration of the member/officer protocol is awaiting the finalisation of the revised Code of Conduct from the Scottish Government that will impact on the content of the</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							<p>Protocol.</p> <p>Timescales to be confirmed.</p> <p><u>December 2019</u></p> <p>Workshop with members held on 29 October 2019. A joint workshop will be arranged with officers and members early 2020 (following the General Election).</p>
4	03.12.19	Annual Assurance Schedule - Place Directorate	To request a report back setting out what operational governance is in place to ensure that projects are delivered.	Executive Director of Place	<p>January 2021</p> <p>December 2020</p> <p>August 2020</p> <p>March 2020</p>		<p>Recommended for Closure</p> <p>This is included in the Place Annual Assurance report on the agenda for this meeting.</p> <p><u>December 2020</u></p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							<p>This will be included in the Place Annual Assurance report for 2021.</p> <p><u>August 2020:</u> Update This report will come to Committee in due course.</p>
5	09.06.20	Draft Annual Governance Statement	1) To agree to discuss with Strategy and Communications how the committee could support effective communication of the Council's policies.	Chief Executive	February 2021 December 2020		<p><u>January 2021:</u></p> <p>This will be considered as part of the session noted under action 10 (Corporate Governance Framework Self-Assessment 2019/20). The session will consider the wider governance framework</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							including the linkages between the annual governance session and corporate governance self-assessment.
			2) To agree to include further information on the issues raised in relation to Council ALEOs and specifically the assurance statement relating to Marketing Edinburgh in the update scheduled to be reported to committee in July		July 2021		
6	09.06.20	Whistleblowing Monitoring Report – B Agenda	To agree to bring back the outcome of the final review on the Gas	Chief Executive	March 2021 December		

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			Safety investigation as soon as practicable.		2020		
7	07.07.20	Motion by Councillor Doggart – Pandemic Planning	<p>1) Agrees that the chief executive reviews the council's response and preparedness to COVID-19 but acknowledges that as the council is still responding to the pandemic, any review would be premature at this time.</p> <p>2) Asks that the chief executive updates the Policy and Sustainability</p>	Chief Executive	TBC		An interim debrief of the Council's response to Covid-19 has been undertaken with key findings shared with the Adaptation and Renewal All Party Oversight Group on the 13th August. Lessons identified have been incorporated into the council's documentation for further waves / local outbreaks. A summary will be provided to the next P&S Committee. As the incident

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			committee on when he believes it would be appropriate both in terms of resources and timing for such a review to take place.				remains ongoing, it is too early to undertake a full lessons learned exercise at this time, but this will be kept under review and undertaken at the earliest appropriate opportunity
8	29.09.20	Revenue Budget 2020/21 – Month Three Position	To agree that the Convener would write to the Convener of the Policy and Sustainability Committee to raise the committee's concerns about whether the review of the IJB Strategic Plan was sufficient and that the response would be included on the Committee Business Bulletin (the draft letter would also be circulated	Convener			<p>Update</p> <p>Letter Issued to Convener of Policy and Sustainability on 3 November 2020.</p> <p>A draft letter was circulated to GRBV committee members on 29.10.20</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			to committee members for comment before it was sent).				
9	03.11.20	Internal Audit: Final Internal Audit reports supporting the 2019/20 Annual Opinion	To note the Head of Place Development would consider how Fire Safety measures are managed and communicated to Committee and Ward Councillors in the High-Rise Blocks within the Council's property estate.	Executive Director of Place	June 2021		
10	03.11.20	Corporate Governance Framework Self-Assessment 2019/20	To agree that the Convener and any interested Committee Members would meet with Officers to consider how the Corporate Governance Framework Self-Assessment for 2020/21 could be refined to enhance the document.	Chief Executive	March 2021		A meeting date in late February/early March will be issued to committee members by 31 December 2020.

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
11	08.12.20	Internal Audit: Revisiting Internal Audit Extension Timeframes	1) To provide a briefing note to Committee to clarify the timescales for resilience plans as expressed in the report at paragraph 4.6.5 to develop resilience plans for all remaining essential services by 31 December 2023.	Chief Executive			
			2) To provide a briefing note to Committee on phishing resilience and the risk mitigation measures in place from digital services.	Executive Director of Resources			Recommended for Closure Briefing note issued 17.12.2020
12	08.12.20	Corporate Leadership Team (CLT) Risk Register	To agree that the Convenor of GRBV in respect of the Directorate Risk Registers, would discuss with the Chief Internal Auditor the risks owned and controlled by the Council and	Chief Internal Auditor / Convener	TBC		Meeting between the Convener and Chief Internal Auditor arranged for 26 January 2021.

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			determine an appropriate method for Committee to consider this via a workshop or a scrutiny report to GRBV.				
13	08.12.20	Best Value Assurance Audit	1) That the Governance, Risk and Best Value Committee recommends that when the refreshed Council Business Plan is brought forward this should clearly state what current plans it replaces and how progress against the Plan will be measured and reported to Council so that Council governance is clear.	Chief Executive	March 2021		
			2) That the further consideration of genuine local community		May 2021		

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			empowerment is reported back to Committee with details on how this will be put in place with a clear process and timescale that can progress can be measured against.				
14	08.12.20	Annual Assurance Schedule – Edinburgh Health and Social Care Partnership	To agree to provide dates for improvement actions for areas identified as partially compliant.	Chief Officer – Edinburgh Health and Social Care Partnership	January 2021		
15	08.12.20	Whistleblowing Monitoring Report – B Agenda	To agree for The Head of Legal and Risk and the Governance Manager to meet with GRBV Committee to discuss the content and format of the Whistleblowing reports.	Chief Executive			Recommended for Closure Meeting scheduled for 14 January 2021
16	08.12.20	Addition to the 2020/21 Internal Audit Annual Plan – B Agenda	To bring a B-agenda report on progress with Internal Audit in March	Chief Internal Auditor	March 2021		

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			2021 if available or to otherwise circulate a briefing note if the Internal Audit report was not available for GRBV in March 2021.				

Work Programme

Governance, Risk and Best Value Committee – 19 January 2021

	Title / description	Sub section	Purpose/Reason	Category or type	Lead officer	Stakeholder	Progress updates	Expected date
Page 29	Internal Audit: Overdue Recommendations and Late Management Responses	Quarterly report	Paper outlines previous issues with follow up of internal audit recommendations, and an overview of the revised process within internal audit to follow up recommendations, including the role of CLG and the Committee	Internal Audit	Chief Internal Auditor	Council Wide	Quarterly	March 2021 June 2021 September 2021 December 2021
	2 Internal Audit Quarterly Activity Report	Quarterly report	Review of quarterly IA activity with focus on high and medium risk findings to allow committee to challenge and request to see further detail on findings or to question relevant officers about findings	Internal Audit	Chief Internal Auditor	Council Wide	Quarterly	March 2021 June 2021 September 2021 December 2021

3	IA Annual Report for the Year	Annual report	Review of annual IA activity with overall IA opinion on governance framework of the Council for consideration and challenge by Committee	Internal Audit	Chief Internal Auditor	Council Wide	Annually	August 2021
4	IA Audit Plan for the year	Annual report	Presentation of Risk Based Internal Audit Plan for approval by Committee	Internal Audit	Chief Internal Auditor	Council Wide	Annually	March 2021
5	Accounts Commission	Annual report	Local Government in Scotland: Financial Overview	External Audit	Executive Director of Resources	Council Wide	Annually	February 2021
6	Accounts Commission	Annual report	Local Government in Scotland: Performance and Challenges	External Audit	Executive Director of Resources	Council Wide	Annually	June 2021
7	Annual Audit Plan	Scott Moncrieff	Annual audit plan	External Audit	Executive Director of Resources	Council Wide	Annually	March 2021
8	Annual ISA 260 Audit Report	Scott Moncrieff	Annual Audit Report	External Audit	Executive Director of Resources	Council Wide	Annually	September 2021
9	External Audit Review of Internal Financial Controls	Scott Moncrieff	Interim audit report on Council wide internal financial control framework	External Audit	Executive Director of Resources	Council Wide	Annually	September 2021

10	IT Audit Report	Scott Moncrieff	Scope agreed during annual external audit planning cycle	External Audit	Executive Director of Resources	Council Wide	Annually	September 2020, as part of the quarterly Status of the ICT Programme Update
11	Internal Audit Charter	Annual Report	Annual Audit Charter	Internal Audit	Executive Director of Resources	Council Wide	Annually	March 2021
Section B – Scrutiny Items								
12	Change Portfolio		To ensure major projects undertaken by the Council were being adequately project managed	Major Project	Chief Executive	All	Six-monthly	March 2021 June 2021 December 2021
13	Welfare Reform	Review	Update reports to be referred annually by Corporate Policy and Strategy Committee	Scrutiny	Executive Director of Resources	Council Wide	Annual	June 2021
14	Review of CLT Risk Scrutiny	Risk	Quarterly review of CLT's scrutiny of risk	Risk Management	Chief Executive	Council Wide	Quarterly	March 2021 June 2021 September 2021 December 2021
15	Whistleblowing Quarterly Report		Quarterly Report	Scrutiny	Chief Executive	Internal	Quarterly	March 2021 June 2021 September 2021 December 2021
16	Workforce Control	Staff	Annual report	Scrutiny	Executive Director of Resources	Council Wide	Annual	June 2021

17	Committee Decisions	Democracy	Annual report	Scrutiny	Chief Executive	Governance, Risk and Best Value Committee	Annual	December 2021 This was included as part of the Political Management Report being considered at Council on 10 December 2020.
18	Monitoring of Council Policies	Democracy	Annual report	Scrutiny	Chief Executive	Council Wide	Annual	Spring 2021
19	Revenue Monitoring	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Quarterly	February 2021 June 2021 September 2021
20	Capital Monitoring	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Quarterly	February 2021 June 2021 September 2021
21	Revenue Outturn	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	August 2021
22	Capital Outturn and Receipts	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	August 2021
23	Treasury – Strategy report	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	March 2021
24	Treasury – Annual report	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	September 2021

25	Treasury – Mid-term report	Review	Progress reports	Scrutiny	Executive Director of Resources	Council Wide	Annual	January 2021
26	Quarterly Status Update - Digital Service Programme	Review	Progress Reports	Scrutiny	Executive Director of Resources	Council Wide	Quarterly	January 2021 May 2021 September 2021 December 2021
27	Annual Assurance Schedules	Review	Progress Report	Scrutiny	All Directorates	Council	Annual	January 2021 (Place) January 2021 (Communities and Families) February 2021 (Chief Executive) August 2021 (EIJB) November 2021 (Resources)
28	Review of the Member/Officer Protocol	Review	Including timescales for submission	Scrutiny	Chief Executive	Council Wide	Flexible	February 2021

Section C – Council Companies								
29	Capital Theatres	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	December 2021
30	Edinburgh Leisure	Review	Progress Report	Scrutiny	Executive Director for Communities and Families	Council Wide	Annual	March 2021
31	Capital City Partnership	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	May 2021
32	Transport for Edinburgh	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	August 2021
33	Lothian Buses	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	August 2021
34	Edinburgh Trams	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	August 2021
35	Edinburgh International Conference Centre	Review	Progress Report	Scrutiny	Executive Director of Resources	Council Wide	Annual	December 2021

Page 34

GRBV Upcoming Reports

Appendix 1

Report Title	Type	Flexible/Not Flexible
February 2021		
Review of the Member/Officer Protocol	Scrutiny	Flexible
Accounts Commission - Local Government in Scotland: Financial Overview	Scrutiny	Flexible
Revenue Monitoring – Progress Report	Scrutiny	Flexible
Capital Monitoring – Progress Report	Scrutiny	Flexible
Annual Assurance Schedule – Chief Executive	Scrutiny	Flexible

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Governance, Risk and Best Value Committee

10am, Tuesday, 19 January 2021

Annual Assurance Schedule – Communities and Families

Executive/routine
Wards
Council Commitments

1. Recommendations

- 1.1 To note the Communities and Families Directorate annual assurance schedule, submitted for scrutiny.

Andrew Kerr

Chief Executive

Contact: Jackie Irvine, Head of Safer and Stronger Communities and Chief Social Work Officer

E-mail: Jackie.Irvine@edinburgh.gov.uk | Tel: 0131 553 8520

Annual Assurance Schedule – Communities and Families

2. Executive Summary

- 2.1 The purpose of this report is to present the annual assurance schedule covering 2019/20 to Governance Risk and Best Value Committee (GRBV) for scrutiny.

3. Background

- 3.1 Each year the City of Edinburgh Council requires that Executive Directors complete Certificates of Assurance that represent their view of the effectiveness and appropriateness of controls in their areas of responsibility. These Certificates support the Annual Governance Statement which is a component part of the authority's Statement of Accounts.
- 3.2 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. The schedule will help highlight any areas of concern.
- 3.3 As at April 2020 the Communities and Families directorate employed:

	FTE	Headcount
C&F in total	8117	10234
C&F less SSC	7633	9708
SSC only	484	527

3.4 The annual Budget for Communities and Families:

2020-21 BUDGET (REVISED)

£M

Summary	REVISED BUDGET 2020-21		
	C&F excl S&SC	S&SC	C&F incl S&SC
Employee Budget	351.3	20.6	371.9
Non Staff Expenditure Budget	122.8	66.6	189.3
	<u>474.1</u>	<u>87.2</u>	<u>561.3</u>
Income Budget	-70.1	-51.9	-122.1
	<u>404.0</u>	<u>35.3</u>	<u>439.2</u>

4. Main report

- 4.1 The Communities and Families Schedule (appendix 1) was completed and returned to the Democracy, Governance and Resilience Service, 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. The Certificates of Assurance require Heads of Service and Executive Directors to confirm that:
- 4.1.1 They have considered the effectiveness of controls in their service area/directorate, including controls in place to mitigate major risks to their service area/directorate's objectives.
 - 4.1.2 To the best of their knowledge, appropriate controls are in operation upon which they can place reasonable assurance and that there are no significant matters arising that should be raised specifically in the Annual Governance Statement (or otherwise); and
 - 4.1.3 They have identified actions that will be taken to continue improvement.
- 4.2 The schedule is completed by the Head of Service/Executive Director or by a nominated senior manager.
- 4.3 Before signing their Certificate of Assurance, the Head of Service/Executive Director should ensure that the schedule has been completed accurately.
- 4.4 It should be noted that despite every endeavour being made to address all improvement actions whilst also addressing the requirements during the pandemic, all service areas do have up to date risk registers in place which address both existing and ongoing actions as well as those which are specifically Covid-19 related.
- 4.5 SORT is the School Operations Risk Toolkit, a risk control framework used to effect the risk management process to manage the school response to Covid-19. The service risk architecture, for example Monday SORT meeting for all

headteachers/business managers and associated staff, weekly risk meeting, daily incident management team meetings all facilitate the response and enable a risk managed objective lead response.

5. Next Steps

- 5.1 An Improvement Plan for Communities and Families is attached at appendix two. This includes actions in relation to identified internal control weaknesses. In each instance a responsible officer and a deadline for completion is included. Communities and Families continues to work to deliver those actions identified in Appendix 2 (Improvement Plans).
- 5.2 The process will continue to be reviewed in line with feedback to ensure that effective assurance is provided.
- 5.3 The 20/21 annual assurance schedule will be presented to Governance, Risk and Best Value Committee in 12 months for scrutiny.

6. Financial impact

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

7. Stakeholder/Community Impact

- 7.1 The assurance schedule exercise acts as a prompt for service areas to think about good governance and the internal control environment. Action plans support improvements in areas where weaknesses have been identified. The Communities and Families Directorate Overview is contained in Appendix 3.
- 7.2 Completed schedules are reviewed by the Democracy, Governance and Resilience Senior Manager and are provided to the Chief Internal Auditor for comment.
- 7.3 The Annual Assurance Schedule template was drafted using input from the Council's subject matter experts. This included contributions from Resilience, Internal Audit, Health and Safety, Governance, Legal Services, Financial Services and Human Resources.

8. Background reading/external references

- 8.1 None.

9. Appendices

- 9.1 Appendix 1 - Communities and Families Annual Assurance Schedule
- 9.2 Appendix 2 - Communities and Families Improvement Action Plans
- 9.3 Appendix 3 - Communities and Families Directorate Overview

Executive Director's Annual Assurance Statement

For the year ending 31 March 2020

Directorate	Communities and Families				
Completed by	Alistair Gaw	Job title	Executive Director for Communities and Families	Date completed	29-Apr-20
Signed off by		Job title			
Print name of signatory		Date of signature			

Reviewed by		Role	Democracy, Governance and Resilience Senior Manager	Date	
Issued to Internal Auditor		Date			

Introduction

The Statement of Accounts 2019/2020 will include 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 and the Chief Officer.

Before signing the Certificate of Assurance Executive Directors should ensure that these assurance statements have been completed accurately. 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 (suggested managers to provide information and/or responses are highlighted below). Please note that reference to Executive Director within the schedule applies equally to the Chief Officer, and reference to directorates also applies to the Edinburgh Health and Social Care Partnership.

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

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	Engagement and Consultation	Head of Service
Section 6	Policy	Head of Service
Section 7	Governance and Compliance	Head of Service
Section 8	Responsibility and Accountability	Head of Service
Section 9	Information Governance	Directorate Record Officers
Section 10	Health & Safety	SMT Health & Safety Lead
Section 11	Performance	Head of Service
Section 12	Commercial and Contract Management	Head of Service
Section 13	Change and Projects	Head of Service
Section 14	Financial Control	Directorate Financial Manager or Representative
Section 15	Group Accounts	RESOURCES only
Section 16	National Agency Inspection Reports	Head of Service
Section 17	Internal Audit, External Audit & Review Reports	Head of Service
Section 18	Progress	Executive Director

Guidance on completing the Schedule	
The schedule should be completed by the Executive Director or by a nominated senior manager.	
The format has changed again this year, to align with the Council's Corporate Governance Framework. The primary worksheet for completion is the 'Assurance Statements' tab. Where improvement actions are recorded these will auto-populate the first column of the 'Improvement Plan' tab.	
Your assessment should consider how your directorate's arrangements would stand up to external scrutiny. Please note that although evidence does not need to be provided as part of this exercise, responses made in the schedule may be subject to audit at a later date. Additional guidance notes are provided below.	
Please return your completed schedule to governance@edinburgh.gov.uk no later than 17 April 2020.	
Step 1: Please address each statement in the "Assurance Statements" tab. The options for the response are included as a drop down. Please note this submission covers the financial year 1 April 2019 to 31 March 2020.	
Step 2: For each statement please enter a "Compliant", "Partially Compliant" or "Not Compliant" response for your directorate. A clear summary of any issues relating to the statement in the reporting period should be completed in the free text explanation cell to the right. There is no word limit however responses should be as concise as possible. These should include a brief description and reference to any evidence that explains the issue(s). You should also set out the actions that you will be taking to address the non-compliance and/or issues in the "Improvement Actions" cell.	
Step 3: Please set out any relevant service area controls that your directorate has in relation to each assurance statement in the free text explanation cell.	
Step 4: On the "Improvement Plan" tab please provide the details for each "Action Owner" and "Action Deadline" where "Improvement Actions" have auto-populated from the "Assurance Statement" tab.	
For further information or assistance please contact:	
	Gavin King
	Democracy, Governance and Resilience Senior Manager
	Strategy & Communications
	529 4239 or gavin.king@edinburgh.gov.uk
	Laura Callender
	Governance Manager
	Strategy & Communications
	529 3655 or laura.callender@edinburgh.gov.uk
Internal Control Environment	
1	Explanation
1.1	Please explain why your directorate is not fully compliant.
Corporate Governance Framework	6.2.1 Ensuring that risk management and internal control strategies, policies and arrangements are aligned with achieving objectives and evaluated on a regular basis.
1.2	Please explain why your directorate is not fully compliant.
Corporate Governance Framework	6.1.1 Ensuring that risk management is embedded and clearly allocated in decision making throughout the organisation.
1.3	1. Please explain why reviews are not undertaken or were not effective and what needs to be done to rectify this. 2. Please describe any weaknesses that were identified that could have an impact on the Annual Accounts.
Corporate Governance Framework	6.2.1 Ensuring that risk management and internal control strategies, policies and arrangements are aligned with achieving objectives and evaluated on a regular basis.
1.4	Please detail any problems that have been identified and could have an impact on the Annual or Group Accounts.
Corporate Governance Framework	6.2.1 Ensuring that risk management and internal control strategies, policies and arrangements are aligned with achieving objectives and evaluated on a regular basis.
Risk and Resilience	
2	Explanation

2.1	Please explain why your risk management arrangements do not identify all of the key risks to your directorate (and the Council) including those arising from or that could impact on: 1. Change (e.g. structural, service delivery, demographic and/or management); 2. Partnerships (external and internal); 3. Projects; 4. Legal or regulatory action(s); 5. Reputational damage; and 6. Bribery (e.g. the identification, recording and minimising of bribery risks).
Corporate Governance Framework	6.1.1 Ensuring that risk management is embedded and clearly allocated in decision making throughout the organisation.
2.2	Please explain why current controls and procedures do not effectively record and manage the risks identified to a tolerable level and explain why suitable actions are not in place to mitigate the risk.
Corporate Governance Framework	6.1.1 Ensuring that risk management is embedded and clearly allocated in decision making throughout the organisation.
2.3	1. Please explain why regular reviews are not undertaken and what needs to be done to rectify this. 2. Please describe and evidence any weakness that were identified and the impact they could have on the Annual Accounts.
Corporate Governance Framework	6.1.1 Ensuring that risk management is embedded and clearly allocated in decision making throughout the organisation.
2.4	Please explain why the process(es) for escalation/communication to the relevant Risk Committees are inadequate.
Corporate Governance Framework	6.1.1 Ensuring that risk management is embedded and clearly allocated in decision making throughout the organisation.
2.5	Please explain where your arrangements were inadequate and the instances when they failed to support and promote the relevant policies or procedures to your staff.
Corporate Governance Framework	6.1.1 Ensuring that risk management is embedded and clearly allocated in decision making throughout the organisation.
2.6	Your resilience and business continuity arrangements should include: 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; and 5. All who should have received the appropriate training. Please explain why you do not have these arrangements in place.
Corporate Governance Framework	4.2.1 Establishing and implementing robust planning and control cycles that take into account stakeholder input, risks and are adaptable to changing circumstance.
Workforce Controls	
3	Explanation
3.1	Please explain why the arrangements your directorate had in place did not ensure your directorate's compliance with payroll policies, overtime controls, absence management and performance.

Corporate Governance Framework	6.2.1 Ensuring that risk management and internal control strategies, policies and arrangements are aligned with achieving objectives and evaluated on a regular basis.
3.2	1. Please explain why your directorate's controls failed to effectively manage off-payroll workers/contractors. 2. Please explain why your directorate's controls failed to ensure that statutory workforce requirements were met e.g. PVG/disclosure checks, statutory registration/qualification, European Working Time Directive, right to work in the UK.
Corporate Governance Framework	6.2.1 Ensuring that risk management and internal control strategies, policies and arrangements are aligned with achieving objectives and evaluated on a regular basis.
3.3	Please explain why your directorate's arrangements failed to ensure compliance with the Council's HR Policies and procedures including: 1. Employee Code of Conduct; 2. Recruitment; 3. Disciplinary; 4. Grievance; 5. Bullying and Harassment; 6. Maintaining a register of gifts and hospitality; 7. Recording conflicts of interest; and 8. Recording and approving secondary employment where required.
Corporate Governance Framework	6.2.1 Ensuring that risk management and internal control strategies, policies and arrangements are aligned with achieving objectives and evaluated on a regular basis.
3.4	Please explain why your directorate's controls failed to effectively manage new starts, movers and leavers.
Corporate Governance Framework	6.2.1 Ensuring that risk management and internal control strategies, policies and arrangements are aligned with achieving objectives and evaluated on a regular basis.
3.5	Please explain why your directorate's arrangements have failed to effectively manage staff health and wellbeing.
Corporate Governance Framework	5.2.4 Ensuring arrangements are in place to support and maintain the health and wellbeing of the workforce.
3.6	Please explain why the arrangements your directorate had in place failed to ensure the effective delivery of staff training and development.
Corporate Governance Framework	5.2.2 Developing the capability of members and officers through the encouragement and provision of appropriate training and continued professional development tailored to their respective roles.
3.7	Please explain why your directorate's arrangements failed to support and manage staff performance.
Corporate Governance Framework	5.2.3 Ensuring arrangements are in place to consider leadership effectiveness and staff performance.
Council Companies	
4	Explanation
4.1	Please explain why your directorate's arrangements failed to effectively provide oversight and monitoring of Council companies.
Corporate Governance Framework	7.3.1 Ensuring that when working in partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met.
4.2	Please explain why appropriate agreements were not in place with the ALEOs you are responsible for.

Corporate Governance Framework	1.2.1 Ensuring the organisation's ethical standards are understood and upheld by external providers of services and embedded across the Council. 7.3.1 Ensuring that when working in partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met.
Engagement and Consultation	
5	Explanation
5.1	Please explain why your directorate's arrangements failed to effectively engage with institutional stakeholders, service users and individual citizens.
Corporate Governance Framework	2.2.1 Ensuring effective engagement with clarity of purpose, objectives and intended outcomes. 2.2.2 Developing partnerships based on trust, shared commitments, a challenge culture and added value. 2.3.1 Ensuring effective engagement with clarity of purpose, objectives and intended outcomes.
5.2	Please explain why your directorate's communication methods failed to collect and evaluate views and experiences while ensuring inclusivity.
Corporate Governance Framework	2.3.2 Developing effective communication methods that encourage, collect and evaluate views and experiences while ensuring inclusivity.
5.3	Please explain why your directorate's arrangements failed to support the recording, monitoring and managing of customer service complaints and customer
Corporate Governance Framework	2.1.1 Demonstrating an open culture through decisions that have been subject to consultation and/or engagement, are public, evidenced, impact assessed and, where necessary, justification for confidentiality explained. 2.3.2 Developing effective communication methods that encourage, collect and evaluate views and experiences while ensuring inclusivity. 4.1.1 Supporting decision makers to take decisions based on objective information and rigorous analysis, whilst considering best value, risk, stakeholder views and future impacts.
5.4	Please explain why your directorate failed to consult and engage with recognised trade unions on a regular basis.
Corporate Governance Framework	2.2.1 Ensuring effective engagement with clarity of purpose, objectives and intended outcomes.
Policy	
6	Explanation
6.1	Please explain why your directorate's arrangements do not ensure staff awareness and understanding.
Corporate Governance Framework	1.1.2 Ensuring this is reflected in policies and processes that are regularly reviewed and monitored for compliance. 1.2.1 Ensuring the organisation's ethical standards are understood and upheld by external providers of services and embedded across the Council.
6.2	Please explain why your directorate's arrangements failed to ensure the annual review of the policies owned by your directorate.
Corporate Governance Framework	1.1.2 Ensuring this is reflected in policies and processes that are regularly reviewed and monitored for compliance. 2.1.1 Demonstrating an open culture through decisions that have been subject to consultation and/or engagement, are public, evidenced, impact assessed and, where necessary, justification for confidentiality explained.
Governance and Compliance	
7	Explanation
7.1	Please explain why your directorate's arrangements are not sufficient to ensure compliance with the framework, e.g. 1. Committee Terms of Reference and Delegated Functions; 2. Scheme of Delegation; 3. Contract Standing Orders; and 4. Financial Regulations.
Corporate Governance Framework	1.1.1 Developing a leadership culture based on values, integrity and public interest that is communicated and understood by all and forms the basis of a framework for decision making and action.
7.2	Please explain why your directorate was not fully compliant with the relevant Scottish, UK and EU legislation and regulations and any mitigating

Corporate Governance Framework	1.3.1 Demonstrating commitment to adherence to the rule of the law and regulations while ensuring individuals fulfil their responsibilities and optimise available powers to the benefit of all. Partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met.
Responsibility and Accountability	
8.1	Please explain why your directorate's officers were not clear on their roles and responsibilities in terms of relationships and decision making.
Corporate Governance Framework	5.2.1 Ensuring clarity on roles, responsibilities and expectations for members and officers in terms of relationships and decision making.
8.2	Please explain why your directorate is not fully compliant.
Corporate Governance Framework	1.2.1 Ensuring the organisation's ethical standards are understood and upheld by external providers of services and embedded across the Council.
8.3	Please explain why your directorate's arrangements are not sufficient to ensure compliance with the decision making processes and structures, e.g. 1. Objective information; 2. Consideration of best value; 3. Risk; 4. Stakeholder views; and 5. Rigorous analysis and consideration of future impacts.
Corporate Governance Framework	4.1.1 Supporting decision makers to take decisions based on objective information and rigorous analysis, whilst considering best value, risk, stakeholder views and future impacts.
8.4	Please explain why your directorate failed to consult and engage with elected members as appropriate and required under the Scheme of Delegation.
Corporate Governance Framework	7.2.1 Elected member and senior management owned annual reporting on performance, best value and resource stewardship.
Information Governance	
9	Explanation
9.1	Please explain why your staff were not fully aware of their responsibilities and how this has impacted on compliance.
Corporate Governance Framework	6.3.1 Ensuring that data is properly managed, accurate and of a good quality.
9.2	Please explain why your directorate is not fully compliant.
Corporate Governance Framework	6.3.1 Ensuring that data is properly managed, accurate and of a good quality.
Health & Safety	
10	Explanation
10.1	Please explain why your directorate's arrangements failed to ensure your staff were (1) fully aware of their H&S responsibilities and (2) trained appropriately.
Corporate Governance Framework	5.2.1 Ensuring clarity on roles, responsibilities and expectations for members and officers in terms of relationships and decision making. 5.2.2 Developing the capability of members and officers through the encouragement and provision of appropriate training and continued professional development tailored to their respective roles.
10.2	Please explain how your directorate failed to have the necessary H&S controls and procedures in place.

Corporate Governance Framework	6.1.1 Ensuring that risk management is embedded and clearly allocated in decision making throughout the organisation.
10.3	Please explain how your arrangements failed to ensure all applicable H&S laws and regulations were complied with.
Corporate Governance Framework	1.3.1 Demonstrating commitment to adherence to the rule of the law and regulations while ensuring individuals fulfil their responsibilities and optimise available powers to the benefit of all.
10.4	Please explain the weaknesses you have identified in the governance and reporting structure for H&S in your directorate.
Corporate Governance Framework	6.2.1 Ensuring that risk management and internal control strategies, policies and arrangements are aligned with achieving objectives and evaluated on a regular basis.
Performance	
11	Explanation
11.1	Please explain why the required arrangements were not in place.
Corporate Governance Framework	2.1.1 Demonstrating an open culture through decisions that have been subject to consultation and/or engagement, are public, evidenced, impact assessed and, where necessary, justification for confidentiality explained. 5.1.1 Regularly reviewing and improving effectiveness through performance monitoring, benchmarking and other methods to achieve defined outcomes. 7.2.1 Elected member and senior management owned annual reporting on performance, best value and resource stewardship.
11.2	Please explain why the required arrangements were not in place.
Corporate Governance Framework	5.1.1 Regularly reviewing and improving effectiveness through performance monitoring, benchmarking and other methods to achieve defined outcomes.
Commercial and Contract Management	
12	Explanation
12.1	Please explain where your directorate's procurement activities failed to comply with the Council's Contract Standing Orders.
Corporate Governance Framework	1.2.1 Ensuring the organisation's ethical standards are understood and upheld by external providers of services and embedded across the Council. 1.3.1 Demonstrating commitment to adherence to the rule of the law and regulations while ensuring individuals fulfil their responsibilities and optimise available powers to the benefit of all.
Change and Projects	
13	Explanation
13.1	Please explain where your directorate failed to have the appropriate arrangements in place for any of its projects or programmes, including: 1. Clear business justifications; 2. Clear operational governance (i.e. authority to take decisions); 3. Effective controls to track delivery and take corrective action if required; and 4. A formal closure process.
Corporate Governance Framework	2.1.1 Demonstrating an open culture through decisions that have been subject to consultation and/or engagement, are public, evidenced, impact assessed and, where necessary, justification for confidentiality explained. 3.1.1 Having a sustainable vision for the organisation which sets out strategy, forward planning and impact on stakeholders. 4.1.1 Supporting decision makers to take decisions based on objective information and rigorous analysis, whilst considering best value, risk, stakeholder views and future impacts. 4.2.1 Establishing and implementing robust planning and control cycles that take into account stakeholder input, risks and are adaptable to changing circumstance.
Financial Control	
14	Explanation
14.1	Please explain where your directorate's financial controls failed to ensure compliance.
Corporate Governance Framework	4.3.1 Ensuring that the budgeting process and financial strategy are sustainable whilst considering objectives, service priorities, affordability and medium/long-term plans. 6.4.1 Ensuring that financial management is integrated at all levels of planning and control, and supports the achievement of outcomes and short-term financial and operational performance.

14.2	Please explain (1) why your directorate's monitoring arrangements could not be relied upon to identify any problems or variances and, (2) if any, what these were.
Corporate Governance	6.4.1 Ensuring that financial management is integrated at all levels of planning and control, and supports the achievement of outcomes and short-term financial and operational performance.
14.3	Please explain (1) why your directorate did not have the required arrangements in place, and (2) the details of any material commitments or contingent liabilities that should have been notified to the CFO.
Corporate Governance Framework	4.3.1 Ensuring that the budgeting process and financial strategy are sustainable whilst considering objectives, service priorities, affordability and medium/long-term plans. 6.4.1 Ensuring that financial management is integrated at all levels of planning and control, and supports the achievement of outcomes and short-term financial and operational performance.
14.4	Please explain why your directorate did not have the required arrangements in place.
Corporate Governance Framework	6.4.1 Ensuring that financial management is integrated at all levels of planning and control, and supports the achievement of outcomes and short-term financial and operational performance.
14.5	Please explain why your directorate did not have the required arrangements in place.
Corporate Governance Framework	4.3.1 Ensuring that the budgeting process and financial strategy are sustainable whilst considering objectives, service priorities, affordability and medium/long-term plans. 6.4.1 Ensuring that financial management is integrated at all levels of planning and control, and supports the achievement of outcomes and short-term financial and operational performance.
14.6	Please explain why (1) your directorate did not have the required arrangements in place, and (2) if there were any issues that could have affected the Annual
Corporate Governance Framework	4.3.1 Ensuring that the budgeting process and financial strategy are sustainable whilst considering objectives, service priorities, affordability and medium/long-term plans. 6.4.1 Ensuring that financial management is integrated at all levels of planning and control, and supports the achievement of outcomes and short-term financial and operational performance.
Group Accounts (Resources only)	
15	Explanation
15.1	Please explain why (1) your directorate did not have the required arrangements in place, and (2) if there were any issues that could have affected the Group
Corporate Governance Framework	6.4.1 Ensuring that financial management is integrated at all levels of planning and control, and supports the achievement of outcomes and short-term financial and operational performance.
15.2	Please explain why (1) your directorate did not have the required arrangements in place, and (2) if there were any issues that could have affected the Group
Corporate Governance Framework	6.2.1 Ensuring that risk management and internal control strategies, policies and arrangements are aligned with achieving objectives and evaluated on a regular basis. 6.2.2 Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor. 6.2.3 Ensuring an audit committee or equivalent group/ function, which is independent of the executive and accountable to the governing body: provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment; and that its recommendations are listened to and acted upon.
National Agency Inspection Reports	
16	Explanation
16.1	Please explain why your directorate did not have the required arrangements in place and provide detail on any issues that could have an impact on the signing of the Annual Governance Statement, including how these have been reported.
Corporate Governance Framework	7.3.3 Ensuring that recommendations from Internal Audit, External Audit, peer challenge, reviews and inspections are welcomed and acted upon.
16.2	Please explain why your directorate did not have the required arrangements in place.
Corporate Governance Framework	2.1.1 Demonstrating an open culture through decisions that have been subject to consultation and/or engagement, are public, evidenced, impact assessed and, where necessary, justification for confidentiality explained. 6.2.3 Ensuring an audit committee or equivalent group/ function, which is independent of the executive and accountable to the governing body: provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment; and that its recommendations are listened to and acted upon. 7.3.3 Ensuring that recommendations from Internal Audit, External Audit, peer challenge, reviews and inspections are welcomed and acted upon.
Internal Audit, External Audit & Review Reports	
17	Explanation

17.1	Please explain why your directorate did not have the required arrangements in place.
Corporate Governance Framework	2.1.1 Demonstrating an open culture through decisions that have been subject to consultation and/or engagement, are public, evidenced, impact assessed and, where necessary, justification for confidentiality explained. 7.3.3 Ensuring that recommendations from Internal Audit, External Audit, peer challenge, reviews and inspections are welcomed and acted upon.
Progress	
18	Explanation
18.1	Please describe and detail any outstanding issues or recommendations.
Corporate Governance Framework	7.3.3 Ensuring that recommendations from Internal Audit, External Audit, peer challenge, reviews and inspections are welcomed and acted upon.

Assurance Statement						
Ref	Statement	Response				
1	Internal Control Environment	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
1.1	I have internal controls and procedures in place throughout my directorate that are proportionate, robust, monitored and operate effectively.	Compliant	Children's Services and SLLL, and Estates and Operational Planning, There are areas of risk management that are being revisited as a priority these are; - Fire safety - training - Asbestos Management - training - Cleaning standards - FM Council and PPP - Essential system resilience - Swift - Review of use of SHE health and safety incident management portal - Review of C&F essential learning matrix - Review of effectiveness of mechanisms financial forecasting in schools - HR payroll updates e.g. Holiday entitlements updates		Children's Services and SLLL, and Estates and Operational Planning, Essential Learning matrix (details staff training across the service to manage risk) - Communities and Families Council Fire Safety policy Council Asbestos Management policy/procedures Cleaning service level agreements FM Council and PPP - (Resources) Finance training/e-learning Dedicated business management support role - Schools and Lifelong Learning (finance) - additional training provision through this role Working relationship with Corporate Property/Health and Safety (Resources) in terms of advice on Asbestos Management/Fire Safety/Cleaning in schools - regular meetings/dedicated forums for discussion Communities and Families Risk Management Committees, risk on management meeting agendas regularly for example team meetings, risk discussed regularly at Communities and Families Wider Management Team Alignment of risks or risk appetite/tolerance through regular review of service risk profile Council wide risk policies and alignment to policy Communities and Families self-assurance framework Communities and Families Health and Safety forums - schools and non-schools (includes Libraries/Community/Children's Services Use of Risk Matters Communities and Families risk communication tool for important/regular updates on risk management	Children's Services and SLLL, and Estates and Operational Planning Continual monitoring and review of Communities and Families risk profile Continued working with Council interdependencies to improve risk mitigation where risks are out of tolerance/risk appetite Review of essential learning matrix and associated risk training July 2020 - involving establishment staff in creating proportionate/comprehensive approaches to training offer Development of Business Forums - (Risk based approach to business management - forums to be set up in terms of Finance/Property/HR - Procurement/Health and Safety forums already exist
		Compliant	Safer and Stronger Communities There are areas of risk management that are being revisited as a priority these are; - Fire safety - training		Safer and Stronger Communities Communities and Families Risk Management Committees - risk is on management meeting agendas regularly and included in discussion at team meetings and at Communities and Families Wider Management Team Policy and Procedures Service area policies and procedures are in place and when appropriate policy change is reported to elected members. Policies and procedures are held on a corporate register. Safer and Stronger have a centralised process in place to monitor and review all policies and procedures in the service which is supported by our business services colleagues aligned to the service. Performance Management/Quality Assurance Monthly monitoring of performance indicators by management teams across all areas of SSC and exception reporting to CLT. 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. 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. Essential Learning matrix (details on the orb of all staff training across each area of SSC to manage risk	Safer and Stronger Communities Issues with H&S training availability are being resolved with the H&S Officer Robert Anderson and site visits arranged.
1.2	I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.	Compliant	Children's Services and SLLL, and Estates and Operational Planning, Edinburgh Leisure - general issues in the area (Covid-19		Children's Services and SLLL, and Estates and Operational Planning Communities and Families contracts with third parties through a standard set of conditions. Grants to third parties are subject to the Council standard conditions of grant funding. All organisations are required to provide information about service delivery using standard contract or grant monitoring templates. All grant awards have an identified monitoring officer as do contracts however there continues to be a capacity issue to achieve full coverage. There is also an issue of providing ongoing training for these officers.	
		Compliant	Safer and Stronger Communities 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 outcome targets. All procurement is in line with contract standing orders and European regulations.		Safer and Stronger Communities 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 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 20/21 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.	

1.3	My internal controls and procedures and their effectiveness are regularly reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts.	Compliant			Children's Services and SLLL, and Estates and Operational Planning Internal controls and procedures are reviewed as part of the risk management process/Committee reporting	
		Compliant			Safer and Stronger Communities All internal contract and procedures and their effectiveness are reviewed on a regular basis. Divisional teams consider internal contracts as required. Risk Registers, internal controls and procedures are reviewed regularly.	
1.4	The monitoring process applied to funding/operating agreements has not identified any problems that could have an impact on Annual or Group Accounts.	Compliant				Children's Services and SLLL, and Estates and Operational Planning, Estates and Operational Planning 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.
		Compliant			Safer and Stronger Communities 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. Arrangements are also in place to monitor the financial performance of commissioned contracts.	
2	Risk and Resilience	Assessment of Compliance		Extract of Evidence from the Council's Corporate Governance Framework (for information only)	SSC financial position, health and safety performance, inspections and audits, action plans and procurement activity are all discussed as standing agenda items by senior management and at service area meetings on a regular basis and if any remedial action is required this is agreed and minute and reviewed at the next meeting	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
2.1	I have risk management arrangements in place to identify the key risks to my directorate (and the Council).	Compliant	Children's Services and SLLL, and Estates and Operational Planning 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.		Children's Services and SLLL, and Estates and Operational Planning The Council Observer on the Board of Edinburgh Leisure and Service Manager for 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.	Children's Services and SLLL, and Estates and Operational Planning Continue to embed risk management process through effective and robust training/engagement
		Compliant			Safer and Stronger Communities Communities and Families Risk Management Committees, risk is on management meeting agendas and discussed regularly at Communities and Families Wider Management Team Alignment of risks or risk appetite/tolerance through regular review of service risk profile Council wide risk policies and alignment to policy Communities and Families self-assurance framework Business continuity plans are in place and reviewed regularly and Business Impact Analysis (BIA) are reviewed as required. Any legal and or regulatory action would also be identified through the senior management team and managed appropriately through governance arrangements. 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	I have effective controls and procedures in place to record and manage the risks identified above to a tolerable level or actions are put in place to mitigate and manage the risk.	Compliant			<p>Children's Services and SLLL, and Estates and Operational Planning Communities and Families Risk Management Committees, risk on management meeting agendas regularly for example team meetings, risk discussed regularly at Communities and Families Wider Management Team</p> <p>Alignment of risks or risk appetite/tolerance through regular review of service risk profile</p> <p>Council wide risk policies and alignment to policy</p> <p>Communities and Families self-assurance framework</p> <p>Dedicated Risk Management support for service area - promotion of risk competency/capacity to support risk culture</p> <p>Use of Risk Matters Communities and Families risk communication tool for important/regular updates on risk management</p>	<p>Children's Services and SLLL, and Estates and Operational Planning, Continual monitoring and review of Communities and Families risk profile</p> <p>Continued working with Council interdependencies to improve risk mitigation where risks are out of tolerance/risk appetite</p> <p>Review of essential learning matrix and associated risk training July 2020 - involving establishment staff in creating proportionate/comprehensive approaches to training offer</p>
		Compliant			<p>Safer and Stronger Communities The risk governance structure in place within SSC provides a clear escalation for those risks identified as requiring further discussion at a senior level.</p>	
2.3	The robustness and effectiveness of my risk management arrangements is regularly reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts.	Compliant			<p>Children's Services and SLLL, and Estates and Operational Planning Risk Management arrangements are reviewed on a continual basis within the service.</p>	<p>Children's Services and SLLL, and Estates and Operational Planning Risk Management has recently been audited by Scott Moncrieff. The service will be involved in actions associated with this report. The report has been issued to the Council (Legal and Risk) March 2020</p>
		Compliant			<p>Safer and Stronger Communities Risk Management arrangements are reviewed on a continual basis within the service.</p>	
2.4	There is appropriate escalation/communication to the directorate Risk Committee and CLT Risk Committee (as appropriate) of significant issues, risks and weaknesses in risk management.	Compliant	<p>Children's Services and SLLL, and Estates and Operational Planning There was one Risk and Assurance Committee that was cancelled in 2019 as this was during a holiday period and there was a high number of apologies</p>		<p>Children's Services and SLLL, and Estates and Operational Planning Risk assessments are carried out regularly in line with service area requirements; at least yearly or where a significant operational change has occurred.</p>	N/A
		Compliant			<p>Safer and Stronger Communities The SSC Management Team discuss risk as part of their fortnightly meeting schedule and there is a clear escalation process in place throughout each service area.</p>	
2.5	I have arrangements in place to promote and support the Council's policies and procedures for staff to raise awareness of risk concerns, Council wrongdoing and officer's misconduct.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Use of Council Whistleblowing policy and mechanisms to report</p> <p>Self-Assurance framework still asks all establishment colleagues to remind themselves of Council policies annually</p>	<p>Children's Services and SLLL, and Estates and Operational Planning Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication)</p>
		Compliant			<p>Safer and Stronger Communities Managers are responsible for ensuring that staff are aware of the Council's policies and procedures including the whistleblowing policy.</p> <p>Staff induction checklists, team briefs, reminder emails and audits are used to ensure staff are informed and aware.</p>	

2.6	My directorate has appropriate resilience arrangements in place and my directorate's business continuity plans and arrangements mitigate the business continuity risks facing our essential activities.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning The service has a Resilience Co-ordinator, three deputies and a Resilience Specialist based in the Council Resilience Unit</p> <p>The service has key contingency arrangements that are updated on a regular basis, these are:</p> <ul style="list-style-type: none"> - Communities and Families Severe Weather Contingency Arrangements - Communities and Families Infection control arrangements - Communities and Families Noro Virus Toolkit - Annual Snow School exercise - Bomb Threat/Intruder Policy - Significant Occurrence Procedure <p>The Resilience Unit deliver training in terms of Prevent/WRAP/Bomb Scare/Intruder threat as these are Council wide contingency arrangements</p> <p>The services approach to Resilience arrangements are that they are dynamic, for example in relation to the Covid-19 response we were able to create a pandemic plan effectively and efficiently using the existing infection control contingency arrangements as a base</p> <p>The service has good working relationships with Lothian Health Protection regularly seeking infection control advice</p> <p>Regular debriefs post incident for example using Bow Tie methodology to update/improve resilience planning</p> <p>Attendance and input at Council wide testing</p> <p>Regular review and circulation of service emergency contacts</p>	<p>Children's Services and SLLL, and Estates and Operational Planning From 2020 onwards training in service contingency arrangements will be delivered by the Operations Manager (Risk/Resilience)</p> <p>Ongoing review of essential activities/Business impact assessment</p> <p>Responses to Internal Audit Resilience audit of 2019 (ongoing)</p> <p>Continue to embed the business continuity cycle in an effective ad efficient manner</p>
		Compliant			<p>Safer and Stronger Communities Ongoing review of essential activities/Business impact assessment</p> <p>C&F has a Resilience Co-ordinator, SSC has a Resilience Deputy and a Resilience Specialist (Russell McLauchlan) based in the Council Resilience Unit</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> <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 and are designed to identify essential services and ensure the continuation of these services in a business continuity incident. Plans are reviewed and updated at a service area level on a regular basis, this includes the current winter weather plan which has been reviewed and includes contingency plans for SSC staff and our business services staff during adverse weather conditions or loss of premises.</p>	
3	Workforce Control	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
3.1	I have arrangements in place to ensure compliance with payroll policies, overtime controls, absence management and performance e.g. home/remote working.	Compliant			<p>Children's Services and SLLL, and Estates and Operational Planning Operations Manager (Resources) working with HR colleagues to remedy the situation - school colleagues kept updated of mitigation to resolve</p>	
		Compliant	<p>Safer and Stronger Communities Overtime controls were reviewed and monitoring at a senior management level introduced.</p>		<p>Safer and Stronger Communities 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>A deep dive exercise was undertaken to look at expenditure within the service (overtime, mileage, sustenance, parking) this was led by a senior manager for the service, monitoring controls were introduced and a consistent reduction in spend was evidenced.</p> <p>Challenge and Support Panels are held every 2-3 months and are chaired by the Head of Service. The actions from these meetings are fed back to the appropriate managers by the senior manager for the service.</p> <p>Home/remote working is monitored and authorised by line managers with service manager oversight. Staff induction and annual conversations include compliance with Council policies and procedures including home/remote working. Any issues with inappropriate use of home/remote working are reported to senior managers.</p>	

3.2	I have robust controls in place to ensure that statutory workforce requirements are met, including the management of off-payroll workers/contractors (including agency workers and consultants), ensuring approved framework contracts have been used and that those engaged are wholly compliant with the provisions of IR35 Council guidance and procedures.	Compliant	Children's Services and SLLL, and Estates and Operational Planning, Estates and Operational Planning There have been some issues in establishments where the IR35 process has been used retrospectively		Children's Services and SLLL, and Estates and Operational Planning Regular liaison with HR/Corporate Procurement Advice send regularly in terms of IR35 requirements to ensure staff and managers know what to do (process) Support through AskHR	Children's Services and SLLL, and Estates and Operational Planning Continue to seek, take advice from HR/Corporate Procurement in these areas and communicate to colleagues across the service effectively for example through Risk Matters
		Compliant			Safer and Stronger Communities Regular liaising with HR/Corporate procurement where necessary Each service within SSC is responsible for ensuring compliance with IR35 Council guidance and procedures and work closely with the Business Support Team Manager aligned to the service, to monitor off-payroll workers/contractors procured by SSC. Any issues are highlighted to the Senior Management Team.	
3.3	I ensure compliance with the Council's HR policies and procedures across all of my service areas, e.g. that recruitment and selection is only undertaken by appropriately trained individuals and is fully compliant with vacancy approvals and controls.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Self assurance questionnaire asks that colleagues in establishments refresh their knowledge on Council policies annually Use of Newsbeat/Managers news to update colleagues on HR process/policies Support through AskHR	Children's Services and SLLL, and Estates and Operational Planning Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication)
		Compliant			Safer and Stronger Communities Use of Newsbeat/Managers news to update colleagues on HR processes/procedures Support through AskHR and use of Essential Learning Matrix - available on the Orb 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. Recruitment freeze, and a review of pre-approved posts have been cascaded to recruiting managers and are being adhered to.	
3.4	I have robust controls in place to manage new starts, movers and leavers, including induction and mandatory training, IT systems security (access and removal) and access to buildings and service users' homes.	Compliant	Children's Services and SLLL, and Estates and Operational Planning The service essential learning matrix required to be reviewed as per 1.1 to ensure the approach is proportionate for Children's Services and SLLL, and Estates and Operational Planning proportionate and comprehensive		Children's Services and SLLL, and Estates and Operational Planning Council starters/leavers procedures Support through AskHR Support of Corporate Health and Safety - Essential Learning Matrix Support of Learning and Development - Essential Learning Matrix	Children's Services and SLLL, and Estates and Operational Planning Creation of Edinburgh Learns Risk Board - part of the role of this group will be to ensure Essential Learning is proportionate/comprehensive and act as the gatekeeper in terms of what is included to manage risk. There is a wider Council action to consider an electronic mechanism to ensure that Essential Learning is managed and recorded electronically for example using trigger reminders to remind staff of their training, providing a recording mechanism to give SMTs management information to see where essential learning may not be taking place and ensure these areas are targeted so that there is assurance essential learning is happening as required to manage risk
		Compliant	Safer and Stronger Communities Issue identified with recruitment which related to one manager. Council disciplinary procedures followed and training review undertaken across the service area.		Safer and Stronger Communities Support through AskHR and use of Essential Learning Matrix - Induction and post qualifying training has been reviewed and is now on the Orb. Each service area has bespoke induction procedures and shadowing arrangements. 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 and building access is sufficient for the post holder.	Safer and Stronger Communities Review of essential learning for all line management roles within SSC to ensure they include appropriate learning for recruiting managers and look at whether refresher learning is required. Senior Managers to discuss in team meetings the need to follow recruiting procedures and use of HR recruitment process.
		Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Council wide promotion of Health and Wellbeing/Occupational Health service offer through effective Council communications Ask HR advice and support	Children's Services and SLLL, and Estates and Operational Planning Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication)

3.5	I have arrangements in place to manage staff health and wellbeing; ensuring that sickness absence, referral to occupational health and stress risk assessments is managed in compliance with the Council's HR policies.	Compliant			<p>Safer and Stronger Communities Challenge and Support Panels discuss how best to support staff and line managers to manage staff health and wellbeing in line with Council policy.</p> <p>Business Partners provide stats which allows senior managers to 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> <p>Use of Ask HR advice and support of Council wide Health and Wellbeing/Occupational Health service promoted by senior managers to their line managers and staff.</p>	
3.6	I ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.	Compliant	Children's Services and SLLL, and Estates and Operational Planning Please refer to 1.1 these are areas that require improved mitigation		Children's Services and SLLL, and Estates and Operational Planning Teachers CPD requirements are managed through teaching professional institutions as are Social Worker CPD requirements	Children's Services and SLLL, and Estates and Operational Planning This is an area that requires development in terms of assurance - it is suggested a question could be added to the Self-Assurance framework questionnaire specific to the management of CPD
		Compliant			<p>Safer and Stronger Communities Managers are responsible for ensuring staff are trained in line with the requirements for their post. Induction packs include information and checklists for new starts' essential training, CPD requirements and appropriate learning and development. 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> <p>In 2019 we worked with our colleagues within Learning and Development to review our essential training requirements and learning and development for each post within each service within Safer and Stronger. This information is now available on the Orb and managers use this as a tool for new staff and for reviews with existing staff.</p>	
3.7	I have arrangements in place to support and manage staff performance e.g. regular 1:1/supervision meetings, performance/spotlight conversations.	Compliant	Children's Services and SLLL, and Estates and Operational Planning There was an issue where establishments numbers completing performance spotlight conversations were not as required		Children's Services and SLLL, and Estates and Operational Planning Regular reminder communications in terms of spotlight conversations Meeting culture in place where 1:1 meetings /supervision happen as required	Children's Services and SLLL, and Estates and Operational Planning Consider improving service communications around performance/spotlight conversations Regular updates/reminders - headteacher/business manager forums
		Compliant	Safer and Stronger Communities Issue identified by HR partners re recording across all Council areas		Safer and Stronger Communities Compliance was promoted by Senior Managers to ensure recording on MyPeople was undertake robustly and all staff have regular 1:1 /supervision sessions with their managers. Senior Managers continue to remind managers of importance of performance conversations and 1:1 check ins with staff	Safer and Stronger Communities Senior Managers to discuss with line managers at team meetings the importance of performance conversations and recording on MyPeople. HOS to send communication to all staff regarding performance conversations around the time these should be held.
4	Council Companies	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
4.1	I have arrangements in place for the oversight and monitoring of the Council companies I am responsible for, that give me adequate assurance over their operation and delivery for the Council.	Compliant	Children's Services and SLLL, and Estates and Operational Planning Has the response to Covid-19 presented any issues? - resultant inability to deliver service		Children's Services and SLLL, and Estates and Operational Planning SLA in place with Edinburgh Leisure - regular formal meetings with entity (liaison meetings)	Children's Services and SLLL, and Estates and Operational Planning Work to be undertaken with Legal Services and Finance this also establish risk context
					Safer and Stronger Communities There are no companies for which Safer and Stronger Communities has responsibility	
4.2	I have an appropriate Service Level Agreement, or other appropriate legal agreement, in place for each Arm's Length External Organisation that I am responsible for.	Compliant	Children's Services and SLLL, and Estates and Operational Planning Current Covid-19 means company cannot operate		Children's Services and SLLL, and Estates and Operational Planning SLA in place with Edinburgh Leisure - regular formal meetings with entity (liaison meetings)	Children's Services and SLLL, and Estates and Operational Planning Work to be undertaken with Legal Services and Finance this also establish risk context
		Compliant			Safer and Stronger Communities 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.	

5	Engagement and Consultation	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
5.1	My directorate engages effectively with institutional stakeholders, service users and individual citizens, applying the council's consultation and engagement standards with evidence that the insights gathered are used to shape my directorates activities.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Council Committee reporting processes Regular engagement between SLT/members Engagement Officer (Schools and Lifelong Learning) Support from Strategy and Insight (general and specific)	N/A
		Compliant			Safer and Stronger Communities Council Committee Reporting processes Support from colleagues in Strategy and Insight Quality Governance and Regulation Team review and produce methods of engagement and review of service delivery with service users, these include People's Stories, Case File Auditing and Reviews. FHS hold weekly drop in sessions for communities and families in each Locality - We have active service users as part of our recruitment selection process, including being part of the interview panel process We hold annual service user feedback and evaluation questionnaire exercises We undertake service user interviews as part of our Annual Celebration and Development Learning Event	
5.2	I have arrangements in place throughout my service area to ensure that there are effective communication methods that encourage, collect and evaluate views and experiences (while ensuring inclusivity e.g. customer surveys, consultation procedures, social media presence, etc.) and that these insights are used to inform the work of the service area.	Compliant			Children's Services and SLLL, and Estates and Operational Planning Council Committee reporting processes Regular engagement between SLT/members Engagement Officer (Schools and Lifelong Learning) Support from Strategy and Insight (general and specific) Regular support and advice from Corporate Communications	
		Partially compliant	Safer and Stronger Communities Internal audit of Homelessness Services highlighted areas for improvement in relation to customer feedback arrangements		Safer and Stronger Communities Consultations, reviews and audits are in place. Actions from Internal Audit of Homelessness Services have been undertaken and are being embedded in service delivery The Enquiries Procedures for SSC enable elected members to raise issues highlighted to them by their constituents in relation to our service through a single point of contact and assured that that they will receive a response timeously.	Safer and Stronger Communities Encourage use of customer feedback platforms and develop smarter ways for those who engage with the service to get their views heard. Smarter use of technology to engage with customers and service users to improve service delivery
5.3	I have appropriate arrangements in place throughout my directorate for recording, monitoring and managing customer service complaints and customer satisfaction.	Compliant	Children's Services and SLLL, and Estates and Operational Planning There have been issues in recent months. The Schools and Lifelong Learning Complaints service is managed by one member of staff. This member of staff has been on long term sick leave which created a point of failure, mitigations have been put in place however there is a requirement to build resilience		Children's Services and SLLL, and Estates and Operational Planning Customer complaints policy Complaint administration systems, logging and recording system/Complaints inbox	Children's Services and SLLL, and Estates and Operational Planning There is a need to look at how to make the service more resilient, conversations are underway around how to do this
		Compliant			Safer and Stronger Communities Customer Complaints Policy Complaint administration systems in place for each service area which logs and records complaints. Divisional teams who log complaints on the Capture complaints system, review the system and performance monthly. Complaint procedures monitored by senior managers to ensure compliance with policies. All investigations relating to complaints are undertaken in accordance with the Council's Complaints Procedure and 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. All SPSO complaints are co-ordinated and recommendations monitored through the Governance team within Corporate Governance.	

5.4	I regularly consult and engage with recognised trade unions.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Regular engagement takes place with teaching/non teaching unions through the recognised forums that include Health and Safety forums with union representation. Forums include LNCT/DJCC	N/A
		Compliant			Safer and Stronger Communities Contact was made with unions who identified representatives for SSC, a meeting schedule was set up and JCC meetings for SSC are being held and these feed into DJCC meetings for C&F where appropriate. Any issues in relation to Health and Safety are fed in through the H&S Working Group which union colleagues attend.	
6.1	Policy	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
6.1	I have arrangements in place to ensure all directorate staff are made aware of and fully understand the implications of all relevant existing and new council policies and procedures.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning The self-assurance questionnaire asks establishment colleagues to familiarise themselves with policies/procedures Council wide communications to promote policies/procedures	Children's Services and SLLL, and Estates and Operational Planning Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication)
		Compliant			Safer and Stronger Communities Council wide communications to promote policies/procedures A staff induction checklist is in place which asks new staff to sign to agree that they have read and understood all core Council policies. Managers are responsible for ensuring that relevant staff are made aware of new policies and the impact they will have on their role	
6.2	I have arrangements in place for the annual review of policies owned by my directorate, via the relevant executive committee, to ensure these comply with the Council's policy framework.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Council Committee structure/action logging Role of Internal Audit (actions may relate to policy improvement) Support from Strategy and Insight (management of policies/Committee support)	N/A
		Compliant			Safer and Stronger Communities Work was undertaken in 2019 to compile a list of all policy and procedures, authors, creation dates and review dates and a monitoring pathway put in place. Internal Audit of Safer and Stronger service areas (actions may relate to policy improvement) Support from colleagues in Strategy and Insight when required	
7	Governance and Compliance	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
7.1	I ensure directorate staff are aware of their responsibilities in relation to the Council's governance framework and that the authority, responsibility and accountability levels within my directorate are clearly defined, with proper officer designation delegated, recorded, monitored, revoked and reviewed regularly to ensure ongoing compliance with the Scheme of Delegation.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning, Estates and Operational Planning The Council's governance framework is implemented through Committee work Risk management within the service also manages the Council's governance framework	N/A
		Compliant			Safer and Stronger Communities 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. Clear governance arrangements in place through - Chief Officers' Group, Adult Protection Committee, Child Protection Committee, Offender Management Committee, MAPPA, SOG and others.	

7.2	I ensure my directorate's activities are fully compliant with relevant Scottish, UK and EU legislation and regulations.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Support and advice from Council Legal Services team Risk management used to identify legal risk impacts - (which if required would be discussed in terms of advice with Legal Services) Advice and support sought regularly from the Corporate Health and Safety team in terms of Health and Safety legislation	N/A
		Compliant			Safer and Stronger Communities 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.	
8	Responsibility and Accountability	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
8.1	My directorate ensures our officers are clear on their roles and responsibilities in terms of relationships and decision making.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Team meeting structures throughout service Risk Management Committee structures	Children's Services and SLLL, and Estates and Operational Planning Edinburgh Learns Risk Board to be set up
		Compliant	no		Safer and Stronger Communities Clear governance structure around decision making in place which is communicated through team meetings, 1:1 / supervision, performance conversations and monitored through reviews and senior manager oversight of service delivery.	
8.2	I ensure that the Council's ethical standards are understood and embedded across my directorate and are upheld by external providers of services.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Commissioning/grant colleagues General management of teams promoting the importance of ethical behaviours	N/A
		Compliant	no		Safer and Stronger Communities SSSC registered staff are supported by the code of ethical behaviours, The Head of Safer and Stronger Communities is also the Chief Social Work Officer.	
8.3	My directorate ensures that decisions are made on the basis of objective information, the consideration of best value, risk, stakeholder views, rigorous analysis, and consideration of future impacts. This is formalised through appropriate structures. (i.e. SMT reporting)	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Team meeting structures throughout service Risk Management Committee structures Supervision meetings (where required) Good structure of 1:1 meetings managers/staff Good structures for establishment staff to meet regularly/make decisions for example Headteachers Executive/Primary/Secondary headteacher forums	N/A
		Compliant	no	Commissioning Serv	Safer and Stronger Communities Structure in place regarding reporting to Committees for each service area. Team meetings, supervision / 1 : 1, forums, Public Protection Committees, Risk Management Committees	
8.4	I consult with elected members as appropriate and as required under the Scheme of Delegation.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Regular meetings between Communities and Families SMT/members Council Health and Safety Forum chaired by a member <u>Council Committee reporting structures</u>	N/A
		Compliant	no		Safer and Stronger Communities Regular meetings between SMT and Convenors and Vice Convenors where appropriate Safer and Stronger Communities Enquiries Process embedded across the service Council Committee reporting structure	

9	Information Governance	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
9.1	I ensure directorate staff are made aware of their responsibilities in relation to the proper management of Council information, including the need to adhere to relevant legislation, Council policies, procedures and guidance around: information governance; records management; data quality; data breaches and privacy impact assessments; information rights; information compliance; information security; and ICT acceptable use.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Risk management structures - discussion on Information Governance Council wide training (Information Governance for example e-learning Regular liaison/advice and support from Information Governance team Council wide Information Governance forums Use of "Risk Matters" to remains colleagues of Information Governance requirements Lessons learned/debriefing used within service if there is a breach for example Boe Tie cause and effect modelling Council wide communications on Information Governance requirements Use of Significant Occurrence reporting to report on breaches	Children's Services and SLLL, and Estates and Operational Planning Use "Risk Matters" to send a reminder on data sharing with third parties
		Compliant	no		Safer and Stronger Communities 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. Relevant staff are aware of their obligations in relation to intellectual property rights, data security protocols, FOI requests etc. Cross directorate enquiries are co-ordinated through the Head of Service business support.	
9.2	I ensure data sharing arrangements with third parties are recorded, followed and regularly reviewed throughout all service areas in my directorate.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Risk management structures - discussion on Information Governance Council wide training (Information Governance for example e-learning Regular liaison/advice and support from Information Governance team Council wide Information Governance forums Use of "Risk Matters" to remains colleagues of Information Governance requirements Lessons learned/debriefing used within service if there is a breach for example Boe Tie cause and effect modelling Council wide communications on Information Governance requirements Use of Significant Occurrence reporting to report on breaches	Children's Services and SLLL, and Estates and Operational Planning Use "Risk Matters" to send a reminder on data sharing with third parties
		Compliant	no		Safer and Stronger Communities All FOI requests are dealt with through the corporate FOI team and these are managed through a generic mailbox for SSC and signed off by senior managers for the relevant service areas. Performance levels indicate a high level of compliance across service areas. All elected members enquiries are dealt with through the SSC Enquires process and assigned to a member of staff to provide a draft response which is signed off by a senior manager before being released.	
10	Health and Safety	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)

10.1	Service area staff are made aware of their responsibilities under relevant Health & Safety policies and procedures and I have appropriate arrangements in place for the identification and provision of Health & Safety training necessary for all job roles, including induction training.	Compliant	no	<p>Children's Services and SLLL, and Estates and Operational Planning Communities and Families Health Safety and Wellbeing Committee (Chaired by Andy Gray - Head of Schools and Lifelong Learning) quarterly meeting</p> <p>Council Health and Safety Group</p> <p>Risk Matters used to share important Health and Safety messages some of which are included within an annual planner</p> <p>Self-assurance questionnaire includes a section on Health and Safety that mirrors the work place inspection checklist for establishments</p> <p>Health and Safety e-learning</p> <p>Health and Safety training</p> <p>Health and Safety essential learning matrix</p> <p>Health and Safety Working Groups (2) schools and non-schools (includes Residential/Libraries/Community</p> <p>Council Health and Safety Forum (chaired by a member)</p> <p>Corporate Health and Safety team - regular engagement with headteachers/business managers at relevant forums</p>	
		Partially compliant	No	<p>Safer and Stronger Communities Health and Safety is a standing item on the Senior Management Team meeting agenda. The SSC Health and Safety Working Group evaluates compliance within the service through audit, performance, policy, and procedure monitoring.</p> <p>Communities and Families Health Safety and Wellbeing Committee (Chaired by Andy Gray - Head of Schools and Lifelong Learning) quarterly meeting - representation from Safer and Stronger Communities in attendance.</p> <p>Review of essential learning for all roles has H&S training included.</p> <p>Self Assurance checklist completed by managers within each of the three services, includes a section on Health and Safety and outlines any issues which need to be addressed</p> <p>Governance structures and processes are in place to ensure robust implementation of health and safety policy and procedures.</p>	<p>Safer and Stronger Communities Review of essential learning for all posts which require fire safety responsibility following change in Council Policy.</p> <p>Ensure managers are communicating with staff regularly and receiving regular SHE incident reports which they should analysis and take appropriate action where required.</p>
10.2	I have the necessary arrangements in place to establish, implement and maintain procedures for ongoing hazard identification, risk assessment and the determination of necessary controls to ensure all Health & Safety risks are adequately controlled.	Compliant	Children's Services and SLLL, and Estates and Operational Planning Issues around accessibility of appropriate fire safety training have been flagged, these are being addressed with the Council's Health and Safety Officer.	<p>Children's Services and SLLL, and Estates and Operational Planning Council wide advice on risk assessment</p> <p>Self-assurance questionnaire and validation guidance (advice on risk assessment)</p> <p>Health and Safety forums</p> <p>Use of SHE incident management portal - creates management information on risk themes we can response to as a service</p> <p>Use of isomorphic learning (learning from within the organisation) and responding to risk by assessing and mitigating</p> <p>Use of "Bow-Tie" cause and effect model - post event and to risk assess</p> <p>Risk qualification/ to assess risks - quantify by RAG analysis - quantify further if required</p> <p>Use of Risk Management Committees to escalate health and safety risks in terms of mitigation/Council wide risk (if this is required)</p> <p>Continually building and promoting risk management and health and safety culture</p> <p>Understanding of robustness of controls (developing controls where quantification shows they are weak)</p>	<p>Children's Services and SLLL, and Estates and Operational Planning Review of SHE within the service to be undertaken with Corporate Health and Safety to ensure the portal is being used efficiently and effectively and that improvements are made where required for example looking at the use of licenses in establishments</p> <p>Essential Learning matrix and mechanism of use also to be reviewed (the mechanism of use is a Council wide issue)</p> <p>The service would benefit from a monthly report produced by the Corporate Health and Safety team indicating establishment audit actions complete/incomplete to support and challenge establishment colleagues through good management information</p>
		Compliant	Safer and Stronger Communities Staffing issues within H&S Team has meant that quarterly work place inspections may not have taken place in all SSC premises. Contingency arrangements have been made by service areas.	<p>Safer and Stronger Communities 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> <p>Quarterly work place inspections should be carried out with identified hazards captured, progressed as relevant and closed via SHE portal. H&S Responsible on-site staff ensure that daily/weekly 'walk rounds' are taking place to identify any issues.</p>	<p>Safer and Stronger Communities Managers with building responsibility to continue to have in place contingency arrangements to ensure regular workplace inspections are carried out.</p>

10.3	I have competencies, processes and controls in place to ensure that all service areas in my directorate, and other areas of responsibility, operate in compliance with all applicable Health & Safety laws and regulations.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Corporate Health and Safety team (all members of the team are qualified in health and safety)</p> <p>Communities and Families Health Safety and Wellbeing Committee (Chaired by Andy Gray - Head of Schools and Lifelong Learning) quarterly meeting</p> <p>Council Health and Safety Group</p> <p>Risk Matters used to share important Health and Safety messages some of which are included within an annual planner</p> <p>Self-assurance questionnaire includes a section on Health and Safety that mirrors the work place inspection checklist for establishments</p> <p>Health and Safety e-learning</p> <p>Health and Safety training</p> <p>Health and Safety essential learning matrix</p> <p>Health and Safety Working Groups (2) schools and non-schools (includes Residential/Libraries/Community</p> <p>Council Health and Safety Forum (chaired by a member)</p> <p>Corporate Health and Safety team - regular engagement with headteachers/business managers at relevant forums</p> <p>Corporate Health and Safety establishment audit programme</p>	<p>Children's Services and SLLL, and Estates and Operational Planning Review of SHE within the service to be undertaken with Corporate Health and Safety to ensure the portal is being used efficiently and effectively and that improvements are made where required for example looking at the use of licenses in establishments</p> <p>Essential Learning matrix and mechanism of use also to be reviewed (the mechanism of use is a Council wide issue)</p> <p>The service would benefit from a monthly report produced by the Corporate Health and Safety team indicating establishment audit actions complete/incomplete to support and challenge establishment colleagues through good management information</p>
		Compliant			<p>Safer and Stronger Communities Workplace assessments and incident reporting is in place and monitored. Audit actions monitored through the SSC H&S Working Group, issues with accessing the Pentanna system were flagged and other arrangements put in place to monitor progress of audit actions. There are named staff with H&S responsibilities within all premises and monitoring and governance is in place to ensure compliance.</p>	<p>Safer and Stronger Communities Access to Pentanna System for H&S audits needs to be improved to ensure service areas can access and progress audit actions effectively.</p>
10.4	I have a robust governance and reporting structure for Health and Safety in my directorate.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Corporate Health and Safety team (all members of the team are qualified in health and safety)</p> <p>Communities and Families Health Safety and Wellbeing Committee (Chaired by Andy Gray - Head of Schools and Lifelong Learning) quarterly meeting</p> <p>Council Health and Safety Group</p> <p>Risk Matters used to share important Health and Safety messages some of which are included within an annual planner</p> <p>Self-assurance questionnaire includes a section on Health and Safety that mirrors the work place inspection checklist for establishments</p> <p>Health and Safety e-learning</p> <p>Health and Safety training</p> <p>Health and Safety essential learning matrix</p> <p>Health and Safety Working Groups (2) schools and non-schools (includes Residential/Libraries/Community</p> <p>Council Health and Safety Forum (chaired by a member)</p>	
		Compliant	no		<p>Safer and Stronger Communities There is a robust governance arrangement within SSC. The H&S Working Group is in place and is responsible for ownership of all related health and safety matters, the group's chair attends the C&F Health, Safety and Wellbeing Group and the SSC Senior Management Team and the C&F risk and assurance committee, all of which are a route for escalation.</p>	
11	Performance	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
		Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Committee reporting structures</p> <p>Support from Strategy and Insight (Performance Monitoring)</p> <p>Risk & Assurance Committee structures</p> <p>Service reporting structures/meetings/team/SLT/CLT</p>	<p>Children's Services and SLLL, and Estates and Operational Planning Further work is taking place with the support of Strategy and Insight to develop performance measures, ultimately these will also be linked to risk management in terms of management of the service objectives</p>

11.1	I have arrangements in place for reporting to CLT, Committee and/or Council and, where performance monitoring identifies inadequate service delivery or poor value for money, ensure that improvement measures to address these issues are implemented and monitored.	Compliant	no		<p>Safer and Stronger Communities Performance reports are discussed on a regular basis as part of service area meetings, Senior Management Team and CLT reporting.</p> <p>Reports on the Partnership Agreement with Police Scotland are submitted to the Culture and Communities Committee.</p> <p>Performance reports are generated within SSC which include significant occurrence notification, statutory complaints, and care service feedback.</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>	
11.2	My directorate regularly works with relevant teams in Strategy and Communications to review and improve effectiveness by performance monitoring, benchmarking and other methods to achieve defined outcomes.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Work is currently underway between the service/Strategy and Insight to set performance targets for measurement in line with service objectives. M</p>	<p>Children's Services and SLLL, and Estates and Operational Planning Further work is taking place with the support of Strategy and Insight to develop performance measures, ultimately these will also be linked to risk management in terms of management of the service objectives</p>
		Compliant	no		<p>Safer and Stronger Communities Performance Targets measuring service objectives are part of the work which is underway between services within C&F and Strategy and Insight.</p> <p>Performance reports on homelessness are reported to Homelessness, Housing and Fair Work Committee.</p>	
12	Commercial and Contract Management	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
12.1	I ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Commercial and Procurement Strategy</p> <p>Contract and Grants Management team</p> <p>Contract Standing Orders</p> <p>Council company monitoring including Governance Hub, Council Observers on Boards, committee reporting</p> <p>Grant Standing Orders</p> <p>Procurement Handbook</p> <p>Scheme of Delegation to Officers</p> <p>Service Level Agreement Register</p> <p>Standard Condition of Grant</p> <p>Support and advice from the Corporate Procurement team</p> <p>Use of "Risk Matters" to share Corporate Procurement advice/requirements</p> <p>Corporate Procurement team engagement - for example headteacher/business manager forums</p>	N/A
		Compliant	no		<p>Safer and Stronger Communities SSC has procedures in place to ensure all goods, services and works are procured appropriately and in compliance with the Contract Standing Orders. 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>	
13	Change and Project Management	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)

13.1	All projects and programmes have a clear business justification, as a minimum this should articulate outcomes and benefits; have appropriate governance in place to support delivery; effective controls in place to track delivery progress and to take corrective action if required; have a robust benefits management framework in place; and ensure that a formal closure process is undertaken.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Prince 2 methodology used in large projects (includes risk management as part of scope)	N/A
14.1	Financial Control	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
14.1	The operation of financial controls in my directorate is effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.	Compliant	Yes		Children's Services and SLLL, and Estates and Operational Planning Regular input, advice and support from Council Finance team at SMT/SLT meetings within service budget monitoring Regular budgetary monitoring/management	Children's Services and SLLL, and Estates and Operational Planning There has been issues with the forecasting spreadsheet used in schools, Finance are working with the service to look at causal effects/mitigate
		Compliant	no		Safer and Stronger Communities There is monthly monitoring of spend, savings plans and pressures at divisional management teams and the Senior Management Team. Appropriate Oracle approval limits are in place and were recently reviewed and signed off by Senior Managers in agreement with HOS	
14.2	I am confident that the arrangements in place to monitor expenditure/budget variances would identify control problems or variances that could have an effect on the Annual Accounts.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Regular input, advice and support from Council Finance team at SMT/SLT meetings within service budget monitoring Regular budgetary monitoring/management	N/A
		Compliant	no		Safer and Stronger Communities Budget monitoring is in place, finance colleagues assigned to SSC attend the Senior Management Team and budget is a standing item on the agenda. There is regular contact with the service areas and finance colleagues in relation to their own budgets. Areas of pressure in 19/20 are being managed as required and with HOS oversight. Action has been taken to bring into align the pressures within Criminal Justice with the budget available through ring fenced Section 27 budget from the Scottish Government. This has been caused by an unfunded pay awarded to staff over three years.	
14.3	I have arrangements in place to ensure all material commitments and contingent liabilities (i.e. undertakings, past transactions or events resulting in future financial liabilities) are notified to the Chief Financial Officer.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Knowledge and application of Finance Rules Expertise and support of Council Finance team	N/A
		Compliant			Safer and Stronger Communities Support from our colleagues in finance and regular meetings with finance staff being held. Appropriate Committee reporting, as well as adhoc engagement with finance colleagues where required.	
14.4	I have arrangements in place to review and protect assets against theft, loss and unauthorised use; identify any significant losses; and, ensure the adequacy of insurance provision in covering the risk of loss across my directorate.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Support and advice form Council Insurance Services team Asset register requested (as part of self assurance questionnaire)	N/A
		Compliant	No		Safer and Stronger Communities 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. 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	No		Children's Services and SLLL, and Estates and Operational Planning The self assurance questionnaire has a section on Finance which sets out the main requirements of establishment financial reporting	N/A

14.5	I have arrangements in place for identifying any weaknesses in my directorate's compliance with Council financial policies or statutory/regulatory requirements.	Compliant	No		<p>Safer and Stronger Communities The self assurance questionnaire has a section on Finance which sets out the main requirements of establishment financial reporting</p> <p>All budgets within SSC and all ring-fenced budget areas are managed per accountancy rules, with close working between finance colleagues and service managers.</p>	
14.6	I have arrangements in place for identifying any internal control, risk management or asset valuation problems within my directorate's service areas that could affect the Annual Accounts.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Council Internal Audit programme (risk based approach where services have the opportunity to make suggestions as to annual Internal Audit plan)</p> <p>Risk forums in place as per Council requirements, Risk and Assurance Committees/Regular discussion on risk at Communities and Families Wider Management team/SLTs</p>	
		Compliant	No		<p>Safer and Stronger Communities Council Internal Audit programme (risk based approach where services have the opportunity to make suggestions as to annual Internal Audit plan)</p> <p>Risk forums in place as per Council requirements, Risk and Assurance Committees/Regular discussion on risk at Communities and Families Wider Management team and SSC SMT.</p>	N/A
15	Group Accounts (Resources only)	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
15.1	I have arrangements in place for identifying and reviewing any developments during the year that should lead to additions, deletions or amendments to the companies included in the Group Accounts.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Advice and support from Council Finance team/regular update at SMTs/SLTs</p>	N/A
15.2	I have arrangements in place to identify and review any internal control, risk management or asset valuation problems with Council companies that could affect the Group Accounts.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Risk structures in place</p> <p>Corporate Property support asset valuation</p> <p>Support of Council Insurance team</p>	N/A
16	National Agency Inspection Reports	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
16.1	I have arrangements in place to identify any reports relating to my directorate and can confirm that there were no inspection reports that could impact on the signing of the Annual Governance Statement.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Internal/External audit for example Council Internal Audit team/Education Scotland/Social Work Scotland</p>	N/A
		Compliant	No		<p>Safer and Stronger Communities Internal/External which includes - Council Internal Audit team/Care Inspectorate - The Care Inspectorate annually reviews Crane Services.</p> <p>Quality Assurance meetings review grades from national agency inspection reports and implement recommendations accordingly. Minutes are taken at meetings and systems are in place within our multi-agency public protection committees to review lessons learned from inspection reports.</p>	
16.2	I have arrangements in place that adequately monitor and report on the implementation of recommendations.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Committee reporting structures</p> <p>Management of associated actions/recommendations from reports (authorising bodies)</p>	N/A
		Compliant	No		<p>Safer and Stronger Communities As above, committee reporting structure and management of associated actions and recommendations from reports -</p> <p>The Crane Services Review action plan is overseen by the Sector Manager 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. 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>	

17	Internal Audit, External Audit and Review Reports	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
17.1	I have arrangements in place to ensure that all recommendations from any internal audit, external audit or review report published during the year, that have highlighted high, medium or significant control deficiencies, have been (or are being) implemented and that this is monitored effectively.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Meetings take place regularly between the Internal Audit team/service colleagues in line with Internal Audit service level agreement requirements</p> <p>There are workshops organised by Internal Audit which support the audit action process and service colleagues are involved in this</p> <p>There are strong links between Risk Management within the service and Internal Audit, this aids the efficiency and effectiveness of the control environment as risk also focuses on the assessment of controls</p>	
		compliant	No		<p>Safer and Stronger Communities Audit actions are reviewed and monitored through the Team Central system that supports the audit follow up process. Action owners are able to view their own dashboards and provide updates and supporting evidence to IA electronically. Directors and Heads of Service have their own 'dashboards' enabling them to view and manage their open audit findings across their services.</p> <p>The Senior Executive Assistant has undertaken training for Team Central system and monitors all SSC Audits for the HOS and Director and provides an update on progress of all outstanding audit actions prior to GRBV.</p> <p>There are strong links between Risk Management within the service and Internal Audit, this aids the efficiency and effectiveness of the control environment as risk also focuses on the assessment of controls</p>	
18	Progress	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
18.1	All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years have been addressed satisfactorily.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Annual review of assurance statement actions/reporting to Governance Risk and best Value Committee</p>	N/A
		Compliant	No		<p>Safer and Stronger Communities Action plans have been developed and managers have prioritised actions in key areas and set timescales for resolution of outstanding issues.</p> <p>All actions from 2018/19 Annual Review of Assurance Statement are now complete and rolled out within the service; progress is reported to Governance Risk and Best Value Committee.</p>	

Schools and Lifelong Learning (SLLL), Children’s Services and Operational Support Improvement Plan

		Improvement actions	Action Owner	Action Deadline	Action Update
1 internal Control Environment requirements					
1.1	I have internal controls and procedures in place throughout my directorate that are proportionate, robust, monitored and operate effectively.	<p>Children's Services and Schools and Lifelong Learning (SLLL), and Estates and Operational Planning Continual monitoring and review of Communities and Families risk profile</p> <p>Continued working with Council interdependencies to improve risk mitigation where risks are out of tolerance/risk appetite</p> <p>Review of essential learning matrix and associated risk training July 2020 - involving establishment staff in creating proportionate/comprehensive approaches to training offer</p> <p>Development of Business Forums - (Risk based approach to business management - forums to be set up in terms of Finance/Property/HR - Procurement/Health and Safety forums already exist</p> <p>Development of Business Forums - (Risk based approach to business management - forums to be set up in</p>	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL- Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	01/10/2020	Completed - The Facilities Management, H&S, and Procurement forums are in place.

		terms of Finance/Property/HR - Procurement/Health and Safety forums already exist			
1.2	I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.	0			
1.3	My internal controls and procedures and their effectiveness are regularly reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts.	0			
1.4	The monitoring process applied to funding/operating agreements has not identified any problems that could have an impact on Annual or Group Accounts.	Children's Services and SLLL, and Estates and Operational Planning, Estates and Operational Planning. 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.			
2	Risk and Resilience				
2.1	<p>I have risk management arrangements in place to identify the key risks to my directorate (and the Council).</p> <p>The Corporate Risk Team have put in dates for reporting to GRBV following on from meeting the risk management groups.</p>	Children's Services and SLLL, and Estates and Operational Planning Continue to embed risk management process through effective and robust training/engagement	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL- Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	01/10/2020	Ongoing -The Corporate Risk Team have put in dates for reporting to GRBV following on from meeting the risk management groups.

2.2	I have effective controls and procedures in place to record and manage the risks identified above to a tolerable level or actions are put in place to mitigate and manage the risk.	<p>Children's Services and SLLL, and Estates and Operational Planning, Continual monitoring and review of Communities and Families risk profile.</p> <p>Continued working with Council interdependencies to improve risk mitigation where risks are out of tolerance/risk appetite.</p> <p>Review of essential learning matrix and associated risk training July 2020 - involving establishment staff in creating proportionate/comprehensive approaches to training offer</p>	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL- Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	01/02/21	Essential Learning will be reviewed as part of the Self-Assurance Review early in the New Year.
2.3	The robustness and effectiveness of my risk management arrangements is regularly reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts	Children's Services and SLLL, and Estates and Operational Planning Risk Management has recently been audited by Scott Moncrieff. The service will be involved in actions associated with this report. The report was issued to the Council (Legal and Risk) March 2020.	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL- Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	01/10/2020	Ongoing - Work has commenced on the Risk and Assurance Framework with Corporate Risk.

2.4	There is appropriate escalation/communication to the directorate Risk Committee and CLT Risk Committee (as appropriate) of significant issues, risks and weaknesses in risk management.	0			
2.5	I have arrangements in place to promote and support the Council's policies and procedures for staff to raise awareness of risk concerns, Council wrongdoing and officer's misconduct.	Children's Services and SLLL, and Estates and Operational Planning Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication).	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL- Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	01/10/2021	Completed -Schools escalate risk through the C&F Continuity inbox

2.6	My directorate has appropriate resilience arrangements in place and my directorate's business continuity plans and arrangements mitigate the business continuity risks facing our essential activities.	<p>Children's Services and SLLL, and Estates and Operational Planning From 2020 onwards training in service contingency arrangements will be delivered by the Operations Manager (Risk/Resilience)</p> <p>Ongoing review of essential activities/Business impact assessment</p> <p>Responses to Internal Audit Resilience audit of 2019 (ongoing)</p> <p>Continue to embed the business continuity cycle in an effective and efficient manner</p>	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL- Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	01/10/2020	<p>Completed -This is monitored on a continuous basis. Schools Operational Risk Toolkit (SORT) updates are issued on a weekly basis providing updates as such on - Risk Matters, COVID guidelines, Health and Safety, Incident Management, updates from Health Protection Lothian.</p> <p>There are also twice weekly IMT Meetings held in C&F with colleagues from Facilities Management, H&S, HR, Schools and Lifelong Learning, and Operational Support to raise any matters and there is a full action log that documents this.</p>
3 Workforce					
3.1	I have arrangements in place to ensure compliance with payroll policies, overtime controls, absence management and performance e.g. home/remote working.	0			

3.2	I have robust controls in place to ensure that statutory workforce requirements are met, including the management of off-payroll workers/contractors (including agency workers and consultants), ensuring approved framework contracts have been used and that those engaged are wholly compliant with the provisions of IR35 Council guidance and procedures.	Children's Services and SLLL, and Estates and Operational Planning Continue to seek, take advice from HR/Corporate Procurement in these areas and communicate to colleagues across the service effectively for example through Risk Matters	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL- Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	Oct-20	<p>Completed - Continuous monitoring - Corporate Procurement have monthly meetings with the Business Managers in schools.</p> <p>Procurement have recently held a series of workshops covering a range of topics such as The Procurement Process, Brexit, KPI's, Savings and Budget and Quick Quotes - all contract managers and senior managers were invited to attend.</p>
3.3	I ensure compliance with the Council's HR policies and procedures across all of my service areas, e.g. that recruitment and selection is only undertaken by appropriately trained individuals and is fully compliant with vacancy approvals and controls.	Children's Services and SLLL, and Estates and Operational Planning Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication)	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL- Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	01/10/2020	<p>Completed - Reminders are issued as weekly through SORT and Managers news from the Communications Team provide regular updates. Anyone undertaking e.g. recruitment and selection has to complete the necessary training. Essential Learning (COVID related) has been replaced by SORT which is the Risk Management Framework</p>

<p>3.4</p>	<p>I have robust controls in place to manage new starts, movers and leavers, including induction and mandatory training, IT systems security (access and removal) and access to buildings and service users' homes.</p>	<p>Children's Services and SLLL, and Estates and Operational Planning Creation of Edinburgh Learns Risk Board - part of the role of this group will be to ensure Essential Learning is proportionate/comprehensive and act as the gatekeeper in terms of what is included to manage risk</p> <p>There is a wider Council action to consider an electronic mechanism to ensure that Essential Learning is managed and recorded electronically for example using trigger reminders to remind staff of their training, providing a recording mechanism to give SMTs management information to see where essential learning may not be taking place and ensure these areas are targeted so that there is assurance essential learning is happening as required to manage risk</p>	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL- Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	<p>01/10/2020</p>	<p>Completed -This area of work is being managed through the Headteachers Executive Lite meeting which is proving to be very effective. The Operations Manager (Risk and Resilience) attends the forum weekly.</p> <p>There are Corporate Procedures in place for any new starts and leavers which must be followed before any new employee can start, and there is also a leavers checklist which must be completed to ensure IT systems are appropriately deactivated.</p> <p>All recruitment is progressed through HR and checklists are included in the process. Managers must complete training prior to undertaking any recruitment and line managers are responsible for ensuring all direct reports are aware of what is required for their role.</p>
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3.5	I have arrangements in place to manage staff health and wellbeing; ensuring that sickness absence, referral to occupational health and stress risk assessments is managed in compliance with the Council's HR policies	Children's Services and SLLL, and Estates and Operational Planning Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication)	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL- Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	01/10/2020	Completed -Sickness absence reports are now produced by the Strategic Change & Delivery team on a monthly basis and circulated across all of C&F, these reports also indicate where interventions are required such as referral to Occupational Health or moved to the Staged absence procedure.
3.6	I ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.	Children's Services and SLLL, and Estates and Operational Planning This is an area that requires development in terms of assurance - it is suggested a question could be added to the Self-Assurance framework questionnaire specific to the management of CPD	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL- Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	01/02/2021	Ongoing -This will be added to the Self-Assurance Framework Questionnaire at the start of the year. Further discussions required for next year's questionnaire.
3.7	I have arrangements in place to support and manage staff performance e.g. regular 1:1/supervision meetings, performance/spotlight conversations.	Children's Services and SLLL, and Estates and Operational Planning Consider improving service communications around performance/spotlight conversations Regular updates/reminders - headteacher/business manager forums	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL- Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	01/10/2020	Completed – Completed - and continuously monitored. Targeted communication to line managers sent by HOS and Senior Managers. Information provided by HR to monitor compliance with updating MyPeople to confirm performance conversations have been undertaken and system updated.

4	Council Companies				
4.1	I have arrangements in place for the oversight and monitoring of the Council companies I am responsible for, that give me adequate assurance over their operation and delivery for the Council.	Children's Services and SLLL, and Estates and Operational Planning Work to be undertaken with Legal Services and Finance this also establish risk context	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/2020	Completed - Regular monitoring is in place with the Finance Team.
4.2	I have an appropriate Service Level Agreement, or other appropriate legal agreement, in place for each Arm's Length External Organisation that I am responsible for.	Children's Services and SLLL, and Estates and Operational Planning Work to be undertaken with Legal Services and Finance this also establish risk context	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray /Michelle McMillan Estates and Operational	01/10/2020	Completed. Signed agreement received

			Planning - Crawford McGhie		
5	Engagement and Consultation				
5.1	My directorate engages effectively with institutional stakeholders, service users and individual citizens, applying the council's consultation and engagement standards with evidence that the insights gathered are used to shape my directorates activities.		0		
5.2	I have arrangements in place throughout my directorate to ensure that there are effective communication methods that encourage, collect and evaluate views and experiences (while ensuring inclusivity e.g. customer surveys, consultation procedures, social media presence, etc.) and that these insights are used to inform the work of the directorate.		0		

5.3	I have appropriate arrangements in place throughout my directorate for recording, monitoring and managing customer service complaints and customer satisfaction.	Children's Services and SLLL, and Estates and Operational Planning There is a need to look at how to make the service more resilient, conversations are underway around how to do this.	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/2020	Near Completion - Complaints process in SLLL was recently revisited as a request from Internal Audit - following on from a previous audit, the work on this is nearly complete, this has been delayed due to the focus being redirected to deal with COVID related matters in schools.
5.4	I regularly consult and engage with recognised trade unions.	0			
6	Policy				
6.1	I have arrangements in place to ensure all directorate staff are made aware of and fully understand the implications of all relevant existing and new council policies and procedures.	Children's Services and SLLL, and Estates and Operational Planning Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication)	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/2020	Completed – Corporate Communications Team send updates out advising on new council policies and procedures and staff are required to revisit the essential learning which includes policies and procedures, which is recorded by their manager to evidence they have completed it.

6.2	I have arrangements in place for the annual review of policies owned by my directorate, via the relevant executive committee, to ensure these comply with the Council's policy framework.		0			
7	Governance and Compliance					
7.1	I ensure directorate staff are aware of their responsibilities in relation to the Council's governance framework and that the authority, responsibility and accountability levels within my directorate are clearly defined, with proper officer designation delegated, recorded, monitored, revoked and reviewed regularly to ensure ongoing compliance with the Scheme of Delegation.		0			
7.2	I ensure my directorate's activities are fully compliant with relevant Scottish, UK and EU legislation and regulations.		0			
8	Responsibility and Accountability					
8.1	My directorate ensures our officers are clear on their roles and responsibilities in terms of relationships and decision making.	Children's Services and SLLL, and Estates and Operational Planning Edinburgh Learns Risk Board to be set up	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/2020	Completed - A decision was made to go through the Edinburgh Teachers Executive Lite meeting rather than setting up the Edinburgh Learns Risk Board. These meetings have been set up weekly and are proving effective.	

8.2	I ensure that the Council's ethical standards are understood and embedded across my directorate and are upheld by external providers of services.	0			
8.3	My directorate ensures that decisions are made on the basis of objective information, the consideration of best value, risk, stakeholder views, rigorous analysis, and consideration of future impacts. This is formalised through appropriate structures. (i.e. SMT reporting)	0			
8.4	I consult with elected members as appropriate and as required under the Scheme of Delegation.	0			
9	Information Governance				
9.1	I ensure directorate staff are made aware of their responsibilities in relation to the proper management of Council information, including the need to adhere to relevant legislation, Council policies, procedures and guidance around: information governance; records management; data quality; data breaches and privacy impact assessments; information rights; information compliance; information security; and ICT acceptable use.	Children's Services and SLLL, and Estates and Operational Planning Use "Risk Matters" to send a reminder on data sharing with third parties	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray / Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/2020	Completed – All staff are required to undertake the CECIL Information Governance Training and read the ICT Acceptable ICT policy.

9.2	I ensure data sharing arrangements with third parties are recorded, followed and regularly reviewed throughout all service areas in my directorate.	Children's Services and SLLL, and Estates and Operational Planning Use "Risk Matters" to send a reminder on data sharing with third parties	Children's Services - Bernadette Oxley / Michelle McMillan SLLL- Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/2020	Completed – Reminders are sent through the Risk Matters reminding staff on data sharing with third parties.
10	Health and Safety				
10.1	Directorate staff are made aware of their responsibilities under relevant Health & Safety policies and procedures and I have appropriate arrangements in place for the identification and provision of Health & Safety training necessary for all job roles, including induction training.	0			

10.2	I have the necessary arrangements in place to establish, implement and maintain procedures for ongoing hazard identification, risk assessment and the determination of necessary controls to ensure all Health & Safety risks are adequately controlled.	Managers with building responsibility to continue to have in place contingency arrangements to ensure regular workplace inspections are carried out.	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/2020	Completed – This is managed using SORT, which affect risk management process. Corporate Health and Safety trained all Head Teachers and Business Managers on Risk Assessment and they have been provided with generic risk assessments.
10.3	I have competencies, processes and controls in place to ensure that all service areas in my directorate, and other areas of responsibility, operate in compliance with all applicable Health & Safety laws and regulations.	<p>Children's Services and SLLL, and Estates and Operational Planning Review of SHE within the service to be undertaken with Corporate Health and Safety to ensure the portal is being used efficiently and effectively and that improvements are made where required for example looking at the use of licenses in establishments</p> <p>Essential Learning matrix and mechanism of use also to be reviewed (the mechanism of use is a Council wide issue)</p> <p>The service would benefit from a monthly report produced by the Corporate Health and Safety team indicating establishment audit actions complete/incomplete to support and challenge establishment colleagues through good management information</p>	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/2020	Complete - Corporate Health and Safety have recently undertaken COVID specific audits, which have highlighted areas of good practice and lessons to be learned which are shared through the SORT guidance.
10.4	I have a robust governance and reporting structure for Health & Safety in my directorate.	0			

11	Performance				
11.1	I have arrangements in place for reporting to CLT, Committee and/or Council when performance monitoring identifies inadequate service delivery or poor value for money and ensure that improvement measures to address these issues are implemented and monitored.	Children's Services and SLLL, and Estates and Operational Planning Further work is taking place with the support of Strategy and Insight to develop performance measures, ultimately these will also be linked to risk management in terms of management of the service objectives		01/10/2020	Ongoing - Strategy and Insight leading on this, however due to the pandemic, this hasn't progressed. CLT Risks should be linked to key risk indicators.
11.2	I have appropriate arrangements in place throughout my directorate for recording, monitoring and managing customer service complaints and customer satisfaction.	0			
12	Commercial and Contract Management				
12.1	I ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders.	0			
13	Change and Project Management				
13.1	All projects and programmes have a clear business justification, as a minimum this should articulate outcomes and benefits; have appropriate governance in place to support delivery; effective controls in place to track delivery progress and to take corrective action if required; have a robust benefits management framework in place; and ensure that a formal closure process is undertaken.	0			
14	Financial Control				

14.1	The operation of financial controls in my directorate is effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.	Children's Services and SLLL, and Estates and Operational Planning There has been issues with the forecasting spreadsheet used in schools, Finance are working with the service to look at causal effects/mitigate	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/20	Ongoing - This will be addressed through the Business Manager Forums detailed above. The risks and issues have been discussed at Risk and Assurance Committee for C&F. The Finance Forum has still to be set up for this.
14.2	I am confident that the arrangements in place to monitor expenditure/budget variances would identify control problems or variances that could have an effect on the Annual Accounts.	0			
14.3	I have arrangements in place to ensure all material commitments and contingent liabilities (i.e. undertakings, past transactions or events resulting in future financial liabilities) are notified to the Chief Financial Officer.	0			
14.4	I have arrangements in place to review and protect assets against theft, loss and unauthorised use; identify any significant losses; and, ensure the adequacy of insurance provision in covering the risk of loss across my directorate.	0			
14.5	I have arrangements in place for identifying any weaknesses in my directorate's compliance with Council financial policies or statutory/regulatory requirements.	0			

14.6	I have arrangements in place for identifying any internal control, risk management or asset valuation problems within my directorate's service areas that could affect the Annual Accounts.	0			
15	Group Accounts (Resources only)				
15.1	I have arrangements in place for identifying and reviewing any developments during the year that should lead to additions, deletions or amendments to the companies included in the Group Accounts.	0			
15.2	I have arrangements in place to identify and review any internal control, risk management or asset valuation problems with Council companies that could affect the Group Accounts.	0			
16	National Agency Inspection Reports				
16.1	I have arrangements in place to identify any reports relating to my directorate and can confirm that there were no inspection reports that could impact on the signing of the Annual Governance Statement.	0			
16.2	I have arrangements in place that adequately monitor and report on the implementation of recommendations.	0			
17	Internal Audit, External Audit and Review Reports				
17.1	I have arrangements in place to ensure that all recommendations from any internal audit, external audit or review report published during the year, that have highlighted high, medium or significant control	0			

	deficiencies, have been (or are being) implemented and that this is monitored effectively.				
18	Progress				
18.1	All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years have been addressed satisfactorily.	0			

Safer and Stronger Communities (SSC) Improvement Plan

		Improvement actions	Action Owner	Action Deadline	Action Update
1	Internal Control Environment requirements				
1.1	I have internal controls and procedures in place throughout my service area that are proportionate, robust, monitored and operate effectively.	Issues with H&S training availability are being resolved with the H&S Officer Robert Anderson and site visits arranged.	Carey Fuller / Jackie Irvine/Robert Anderson	01/10/2020	Completed - This progressed well, training was arranged, and site visits were carried out. Following the review of essential learning, controls were put in place and procedures updated to ensure robustness.

1.2	I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.	0			
1.3	My internal controls and procedures and their effectiveness are regularly reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts.	0			
1.4	The monitoring process applied to funding/operating agreements has not identified any problems that could have an impact on Annual or Group Accounts.	0			
2	Risk and Resilience				
2.1	I have risk management arrangements in place to identify the key risks to my service area (and the Council).	0			
2.2	I have effective controls and procedures in place to record and manage the risks identified above to a tolerable level or actions are put in place to mitigate and manage the risk.	0			
2.3	The robustness and effectiveness of my risk management arrangements is regularly reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts	0			
2.4	There is appropriate escalation/communication to the service area Risk Committee and CLT Risk Committee (as appropriate) of significant issues,	0			

	risks and weaknesses in risk management.				
2.5	I have arrangements in place to promote and support the Council's policies and procedures for staff to raise awareness of risk concerns, Council wrongdoing and officer's misconduct.	0			
2.6	My service area has appropriate resilience arrangements in place and my service area's business continuity plans and arrangements mitigate the business continuity risks facing our essential activities.	0			
3	Workforce				
3.1	I have arrangements in place to ensure compliance with payroll policies, overtime controls, absence management and performance e.g. home/remote working.	0			
3.2	I have robust controls in place to ensure that statutory workforce requirements are met, including the management of off-payroll workers/contractors (including agency workers and consultants), ensuring approved framework contracts have been used and that those engaged are wholly compliant with the provisions of IR35 Council guidance and procedures.	0			

3.3	I ensure compliance with the Council's HR policies and procedures across all of my service areas, e.g. that recruitment and selection is only undertaken by appropriately trained individuals and is fully compliant with vacancy approvals and controls.	0			
3.4	I have robust controls in place to manage new starts, movers and leavers, including induction and mandatory training, IT systems security (access and removal) and access to buildings and service users' homes.	<p>Review of essential learning for all line management roles within SSC to ensure they include appropriate learning for recruiting managers and look at whether refresher learning is required.</p> <p>Senior Managers to discuss in team meetings the need to follow recruiting procedures and use of HR recruitment process.</p>	Jon Ferrer / Jackie Irvine	01/10/2020	<p>Completed - Review completed and essential learning for all SSC roles included on the Orb.</p> <p>All recruitment is progressed through HR and checklists are included in the process. Managers must complete training prior to undertaking any recruitment and line managers are responsible for ensuring all direct reports are aware of what is required for their role.</p>
3.5	I have arrangements in place to manage staff health and wellbeing; ensuring that sickness absence, referral to occupational health and stress risk assessments is managed in compliance with the Council's HR policies.	0			
3.6	I ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.	0			

3.7	I have arrangements in place to support and manage staff performance e.g. regular 1:1/supervision meetings, performance/spotlight conversations.	Senior Managers to discuss with line managers at team meetings the importance of performance conversations and recording on MyPeople. Head of Service to send communication to all staff regarding performance conversations around the time these should be held.	Jackie Irvine / SSC Senior Managers	Complete 01/10/2020	Completed - and continuously monitored. Targeted communication to line managers sent by HOS and Senior Managers. Information provided by HR to monitor compliance with updating MyPeople to confirm performance conversations have been undertaken and system updated.
4	Council Companies				
4.1	I have arrangements in place for the oversight and monitoring of the Council companies I am responsible for, that give me adequate assurance over their operation and delivery for the Council.	0			
4.2	I have an appropriate Service Level Agreement, or other appropriate legal agreement, in place for each Arm's Length External Organisation that I am responsible for.	0			
5	Engagement and Consultation				
5.1	My service area engages effectively with institutional stakeholders, service users and individual citizens, applying the council's consultation and engagement standards with evidence that the insights gathered are used to shape my service areas activities.	0			

5.2	<p>I have arrangements in place throughout my service area to ensure that there are effective communication methods that encourage, collect and evaluate views and experiences (while ensuring inclusivity e.g. customer surveys, consultation procedures, social media presence, etc.) and that these insights are used to inform the work of the service area.</p> <p>Complete – areas for action were identified in an internal audit of Homelessness Services. Electronic CICA assessment form used to ask applicants preferred method of communication, service user consultation events and RRTP engagement events held. IA closed audit action as complete with evidence provided.</p> <p>Webpages updated and work undertaken to include housing options assessment tool and online booking facility</p> <p>The street support app https://streetsupport.net/edinburgh/ is in development and will enable service users and professionals to access information on what services/supports are available</p>	<p>Encourage use of customer feedback platforms and develop smarter ways for those who engage with the service to get their views heard.</p> <p>Smarter use of technology to engage with customers and service users to improve service delivery</p>	Nicky Brown/ Jackie Irvine	Complete 01/10/2020	
5.3	<p>I have appropriate arrangements in place throughout my service area for recording, monitoring and managing customer service complaints and customer satisfaction.</p>	0			

5.4	I regularly consult and engage with recognised trade unions.	0			
6	Policy				
6.1	I have arrangements in place to ensure all service area staff are made aware of and fully understand the implications of all relevant existing and new council policies and procedures.	0			
6.2	I have arrangements in place for the annual review of policies owned by my service area, via the relevant executive committee, to ensure these comply with the Council's policy framework.	0			
7	Governance and Compliance				
7.1	I ensure service area staff are aware of their responsibilities in relation to the Council's governance framework and that the authority, responsibility and accountability levels within my service area are clearly defined, with proper officer designation delegated, recorded, monitored, revoked and reviewed regularly to ensure ongoing compliance with the Scheme of Delegation.	0			
7.2	I ensure my service area's activities are fully compliant with relevant Scottish, UK and EU legislation and regulations.	0			
8	Responsibility and Accountability				
8.1	My service area ensures our officers are clear on their roles and responsibilities in terms of relationships and decision making.	0			

8.2	I ensure that the Council's ethical standards are understood and embedded across my service area and are upheld by external providers of services.	0			
8.3	My service area ensures that decisions are made on the basis of objective information, the consideration of best value, risk, stakeholder views, rigorous analysis, and consideration of future impacts. This is formalised through appropriate structures. (i.e. SMT reporting)	0			
8.4	I consult with elected members as appropriate and as required under the Scheme of Delegation.	0			
9	Information Governance				
9.1	I ensure service area staff are made aware of their responsibilities in relation to the proper management of Council information, including the need to adhere to relevant legislation, Council policies, procedures and guidance around: information governance; records management; data quality; data breaches and privacy impact assessments; information rights; information compliance; information security; and ICT acceptable use.	0			
9.2	I ensure data sharing arrangements with third parties are recorded, followed and regularly reviewed throughout my service area.	0			
10	Health and Safety				

<p>10.1</p>	<p>Service area staff are made aware of their responsibilities under relevant Health & Safety policies and procedures and I have appropriate arrangements in place for the identification and provision of Health & Safety training necessary for all job roles, including induction training.</p>	<p>Review of essential learning for all posts which require fire safety responsibility following change in Council Policy.</p> <p>Ensure managers are communicating with staff regularly and receiving regular SHE incident reports which they should analysis and take appropriate action where required.</p>	<p>Carey Fuller / Nicky Brown / Jackie Irvine</p>	<p>01/10/2020</p>	<p>Completed – included in review (see note 3.4). Information collated on those who had completed training and procedures updated for SSC standalone buildings.</p> <p>Health and Safety Working Group has representation from all service areas and Health and Safety advisor aligned to SSC on group.</p> <p>Regular updates given to SSC Senior Management Team regarding any issues.</p> <p>Following outbreak of COVID-19, all meetings were held remotely with continued attendance, regular discussions and updates.</p> <p>Information shared with managers and senior managers on public health guidance and CEC guidance.</p> <p>COVID contingency plans and risk assessments carried out</p>
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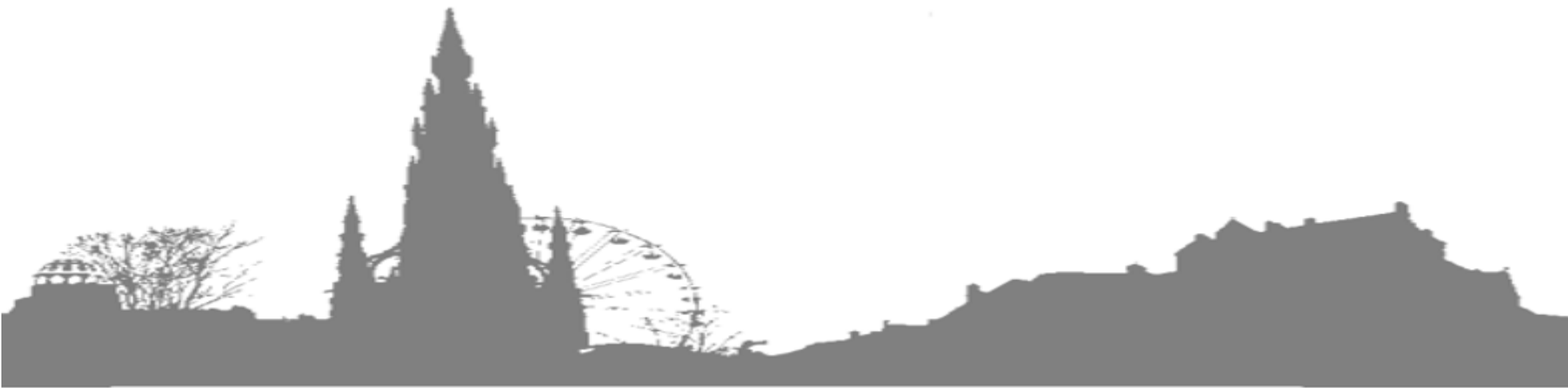
10.2	I have the necessary arrangements in place to establish, implement and maintain procedures for ongoing hazard identification, risk assessment and the determination of necessary controls to ensure all Health & Safety risks are adequately controlled.	Managers with building responsibility to continue to have in place contingency arrangements to ensure regular workplace inspections are carried out.	Carey Fuller / Nicky Brown /Jackie Irvine	01/10/2020	Completed – this was progressed and in place. Following the outbreak of COVID-19 contingency plans were updated, risk assessments completed, and Resumption of Service templates completed for buildings which were closed during lockdown.
10.3	I have competencies, processes and controls in place to ensure my service area, and other areas of responsibility, operate in compliance with all applicable Health & Safety laws and regulations.	Access to Pentanna System for H&S audits needs to be improved to ensure service areas can access and progress audit actions effectively.	Jackie Irvine /H&S Colleagues	01/10/2020	Completed – This was progressed through the SSC H&S Working Group, however access to the system sits with colleagues in Health and Safety. It was agreed that all H&S Audit Reports will be shared with the Working Group and action plans monitored. Planned audits within SSC were suspended due to COVID-19. On resumption, the new process will be implemented.
10.4	I have a robust governance and reporting structure for Health & Safety in my service area.	0			
11	Performance				
11.1	I have arrangements in place for reporting to CLT, Committee and/or Council when performance monitoring identifies inadequate service delivery or poor value for money and ensure that improvement measures to address	0			

	these issues are implemented and monitored.				
11.2	I have appropriate arrangements in place throughout my service area for recording, monitoring and managing customer service complaints and customer satisfaction.	0			
12	Commercial and Contract Management				
12.1	I ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders.	0			
13	Change and Project Management				
13.1	All projects and programmes have a clear business justification, as a minimum this should articulate outcomes and benefits; have appropriate governance in place to support delivery; effective controls in place to track delivery progress and to take corrective action if required; have a robust benefits management framework in place; and ensure that a formal closure process is undertaken.	0			
14	Financial Control				
14.1	The operation of financial controls in my service area is effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.	0			

14.2	I am confident that the arrangements in place to monitor expenditure/budget variances would identify control problems or variances that could have an effect on the Annual Accounts.	0			
14.3	I have arrangements in place to ensure all material commitments and contingent liabilities (i.e. undertakings, past transactions or events resulting in future financial liabilities) are notified to the Chief Financial Officer.	0			
14.4	I have arrangements in place to review and protect assets against theft, loss and unauthorised use; identify any significant losses; and, ensure the adequacy of insurance provision in covering the risk of loss across my service area.	0			
14.5	I have arrangements in place for identifying any weaknesses in my service area's compliance with Council financial policies or statutory/regulatory requirements.	0			
14.6	I have arrangements in place for identifying any internal control, risk management or asset valuation problems within my service area that could affect the Annual Accounts.	0			
15	Group Accounts (Resources only)				
15.1	I have arrangements in place for identifying and reviewing any developments during the year that should lead to additions, deletions	0			

	or amendments to the companies included in the Group Accounts.				
15.2	I have arrangements in place to identify and review any internal control, risk management or asset valuation problems with Council companies that could affect the Group Accounts.	0			
16	National Agency Inspection Reports				
16.1	I have arrangements in place to identify any reports relating to my service area and can confirm that there were no inspection reports that could impact on the signing of the Annual Governance Statement.	0			
16.2	I have arrangements in place that adequately monitor and report on the implementation of recommendations.	0			
17	Internal Audit, External Audit and Review Reports				
17.1	I have arrangements in place to ensure that all recommendations from any internal audit, external audit or review report published during the year, that have highlighted high, medium or significant control deficiencies, have been (or are being) implemented and that this is monitored effectively.	0			
18	Progress				

18.1	All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years have been addressed satisfactorily.	0			
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Communities and Families Directorate

Communities and Families Directorate

The service provides universal and targeted **services for children and families** and **vulnerable adults**. This includes **mainstream and special schools**, early years and nurseries, **social work** services for **vulnerable children**, **community justice** and **homelessness services**. There is a focus on early intervention and prevention to support children, families and adults in the most appropriate setting. This includes investment in additional support for learning, respite care for children and families affected by disability, family group conferencing and family and household support

Safer and Stronger Communities include criminal justice social work services, community safety, supervision of offenders, family and household support, homelessness services (including advice, assessment and support, and temporary accommodation), CCTV and Quality, Governance and Regulation of all social work services for the Chief Social Work Officer.

Vision, Mission Statement and Strategic Objectives

Our Vision

Our vision is for all children and young people in Edinburgh to enjoy their childhood and fulfill their potential within successful communities.

We believe that children and young people do best when:

- they are able to live safely, happily and in good health within their families with the right kind of support, as needed;
- they attend first-class, inclusive schools which meet their needs;
- they are raised within caring, supportive communities with access to a range of support and activities;
- they can play a full part within their communities.

Our Mission

Our mission is to place children, young people, families and communities at the heart of our services and provide support when it is needed throughout childhood and the transition to adulthood.

Strategic Outcomes

- Children have the best start in life, are able to make and sustain relationships and are ready to succeed.
- Children and young people are successful learners, confident individuals and responsible citizens making a positive contribution to our communities.
- Children and young people in need, or with a disability, have improved life chances.
- Children and young people are physically and emotionally healthy.
- Children and young people are safe from harm or fear of harm, and do not harm others within their communities.
- Children and young people's outcomes are not undermined by poverty and inequality.
- Services are of high-quality best use of our resources.

Communities and Families Services include:

- 18 early years centres;
- 8 nursery schools;
- 73 nursery classes;
- 89 primary schools (six include specialist classes);
- 23 secondary schools (four include specialist resources);
- 10 special schools and Edinburgh Secure Services;
- Specialist teaching and support services for additional support needs;
- Educational psychology service;
- 9 residential units, including close support and secure provision;
- 5 practice teams including a disability practice team;
- 38 community centres;
- Support parents, carers and families;
- 3 outdoor education centres (two residential)
- 28 libraries



Early years, Primary and Secondary schools

We are committed to giving every child in Edinburgh the best possible education regardless of where in the city they live. This starts in Early Years where we are **expanding our service to provide 1,140 nursery hours free of charge** for children of nursery age including qualifying two-year olds.

We have **88 primary schools with 30,000 Pupils** across the city and **19,000 pupils in 23 secondary schools**. We also have **11 special schools** for children who are not best served by mainstream schooling.

Funding goes directly to each school under the **devolved school management** budget (DSM). This is a fund that is allocated based on a few different factors including the number of pupils. **It is up to the individual schools how this is spent.**

Lifelong Learning, Libraries and Sport

Learning isn't confined to the classroom or limited to one age group. **We ensure that education, lifelong learning, sport and outdoor activities are accessible to everyone.** The **creative learning team** works with schools to develop the curriculum for art, dance, music and drama. The **health and wellbeing team** supports effective learning and development and promotes confidence, independent thinking and positive attitudes. We focus on tackling health inequalities and health-harming behaviours by providing training and resources to staff, pupils and families. The **sports and outdoor learning unit** delivers high-quality opportunities for schools and youth organisations in various sports from football to swimming.

Community learning and development (CLD) helps people tackle issues through community-based learning. Our library services involve 28 libraries, 23 school libraries, information and learning resources, five mobile libraries, a prison library in partnership with HMP Edinburgh and a hospital library at Western General in partnership with NHS Lothian.

Children's Services

We believe that **every child deserves the best possible start in life**, and we are committed to the policy of **Getting It Right for Every Child**.

For some children this may involve **additional support for learning** where pupils require extra support in mainstream schools or **disability support for children** with disabilities **and their families**.

For others, this may involve social work support.

Our **social work network** extends to child protection services and children who become officially looked after by the Council either by family members (kinship care) or through Council-funded fostering arrangements.

Safer and Stronger Communities

Supporting people, strengthening communities and safeguarding the public.

Safer and Stronger Communities Services include:

- CCTV – 213 permanent and 21 rapid deployment cameras in operation 24/7
- Hostels and Supported Accommodation
- Community Justice – specialist, accredited services and programmes
- Residential Accommodation for transition from prison to community
- Management of high-risk offenders and restricted patients (MAPPA)
- Unpaid Work Services
- Mediation and support for families and households
- Syrian Refugee and Migration Programme

The Council has a statutory duty to support everyone who becomes or is at risk of becoming homeless. There are currently 5,000 open homelessness cases, with around 4000 households in temporary accommodation.

Our services focus on the provision of housing advice and prevention of homelessness. Where it is not possible to prevent homelessness, a wide range of support and accommodation are provided to assist people to access settled accommodation that is sustainable.

The Council has developed services for the most vulnerable service users including rapid access accommodation which is a service for rough sleepers accessed directly through street-based outreach teams and Housing First support which means that people with multiple and complex needs can access permanent tenancies with intensive support.

Through our Community Justice teams, we provide reports to the Procurator Fiscal, Courts and Parole Board to assist them in making decisions about alternatives to prosecution, sentencing, and the early release of people from prison. We supervise people in the community, subject to orders of the court, including Community

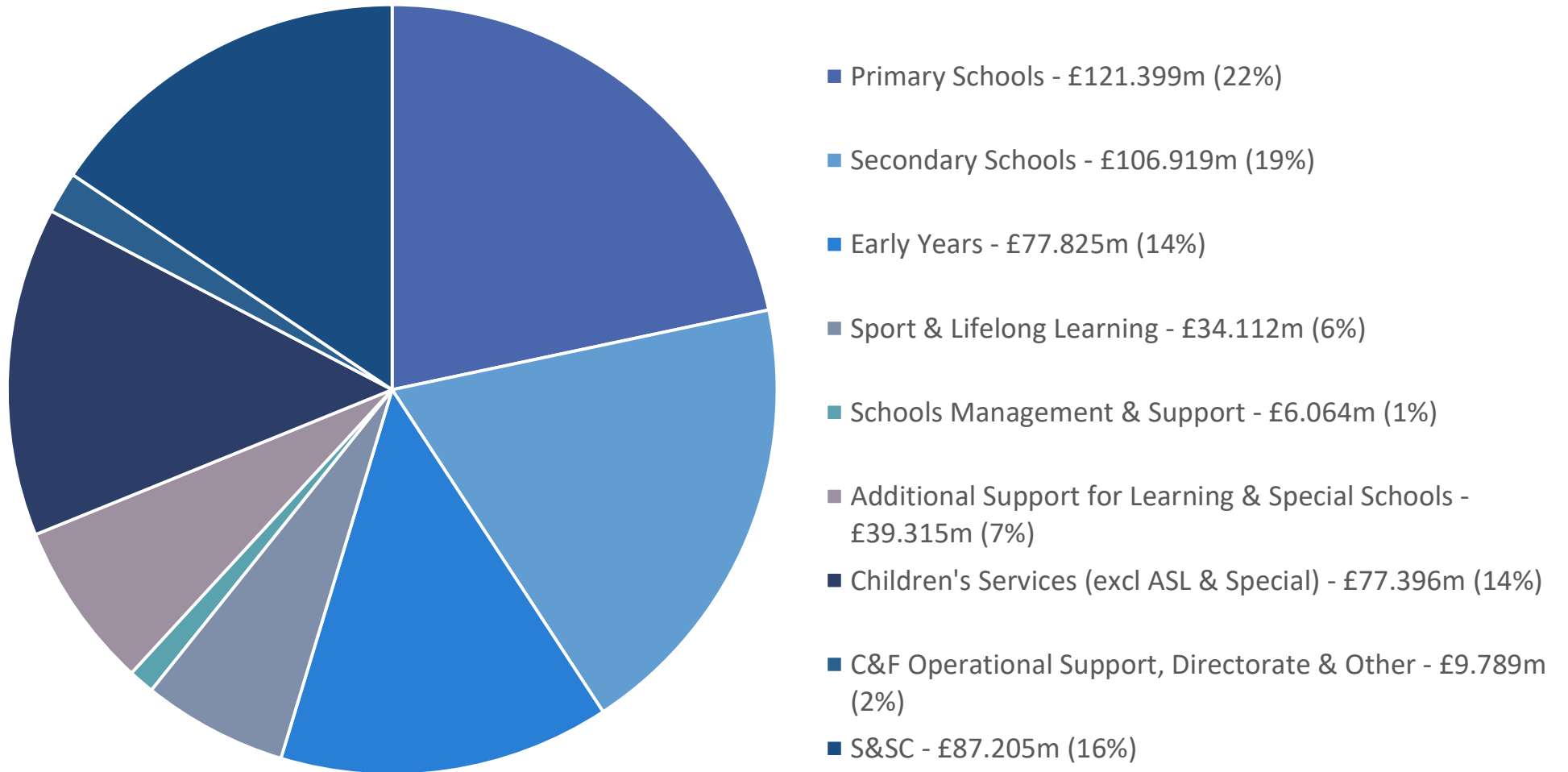
Payback Orders (CPOs) and subject to licence after release from custody to reduce reoffending, increase social inclusion and enhance public protection.

Our Community Safety teams monitor CCTV across the city and provide support to Police Scotland through our community safety officers.

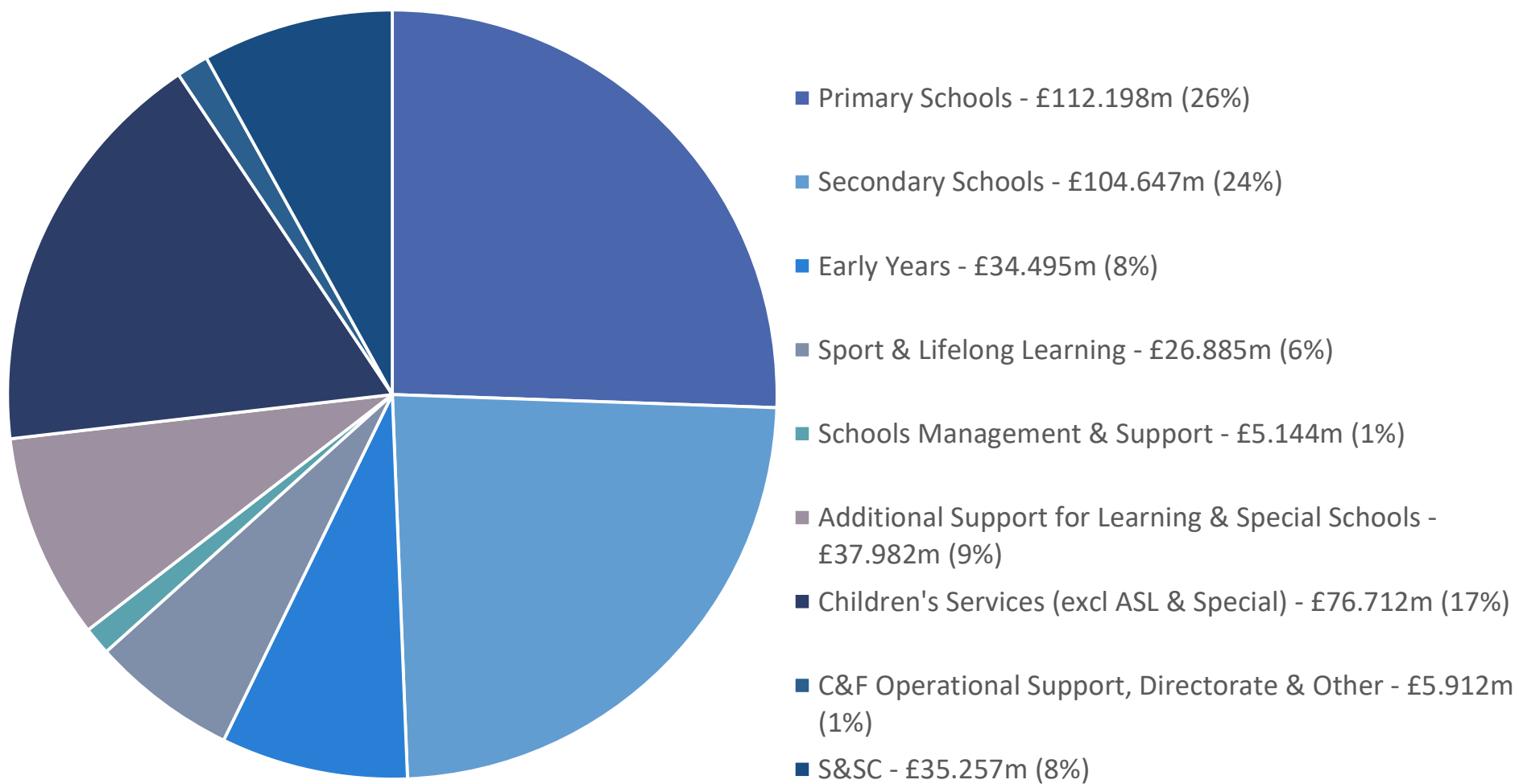
Family and Household Support supports families and households across the city who experience difficulties and challenges navigating the often complex demands of day to day life, accessing benefits, maintaining a safe, suitable tenancy, developing stronger community networks from which to grow independence and resilience, access to education. The service also has a remit for ASB, responding to noise and nuisance behaviour and high-risk situations such as anti-social behaviour and harassment.

The Syrian and Refugee Migration Programme has facilitated the resettlement of Syrian families fleeing conflict and persecution since 2015. The service provides support, funded by the Home Office, in all aspects of life for those who have travelled seeking asylum, enabling a new start and navigating the challenges posed when faced with a new and alien environment, language and social/cultural norms. The service also supports the wider population of migrant and asylum-seeking adults coming into Edinburgh, including those with No Recourse to Public Funds (NRPF).

Communities and Families 2020-21 Revised Gross Revenue Budget (£560.024m)



Communities and Families 2020-21 Revised Net Budget (£439.232m)



Governance, Risk and Best Value Committee

10.00am, Tuesday, 19 January 2021

Annual Assurance Schedule – Place Directorate

Executive/routine Wards Council Commitments	Executive All
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1. Recommendations

- 1.1 Governance, Risk and Best Value Committee is asked to:
 - 1.1.1 Note the Place directorate annual assurance schedule, submitted for scrutiny;
 - 1.1.2 Note the information provided on operational governance arrangements for major projects and transport projects and local place improvements; and
 - 1.1.3 Note that the Place directorate annual assurance schedule 2020-21 will be submitted for scrutiny in 12 months' time.

Paul Lawrence

Executive Director of Place

Contact: Paul Lawrence, Executive Director of Place

E-mail: paul.lawrence@edinburgh.gov.uk | Tel: 0131 529 7325

Annual Assurance Schedule – Place Directorate

2. Background

- 2.1 Each year the City of Edinburgh Council requires that Executive Directors complete Certificates of Assurance that represent their view of the effectiveness and appropriateness of controls in their areas of responsibility. These Certificates support 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. The schedule will help highlight any areas of concern.
- 2.3 A review of the process was initiated in response to feedback received in relation to last year's exercise resulting in the implementation of a 'comply or explain' model. The format and design of documentation was also updated to reduce manual administration and implement auto-population of improvement actions.
- 2.4 Improvement actions from the assurance exercise are used to inform the related Corporate Governance Framework Self-assessment exercise. Together both exercises combine to provide a holistic look across the Council's control framework, incorporating both design and application. Both processes will continue to be reviewed in line with feedback.

3. Main report

- 3.1 The Place Directorate schedule (Appendix 1) was completed and returned to the Democracy, Governance and Resilience Service, 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 30 June 2020.
- 3.2 The Certificates of Assurance require Heads of Service and Executive Directors to confirm that:

- 3.2.1 They have considered the effectiveness of controls in their service area/directorate, including controls in place to mitigate major risks to their service area/directorate's objectives;
- 3.2.2 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
- 3.2.3 They have identified actions that will be taken to continue improvement.
- 3.3 The schedule is completed by the Executive Director or by a nominated senior manager.
- 3.4 Before signing their Certificate of Assurance, the Executive Director should ensure that the schedule has been completed accurately.

Operational Governance Arrangements

- 3.5 On 3 December 2019, Committee requested a report on the operational governance arrangements in place to ensure that significant projects are delivered. Committee also requested details for transport projects.
- 3.6 In 2019, the Council had a robust framework for governance of major projects, which includes reporting to Governance, Risk and Best Value Committee as part of the overall approach to scrutiny. Monthly updates were also prepared for the Council Leadership Team and regular programme updates (at least annually) were planned.
- 3.7 At that time, the Place Directorate had 22 projects included on the Council's Major Change Programme (list shown in Appendix 4).
- 3.8 The approach to managing major projects in Place was reviewed in 2018/19 and this led to the appointment of a dedicated Senior Responsible Officer for both the Tram to Newhaven extension and Edinburgh Waterfront.

Transport Projects and Local Place Improvements

- 3.9 All transport infrastructure projects are selected within the conditions set out in the Council's Transport Asset Management Plan (TAMP). The TAMP also sets out how the Council will manage its Road Assets and is produced in accordance with national guidance and recommended good practice developed through the SCOTS Road Asset Management Project. It is widely recognised that the application of modern asset management practices can enable improved value for money. The "Road Asset" comprises of carriageways, footways, structures, street lighting, traffic management systems and street furniture.
- 3.11 The purpose of the TAMP is to formalise strategies for investment in Road Asset groups and define service.
- 3.12 Individual projects for investment are selected using strategies that were created to look at the whole life cost of maintaining the asset over a 20 year period. The strategies enable long term predictions to be made and mean that decisions about funding levels can be taken with due consideration of the future maintenance

funding liabilities that are being created. A system of prioritisation is also used to select transport infrastructure projects, in line with Council objectives. This includes additional prioritisation weightings for footfall, cycle use and bus use.

- 3.13 An organisational review of the Council's Roads and Transport teams was completed in Summer 2020 and a new service structure for Roads and Transport Infrastructure and Transport Network and Street Enforcement was implemented on 3 August 2020. A Roads and Transport Infrastructure Improvement Plan with details of the new service structure and contact details for each service area was reported to Transport and Environment Committee on [1 October 2020](#).
- 3.14 Within the Roads and Transport Infrastructure team a local projects team is being created to manage the delivery of local improvement projects in the future.

4. Next Steps

- 4.1 An improvement plan for the Place Directorate is attached at Appendix 2. This includes actions in relation to identified internal control weaknesses. In each instance a responsible officer and a deadline for completion is included. It should be noted that this process was completed prior to the full early impact of the COVID-19 pandemic had arisen and it is therefore likely that elements of the improvement plan will need to be reassessed and deadlines for delivery reviewed.
- 4.2 The process will continue to be reviewed in line with feedback to ensure that effective assurance is provided.
- 4.3 Relevant improvement actions will be included in the Corporate Governance Framework Self-Assessment exercise for 2020-21 where there is an impact on the design of the Council's corporate control framework.
- 4.4 The 2020-21 Annual Assurance Schedule will be presented to Governance, Risk and Best Value Committee in 12 months for scrutiny.

5. Financial impact

- 5.1 The annual assurance process and production of the annual governance statement is contained within relevant service area budgets.
- 5.2 An effective control framework is key in ensuring that the Council is able to achieve Best Value (Economy, Efficiency and Effectiveness) in the stewardship of its resources and delivery of intended outcomes.

6. Stakeholder/Community 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 the Democracy, Governance and Resilience Senior Manager and are provided to the Chief Internal Auditor for comment.

- 6.3 The Annual Assurance Schedule template was drafted using input from the Council's subject matter experts. This included contributions from Resilience, Internal Audit, Health and Safety, Governance, Legal Services, Financial Services and Human Resources.
- 6.4 Outcomes and areas of significant control weakness identified in the Corporate Governance Framework Self-assessment Exercise are used to inform the structure and content of assurance schedules through a process of continuous review.

7. Background reading/external references

- 7.1 [City of Edinburgh Council – 30 June 2020– Unaudited Annual Accounts](#)

8. Appendices

- 8.1 Appendix 1 – Place Directorate Annual Assurance Schedule
- 8.2 Appendix 2 – Place Directorate Action Plan
- 8.3 Appendix 3 – Place Directorate overview and delivery update
- 8.4 Appendix 4 – Place Major Projects (March 2020)

Assurance Statement

Ref	Statement	Response	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
1	Internal Control Environment	Assessment of Compliance	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
1.1	I have internal controls and procedures in place throughout my directorate that are proportionate, robust, monitored and operate effectively.	Partially compliant	Partially compliant	The Council's Chief Internal Auditor reported to Governance Risk and Best Value Committee in August 2020 that for the year ended 31 March 2019 the Council's established control environment; governance and risk management arrangements have not adapted or evolved sufficiently to support effective management of the changing risk environment and the Council's most significant risks, putting achievement of the Council's objectives at risk. The Chief Internal Auditor's opinion for the year ended 31 March 2020 is not yet available therefore this response is based on the previous year. Review of the control environment with Place in 2019/20 indicated that improvements have been made however further improvements continue to be identified as part of operational reviews, internal audit and external scrutiny. In 2019/20 improvements in the Building Standards service were recognised by Scottish Government.	Annual Internal Audit Plan (based on most significant risks to the Council) CLT Change Board – programme/project management framework Council Companies/ALEOs – Governance Hub, Observers, annual reporting to Executive Committee and GRBV Community planning – Edinburgh Partnership, Community Plan 2018-28 Contingency planning and business continuity arrangements EIJB – scrutiny and accountability arrangements agreed through scheme Enterprise Risk Management Policy and Risk Management Procedure External validation/review eg. external audit, independent assurance providers GRBV quarterly scrutiny of top risks GRBV scrutiny of CLT risk register, delivery of Internal Audit Plan and of all Internal Audit reports Health and safety audits Informal and formal reviews eg. internal audit, quality assurance audits Overdue audit recommendations report monthly to CLT and quarterly to GRBV Policies that mitigate risks eg. Anti-bribery, Fraud Prevention, Whistleblowing Quarterly corporate risks scrutinised at CLT Quarterly Risk and Assurance Committees Regular 121 meetings between the Council's Chief Executive and the Chief Executives of key ALEOs Report template and guidance – section on risks Reporting/review/monitoring at all levels – committee, CLT, SMTs, service level Risk Appetite Statement	Internal controls and procedures are regularly reviewed within service areas and, where appropriate, changes are made to ensure that they are proportionate, robust and operate effectively. As improvements are identified, implementation of changes are progressed by service managers. Management actions recommended as a result of Internal Audit reviews are now reviewed to ensure that they can be delivered and that the timescales for completion are realistic timescales. This is monitored on a monthly basis at both Service Area and Directorate Senior Management Team. Additional support is offered to managers to progress actions. Actions arising from external reviews are progressed in accordance with the agreement made with the external organisation. In 2019/20 the Transport and Environment Committee agreed to the development of two new improvement plans in the Roads and Transport Infrastructure and Road Network Management and Enforcement area, to reflect the new structure of the Council's transport service and an improvement plan was development and implementation of actions commenced in Housing service areas.	
1.2	I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.	Partially compliant	Partially compliant	In 2019/20, a review by the Board of Marketing Edinburgh has highlighted that improvements are required in the operational governance of the company.	Risk Management Groups Risk management policies and strategies (eg procurement, standing orders, project management, health and safety, information governance) Risk Management Procedure Risk management tools Schools assurance programme Shareholder or service level agreements Team Central – monitoring implementation of audit recommendations Training, eLearning and workshops for staff and members Wide ranging internal and external counter fraud activity	Controls and procedures in place include Service Level Agreements, funding agreements, Shareholder Agreements and in other service delivery agreements. A monitoring officer is identified for each organisation and reviews of service delivery are carried out as per the agreement. For Council ALEOs and some funded organisations, a Council Officer act as Observer to the Board.	Support the Council's Governance team to provide clarity on roles and responsibilities for Board Observers.
1.3	My internal controls and procedures and their effectiveness are regularly reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts.	Compliant	Compliant	The findings of service area, internal audit or external scrutiny have not identified any weaknesses in Place's internal controls which would have an impact on the Annual Accounts.		See 1.1 and 1.2. The improvements identified have not identified any weaknesses that could have an impact on the Annual Accounts.	
1.4	The monitoring process applied to funding/operating agreements has not identified any problems that could have an impact on Annual or Group Accounts.	Partially compliant	Partially compliant	Marketing Edinburgh's company accounts for 2018/19 have not yet been submitted as there were outstanding actions required to finalise the audited accounts. These actions are high priority and are being progressed urgently by the Board. No other issues have been identified within other Council Arms Length Companies or external funded organisations.		Council ALEOs have confirmed compliance with the funding/operating agreements in place and the financial arrangements for good governance. This has been confirmed by the Observer to each Board. The Board of Marketing Edinburgh has confirmed that the annual accounts for 2018/19 have not yet been submitted to Companies House and that this is being addressed as a priority. Board Observers and other officers will continue to work ALEO Boards and externally funded organisations to ensure compliance with the Council and legislative governance requirements.	
2	Risk and Resilience	Assessment of Compliance	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)

2.1	I have risk management arrangements in place to identify the key risks to my directorate (and the Council).	Compliant		Budget Planning CLT Change Board – programme/project management framework CLT scrutiny Contingency planning and business continuity arrangements Council Business Plan Enterprise Risk Management Policy	Robust arrangements are in place for risk management across the Directorate and are embedded within service areas. The Senior Management Team discuss risk management on a regular basis and the Place Risk Register is reviewed and updated on a quarterly basis.	
2.2	I have effective controls and procedures in place to record and manage the risks identified above to a tolerable level or actions are put in place to mitigate and manage the risk.	Compliant		GRBV quarterly scrutiny of top risks Health and safety audits Internal and external audits Internal Audit Plan development considers top risks Leader's induction includes Risk Management	See 2.1 above. The Place directorate uses the corporate risk register template for recording risks, controls and measures required to address identified risks.	
2.3	The robustness and effectiveness of my risk management arrangements is regularly reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts.	Compliant		Quarterly corporate risks scrutinised at CLT Quarterly Risk and Assurance Committees Report template and guidance – section on risks Reporting/review/monitoring at all levels – committee, CLT, SMTs, service level	An annual review of the robustness and effectiveness of the risk management arrangements in Place has not identified any weaknesses which could have an impact on the Annual Accounts.	An internal audit of risk management across the Council is currently underway. The Place Directorate will consider the recommendations from this review, and implement appropriate management actions.
2.4	There is appropriate escalation/communication to the directorate Risk Committee and CLT Risk Committee (as appropriate) of significant issues, risks and weaknesses in risk management.	Compliant		Risk Appetite Statement Risk Management Groups Risk management policies and strategies (eg procurement, standing orders, project management, health and safety, information governance) Risk Management Procedure Risk management tools Schools assurance programme	The Place Directorate regularly reviews service area and directorate risks and has escalated significant risks to the appropriate place (e.g. Place Directorate Risk Register, CLT Risk Register).	
2.5	I have arrangements in place to promote and support the Council's policies and procedures for staff to raise awareness of risk concerns, Council wrongdoing and officer's misconduct.	Compliant		Service Planning Training, eLearning and workshops for staff and members	Risk management is embedded within Place service activities, with Service and Senior Managers ensuring appropriate awareness of risk management arrangements are promoted within service areas. This includes awareness on what to do if Council wrongdoing or officer misconduct are identified (in line with Council policies and procedures).	
2.6	My directorate has appropriate resilience arrangements in place and my directorate's business continuity plans and arrangements mitigate the business continuity risks facing our essential activities.	Compliant			Business Impact Assessments have been completed for all identified essential activities in Place. These have recently been reviewed and adapted in response to the COVID 19 pandemic. Arrangements are in place to test the business continuity plans within service areas, and services work closely with the corporate Resilience team to test and refine plans as appropriate. An internal audit in 2018/19 identified some weaknesses in the Council's approach to business continuity and resilience and management actions are currently being implemented to address these issues.	
3	Workforce Controls	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
3.1	I have arrangements in place to ensure compliance with payroll policies, overtime controls, absence management and performance e.g. home/remote working.	Compliant		360 reviews Annual Internal Audit Plan (based on most significant risks to the Council) Employee Assistance Programme Employee Engagement External validation/review eg. external audit, independent assurance providers Financial benefits (credit union, season ticket loans, car benefit scheme, pension schemes) Funding scheme for professional qualifications HR Policies (Absence Management, Stress Management, Avoidance of Bullying and Harassment, Equal Treatment) Informal and formal reviews eg. internal audit, quality assurance audits	The Place Directorate operates compliantly within the Council's payroll, absence management and performance policies. Additional overtime controls are in place to ensure that this is appropriately authorised and that claims are made timeously. In 2019/20, the Place directorate established a workforce panel to support managers in dealing with employee absences, a list of pre-authorised vacancies has been established and all other vacancies go through the Council's Workforce Control Panel for approval to advertise.	
3.2	I have robust controls in place to ensure that statutory workforce requirements are met, including the management of off-payroll workers/contractors (including agency workers and consultants), ensuring approved framework contracts have been used and that those engaged are wholly compliant with the provisions of IR35 Council guidance and procedures.	Compliant		Inspiring Talent Programme Internal and External training opportunities Leader Induction and Essential Learning Leadership Development Programme– Future, Engage, Deliver Managing Attendance Training for managers Occupational Health service Onboarding, induction essential learning and CPD for officers Open framework agreement for Learning and Development	The Place Directorate operates compliantly within the Council arrangement for statutory workforce controls, including complying with Government requirements (such as IR35) where these are relevant to operational arrangements for service delivery.	

3.3	I ensure compliance with the Council's HR policies and procedures across all of my service areas, eg. that recruitment and selection is only undertaken by appropriately trained individuals and is fully compliant with vacancy approvals and controls.	Compliant		People Strategy Performance Management Framework (Performance Conversations) Policies that mitigate risks eg. Anti-bribery, Fraud Prevention, Whistleblowing Regular reporting including Health & Safety Performance, absence levels Staff benefits (enhanced entitlements leave entitlement, flexible working options, childcare vouchers, ride to work scheme, premium benefits scheme) Wide ranging internal and external counter fraud activity Wider Leadership Team (incl. Learning Sets) Wider Leadership Team programme	The Place Directorate operates compliantly with the Council's HR policies and procedures and works closely with the HR Business Partner and Consultancy teams to ensure compliance is maintained. The Place HR Business Partner attends all Place SMT meetings and provides regular reports on compliance with corporate policies and procedures and provides updates on changes as these arise. In 2019/20, the Council established a Workforce Control Panel. The Place directorate identified a small number of pre-approved posts which would automatically progress through the recruitment process but all other vacancies are scrutinised by service manager, Head of Service and Executive Director and only those essential are progressed to the Workforce Control Panel for approval. All recruitment is undertaken in accordance with the Council's procedures, utilising Talentlink.	
3.4	I have robust controls in place to manage new starts, movers and leavers, including induction and mandatory training, IT systems security (access and removal) and access to buildings and service users' homes.	Compliant			A corporate approach to new appointments (whether new starts or moving within the organisation) is in place to ensure that a consistent induction to the organisation is provided. Within services, induction arrangements are determined by the needs of the role. An essential training matrix for the Directorate is in Place and training plans have been implemented to ensure that essential training is delivered at the appropriate time as required. The Directorate complies with the Council's IT Systems security processes and all requests for building access are approved by the appropriate manager. For those entering service user's homes, additional checks are carried out through Disclosure Scotland and are updated in accordance with legislation. Appropriate identification is provided to people visiting service user homes.	
3.5	I have arrangements in place to manage staff health and wellbeing; ensuring that sickness absence, referral to occupational health and stress risk assessments is managed in compliance with the Council's HR policies.	Compliant			See 3.3.	
3.6	I ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.	Compliant			An essential training matrix has now been established by the directorate and this will be reviewed annually. Essential training is provided in accordance with the requirements of essential training. Learning and development is supported, within agreed service budgets, and training is delivered within service areas or by external providers where appropriate. In some services, external speakers and training providers are invited to deliver training to meet essential learning or CPD requirements.	
3.7	I have arrangements in place to support and manage staff performance e.g. regular 1:1/supervision meetings, performance/spotlight conversations.	Compliant			The Place Directorate operates within the Council's Performance Management Framework, including 1:1 support, team meetings, performance and spotlight conversations as appropriate.	
4	Council Companies	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)

4.1	I have arrangements in place for the oversight and monitoring of the Council companies I am responsible for, that give me adequate assurance over their operation and delivery for the Council.	Partially compliant	In 2019/20, a review by the Board of Marketing Edinburgh has highlighted that improvements are required in the operational governance of the company.	Annual Assurance Process (Directorates) Council Companies/ALEOs – Governance Hub, Observers, annual reporting to Executive Committee and GRBV Regular 121 meetings between the Council’s Chief Executive and the Chief Executives of key ALEOs Service Level Agreement Register Shareholder or service level agreements	Each Arms Length External organisation which Place is responsible for has submitted an annual assurance statement and all have indicated full compliance under each element of the questionnaire, except for Marketing Edinburgh where a number of areas are partially compliant. As Observer to the Board of Marketing Edinburgh I am working closely with them to address the areas where the company is only partially compliant, however the company services will change in 2020/21 as the company moves into a hibernation phase. Each Place ALEO is represented on the Council's Governance Hub and senior officers have been appointed as Observers to the Board of each company. There are regular meetings between the Board Observer and each ALEO Chief Executive/Managing Director to discuss strategic and operational matters. The SLA Register is up to date for Place ALEOs.	
4.2	I have an appropriate Service Level Agreement, or other appropriate legal agreement, in place for each Arm’s Length External Organisation that I am responsible for.	Compliant			For each Arms Length External organisation that the Place Directorate is responsible for there is an appropriate legal agreement in place for service operation and delivery. These agreements differ between organisations, depending on the relationship with each company.	
5	Engagement and Consultation	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
5.1	My directorate engages effectively with institutional stakeholders, service users and individual citizens, applying the council’s consultation and engagement standards with evidence that the insights gathered are used to shape my directorates activities.	Compliant		Budget consultation Business sector forums Community engagement activity Community engagement strategy/policy Complaints Improvement Plan Consultation framework Consultation Hub Council Change Strategy: Planning for Change and Delivering Services 2019-2023 Committee Papers Online	Effective engagement and consultation tools used by the Directorate to gain insight and feedback include: 121 meetings, community council meetings, local community events and meetings, drop in events, consultation group meetings, Council's Consultation Hub, social media, web surveys and information, online surveys and stakeholder events . The Directorate also gains insight from corporate surveys such as Edinburgh's People's survey.	
5.2	I have arrangements in place throughout my directorate to ensure that there are effective communication methods that encourage, collect and evaluate views and experiences (while ensuring inclusivity e.g. customer surveys, consultation procedures, social media presence, etc.) and that these insights are used to inform the work of the directorate.	Compliant		Current partnerships eg. Poverty Commission, Tourism Strategy, EIJ, City Deal Edinburgh Partnership (LCCPs, Neighbourhood Networks) Edinburgh People Survey Government partnership working Have Your Say webpage Multi-agency partnerships Multi-channel methodology eg. social media platform development Networks/user groups – eg. Edinburgh Tenants’ Federation Partnership agreements eg. Police Scotland Partnership governance arrangements Partnership governance documentation Partnership plans eg. Edinburgh Children’s Partnership Petitions and Deputations Policies and procedures (consultation framework) Poverty Commission Public participation – deputations and petitions Public sector partnerships Publication of Council diary Report template – section on consultation Stakeholder group meetings	The directorate uses a variety of communication methods to encourage, collect and evaluate views and experiences including customer surveys, feedback questionnaires, social media, Consultation Hub, online surveys, meetings and events. Feedback is also regularly received through Elected Members from citizens.	
5.3	I have appropriate arrangements in place throughout my directorate for recording, monitoring and managing customer service complaints and customer satisfaction.	Compliant		Strategic documentation eg. vision statements, aims, etc. Strategic plans and agreements Strategy and Performance Hub Surveys eg. Edinburgh People Survey, Annual Tenant Survey Third sector partnership working eg. EVOC Webcasting of Council and major committees, including subtitles	The Directorate uses both the Council system and Confirm to record customer service requests and complaints. Improvements have been made over the last 12 months to improve recording and follow up on reported service requests and complaints. Customer satisfaction data is collected directly for some (e.g. Museums and Galleries, Housing Repairs) but not all services. In the cases when satisfaction is not gathered directly, service requests and complaints are used to monitor satisfaction.	
5.4	I regularly consult and engage with recognised trade unions.	Compliant			The Place Senior Management team meet quarterly with the recognised Trade Union representatives at our Departmental Joint Consultative Committee (DJCC). Arrangements for service area JCCs were reviewed in 2019/20 to reduce the demands on TU colleagues. A Place Health Safety and Wellbeing Group was set up in 2018/19 and has continued to meet quarterly through 2019/20 to focus on the health safety and wellbeing of people working within the Directorate. Place Senior Managers also participate in the Joint Consultative Committee, the Joint Health and Safety Forum and the Partnership at Work Forum with TU colleagues.	

6.1	Policy	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
6.1	I have arrangements in place to ensure all directorate staff are made aware of and fully understand the implications of all relevant existing and new council policies and procedures.	Compliant		Annual Assurance Exercise Annual Policy Assurance Statements Corporate Policy Framework and Toolkit, including consultation and engagement strategies Council Papers Online		
6.2	I have arrangements in place for the annual review of policies owned by my directorate, via the relevant executive committee, to ensure these comply with the Council's policy framework.	Partially compliant	A review of the Council's Policy Register in 2019/20 identified that there were out of date policies listed and that some policies had not been reviewed for a period of time. The review also noted that there may be policies missing.	Employee policy refresher arrangements, process workshops and communications Information Governance framework Policy Register Report template and guidance (incorporating adherence to commitments and policy implications)	An annual review of policies was undertaken across the Directorate in 2019/20, with a report on the Transport policies considered by Transport and Environment Committee in May 2019. The review was also concluded for Housing Homelessness and Fair Work, Planning and Culture and Communities although the reports to Committee were delayed awaiting the outcome of an Internal Audit review of the Council's governance of Policies. A review of the Policy Register by the Directorate recognised that further work was required to define a policy and then to refresh the Policy Register.	Work with the Governance team to define clearly what should be included on the Policy register, and then update the register accordingly.
7	Governance and Compliance	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
7.1	I ensure directorate staff are aware of their responsibilities in relation to the Council's governance framework and that the authority, responsibility and accountability levels within my directorate are clearly defined, with proper officer designation delegated, recorded, monitored, revoked and reviewed regularly to ensure ongoing compliance with the Scheme of Delegation.	Compliant		Codes of Conduct Committee Terms of Reference and Delegated Functions Council's Procedural Standing Orders Councillors' Code of Conduct Disclosure and PVG checks Employee Induction Employee Performance Framework Leadership Programme Legal Services provision of advice Member/Officer Protocol	The Directorate has appropriate arrangements in place to adhere to the Council's Scheme of Delegation and to record any further delegations which are implemented within the directorate. These are also passed to the Council's Governance team to be recorded.	
7.2	I ensure my directorate's activities are fully compliant with relevant Scottish, UK and EU legislation and regulations.	Compliant		Policies and procedures Regulatory body reporting eg. SSSC, GTCs Scheme of Delegation to Officers Statutory officer appointments and responsibilities Statutory/lead officers' independent reports to committee or Monitoring		
8	Responsibility and Accountability	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
8.1	My directorate ensures our officers are clear on their roles and responsibilities in terms of relationships and decision making.	Compliant		Annual Assurance Process (Council Companies and Joint Boards) Annual Assurance Process (Directorates) Codes of Conduct Commercial and Procurement Strategy Committee Terms of Reference and Delegated Functions Complaints Improvement Plan Consultation and engagement Contract Standing Orders	As part of the induction to new positions, the roles and responsibilities of the role are made clear. This includes relationships and decision making. The Directorate has regular Senior Management Team and Extended Senior Management team meetings, service area meetings and 121 conversations with all staff where these are discussed, as relevant to the role.	
8.2	I ensure that the Council's ethical standards are understood and embedded across my directorate and are upheld by external providers of services.	Compliant		Council Change Strategy: Planning for Change and Delivering Services 2019-2023 Council company monitoring including Governance Hub, Council Observers on Boards, committee reporting Edinburgh People Survey Employee Code of Conduct Grant Standing Orders	See 8.1 above. For external providers of service, the standards expected by the Council are set out in operating agreements.	
8.3	My directorate ensures that decisions are made on the basis of objective information, the consideration of best value, risk, stakeholder views, rigorous analysis, and consideration of future impacts. This is formalised through appropriate structures. (i.e SMT reporting)	Compliant		Member/Officer Protocol Monitoring/reporting on delivery of 52 coalition commitments Onboarding and induction for officers Performance Framework Policies and procedures Procurement framework Procurement Handbook	Decision making in the directorate is made on the basis of objective information, best value, risk, stakeholder views, analysis and consideration of future impacts. This is formalised through reports to Heads of Service, to the Executive Director and to Committee as appropriate, depending on the decision required. These arrangements are supported by central services e.g. Finance, Procurement,	

8.4	I consult with elected members as appropriate and as required under the Scheme of Delegation.	Partially compliant	In 2019/20, although a decision on the arrangements for Edinburgh's Winter Festivals was taken in consultation with Elected Members according to the Scheme of Delegation, a review was carried out into the process of decision making and improvements were recommended. These recommendations are now being implemented.	Public participation – deputations and petitions Report template and guidance Scheme of Delegation to Officers Service Level Agreement template Standard Condition of Grant	The Place Senior Management team regularly meet with the relevant Convener and Vice Convener to discuss operational and strategic matters where decisions are required. Relevant decisions are referred to Committee for decision. Where an urgent decision is required, this will be taken by the Executive Director in consultation with the the relevant Convener and Vice Convener with a follow up report to Committee.	
9	Information Governance	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
9.1	I ensure directorate staff are made aware of their responsibilities in relation to the proper management of Council information, including the need to adhere to relevant legislation, Council policies, procedures and guidance around: information governance; records management; data quality; data breaches and privacy impact assessments; information rights; information compliance; information security; and ICT acceptable use.	Compliant		Annual communications plan, awareness raising initiatives and training events Centralised Information governance unit Council wide Record of Processing Data quality reviews and audits form part of statutory returns Established framework of management information and reporting to support operational decision making and trend analysis Information Board Information governance policies, framework, guidance, procedures and toolkit Information sharing agreements and data protection impact assessments Locking Client's Record Guidance	The Directorate follows the Council's policies and procedures for information governance and the associated roles and responsibilities for individuals. As part of induction to new positions, there is a requirement to complete the necessary essential learning on Information Governance. Individuals work with the Governance team as appropriate if there are questions or new arrangements being implemented where information governance advice is required. Individuals are prompted to confirm that they comply with the Council's ICT acceptable use policy at each login on a Council IT device. Any breach of information compliance is reported through	
9.2	I ensure data sharing arrangements with third parties are recorded, followed and regularly reviewed throughout all service areas in my directorate.	Compliant		Mandatory training for all employees Staff responsibilities outlined in relevant policies - Employee Code of Conduct, ICT Acceptable Use Policy, Policy on Fraud Prevention Standard data related terms and conditions in all new Council contracts	Appropriate data sharing agreements are in place with third parties. These are followed and regularly reviewed.	Discuss arrangements for data sharing with Information Governance to determine if any further improvements can be made.
10	Health and Safety	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
10.1	Directorate staff are made aware of their responsibilities under relevant Health & Safety policies and procedures and I have appropriate arrangements in place for the identification and provision of Health & Safety training necessary for all job roles, including induction training.	Compliant		Contingency planning and business continuity arrangements Corporate Health and Safety Strategy and Plan Council Health and Safety Group Employee Code of Conduct Enterprise Risk Management Policy Enterprise Risk Management Policy and Risk Management Procedure External validation/review eg. external audit, independent assurance providers	This forms part of the induction process for new positions and regular updates are provided at 121s, team meetings and, for frontline services, through toolbox talks. Regular reviews of Health and Safety risk and implementation are carried out and any identified improvements are implemented.	
10.2	I have the necessary arrangements in place to establish, implement and maintain procedures for ongoing hazard identification, risk assessment and the determination of necessary controls to ensure all Health & Safety risks are adequately controlled.	Partially compliant	In 2019/20 the Health and Safety Executive identified breaches in health and safety arrangements in operations which could impact on employees or citizens. A full investigation was carried out into each breach and improvements have been implemented as recommended.	Health and safety audits Health & Safety policies and procedures Institution of Occupational Safety and Health training Mandatory Health & Safety training for staff Reporting/review/monitoring at all levels – committee, CLT, SMTs, service level	Arrangements are in place to establish, implement and maintain procedures for on-going hazard identification, risk assessment and to ensure the necessary controls are in place. Where improvements are identified, these are addressed within the required timescales to ensure adequate controls are in place.	
10.3	I have competencies, processes and controls in place to ensure that all service areas in my directorate, and other areas of responsibility, operate in compliance with all applicable Health & Safety laws and regulations.	Compliant		Risk Management Groups Risk management policies and strategies (eg procurement, standing orders, project management, health and safety, information governance) Risk Management Procedure Risk management tools Scheme of Delegation	See 10.1 and 10.2 above.	
10.4	I have a robust governance and reporting structure for Health and Safety in my directorate.	Compliant		Schools assurance programme Training, eLearning and workshops for staff and members	In 2018/19 a Health Safety and Wellbeing group was established in the directorate for senior managers to meet with Trade Unions on a regular basis to discuss health safety and wellbeing arrangements and to address any areas of concern. Local service areas discuss health safety and wellbeing with Trade unions at JCCs and other consultative meetings. The directorate is also represented on the council health and safety working group with Trade Unions and Elected Members.	
11	Performance	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)

11.1	I have arrangements in place for reporting to CLT, Committee and/or Council and, where performance monitoring identifies inadequate service delivery or poor value for money, ensure that improvement measures to address these issues are implemented and monitored.	Compliant		Annual external reporting eg. Local Government Benchmarking Framework, Scottish Public Services Ombudsman, Scottish Government, etc Annual performance report to Council B agenda protocol Best Value reporting CLT Quarterly performance meeting Committee Terms of Reference and Delegated Functions Local Government Benchmarking Framework Monitoring/reporting on delivery of 52 coalition commitments Performance Framework Strategy and Performance Hub	Service performance is regularly reviewed by service managers and is reported to Senior Managers. Quarterly performance reports are prepared for the Place SMT, and then reported to CLT and to Committee as part of the corporate reporting schedule. Performance of services is included in the annual external reporting frameworks, through Best Value audits, through the LGBF and in monitoring delivery of the Council Commitments.	
11.2	My directorate regularly works with relevant teams in Strategy and Communications to review and improve effectiveness by performance monitoring, benchmarking and other methods to achieve defined outcomes.	Compliant			The Directorate works closely with colleagues in Strategy and Communications to review performance and to address any areas of concern. Improvements are recommended by service managers, SMTs and by Strategy Communications colleagues and implemented as appropriate.	
12	Commercial and Contract Management	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
12.1	I ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders.	Compliant		Annual Assurance Process (Directorates) Codes of Conduct Commercial and Procurement Strategy Committee Terms of Reference and Delegated Functions Contract and Grants Management team Contract Standing Orders Council company monitoring including Governance Hub, Council Observers on Boards, committee reporting Grant Standing Orders Legal Services provision of advice Policies and procedures Procurement Handbook Scheme of Delegation to Officers	The Directorate procure goods, services and works in accordance with the Council's contract standing orders. Where this is not possible, waivers are used to explain the reason for not complying with the CSOs and these are approved by the appropriate Senior Manager. Where appropriate, Committee approval is sought and waivers are reported. Working closely with Procurement colleagues, regular reviews of contractual arrangements are undertaken and updates prepared for Senior Managers.	
13	Change and Project Management	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
13.1	All projects and programmes have a clear business justification, as a minimum this should articulate outcomes and benefits; have appropriate governance in place to support delivery; effective controls in place to track delivery progress and to take corrective action if required; have a robust benefits management framework in place; and ensure that a formal closure process is undertaken.	Partially compliant	The directorate has recognised that improvements are required in the governance of both projects and programmes. For major development programmes which will benefit the city economy, additional funding was secured in 2019/20 to ensure adequate leadership and project management capacity is in place. In the Roads and Transport area an organisational review has aligned service design and delivery (for both major and local improvements) under a single service area and an improvement plan is being developed to ensure that projects are appropriately and adequately managed in future. Further changes are planned to ensure appropriate oversight of all projects and programmes.	2050 City Vision Budget Planning Capital Budget Strategy City Plan CLT Change Board Committee Terms of Reference and Delegated Functions Contract Standing Orders Council Business Plan Council Change Strategy: Planning for Change and Delivering Services 2019-2023 Council's Risk Appetite Statement Enterprise Risk Management Policy External audits, reviews and validation Finance Rules Financial Regulations Procurement framework Report template and guidance Revenue Budget Framework Risk Registers Scheme of Delegation to Officers	The Place Directorate has a significant number of programmes on the Council's Change Portfolio. Monthly updates are prepared for each of these programmes and are approved by the appropriate SRO and discussed by CLT. The corporate programme is also reported regularly to GRBV Committee. Individual projects and programmes have governance arrangements appropriate to the size and scale of the projects.	The realignment of roads and transport services, alongside the development of a new Roads and Transport Infrastructure Improvement Plan will ensure clear accountability for all programmes and projects in this area. This includes local transport projects which have been outstanding for some time. A schedule of development and implementation will be developed and shared with Elected Members, alongside details of the officer responsible for each scheme. Further changes are planned to improve oversight of all Place programmes and projects.
14.1	Financial Control	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
14.1	The operation of financial controls in my directorate is effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.	Compliant		Budget Framework Comprehensive system of revenue and capital monitoring, with SMT and CLT oversight Contract Standing Orders Corporate Debt Policy	The Place Directorate follows the financial control procedures which have been set out in the Council's financial strategy and associated arrangements.	

14.2	I am confident that the arrangements in place to monitor expenditure/budget variances would identify control problems or variances that could have an effect on the Annual Accounts.	Compliant		Council Business Plan Council Change Strategy: Planning for Change and Delivering Services 2019-2023 Elected Member training on financial statements, financial planning and treasury management Employee Training Finance & Resources Committee and Governance, Risk & Best Value Committee oversight/scrutiny	Finance is a standing item on the Place SMT agenda, with the Finance Manager for Place attending each meeting and presenting regular financial updates. This includes monitoring of expenditure and budget variances. This also identifies any issues of control and/or budget variances. This arrangement is replicated in service area management teams with finance colleagues in attendance and presenting budget updates regularly. The Finance team regularly meet with	
14.3	I have arrangements in place to ensure all material commitments and contingent liabilities (i.e. undertakings, past transactions or events resulting in future financial liabilities) are notified to the Chief Financial Officer.	Compliant		Finance Rules Financial Regulations Internal control framework Medium-term Financial Strategy Professional officer representation/support/advice on major project boards, project assurance reviews, SMTs Tiered framework of financial planning and control Treasury Management Strategy	This is undertaken by Service Managers in conjunction with Finance Officers and the Place Finance Manager.	
14.4	I have arrangements in place to review and protect assets against theft, loss and unauthorised use; identify any significant losses; and, ensure the adequacy of insurance provision in covering the risk of loss across my directorate.	Compliant			For the corporate estate, the responsibility for building management rests with Facilities Management. For all other buildings, management responsibility rests with the most senior manager at that location. Service managers are also responsible for ensuring appropriate arrangements to protect assets against theft, loss or unauthorised use. Managers work with the Council's insurance team to ensure appropriate arrangements are in place. These arrangements are reviewed annually. Employees are reminded of the Employee Code of Conduct at team and 121 meetings.	
14.5	I have arrangements in place for identifying any weaknesses in my directorate's compliance with Council financial policies or statutory/regulatory requirements.	Compliant			The Executive Director and Senior Managers work closely with the Place Finance Manager and her team to ensure compliance with the financial policies and statutory/regulatory requirements.	
14.6	I have arrangements in place for identifying any internal control, risk management or asset valuation problems within my directorate's service areas that could affect the Annual Accounts.	Compliant			See above.	
15	Group Accounts (Resources only)	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
15.1	I have arrangements in place for identifying and reviewing any developments during the year that should lead to additions, deletions or amendments to the companies included in the Group Accounts.			Annual assurance exercise (internal audit input and oversight) Annual Corporate Governance Framework self-assessment (internal audit input) Annual Governance Statement – informed by the work of IA Annual Internal Audit Plan (based on most significant risks to the Council) Audit Charter Chief Internal Auditor's direct reporting line to GRBV Committee Terms of Reference and Delegated Functions - GRBV Comprehensive system of revenue and capital monitoring, with SMT and CLT oversight		
15.2	I have arrangements in place to identify and review any internal control, risk management or asset valuation problems with Council companies that could affect the Group Accounts.			Council Companies/ALEOs – Governance Hub, Observers, annual reporting to Executive Committee and GRBV External validation/review eg. external audit, independent assurance providers Executive Committee and Governance, Risk & Best Value Committee oversight/scrutiny Regular 121 meetings between the Council's Chief Executive and the Chief		
16	National Agency Inspection Reports	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
16.1	I have arrangements in place to identify any reports relating to my directorate and can confirm that there were no inspection reports that could impact on the signing of the Annual Governance Statement.	Compliant		Committee Terms of Reference and Delegated Functions Governance, Risk and Best Value Committee – chaired by an opposition councillor and excluding executive committee conveners from its membership, with power to act on its own accord Executive Committee and GRBV oversight of external audit and inspection activity		
16.2	I have arrangements in place that adequately monitor and report on the implementation of recommendations.	Compliant		Scrutiny of directorate annual assurance schedules		

17	Internal Audit, External Audit and Review Reports	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
17.1	I have arrangements in place to ensure that all recommendations from any internal audit, external audit or review report published during the year, that have highlighted high, medium or significant control deficiencies, have been (or are being) implemented and that this is monitored effectively.	Compliant		A validation audit is included in the annual Internal Audit Plan Agreed management actions arising from internal audits are recorded and monitored through Team Central Integral part of Annual Assurance Schedule Overdue management actions are reported monthly to CLT and quarterly to GRBV	All recommendations identified now have agreed management actions and implementation plans are in place to ensure that these are progressed appropriately. Progress is discussed regularly at SMTs and support is available to ensure actions are implemented.	
18	Progress	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
18.1	All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years have been addressed satisfactorily.	Partially compliant		Agreed management actions arising from internal audits are recorded and monitored through Team Central Overdue management actions are reported monthly to CLT and quarterly to GRBV A validation audit is included in the annual Internal Audit Plan Integral part of Annual Assurance Schedule External Audit Report is scrutinised by GRBV and an improvement plan developed Council participates in JAN (council scrutiny bodies) whose activity is based	All outstanding actions and recommendations from previous assurance statements, commissioned reviews and committee reports continue to be implemented as per the agreed actions.	

Appendix 2

Annual Assurance Schedule 2019/20 – Place Directorate

Improvement Plan

Assurance Statement Criteria	Improvement Action	Action Owner	Planned Completion Date (pre-COVID-19)	Status Update
I have internal controls and procedures in place throughout my directorate that are proportionate, robust, monitored and operate effectively.	Continue to review internal controls and to make appropriate changes to ensure that they are proportionate, robust and operate effectively.	Place Senior Management Team (SMT)	SMT review of a half yearly basis.	As improvements are identified, these are implemented within the appropriate service area.
I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties	Support the Council's Governance team to provide clarity on roles and responsibilities for Board Observers.	Governance Team/Operations Manager for Place	30 September 2021	This is being progressed as part of the wider work of the Governance Hub.
The monitoring process applied to funding/operating agreements has not identified any problems that could have an impact on Annual or Group Accounts.	At the time of completing the annual governance statement the annual accounts for 2018/19 for Marketing Edinburgh had not been completed.	Executive Director of Place	Complete	The outstanding annual accounts for Marketing Edinburgh were filed with Companies House in August 2020.
The robustness and effectiveness of my risk management arrangements is regularly reviewed and the last review did not identify any weaknesses	An internal audit of risk management across the Council is currently underway. The Place Directorate will consider the recommendations from this review, and implement appropriate management actions.	Place SMT	31 October 2021	The internal audit is now complete and recent changes have been made to the Council's Enterprise Risk Management Policy and Risk Appetite Statement, along with changes to

that could have an impact on the Annual Accounts.				the Council's Operational Risk Management Framework. The audit actions will be implemented as agreed by the Directorate and updates to the Risk Register will take account of the new Policy and associated documents.
I have arrangements in place for the oversight and monitoring of the Council companies I am responsible for, that give me adequate assurance over their operation and delivery for the Council.	The Annual Assurance Statement for Marketing Edinburgh highlighted some areas where the company was only partially compliant with the Council's governance requirements.	Executive Director of Place	Complete	A transition process commenced in July 2020 to transfer all of the assets and liabilities of Marketing Edinburgh into the Council. The annual review of the SLA register has been completed and the Annual Assurance process will be completed for the remaining ALEOs as normal in Spring 2021.
I have arrangements in place for the annual review of policies owned by my directorate, via the relevant executive committee, to ensure these comply with the Council's policy framework.	Work with the Governance team to define clearly what should be included on the Policy register, and then update the register accordingly.	Place SMT	October 2020	An internal audit of the Council's Policy Register identified a number of weaknesses in the process for updating the Register. In Place, a comprehensive review of the existing Register has been completed and updates completed (removing documents which do not fit within the Council definition of a policy). The remaining Internal Audit actions will be progressed in due course.
I consult with elected members as appropriate and as required under the Scheme of Delegation.	In 2019/20, although a decision on the arrangements for Edinburgh's Winter Festivals was taken in consultation with Elected Members according to the	Executive Director of Place	Complete	The actions arising from the review of decision making for Edinburgh's Winter Festivals have been implemented.

	Scheme of Delegation, a review was carried out into the process of decision making and improvements were recommended.			
I ensure data sharing arrangements with third parties are recorded, followed and regularly reviewed throughout all service areas in my directorate.	Discuss arrangements for data sharing with Information Governance to determine if any further improvements can be made.	Place Operations Manager	October 2020	Arrangements for data sharing are in the process of being revised, led by the Council's Information Governance team. The Place Directorate Operations Manager and colleagues recently participated in workshops on Document Management.
All projects and programmes have a clear business justification, as a minimum this should articulate outcomes and benefits; have appropriate governance in place to support delivery; effective controls in place to track delivery progress and to take corrective action if required; have a robust benefits management framework in place; and ensure that a formal closure process is undertaken.	The realignment of roads and transport services, alongside the development of a new Roads and Transport Infrastructure Improvement Plan will ensure clear accountability for all programmes and projects in this area. This includes local transport projects. A schedule of development and implementation will be developed and shared with Elected Members, alongside details of the officer responsible for each scheme. Further changes are planned to improve oversight of all Place programmes and projects.	Head of Place Management	Complete	A new structure for Roads and Transport was implemented on 3 August 2020. The new Roads and Transport Infrastructure Improvement Plan was reported to Transport and Environment Committee on 1 October 2020. Further changes to the governance of major change programmes have been incorporated into the Council's Adaptation and Renewal plans.
All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and	All outstanding actions and recommendations from previous assurance statements, commissioned reviews and committee reports continue	Place SMT	On-going	This Directorate continues to implement outstanding actions and recommendations as appropriate.

other initiatives in previous years have been addressed satisfactorily.	to be implemented as per the agreed actions.			
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Place Directorate Overview 2019/20



Paul Lawrence
Executive Director of Place

Place Directorate

The Place Directorate is responsible for a number of the Council's frontline services, including waste and street cleansing, parks, greenspace, cemeteries and roads, alongside the development, management and maintenance of the Council's social housing.

We are also responsible for development and management of housing, licensing, regulation and planning in the city. We also provide support for business growth and developing inclusion programmes which support people to find and retain employment.

The city's cultural heritage and activities attract local people and visitors alike to visit the museums, galleries and cultural venues. The culture service works closely with local, national and international partners to support and deliver a programme of festivals, events and attractions for the city.

The Place Directorate employs over 2,500 people. In addition there are some people employed on a casual basis, for example in our in cultural venues.

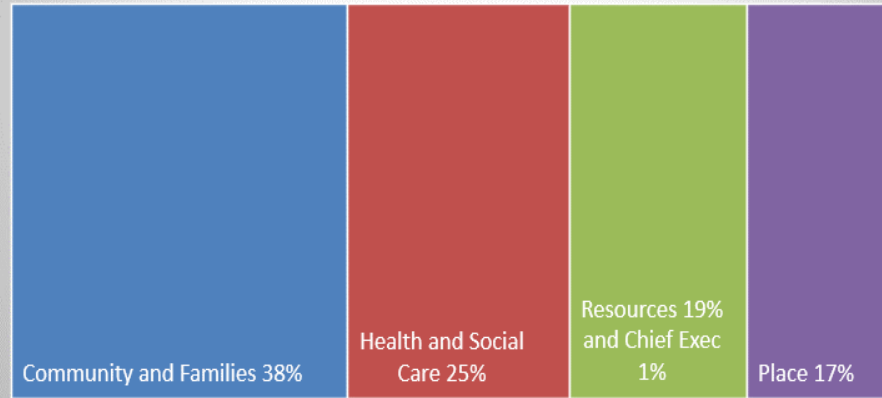
The gross general fund revenue budget for Place is around £248 million, however the net budget is £47.2 million, reflecting the significant income and ring-fenced accounts which are managed within the Directorate. Expenditure of £80.5 million relates to staff costs and £167.5 million relates to non staff costs. Additionally the Housing Revenue Account budgeted income is £121 million which funds the equivalent in expenditure costs.

Of the £200.8 million of “income”, 49% comes from specific purpose grants or grants we administer such as affordable housing, ringfenced funds. 13% comes from services provided to other areas of the Council and 38% comes from external customers and the capitalisation of revenue costs.

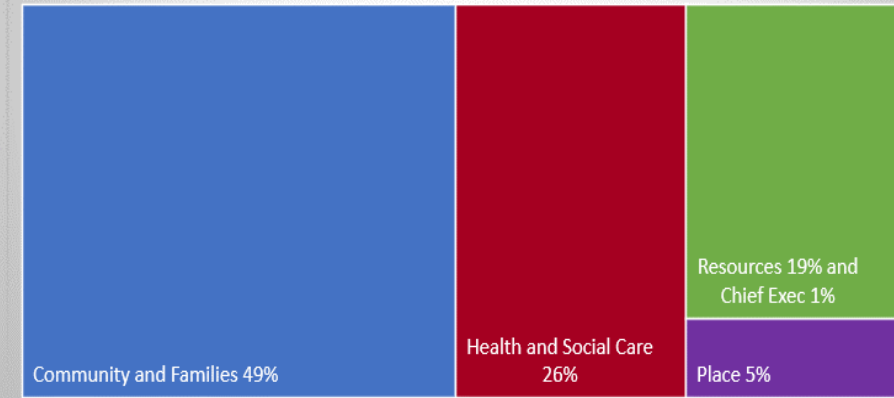
The Council and Place budgets are set out in the following slide.

Budget Summary

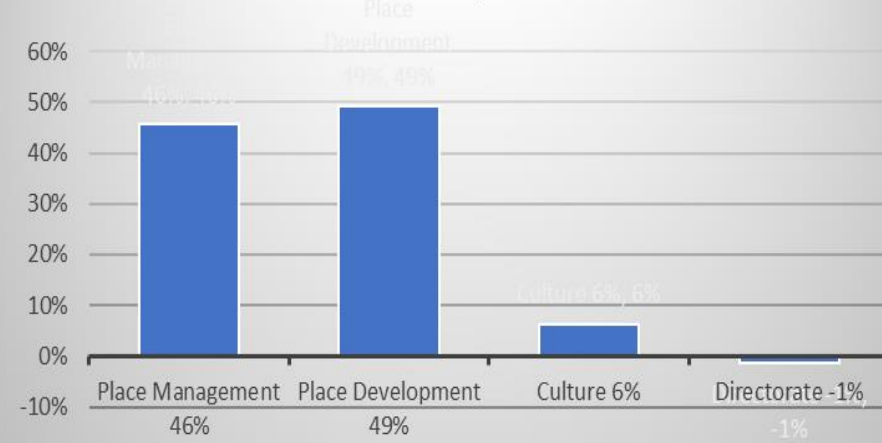
Gross General Fund Budget 2019/20
Directorates as % of Total



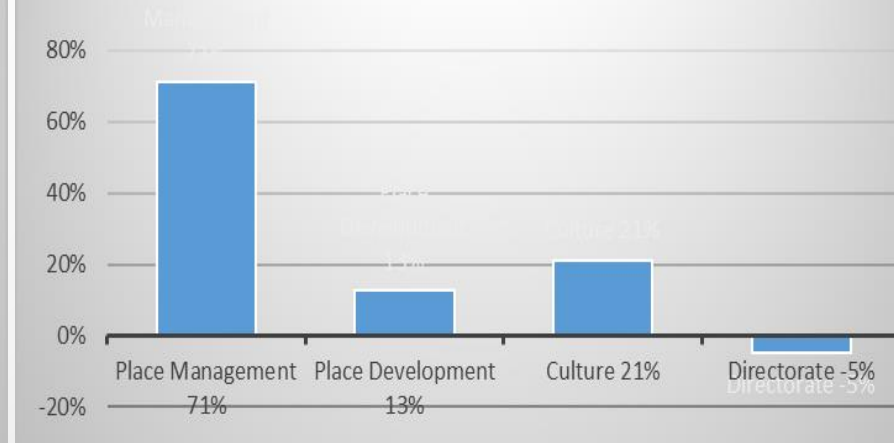
Net General Fund Budget 2019/20
Directorates as % of Total



Place Gross General Fund Budget 2019/20
Divisions as % of Total



Place Net General Fund Budget 2019/20
Divisions as % of Total



Place Directorate Leadership Team



Culture Service

Responsible for:

- Development and delivery of the city's cultural strategy, Festivals and Events
- Council's cultural venues and events spaces such as: Assembly Rooms, Churchill and Ross Theatres, Usher Hall
- City's museums and galleries service

Page 136



Lynne Halfpenny
Director of Culture

Culture Service

We have a rich history of supporting arts and culture. Working with partners across the city and beyond, the culture service supports the people who deliver festivals, events and arts initiatives. Our public safety team ensure the safe delivery of year round events across the city. Cultural venues include The Usher Hall, the Assembly Rooms, the Church Hill Theatre and the Ross Bandstand and attract more than 500,000 people per year to a concerts, festivals, community projects and events.

Through the Capital Theatres Trust, we provide backing for the Festival and King's theatres as well as supporting other cultural infrastructure across the city through cultural grants programmes.

We operate a wide variety of museums and galleries from the City Arts Centre and the Queensferry Museum to the Scott and Nelson Monuments. A number of the collections have been formally recognised as being of national significance by the Scottish Government.

£15.8m Gross Budget

£10m Net Budget

132 Staff (112.69 Full Time Equivalent)

Cultural strategy

Cultural venues

Museums and galleries

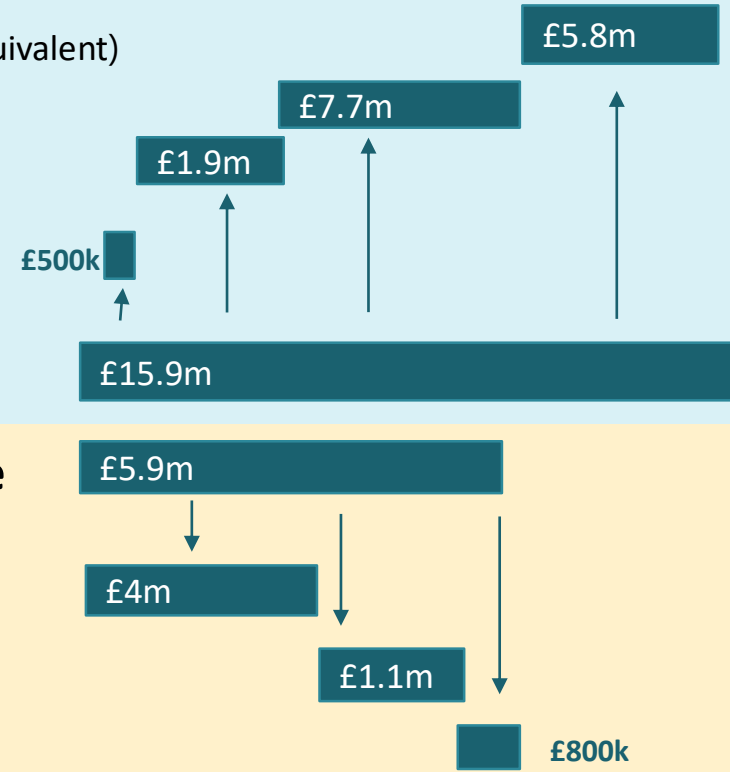
What we spend

Funding and Income

Cultural events and venues

Museums and galleries

Cultural strategy funding



Our Museums and Galleries staff look after a collection of nearly 200,000 pieces although we only have space to display fewer than half of them. For comparison, there are 38,000 pieces on display on the Louvre.

At 200ft (60m) tall, the Scott Monument is taller than the Statue of Liberty (46m) and is the largest monument to a novelist anywhere in the world.

There were 4.6 million tickets sold to the major festivals in Edinburgh last year. Only the Olympics and the FIFA Men's World Cup sell more tickets. This is the equivalent of every resident of Edinburgh buying 9 tickets each.

How we performed in 2019/20

	2019/20	Target	Status
Attendances at museums and galleries	820,083	750,000	●
Attendances at the Festival, King's and Studio Theatres	415,000	405,000	●
Accessible shows at the Festival, King's and Studio Theatres	87	n/a	●
% of days lost to sickness absence	2.3%	4.0%	●

Page 138

Some of our venues



City Art Centre



Lauriston Castle



The Usher Hall



Scott Monument



Writers Museum
Museum of Childhood

Our museums and galleries continue to be open seven days a week and the number of people visiting rose and we've upgraded several of our venues to improve the visitor experience.

In partnership with the Collective Gallery, we have redeveloped the Old City Observatory on Calton Hill. This award-winning project has transformed one of the most important heritage sites in Scotland.

The Usher Hall maintained its Visit Scotland 5 Star destination award for the 10th consecutive year, continuing to maintain its high standards of customer facing attitude and commitment. The assessment report, it noted however, that some of the venue's customer facilities are in need of investment .

Place Development

Responsible for:

- Supporting commercial development, regeneration and investment in the city
- Building, maintaining and supporting the development of affordable housing in the city
- Development and delivery of Business Growth and Inclusion programmes
- Developing Planning and Transport policy, and processing of Planning and Building Standards applications
- The Council's Regulatory services which includes Licensing, Trading Standards and Environmental Health



Michael Thain

Head of Place Development

Place Development

We manage all the major development in the city through planning, building standards, social and private housing, as well as transport. We also provide operational management and maintenance of the Council's social housing and support business growth and inclusion.

Bringing together services that support the sustainable development of the city and through our economy strategy, we support good growth through innovation and collaboration. This includes the management of license applications, food and business safety, modern apprenticeships, parking, public transport, active travel and road safety.

The division is also responsible for oversight of the Council's transport and housing companies.

£122m Gross Budget (GF)

£5.9m Net Budget (GF)

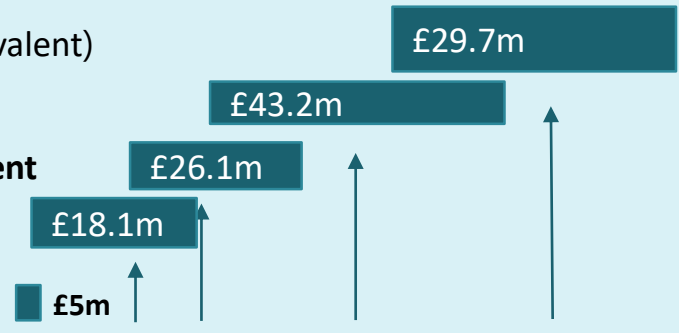
1,171 Staff (1,045.5 Full Time Equivalent)

Housing (General Fund)

Transport and business improvement

Housing property

Planning, licensing, trading standards and environmental health



What we spend

£122m

Funding and Income

£116m

Transport and road safety

£21.9m

Affordable Housing Grant

£40.9m

Housing Property & Housing

£34.9m

Employability and business partnering

£2.4m

Planning, licensing, trading standards and environmental health

£15.9m

There are currently more than 19,000 businesses registered in Edinburgh with 91% have fewer than 50 employees and 4% have more than 250.

We currently manage, repair and maintain over 20,000 homes in the city.

The new tram extension, which is currently under construction will add 2.9 miles of track in both directions and will take its first passengers in 2023.

How we performed in 2019/20

	Value	Target	Status
% of major planning application decisions within target	28%	70%	●
% of non-householder planning applications dealt with within two months	68%	70%	●
% first report building warrants issued within 20 days	96%	95%	●
% of building warrants issued in 10 days after receipt of all satisfactory information	83%	90%	●
Number of affordable homes completed	1,443	1,000	●
Number of affordable homes approved	1,930	1,700	●
Average level of debt of tenants in arrears	£967	£900	●
Current rent arrears (end of year)	£6.3M	Decreasing trend	●
% of days lost to sickness absence	4.3%	4.0%	●

The implementation of our Building Standards Improvement Plan has brought about sustained levels of performance improvement. Our plan focused on developing new ways of working, training new surveyors and enhancing digital processing.

We continued our ambitious house building programme with year on year increases in the number of affordable houses approved for construction. Last year we approved nearly 2,000 affordable homes and finished building over 1,400.

We have shown improved our performance in making planning application decisions though we are still working with staff and our partners, including CGI, to improve the processing of major applications.

Place Management

Responsible for:

- The Council's waste collection and street cleansing services
- Procuring and maintaining the Council's vehicle fleet
- The city's parks and greenspaces
- Registration and bereavement services
- The city's roads and transport infrastructure and transport network
- Taking enforcement action e.g. parking, environmental or trade waste contraventions
- Laboratory testing and scientific advisory services within the Council and for the public and businesses



Gareth Barwell
Head of Place Management

Place Management

We deliver all of the key environmental and infrastructure maintenance services for the Council. This includes collecting 220,000 tonnes of waste per year, cleaning and repairs on 1,500km of roads, maintaining 64,000 street lights and maintaining over 1,600 hectares of parks, greenspaces and cemeteries.

We also maintain over 1,000 vehicles, provide high quality registrar and bereavement services and our laboratory at Seafield is home to our Scientific Services team which undertakes sampling and analysis for our Environmental Health and Trading Standards services, some neighbouring Councils and external customers.

A number of key services are provided 24/7, 365 days a year to ensure the city operates effectively. These include road maintenance and winter gritting, street lighting maintenance, tree surgery, waste collection and street cleansing.

Page 143

£113.6m Gross Budget

£33.5m Net Budget

1,272 Staff (1,257.5 Full Time Equivalent)

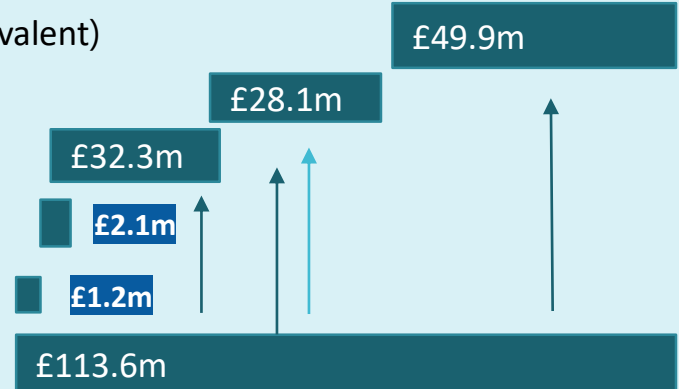
Waste and Cleansing

Roads, Fleet and Transport

Parks and Greenspaces

Scientific Services

What we spend



Funding and Income

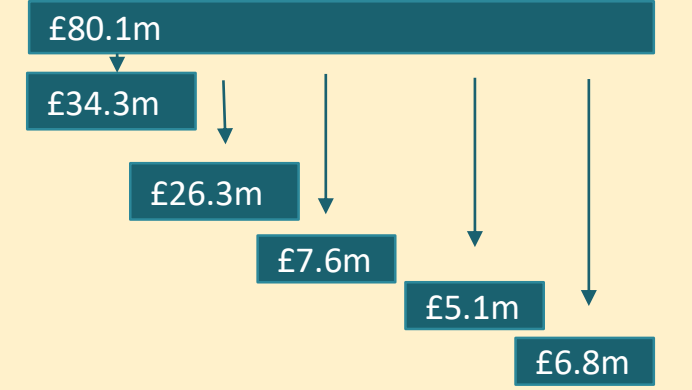
Network Management

Roads, Fleet and Transport

Scientific Services

Parks and Greenspaces

Waste and Cleansing



We collect waste from 240,000 premises. This requires just over 1.9 million bin collections per month

We have 1,511km (938 miles) of roads in our network. That's enough to stretch from the centre of Edinburgh to the outskirts of Stuttgart in Southern Germany

In Edinburgh last year, we recycled 84,000 tonnes of waste. That's enough to fill the Commonwealth Pool 132 times

How we performed in 2019/20

	Value	Target	Status
% of waste recycled	41.1%	Increasing trend	●
Individual domestic missed bin service requests	17,690	21,175	●
Communal Domestic Overflowing and Missed Bin Service Requests	17,004	22,020	●
% of streets clean (LEAMS)	92.8%	93%	●
% of customer defect enquiries completed within five working days	75%	85%	●
% of emergency road defects made safe within 24 hours	98%	90%	●
% of priority road defects repaired within five days	94%	90%	●
Road condition index (RCI)	33.5%	Decreasing trend	●
Number of parks achieving green flag award status	32	32	●
% of fleet vehicles available	92%	95%	●
% of street lighting emergency repairs made safe within 4 hours	97%	95%	●
% of days lost to sickness absence	7.4%	4.0%	●

Our waste service performance continues to improve with fewer residents reporting missed bins for both individual domestic and communal domestic bins.

Our overall Road Condition Index (RCI) has improved and, at 33.5%, is our best level for a decade and one of only two Councils in Scotland that improved their RCI in 2019/20.

We have 32 parks with green flag status, almost half of all the awards in Scotland and in 2020/21 we will be putting forward another 2 for the award.

Improvements have been made in how quickly we respond to and repair road defects but we are still working to improve how they are identified and recorded.

Appendix 4 – Place Projects in Council Change Programme (March 2020)

Below is a summary of the projects which the Place directorate was responsible for in 2019/20 which sat within the Council’s Change programme. The directorate was in the process of reviewing these prior to the outbreak of COVID-19. The Change Portfolio is now being considered as part of the Council’s Adaptation and Renewal Programme and a revised portfolio is being developed.

Project	Project Phase	Project Sponsor	Senior Responsible Officer *
Edinburgh St James - GAM Agreement	Delivery	Paul Lawrence	David Cooper
Fountainbridge	Delivery	Paul Lawrence	David Cooper
West Princes St Gardens including Ross Theatre	Delivery	Paul Lawrence	Karl Chapman
Roads Improvement Plan	New Improvement Plan being developed	Gareth Barwell	Cliff Hutt
North Bridge	Delivery	Gareth Barwell	Cliff Hutt
Tram Extension	Delivery	Paul Lawrence	Hannah Ross
Income Maximisation	Delivery	Michael Thain	Scott Robertson
National Housing Trust	Delivery	Michael Thain	Elaine Scott
10,000 Homes	Delivery	Michael Thain	Elaine Scott
Energy Efficient Street Lighting	Delivery	Gareth Barwell	Alan Simpson
Meadowbank Redevelopment	Delivery	Paul Lawrence	Elaine Scott
Cultural Estate Consolidation	Planning	Lynne Halfpenny	Frank Little
Depots and Yards	Delivery	Gareth Barwell	Susan Tannock

Fleet Services	Planning	Gareth Barwell	Scott Miller
Zero Waste	Complete	Gareth Barwell	Andy Williams
Communal Waste Re-Design	Planning	Gareth Barwell	Andy Williams
Building Standards Improvements	Delivery	Michael Thain	David Givan
Housing Service Improvement	Planning	Michael Thain	To be appointed
Edinburgh Waterfront	Planning	Paul Lawrence	To be appointed
Localities Phase 2	Delivery	Paul Lawrence	Natalie McKail
City Centre Transformation, Active Travel Programme and Low Emission Zone	Planning	Paul Lawrence	Michael Thain
City Plan 2030	Planning	Michael Thain	Iain McFarlane

* Senior Responsible Officer in March 2020.

Governance, Risk and Best Value Committee

10am, Tuesday, 19 January 2021

Treasury Management Mid-Term Report 2020/21 - referral from the City of Edinburgh Council

Executive/routine
Wards
Council Commitments

1. For Decision/Action

- 1.1 The City of Edinburgh Council has referred the attached report to the Governance, Risk and Best Value Committee for scrutiny.

Andrew Kerr

Chief Executive

Contact: Louise Williamson, Committee Services

E-mail: louise.p.williamson@edinburgh.gov.uk | Tel: 0131 529 4264

Referral Report

Treasury Management Mid-Term Report 2020/21

2. Terms of Referral

- 2.1 The City of Edinburgh Council on 10 December 2020 considered a report which provided an update on Treasury Management Activity undertaken in the first half of 2020/21. Approval was sought for the Treasury Management Strategy.
- 2.2 The City of Edinburgh Council agreed:
 - 2.2.1 To approve the Treasury Management Strategy.
 - 2.2.2 To refer the report to the Governance, Risk and Best Value Committee for scrutiny.

3. Background Reading/ External References

Minute of the City of Edinburgh Council 10 December 2020.

Minute of Finance and Resources Committee 3 December 2020.

4. Appendices

Appendix 1 - report by the Executive Director of Resources

10.00am, Thursday 10 December 2020

Treasury Management: Mid-Term Report 2020/21 – referral from the Finance and Resources Committee

Executive/routine
Wards
Council Commitments

1. For Decision/Action

- 1.1 The Finance and Resources Committee has referred a report on Treasury Management activity undertaken in the first half of 2020/21 to the City of Edinburgh Council for approval.

Andrew Kerr

Chief Executive

Contact: Sarah Stirling, Committee Services

Email: sarah.stirling@edinburgh.gov.uk | Tel: 0131 529 3009

Referral Report

Treasury Management: Mid-Term Report 2020/21

2. Terms of Referral

- 2.1 On 3 December 2020, the Finance and Resources Committee considered a report by the Executive Director of Resources which provided an update on Treasury Management activity undertaken in the first half of 2020/21.
- 2.2 The Finance and Resources Committee agreed:
 - 2.2.1 To note the mid-term report on Treasury Management for 2020/21.
 - 2.2.2 To refer the report to City of Edinburgh Council for approval and subsequent remit by the City of Edinburgh Council to the Governance Risk and Best Value Committee for scrutiny.

3. Background Reading/ External References

- 3.1 Minute of the Finance and Resources Committee of 3 December 2020.
- 3.2 Finance and Resources Committee – 3 December 2020 - Webcast

4. Appendices

Appendix 1 – report by the Executive Director of Resources

Finance and Resources Committee

10.00am, Thursday, 3rd December 2020

Treasury Management: Mid-Term Report 2020/21

Executive/routine Executive
Wards
Council Commitments

1. Recommendations

- 1.1 It is recommended that the Committee:
 - 1.1.1 notes the mid-term report on Treasury Management for 2020/21; and,
 - 1.1.2 refers the report to City of Edinburgh Council for approval and subsequent remit by the City of Edinburgh Council to the Governance Risk and Best Value Committee for scrutiny.

Stephen S. Moir

Executive Director of Resources

Contact: Innes Edwards, Principal Treasury and Banking Manager,
Finance Division, Resources Directorate

E-mail: innes.edwards@edinburgh.gov.uk | Tel: 0131 469 6291

Treasury Management: Mid-Term Report 2020/21

2. Executive Summary

- 2.1 The purpose of this report is to give an update on Treasury Management activity undertaken in the first half of 2020/21.
- 2.2 In accordance with the Strategy set in March 2020 the Council drew down no borrowing during the first half of the financial year. The overall approach continues to generate significant short-term savings in Loans Charges for the Council.
- 2.3 The investment return for 2020/21 continues to show out-performance against the Fund's benchmark, although low in absolute terms, while maintaining the security of the investments as a priority.

3. Background

- 3.1 The Council has adopted the CIPFA Code of Practice on Treasury Management in the Public Sector, and under the code, the mid-term report has been prepared setting out activity undertaken.

4. Main report

4.1 UK Interest Rates

- 4.1.1 During the last six months of Economic uncertainty due to the COVID-19 pandemic, the Bank of England's (BoE) Monetary Policy Committee (MPC) made no change to monetary policy maintain UK Bank Rate at 0.1%. Brexit talks have intensified with the chances of a no-deal Brexit increasing due to the Government trying to pass the Internal Market Bill which could override the agreed Brexit deal.

4.2 Debt Management

- 4.2.1 The Council continued to fund its borrowing requirement by reducing its investments. Pre-arranged borrowing of £60m is due to be advanced to the Council at the beginning of October. Appendix 1 outlines the debt management activity during the period.
- 4.2.2 The Chancellor announced at his March 2020 Budget statement that borrowing for the Housing Revenue Account (HRA) would revert to 0.80% above equivalent gilt yields, 1% less than the newly increased borrowing rate and there would be a specific infrastructure rate at 0.60% above gilts, this would require separate application. There was also a consultation launched named “Future Lending Terms” which closed in July with the outcome expected late this year or early 2021.

4.3 Investment Out-turn

- 4.3.1 The Council’s cash balances are pooled and invested via the Treasury Cash Fund subject to the limits set out in the Treasury Management Policy Statement. Appendix 2 provides detail on Council’s investments.
- 4.3.2 As can also be seen in Appendix 2 Treasury Cash Fund performance continues to out-perform its benchmark although investment returns remain low.

5. Next Steps

- 5.1 The Treasury team will continue to operate its Treasury Cash Fund with the aim of out-performing its benchmark of 7-day London Interbank Bid Rate (LIBID) and manage the Council’s debt portfolio to minimise the cost to the Council while mitigating risk.

6. Financial impact

- 6.1 The Treasury Cash Fund has generated significant additional income for the Council.

7. Stakeholder/Community Impact

- 7.1 There are no adverse stakeholder/community impacts arising from this report.

8. Background reading/external references

- 8.1 None

9. Appendices

- 9.1 Appendix 1 – Debt Management Summary
- 9.2 Appendix 2 - Investment Outturn
- 9.3 Appendix 3 - Debt outstanding 30th September 2020

Debt Management Activity

Debt Management Strategy for 2020/21 as outlined in the Strategy Report was:

To address the borrowing requirement it is intended, subject to appropriate rates being available, to:

- *Fund the 2020/21 requirement by reducing cash deposits further;*
- *Borrow for each tranche of LLP housing subject to meeting the viability test for the tranche;*
- *Seek to mitigate risk on major projects as the requirement becomes more certain.*

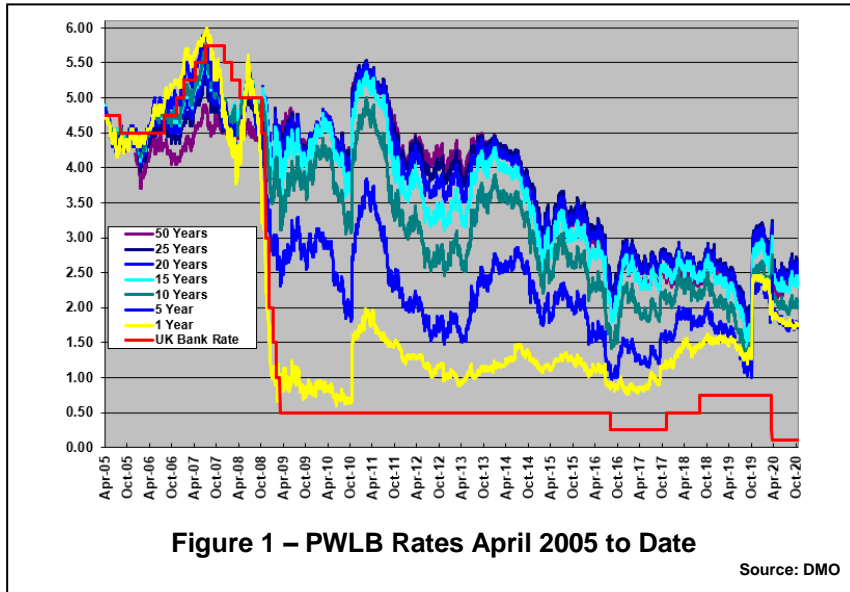
Although the strategy to reduce cash further has been followed through, the global pandemic has resulted in significantly lower capital expenditure than had been anticipated with further uncertainty over future expenditure. The only LLP settlement so far post-lockdown was therefore also funded by reducing cash deposits rather than matching the loan to the LLP with PWLB borrowing.

Figure 1 below shows the PWLB borrowing rates since April 2005. Our Treasury Advisors, Arlingclose issued the following update with regards financial markets and gilt yields:

Equity markets continued their recovery, with the Dow Jones climbing to not far off its pre-crisis peak, albeit that performance being driven by a handful of technology stocks including Apple and Microsoft, with the former up 75% in 2020. The FTSE 100 and 250 have made up around half of their losses at the height of the pandemic in March. Central bank and government stimulus packages continue to support asset prices, but volatility remains.

Ultra-low interest rates and the flight to quality continued, keeping gilts yields low but volatile over the period with the yield on some short-dated UK government bonds remaining negative. The 5-year UK benchmark gilt yield started and ended the June–September period at -0.06% (with much volatility in between). The 10-year gilt yield also bounced around, starting at 0.21% and ending at 0.23% over the same period, while the 20-year rose from 0.56% to 0.74%. 1-month, 3-month and 12-month bid rates averaged 0.02%, 0.06% and 0.23% respectively over the period.

At the end of September, the yield on 2-year US treasuries was around 0.13% while that on 10-year treasuries was 0.69%. German bund yields remain negative across most maturities.



Due to the impact of COVID-19 restrictions the capital programme remains under review and a further update will be provided to the Finance and Resources Committee in January 2021. COVID has impacted a number of projects including the Tram extension, although work has now re-commenced. No new PWLB borrowing has been taken during 2020/21. Table 1 below which shows the outturn for 2019/20 along with the Council’s borrowing requirement over the current and next three years.

Capital Funding v. External Debt	2019/20 Outturn £'000	2020/21 Estimate £'000	2021/22 Estimate £'000	2022/23 Estimate £'000	2023/24 Estimate £'000
Debt b/fd	1,198,460	1,306,373	1,355,159	1,331,510	1,332,097
Cumulative Capital Expenditure b/fd	1,355,900	1,378,055	1,505,993	1,893,723	2,088,798
Over/underborrowed b/fd	-157,440	-71,681	-150,834	-562,213	-756,701
GF Capital Financed by borrowing	17,906	86,565	237,890	53,750	37,178
Tram Capital Financed by borrowing	25,187	50,433	69,758	37,008	9,356
Lending to LLPs	28,138	28,184	49,491	52,040	40,575
HRA Capital Financed by borrowing	38,403	23,541	91,213	117,169	182,919
less scheduled repayments by GF	-66,229	-42,492	-41,172	-43,108	-44,093
less scheduled repayments by Tram	0	0	0	0	-3,404
less scheduled repayments by LLPs*	-38	-260	-896	-1,299	-2,038
less scheduled repayments by HRA	-20,695	-17,489	-17,998	-19,896	-22,492
less scheduled repayments by Joint Boards	-517	-544	-556	-589	-623
Underlying Need to Borrow	22,155	127,938	387,730	195,075	197,378
plus total maturing debt	98,750	58,589	52,062	51,453	40,824
Total Borrowing Requirement	120,904	186,526	439,793	246,528	238,201
Cummulative Borrowing Requirement	120,904	307,431	747,223	993,751	1,231,953
Committed Market Borrowing		60,000			
Planned PWLB or short borrowing for year	206,663	47,374	28,413	52,040	40,575
Debt at end of the year	1,306,373	1,355,159	1,331,510	1,332,097	1,331,848
Cumulative Capital Expenditure	1,378,055	1,505,993	1,893,723	2,088,798	2,286,176
Cumulative Over/Under Borrowed	-71,681	-150,834	-562,213	-756,701	-954,328

Table 1 – Summary of Capital Advances v External Debt

Although the projection for the current year has been reduced substantially, the Council still has a significant borrowing requirement to fund in the medium term.

It is intended to continue the strategy of using investments to temporarily fund the Council's ongoing borrowing requirement in the short term. However, work will continue to investigate funding sources other than the PWLB which could be used to manage the Council's interest rate risk.

Edinburgh Living LLP's will continue to be considered on a tranche by tranche basis.

Investment Outturn

The Council’s cash balances are pooled and invested via the Treasury Cash Fund subject to the limits set out in the Treasury Management Policy Statement. Figure 2 below shows the daily investment in the Cash Fund since April 2009. The Treasury Management strategy is to ensure that surplus funds are invested in accordance with the list of approved organisations for investment, minimising the risk to the capital sum and optimising the return on these funds consistent with those risks. The Cash Fund’s Investment Strategy continues to be based around the security of the investments.

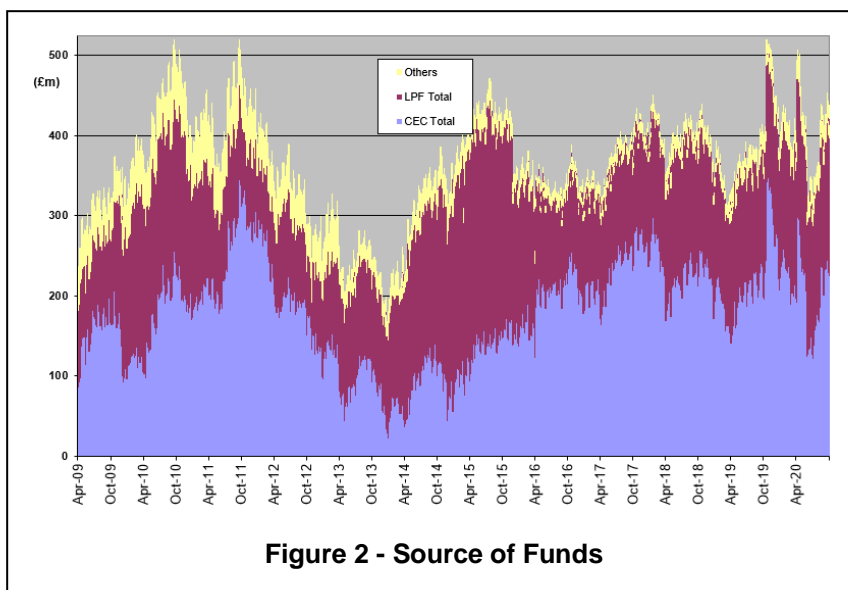


Figure 3 shows the rates achieved in the Friday auctions of UK Treasury Bills. Treasury Bill yields have reduced to close to and below zero. Local Authority and rates achieved on call with Banks and Money Market Funds have also reduced towards zero.

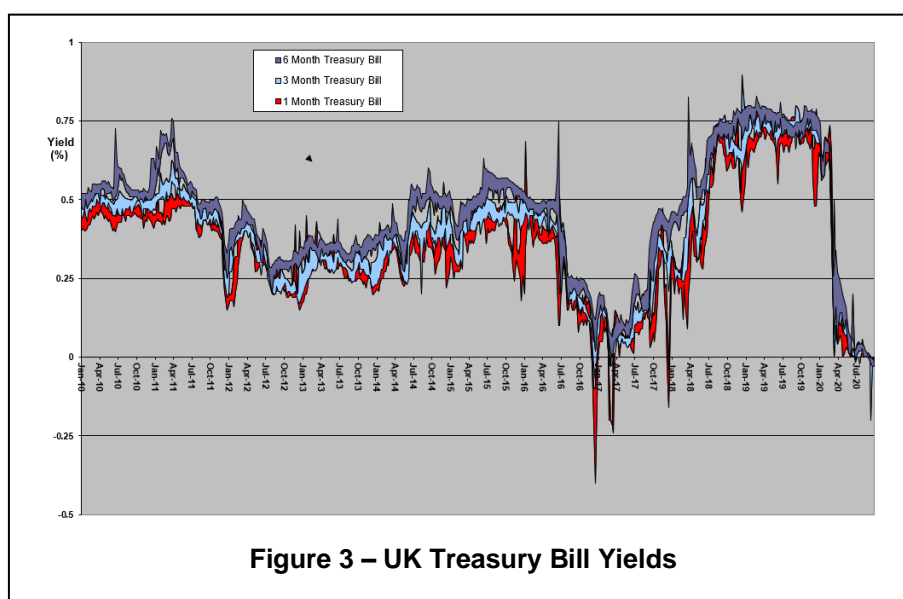
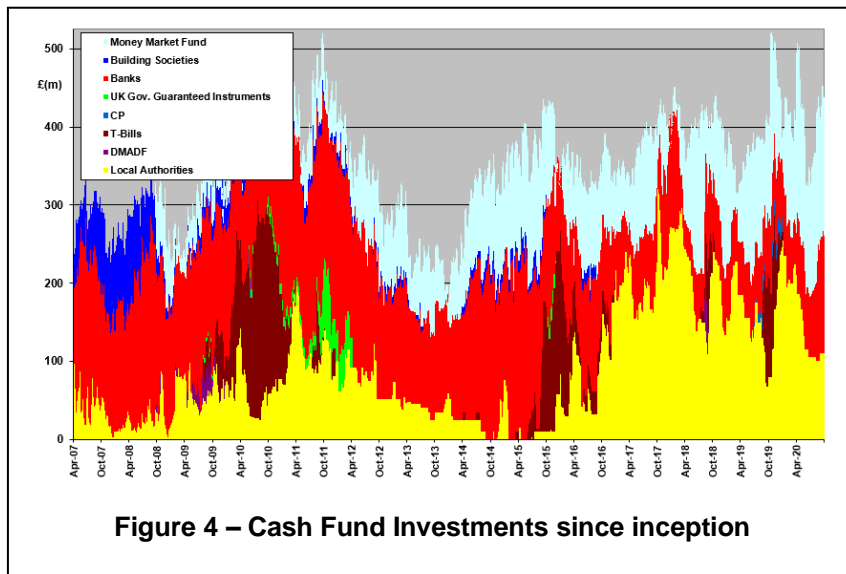
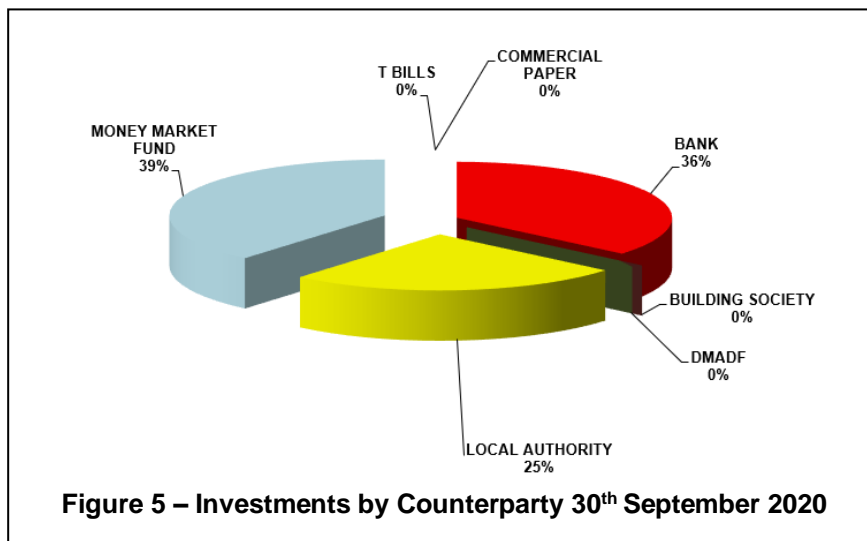


Figure 4 shows in detail the distribution on Cash Fund investments since inception in 2007. This shows the increased investment within Banks and Money Market Funds due to maturing Local Authority deposits and increased cash holdings.

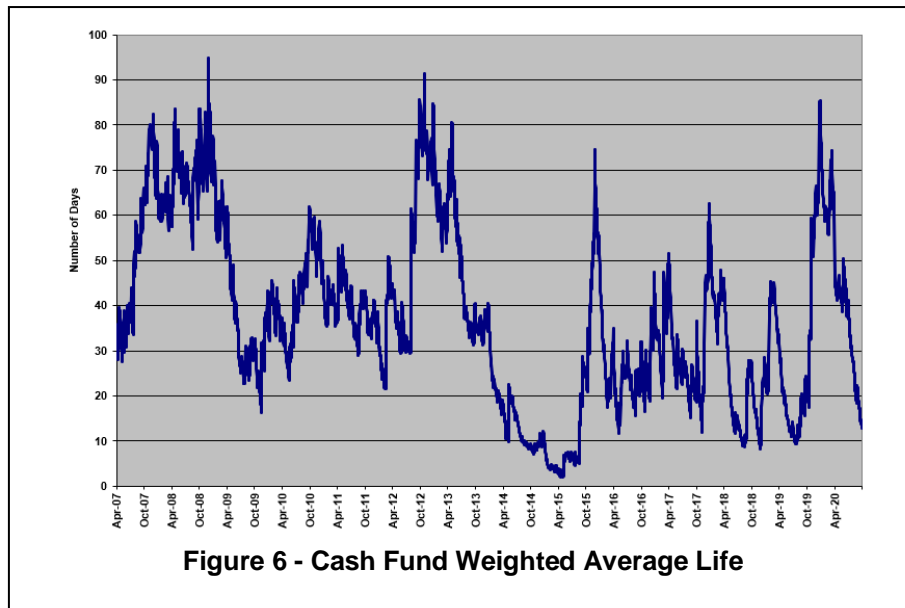


As can be seen in Figure 5, 25% of the fund was invested in Local Authority deposits with 9 different authorities, 36% was invested with Banks in call accounts split between instant access and a 31-day notice account with HSBC and 39% was on invested via Money Market Funds.



The strategy is to seek Local Authority and UK Treasury Bill trades which add value to relative MMF/Bank rates and make a positive performance contribution. With Gilt Yields and UK Bank Rate being extremely low many Local Authorities have taken advantage of the opportunity to lock out the low interest rates on offer. The resultant liquidity has reduced inter Local Authority market rates further.

As can be seen in Figure 6 the weighted average life of the fund decreased slightly to just under 13 days at the end of September. This is mainly due to maturing Local Authority deposits and increased cash holdings being reinvested within instant access accounts.



Cash Fund performance

The annualised rate of return for the Cash Fund for the six months to September 2020 was 0.41% against a benchmark of -0.05%. Figure 7 below shows the daily investment performance of the cash Fund against its benchmark since April 2011. As can be seen, Cash Fund performance has remained substantially above the benchmark. The decision to add duration to the portfolio in December 2019 and again in March 2020 with Local Authority fixed deposits continues to contribute to the significant outperformance of the cash fund. Some call accounts have given notice to reduce rates further and Money Market Funds rates also continue to reduce.

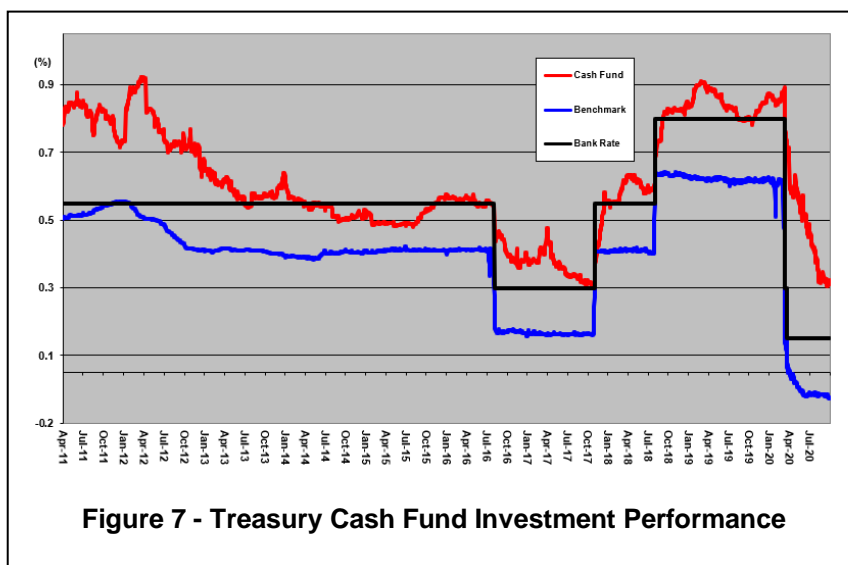
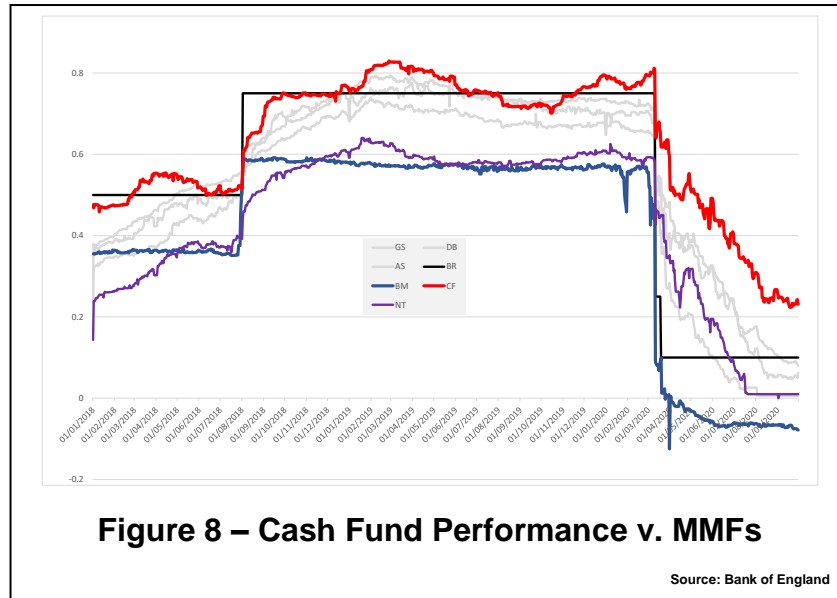


Figure 8 below compares the Cash Fund performance against that of the private sector equivalent, Money Market Funds. This shows the Cash Fund out performance against the three Money Market Funds which the Cash Fund uses along with the Northern Trust Short Term Investment Fund which would be the default option for Lothian Pension Fund’s cash investment if they did not use the Cash Fund approach.



This shows that the Cash Fund approach and the strategy to add duration has added significant value and stands up to peer group review against the private sector, although still relatively low in absolute cash terms.

Debt outstanding 30th September 2020

Market Debt (non LOBO)

Loan Type	Start Date	Maturity Date	Principal Outstanding (£)	Interest Rate (%)	Annual Interest (£)
M	30/06/2005	30/06/2065	5,000,000.00	4.4	220,000.00
M	07/07/2005	07/07/2065	5,000,000.00	4.4	220,000.00
M	21/12/2005	21/12/2065	5,000,000.00	4.99	249,500.00
M	28/12/2005	24/12/2065	12,500,000.00	4.99	623,750.00
M	14/03/2006	15/03/2066	15,000,000.00	5	750,000.00
M	18/08/2006	18/08/2066	10,000,000.00	5.25	525,000.00
M	01/02/2008	01/02/2078	10,000,000.00	3.95	395,000.00
			62,500,000.00		

Market Debt (LOBO)

Loan Type	Start Date	Maturity Date	Principal Outstanding (£)	Interest Rate (%)	Annual Interest (£)
M	12/11/1998	13/11/2028	3,000,000.00	4.75	142,500.00
M	15/12/2003	15/12/2053	10,000,000.00	5.25	525,000.00
M	18/02/2004	18/02/2054	10,000,000.00	4.54	454,000.00
M	28/04/2005	28/04/2055	12,900,000.00	4.75	612,750.00
M	01/07/2005	01/07/2065	10,000,000.00	3.86	386,000.00
M	24/08/2005	24/08/2065	5,000,000.00	4.4	220,000.00
M	07/09/2005	07/09/2065	10,000,000.00	4.99	499,000.00
M	13/09/2005	14/09/2065	5,000,000.00	3.95	197,500.00
M	03/10/2005	05/10/2065	5,000,000.00	4.375	218,750.00
M	23/12/2005	23/12/2065	10,000,000.00	4.75	475,000.00
M	06/03/2006	04/03/2066	5,000,000.00	4.625	231,250.00
M	17/03/2006	17/03/2066	10,000,000.00	5.25	525,000.00
M	03/04/2006	01/04/2066	10,000,000.00	4.875	487,500.00
M	03/04/2006	01/04/2066	10,000,000.00	4.875	487,500.00
M	03/04/2006	01/04/2066	10,000,000.00	4.875	487,500.00
M	07/04/2006	07/04/2066	10,000,000.00	4.75	475,000.00
M	05/06/2006	07/06/2066	20,000,000.00	5.25	1,050,000.00
M	05/06/2006	07/06/2066	16,500,000.00	5.25	866,250.00
			172,400,000.00		

PWLB

Loan Type	Start Date	Maturity Date	Principal Outstanding (£)	Interest Rate (%)	Annual Interest (£)
M	09/12/1994	15/11/2020	5,000,000.00	8.625	431,250.00
A	10/05/2010	10/05/2021	527,379.15	3.09	28,179.23
M	21/10/1994	15/05/2021	10,000,000.00	8.625	862,500.00
M	10/03/1995	15/05/2021	11,900,000.00	8.75	1,041,250.00
M	12/06/1995	15/05/2021	10,000,000.00	8	800,000.00
M	02/06/2010	02/06/2021	5,000,000.00	3.89	194,500.00
M	16/08/1994	03/08/2021	2,997,451.21	8.5	254,783.35
M	28/04/1994	25/09/2021	5,000,000.00	8.125	406,250.00
M	23/04/2009	23/04/2022	5,000,000.00	3.76	188,000.00
M	12/06/1995	15/05/2022	10,200,000.00	8	816,000.00
M	14/06/2010	14/06/2022	10,000,000.00	3.95	395,000.00
M	31/03/1995	25/09/2022	6,206,000.00	8.625	535,267.50
M	16/02/1995	03/02/2023	2,997,451.21	8.625	258,530.17
M	24/04/1995	25/03/2023	10,000,000.00	8.5	850,000.00
M	05/12/1995	15/05/2023	5,200,000.00	8	416,000.00
M	20/09/1993	14/09/2023	2,997,451.21	7.875	236,049.28
M	20/09/1993	14/09/2023	584,502.98	7.875	46,029.61
M	08/05/1996	25/09/2023	10,000,000.00	8.375	837,500.00
M	13/10/2009	13/10/2023	5,000,000.00	3.87	193,500.00
M	05/12/1995	15/11/2023	10,000,000.00	8	800,000.00
M	10/05/2010	10/05/2024	10,000,000.00	4.32	432,000.00
M	28/09/1995	28/09/2024	2,895,506.10	8.25	238,879.25
M	14/05/2012	14/11/2024	10,000,000.00	3.36	336,000.00
A	14/12/2009	14/12/2024	3,588,853.81	3.66	151,204.84
M	17/10/1996	25/03/2025	10,000,000.00	7.875	787,500.00
M	10/05/2010	10/05/2025	5,000,000.00	4.37	218,500.00
M	16/11/2012	16/05/2025	20,000,000.00	2.88	576,000.00
M	13/02/1997	18/05/2025	10,000,000.00	7.375	737,500.00
M	20/02/1997	15/11/2025	20,000,000.00	7.375	1,475,000.00
A	01/12/2009	01/12/2025	6,155,766.94	3.64	251,283.27
M	21/12/1995	21/12/2025	2,397,960.97	7.875	188,839.43
M	21/05/1997	15/05/2026	10,000,000.00	7.125	712,500.00
M	28/05/1997	15/05/2026	10,000,000.00	7.25	725,000.00
M	29/08/1997	15/11/2026	5,000,000.00	7	350,000.00
M	24/06/1997	15/11/2026	5,328,077.00	7.125	379,625.49
M	07/08/1997	15/11/2026	15,000,000.00	6.875	1,031,250.00
M	13/10/1997	25/03/2027	10,000,000.00	6.375	637,500.00
M	22/10/1997	25/03/2027	5,000,000.00	6.5	325,000.00
M	13/11/1997	15/05/2027	3,649,966.00	6.5	237,247.79
M	17/11/1997	15/05/2027	5,000,000.00	6.5	325,000.00
M	13/12/2012	13/06/2027	20,000,000.00	3.18	636,000.00
M	12/03/1998	15/11/2027	8,677,693.00	5.875	509,814.46

M	06/09/2010	06/09/2028	10,000,000.00	3.85	385,000.00
M	14/07/2011	14/07/2029	10,000,000.00	4.9	490,000.00
E	14/07/1950	03/03/2030	2,401.26	3	77.73
M	14/07/2011	14/07/2030	10,000,000.00	4.93	493,000.00
E	15/06/1951	15/05/2031	2,577.88	3	82.61
M	06/09/2010	06/09/2031	20,000,000.00	3.95	790,000.00
M	15/12/2011	15/06/2032	10,000,000.00	3.98	398,000.00
M	15/09/2011	15/09/2036	10,000,000.00	4.47	447,000.00
M	22/09/2011	22/09/2036	10,000,000.00	4.49	449,000.00
M	10/12/2007	10/12/2037	10,000,000.00	4.49	449,000.00
M	08/09/2011	08/09/2038	10,000,000.00	4.67	467,000.00
M	15/09/2011	15/09/2039	10,000,000.00	4.52	452,000.00
M	06/10/2011	06/10/2043	20,000,000.00	4.35	870,000.00
M	09/08/2011	09/02/2046	20,000,000.00	4.8	960,000.00
M	23/01/2006	23/07/2046	10,000,000.00	3.7	370,000.00
M	23/01/2006	23/07/2046	10,000,000.00	3.7	370,000.00
M	19/05/2006	19/11/2046	10,000,000.00	4.25	425,000.00
M	07/01/2008	07/01/2048	5,000,000.00	4.4	220,000.00
A	24/03/2020	24/03/2050	14,805,473.94	1.64	244,404.89
A	26/03/2020	26/03/2050	4,933,603.76	1.49	74,005.35
M	27/01/2006	27/07/2051	1,250,000.00	3.7	46,250.00
M	16/01/2007	16/07/2052	40,000,000.00	4.25	1,700,000.00
M	30/01/2007	30/07/2052	10,000,000.00	4.35	435,000.00
M	13/02/2007	13/08/2052	20,000,000.00	4.35	870,000.00
M	20/02/2007	20/08/2052	70,000,000.00	4.35	3,045,000.00
M	22/02/2007	22/08/2052	50,000,000.00	4.35	2,175,000.00
M	08/03/2007	08/09/2052	5,000,000.00	4.25	212,500.00
M	30/05/2007	30/11/2052	10,000,000.00	4.6	460,000.00
M	11/06/2007	11/12/2052	15,000,000.00	4.7	705,000.00
M	12/06/2007	12/12/2052	25,000,000.00	4.75	1,187,500.00
M	05/07/2007	05/01/2053	12,000,000.00	4.8	576,000.00
M	25/07/2007	25/01/2053	5,000,000.00	4.65	232,500.00
M	10/08/2007	10/02/2053	5,000,000.00	4.55	227,500.00
M	24/08/2007	24/02/2053	7,500,000.00	4.5	337,500.00
M	13/09/2007	13/03/2053	5,000,000.00	4.5	225,000.00
A	14/10/2019	10/04/2053	108,978,025.06	2.69	2,945,254.44
M	12/10/2007	12/04/2053	5,000,000.00	4.6	230,000.00
M	05/11/2007	05/05/2057	5,000,000.00	4.6	230,000.00
M	15/08/2008	15/02/2058	5,000,000.00	4.39	219,500.00
A	25/01/2019	25/01/2059	2,675,479.89	2.65	71,689.03
A	11/06/2019	11/06/2059	1,264,146.87	2.23	28,528.41
A	01/10/2019	01/10/2059	1,331,864.38	1.74	23,276.17
A	02/10/2019	02/10/2059	39,656,431.89	1.8	716,907.89
A	05/11/2019	05/11/2059	7,096,078.22	2.96	210,742.68
A	28/11/2019	28/11/2059	1,297,861.13	3.03	39,453.89
A	02/12/2019	02/12/2059	2,794,091.89	3.03	84,938.05
A	20/01/2020	20/01/2060	1,982,708.34	1.77	35,246.97

A	20/01/2020	20/01/2060	455,294.78	2.97	13,567.14
M	04/10/2019	04/04/2060	40,000,000.00	1.69	676,000.00
M	02/12/2011	02/12/2061	5,000,000.00	3.98	199,000.00
M	26/03/2020	26/03/2070	10,000,000.00	1.29	129,000.00
			1,049,330,098.87		

SALIX INTEREST FREE

Loan Type	Start Date	Maturity Date	Principal Outstanding (£)	Interest Rate (%)	Annual Interest (£)
Z	07/01/2015	01/09/2021	78,957.14	0.00	0.00
Z	31/03/2015	01/04/2023	540,869.22	0.00	0.00
Z	22/09/2015	01/10/2023	153,859.79	0.00	0.00
Z	29/03/2019	01/04/2029	125,980.74	0.00	0.00
			899,666.89		

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Governance, Risk and Best Value Committee

10:00am, Tuesday 19 January 2021

Quarterly Status Update – Digital Services

Executive/routine Wards Council Commitments	Executive All
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1. Recommendations

- 1.1 It is recommended that the Committee reviews, scrutinises and notes the progress detailed in this quarterly update.

Stephen S. Moir

Executive Director of Resources

Contact: Nicola Harvey, Head of Customer and Digital Services,
Customer and Digital Services Division, Resources Directorate

E-mail: Nicola.harvey@edinburgh.gov.uk | Tel: 0131 469 5016

Quarterly Status Update – Digital Services Programme

2. Executive Summary

- 2.1 The purpose of this report is to provide a quarterly progress update upon the Council's Digital Services programme of works. The Council and our technology partner, CGI UK Limited, have continued to work in partnership to increase the pace of delivery to improve core digital services, achieve further improvement and progress the associated major systems changes and developments which will further enable and enhance our citizen facing services and the internal business operations of the Council.

3. Background

Council Digital and Smart City Strategy

- 3.1 The City of Edinburgh Council's previous strategy for ICT and Digital, known as "Empowering Edinburgh" was approved in 2013/14. This strategy was underpinned by more detailed implementation plans in 3 waves, through to 2015/16, which culminated in the procurement process to award our current partnership arrangements to CGI UK Limited.
- 3.2 In October 2020, the Policy and Sustainability Committee approved the Council's new Digital and Smart City Strategy (2020-2023) which describes how we will embrace innovative technical solutions to meet rapidly evolving and changing citizen and business needs, respond to the changing shape of the organisation, provide value for money and enable us to respond to opportunities for improved joint working with our community planning partners.
- 3.3 Our strategic technology partnership with CGI was extended to the end of March 2029 following negotiations between the Council and CGI with approval to the extension being given by the Finance and Resources Committee on 27 August 2020. This contract extension enables the Council to deliver further digital enhancements and improvements to our services and will yield further financial savings, building upon the progress made in partnership with CGI to date. As a part of this extension, a greater focus will be given to digital change management, enhanced service delivery and the development of new strategic solutions.

3.4 The digital environment in which we operate continues to evolve. The newly approved Digital and Smart City Strategy and our extended partnership with CGI provide a clear strategic direction, leadership, capacity and support for both the Council and the City's future digital ambitions. These ambitions will be aligned with the Council's refreshed business plan, the Edinburgh 2050 City Vision, the work of the Adaptation and Renewal programme and the work with community planning partners and the Edinburgh and South East of Scotland City Region Deal.

4. Main report

4.1 Since the last quarterly update to the Committee, improvements have continued to be made in both service delivery and incident management, along with progress and delivery in our current portfolio of major digital transformation programmes.

4.2 The six priority digital transformation programmes that the Council and CGI, along with other suppliers, are either in full delivery or have now been completed and benefits realisation and programme closure arrangements are in place. The details of these individual programmes along with individual programme status is detailed below:

- Enterprise Resource Planning (ERP);
- Citizen Digital Enablement - Phase 2 (CDE);
- Housing Repairs and Mobile Working;
- Web Content Management Refresh;
- Enterprise Content Management and Intranet; and,
- Business Intelligence.

Project	Status (December 2020)	Target completion date	Status Update
Enterprise Resource Planning (ERP)	Amber	Oracle upgrade scheduled to complete by the end of Q3 2021	<p>The ERP Programme, which will deliver a range of upgrades and improved interfacing between core systems in Finance, HR/Payroll and Banking and Payments Services is now in full delivery with contracts in place with the Council, CGI, and the sub-contracted Oracle integration and managed service partner.</p> <p>Progress includes pre-upgrade configuration planning, set-ups of both production and non-production environments, and developing a Debt Management Conference Room Pilot. Work continues to finalise the preferred Debt solution, which is why the current</p>

Project	Status (December 2020)	Target completion date	Status Update
			<p>status is Amber, that said agreement has been reached w/c 7/12 on the Oracle solution which will then be taken to the Board for formal approval.</p> <p>Confirmed programme costs have been built into the financial model for the programme, which is rigorously monitored by Finance on a weekly basis and the programme board. The Council's contract with our HR and Payroll system provider has been extended to March 2023.</p> <p>Internal Audit remain fully engaged with and provide agile audit support for this programme.</p>
Citizen Digital Enablement (Channel Shift)	<p>Phase 1 Closed (Core CRM Platform & Integrations)</p> <p>Phase 2</p>	<p>September 2019 (Live to Contact Centre staff)</p> <p>October 2019 (Live to citizens)</p> <p>Ongoing</p>	<p>The deployment of the Verint Customer Relationship Management (CRM) system went live over September October 2019, delivering significant benefits by integrating online citizen requests into the contact centre and front-line services.</p> <p>Phase 2 of this programme is now underway which will integrate the CRM with more transactions and a broader range of Council services, along with developing a knowledge base and increased reporting options for our employee and elected members.</p> <p>Over the reporting period, key highlights include continued deployments to the Verint Covid-19 shielding and vulnerable people application, further additions of online forms and commencement of Bulky Waste Improvements.</p> <p>The Customer and Digital Services Division of Resources has won industry standard awards for this programme of works up against both Public and Private sector organisations:</p> <p>Citizen Engagement Award: Winner</p> <p>Engaged Customer of the Year: Winner</p> <p>Customer Engagement Award: Runner Up</p>
Housing Repairs and Mobile Workings	Phase 1 Closed	September 2019 (Phase 1)	The initial Housing Repairs project was made live in September 2019 and introduces a new mobile workforce management capability.

Project	Status (December 2020)	Target completion date	Status Update
	Phase 2	December 2020	Phase 2 of the Housing Repairs project is now in the final stages of closure and has enabled a new mobile workforce management solution for Empty Homes and Gas Servicing and further enhancements to the Repairs archiving system. Activity surrounding Phase 3 to bring further efficiencies is now in flight.
Web Content Management	Closed	Phase 1 (website front page refresh) June 2019 Phase 2 (full migration to new website) December 2019	The migration of the remaining core website content to the new web platform was completed in December 2019. The new website delivers greatly enhanced functionality and a vastly improved customer experience for our Citizens.
Intranet	Closed	September 2019 (Intranet Live) October 2020 (Search Enhancements)	The new Council Intranet (Orb) went live in September 2019 and work was completed to improve search and monitoring tools in October 2020.
Enterprise Content Management (ECM)	Closed	August 2020	Successfully migrated the file-stores for the final pilot area, Edinburgh Shared Repairs, into SharePoint over July. This follows previous rollouts into the Information Governance Unit, the HR Operational Excellence team, the Edinburgh and South East of Scotland City Region Deal Programme Team and the Health and Social Care Partnership Matching Unit, which formally closes the project.
Business Intelligence	Amber	Completion of Phase 1 over 2020 - followed by ongoing agile delivery until March 2023.	The Business Intelligence (BI) project aims to integrate and leverage software information assets, and to transform data into actionable insights that drive the Council's strategic and tactical business decisions Construction of the waste collection dashboards (RouteSmart and Confirm) are now in the final stages of User Acceptance Testing and are expected to be live by the end of 2020. In parallel, the team are working on further dashboards for HR and Homelessness services.

Wider Digital Change Projects

- 4.3 In addition to the major digital change programmes detailed, over the reporting period significant progress has been made in driving forward the wider digital programme, with a focus on upgrading infrastructure, improving customer service, enabling and supporting more flexible and agile ways of working. Key deliverables in this area have included:

Microsoft (MS) Teams and Remote Working

- 4.4 Deployment of Microsoft 365 components have continued throughout the summer, including: MS Teams functionality for Council meetings; supported live events for staff via Teams; pilot of One Drive for Business (personal storage into Microsoft 365); pilot of Self Service Password reset tool; and configuring Teams to work on the Surface Hub Screen in meeting rooms across the estate to enable meetings between organisations and in a blended environment. Work to update the Council's mobile device management system has also commenced. One of the key advantages of the new mobile device management tool will be the additional capability of users using their own devices to consume services from within the Council network.

Contact Centre Home Working

- 4.5 Following the introduction of the capability to use work telephony systems from home in April for some key staff, demand has increased from the original 60 contact centre agents to over 90 agents. The infrastructure has now been extended to a capacity of 1,000 telephones. Work is in progress to roll out work telephony access to a further 250 agents. This work is crucial to ensure that the Council is able support our staff to work safely whilst providing essential services to the public. In addition, enhancements to the telephony system in early December will enable users to use their laptops at any location with a network connection to make and receive telephone calls. This will also deliver new capabilities for future contact centre enhancements. These improvements will also create greater flexibility for future service design models and service delivery.

Schools Management - Remote Working Solution

- 4.6 Home working usage for school staff has been extended to the current maximum capacity of 1,000 users. This has been a successful means to enable Learning and Teaching staff to work from any location to support learners across Edinburgh.

Recycling Centres and Libraries Booking System

- 4.7 At the end of May 2020, we launched a new online booking system to allow recycling centres to open on an appointment only basis. This improves safety for citizens and staff by ensuring social distancing and allows the centres to manage demand in an efficient and organised manner. Following this success, in October the same solution was deployed to support appointment booking for the first phase of the public library reopening.

Key-To-Choice

- 4.8 Work continues to upgrade the Key-To-Choice application which the Council hosts on behalf of the EdIndex Partnership. This application allows tenants to bid for Council and Housing Association properties through an online portal and supports the service in making assessments based on citizen need and priority. Good progress is being made and user acceptance testing is due to start over December.

End User Device Refresh programme

- 4.9 The final stages of the End User Device Refresh programme are now underway. Communications to the user community will shortly be issued to make personnel aware of the urgency to decommission legacy environment, which will take place in the first quarter of 2021.

Citizen Account Portal

- 4.10 A new Revenues and Benefits citizen account portal was successfully rolled out over February 2020, to provide secure online access for the public to view and interrogate account and claim information, check bills/notices/statements, and register for e-billing. Over the last few months, have also successfully rolled out a number of printed outputs through the same solution bringing increased efficiency and system consolidation. This work will complete in December 2020.

HR System Upgrades

- 4.11 The data mining system (Business Objects) for the HR and Payroll System (iTrent) has been upgraded. A number of the legacy bespoke reports have been decommissioned, reducing effort for the HR teams to maintain and manage the reports. A further upgrade to the HR System, as part of business as usual activities to keep the system current, is required before the end of the financial year and is currently in planning.

Resilience

- 4.12 Outlook Web Access has been enabled for all corporate network users enabling access to Email, Calendars and Skype for Business on compatible personal devices. This covers over 7,000 Corporate network Council staff.
- 4.13 We have increased the capacity of our remote working tool to support 7,000 concurrent users as we now have in excess of 5,000 laptops across the Corporate network.
- 4.14 Early release of some elements of web based MS365 (Outlook, OneDrive, Word, Excel and PowerPoint) will be made available, on request, on compatible personal devices during the first quarter of 2021.
- 4.15 A proof of concept is being planned to review the Microsoft Windows Virtual Desktop within MS Azure. Although remote desktop capabilities are currently available, this additional and updated cloud-based solution will allow us to review our longer-term options to support the cloud-based aims articulated in the Council's Digital and Smart City Strategy.

Partnership Working

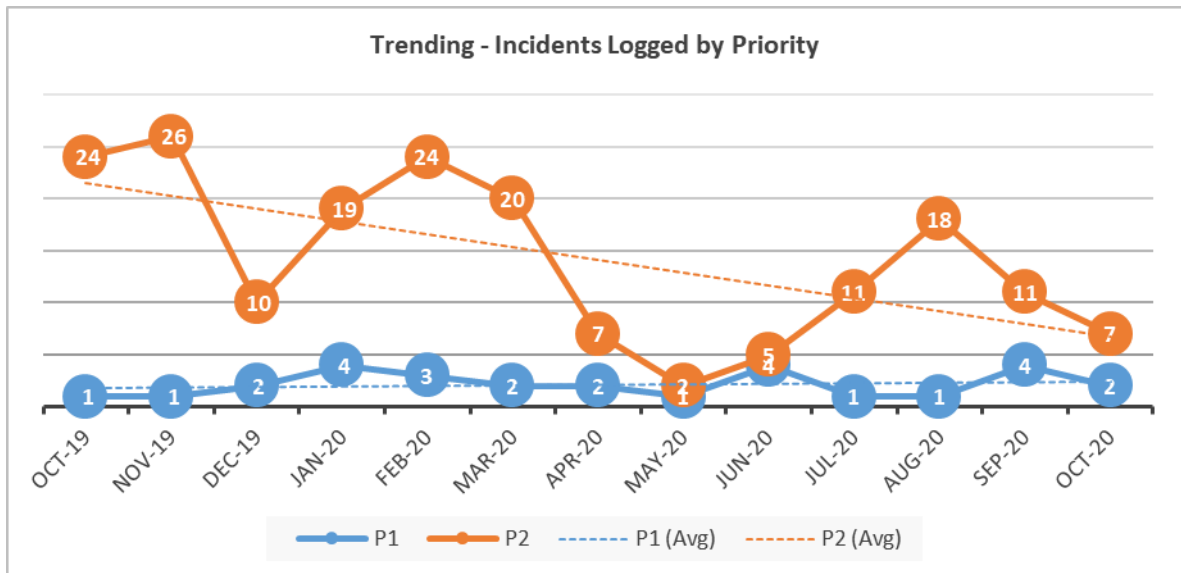
- 4.16 We are continuing to work with NHS National Services Scotland (NHS NSS) and using our in-house Geographical Information Systems (GIS) capability to improve the data we have in modelling COVID-19 outbreaks to assist in our response to this. This work is part of a wider data sharing project with NHS NSS and both Glasgow City Council and Aberdeen City Council. NHS Lothian is following the outputs of this work closely and we are sharing this with them.

Website Accessibility Programme

- 4.17 Significant progress has been made in upgrading the Council's core websites and intranet platforms, and reworking web content to comply with new accessibility standards. The focus is on reducing the cost and complexity by rationalising the number of standalone websites and driving content onto the main Council website.

Core Digital Service Performance

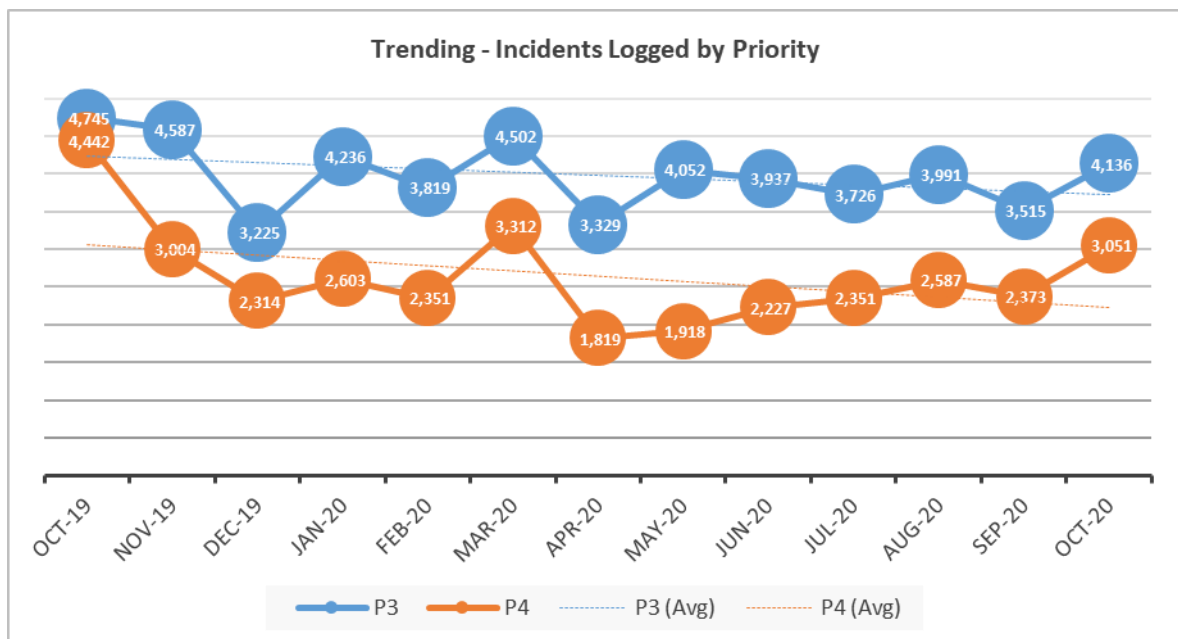
- 4.18 Service performance is driven through a set of twenty-four key contractual measures that, in turn translate to a set of key performance indicators (KPIs). Service incidents definitions can be found in Appendix 9.1.
- 4.19 Since the last report to Committee, service level agreement (SLA) attainment levels have continued to remain steady, except for October 2020, when demand for Service Desk analysts reached the second highest level since the contract began in 2016.
- 4.20 The highest recorded month remains as March 2020, which immediately followed the first wave of COVID19 and the government advice for everyone to work from home where possible. The impact of COVID19 continues to affect many aspects of the Supplier and the Authority operations, with average handling times (AHT) increased due to the technical complexities of home working. Pre-COVID AHT was on average 540 seconds increasing to 620 seconds on average post-COVID.
- 4.21 In contrast, and as testament to the patience, empathy and appreciation of the end users of Digital Services, Customer Satisfaction scores for the last quarter remain high.
- 4.22 The volume of Priority 1 (P1), or the highest severity incidents, remains low whilst the volume of Priority 2 (P2) incidents continues to fall, on average, across the year. The rise in P2 incidents in August 2020 relates to the opening of buildings, primarily schools, after a four-month closure.



4.23 Resolution of Priority 1 and 2 Incidents

Ref	Description	Target	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
KPI01	# Priority 1 Resolved > 4 Hrs	1	0	0	0	0	2	0
KPI02	# Priority 2 Resolved > 8 Hrs	2	2	2	1	0	1	0
			April 2020	May 2020	June 2020	July 2020	Aug 2020	Sept 2020
			1	0	1	0	0	1
			0	0	0	2	1	0

4.24 The overall volume of non-critical Priority 3 (P3) and Priority 4 (P4) incidents shows a downward trend throughout the year with a slight change immediately following the initial COVID19 lockdown and the government advice for everyone to work from home, where possible.



4.25 Resolution SLA Performance – Priority 3 and Priority 4

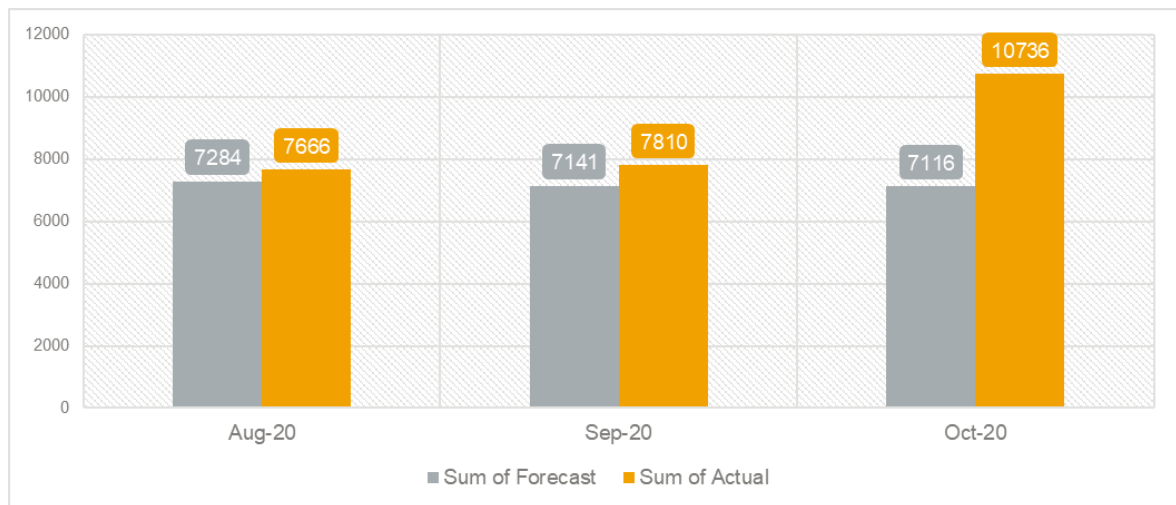
Ref	Description	Target	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
KPI03	% Priority 3 resolved < 24 Hrs	90%	93.1%	93.5%	92.3%	94.1%	97.0%	95.6%
KPI04	% Priority 4 resolved < 48Hrs	90%	95.3%	93.9%	93.9%	95.8%	97.8%	97.5%
			April 2020	May 2020	June 2020	July 2020	Aug 2020	Sept 2020
			90.0%	95.8%	94.3%	93.3%	93.6%	90.5%
			90.3%	94.7%	95.5%	94.9%	95.9%	91.9%
								Oct 2020
								88.5%
								89.1%

4.26 SLA performance on P3 and P4 calls reduced in October as we experienced high call volumes. Actions were taken by CGI to reduce the impact of this as outlined in section 4.29 of this report and call numbers have since reduced and stabilised.

Performance challenges and planned improvements to service

4.27 The main performance challenge over the reporting period continues to be related to COVID19 and the increased demand for the Service Desks support.

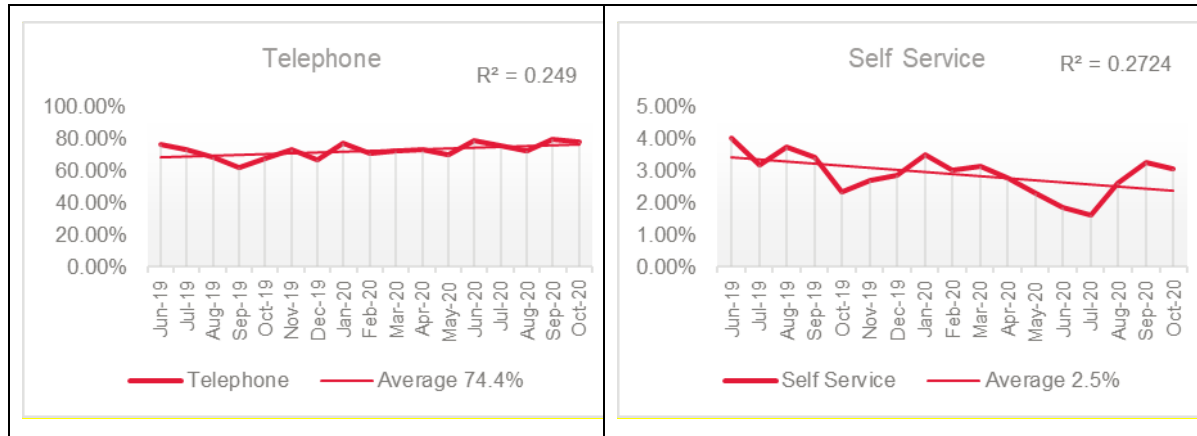
4.28 Action was taken to mitigate the impact of the initial rise in calls on the Service Desk and ensured return to pre-COVID19 performance. This was achieved from the May 2020 reporting period. Increase demand during October had direct impact on supplier ability to achieve KPIs. The Council and CGI are working together to investigate and help return call numbers to a more sustainable number.



4.29 Improvements to assist with call volumes includes:

- Rapid deployment of additional Service Desk Analysts from week commencing 9 November 2020;
- Updating of the recorded message on the telephone line reminding callers that MyICT can be used as a channel to log, get updates or provide updates on incidents;
- Utilisation of members of staff from other parts of the CGI to support Service Desk teams in call answering; and,

- Review and re-issue of a “Frequently Asked Questions” user guide to the Authority for cascade to all ICT users to reduce advice and guidance calls to the Service Desk.
- Requesting the Authority to promote usage of the online portal for non-urgent matters. The uptake on this channel remains very low.



CyberSecurity Management

- 4.30 The Council and CGI teams are collaboratively managing Security Risks continuously across the estate. The security risks cover a range of issues from the new Cyber Resilience Framework vendor management to user account privileges that ensure the Government or legal frameworks by service improvements, integration or removal, are not at risk.
- 4.31 The Security Risk Management Plan (RMP) has started its quarterly reviews and risk owners have been asked to provide regular updates to improve on the risk appetite by both partners in this framework, the Council and CGI.
- 4.32 The submission for the annual Public Services Network (PSN) Code of Connectivity Certification has been prepared and was submitted in December 2020 to the Cabinet Office of the UK Government. Significant focus remains underway to remediate both the findings carried over from 2019 and those newly identified in 2020. Some remediation initiatives being delivered have been necessarily delayed by pandemic restrictions. A renewed focus on remediation is in place and is being managed jointly by the Council’s Cybersecurity Manager and the CGI Chief Information and Security Officer.
- 4.33 The Council has successfully achieved both the Cyber Essentials certification in June 2020 and Cyber Essentials Plus enhanced certification in September 2020. We will ensure that the controls implemented for Cyber Essential Plus are extended to the wider network when physical sit access enables us to do so.
- 4.34 We are due to report for the first time on the Scottish Government’s Public Sector Cyber Action Plan Cyber Resilience Framework (PSCAP CRF) in early 2021.

- 4.35 During the pandemic and with more users working remotely, security incidents remained low thanks to the training programmes and communication plans set out by the Council. The Microsoft 365 roll out created some security challenges, which were within our acceptable risk appetite, due to the agile and essential method of deployment. A full security review of MS365 is underway as the Council expands on utilising this service to its full extent.
- 4.36 Monthly automated vulnerability scanning is now in place The Council and CGI are collaborating on ownership of third-party applications and legacy operating system patches to improve management of vulnerabilities.
- 4.37 Additionally, ongoing quarterly certification assurance is being developed to ensure we are always ready for certification renewal regardless of scope.
- 4.38 With more Council staff working remotely, the security posture will need to change as the dynamic security landscape changes. The Council and CGI will work to produce Security guidance for remote working to reflect the changes in our working lives.

Governance, Audit and Contract Management

- 4.39 The Council and CGI have an operational governance framework in place, built upon the requirements of the partnership contract. This includes regular reporting to the Corporate Leadership Team's Change Board on the delivery and development of major transformation programmes, in accordance with the Council's approved approach to managing major projects and change.
- 4.40 Internal Audit have undertaken the second phase of the Change Management process audit. The audit report is currently in production by Internal Audit and will be reported to the Committee in due course.
- 4.41 Internal Audit is also planned to undertake audits of Resilience, Mobile Device Management and Network Management over the remainder of 2020/21.
- 4.42 Digital Services currently has 36 open audit actions (35 owned by Digital Services and/or CGI and one for which they are noted as a 'contributor'). These are being actively managed and kept under regular review by the Head of Service and the Digital Services Senior Management Team. The Chief Digital Officer also meets regularly with the Chief Internal Auditor to discuss and review audit related issues.

5. Next Steps

- 5.1 The Council continues to further strengthen and improve our management, governance, security and delivery arrangements for the digital programme in partnership with CGI. The approval of our Digital and Smart City Strategy provides the strategic direction for the next phases of our digital developments. The approval of this strategy also informs the future prioritisation of investment, both capital and revenue, in digital activities.

6. Financial impact

- 6.1 Our partnership with CGI is saving the Council an estimated £6m per annum against the 2015/16 baseline spend on ICT with our former partner, BT. Over the first phase of the Council's contract with CGI, this will save £45 million. The Committee should note that this saving has already been fully assumed and incorporated as part of the Council's Medium-Term Financial Framework and planning assumptions.
- 6.2 During 2018 the Finances and Resources Committee approved a negotiated 'variation' to the baseline contract which realised a further £11m of savings and reset of all digital transformation programmes.
- 6.3 On the 27 August 2020, the Finance and Resources Committee approved a 6-year extension to end March 2029 following negotiations between CGI and the Council, realising a further saving of £14.1m. This contract extension enables the Council to realise financial savings and build on the progress made in partnership with CGI, with greater focus upon change management and enhanced service delivery.

7. Stakeholder/Community Impact

- 7.1 The Council's Corporate Leadership Team (CLT) risk register formally identifies digital capabilities and information governance as a risk and ensures that sufficient mitigations and active management of risks continues to be undertaken. This is further complemented by risk reporting and management in respect of information governance, including GDPR compliance.
- 7.2 The Council's Change Board actively monitors and tracks progress on all Council wide programmes ensuring that targeted action is taken should timelines, benefits or costings deviate from the original business case, this includes the ICT programme.

8. Background reading/external references

- 8.1 [Quarterly Status Update - ICT Programme](#) – report to Governance, Risk and Best Value Committee – 30 October 2018
- 8.2 [Quarterly Status Update - ICT Programme](#) – report to Governance, Risk and Best Value Committee – 19 February 2019
- 8.3 [Quarterly Status Update - ICT Programme](#) – report to Governance, Risk and Best Value Committee – 4 June 2019
- 8.4 [Quarterly Status Update - ICT Programme](#) - report to Governance, Risk and Best Value Committee – 29th October 2019
- 8.5 [Quarterly Status Update - ICT Programme](#) – report to Governance, Risk and Best Value Committee – 29th September 2020

9. Appendices

9.1 Appendix 1 - Incident Definitions

9.2 Appendix 2 - Year on Year service level agreement (SLA) Volume Comparison

Appendix 1 - Incident Definitions

"Severity 1 Service Incident"

A Service Incident which, in the reasonable opinion of the Authority:

- (a) constitutes a loss of the Services which prevents a large group (of at least 50) End Users from working; or
- (b) has a critical impact on the activities of the Authority; or
- (c) causes significant financial loss and/or disruption to the Authority; or
- (d) results in any material loss or corruption of Authority Data; or
- (e) results in a P1 being Non-Available; or
- (f) causes an entire business area to be unable to work.

Non-exhaustive examples include: A failure of the Services to provide user authentication service; or at least 50 End Users unable to work or a P1 failings its KPI Availability targets.

"Severity 2 Service Incident"

A Service Incident which, in the reasonable opinion of the Authority:

- (a) has the potential to have a major (but not critical) adverse impact on the activities of the Authority and no workaround acceptable to the Authority is available; or
- (b) has the potential to cause a financial loss and/or disruption to the Authority which is more than trivial but less severe than the significant financial loss described in the definition of a Service 1 Service Incident; or
- (c) causes financial loss and/or disruption to the Authority; or
- (d) affects greater than 25 but less than 50 End Users; or
- (e) results in a P2 Application being Non-Available.

Non-exhaustive examples include: Corruption of organisational database tables or loss of ability to update Authority Data.

"Severity 3 Service Incident"

A Service Incident which, in the reasonable opinion of the Authority:

- (a) has the potential to have a major adverse impact on the activities of the Authority which can be reduced to a moderate adverse impact due to the availability of a workaround acceptable to the Authority; or
- (b) has the potential to have a moderate adverse impact on the activities of the Authority; or
- (c) affects less than 25 End Users; or
- (d) results in a P3 Application being Non-Available;

Non-exhaustive examples include: inability to access data or a class of customers.

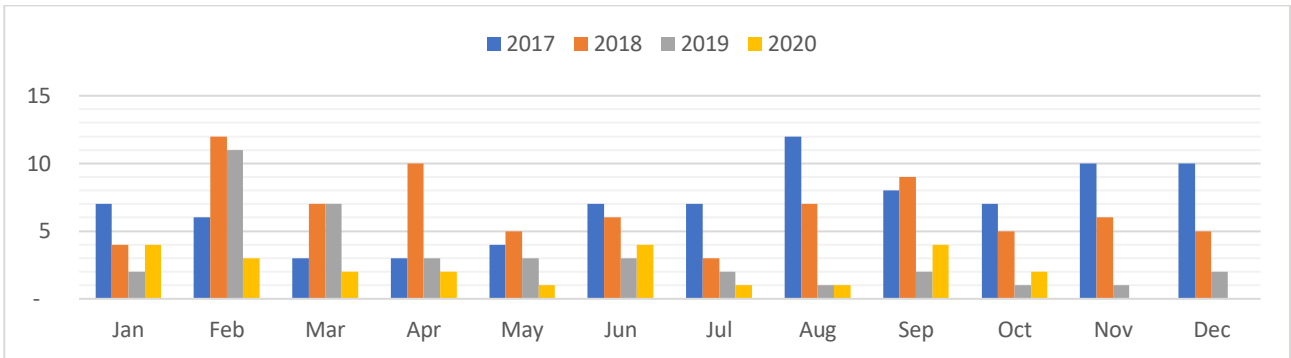
"Severity 4 Service Incident"

A Service Incident which, in the reasonable opinion of the Authority has the potential to have a minor adverse impact on the provision of the Services to End Users.

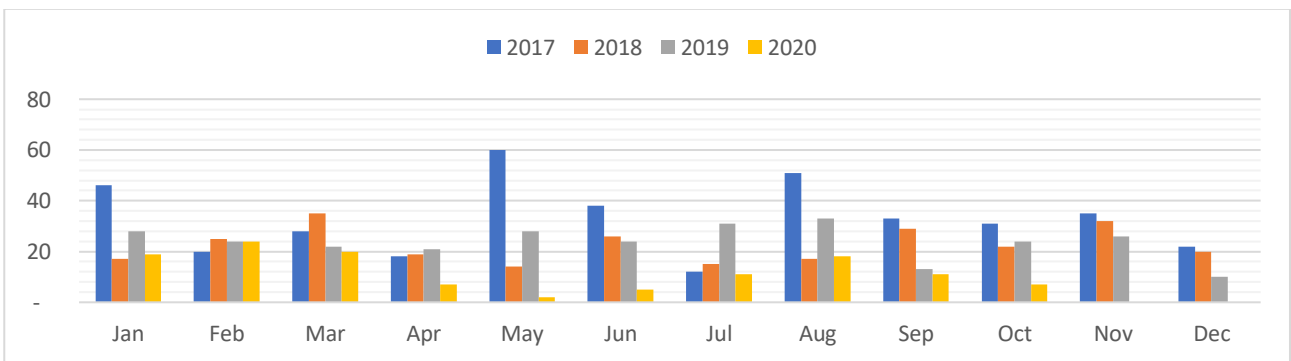
Non-exhaustive examples include an inability to access data for a single customer.

Appendix 2 - Year on Year SLA Volume Comparison

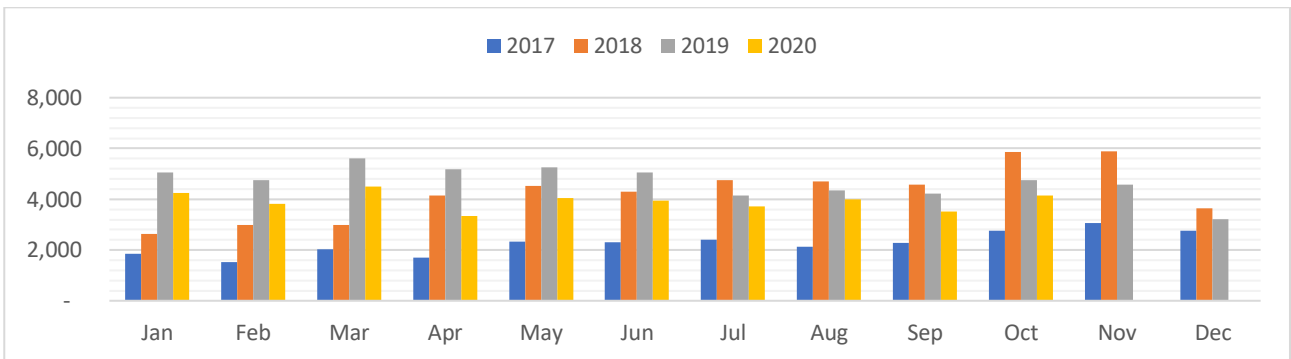
P1: Year on Year Comparison



P2: Year on Year Comparison



P3: Year on Year Comparison



P4: Year on Year Comparison

