

Notice of meeting and agenda

Governance, Risk and Best Value Committee

10.00am Tuesday, 18th January, 2022

Virtual Meeting - via Microsoft Teams

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

The law allows the Council to consider some issues in private. Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.

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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 Governance, Risk and Best Value Committee of 14 December – submitted for approval as a correct record. 5 - 10

5. Outstanding Actions

- 5.1 Outstanding Actions 11 - 34

6. Work Programme

- 6.1 Work Programme 35 - 44

7. Business Bulletin

- 7.1 Business Bulletin 45 - 64

8. Reports

- 8.1 Review of Effectiveness of Scrutiny of Governance, Risk and Best Value (GRBV) – Self-Evaluation and Lessons Learnt – Report by the Executive Director of Corporate Services 65 - 72
- 8.2 Committee Decision Process and the Policy Register – Report by 73 - 82

the Executive Director of Corporate Services

- | | | |
|------------|---|-----------|
| 8.3 | Treasury Management: Mid-Term Report 2021/22 - referral from the City of Edinburgh Council | 83 - 102 |
| 8.4 | Annual Assurance Schedule – Place Directorate – Report by the Executive Director of Place | 103 - 116 |
| 8.5 | Annual Assurance Schedule - Education and Children's Services – Report by the Executive Director of Education and Children's Services | 117 - 176 |

9. Motions

- 9.1** If any.

Nick Smith

Service Director, Legal and Assurance

Committee Members

Councillor Joanna Mowat (Convener), Councillor Scott Arthur, Councillor Lezley Marion Cameron, Councillor Jim Campbell, Councillor Mary Campbell, Councillor Phil Doggart, Councillor Gillian Gloyer, Councillor Melanie Main, Councillor Frank Ross, Councillor Norman Work and Councillor Ethan Young.

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.

This meeting of the Governance, Risk and Best Value Committee is being held virtually by Microsoft Teams.

Further information

If you have any questions about the agenda or meeting arrangements, please contact Rachel Gentleman, Committee Services, City of Edinburgh Council, Business Centre 2.1, Waverley Court, 4 East Market Street, Edinburgh EH8 8BG, Tel 0131 529 4107, email rachel.gentleman@edinburgh.gov.uk / emily.traynor@edinburgh.gov.uk.

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Minutes

Governance, Risk and Best Value Committee

10.00am, Tuesday 14 December 2021

Present

Councillors Mowat (Convener), Arthur, Cameron (from item 3 onwards), Jim Campbell, Mary Campbell, Doggart, Osler (substituting for Councillor Gloyer), Rae (substituting for Councillor Main), Frank Ross, Work and Ethan Young.

1. Minutes

Decision

To approve the minute of the Governance, Risk and Best Value Committee of 9 November 2021 as a correct record.

2. Outstanding Actions

Details were provided of the Outstanding Actions arising from decisions taken by the Committee.

Decision

- 1) To agree to close the following actions:
 - Action 4 – Internal Audit Overdue Findings and Key Performance Indicators as at 10 February 2021
 - Action 6 – Whistleblowing Monitoring Report – B Agenda
 - Action 7 (1) – Change Portfolio
 - Action 9 (1) – Work Programme
 - Action 10 – Workforce Insight and Controls - Annual Report – referral from the Finance and Resources Committee
 - Action 12 (3) – Business Bulletin
 - Action 14 – Review of the Effectiveness of Scrutiny of Governance, Risk and Best Value Committee - Implementation of Findings
 - Action 15 (1 & 2) – Sustainable Capital Budget Strategy 2022-2032 – referral from the Finance and Resources Committee
- 2) To otherwise note the remaining outstanding actions.
(Reference – Outstanding Actions 14 December 2021, submitted.)

3. Work Programme

The Work Programme for December 2021 was presented.

Decision

To note the Work Programme.

(Reference – Work Programme 14 December 2021, submitted.)

4. Business Bulletin

The Committee Business Bulletin for December 2021 was presented.

Decision

To note the Business Bulletin.

(Reference – Business Bulletin 14 December 2021, submitted.)

5. Internal Audit: Overdue Findings and Key Performance Indicators as at 5 November 2021

The report confirmed the three-month completion date extension agreed at the September 2021 Committee had now been applied to all open and overdue agreed management actions, with revised dates reflected throughout the report.

Decision

- 1) To note the status of the overdue Internal Audit (IA) findings as at 5 November 2021.
- 2) To note that the three-month completion date extension agreed at the September 2021 Committee reflecting ongoing Covid-19 pressures across the Council had now been applied to all open and overdue agreed management actions.
- 3) To note the status of IA Key Performance Indicators (KPIs) for audits that were either completed or in progress as at 5 November 2021.
- 4) To refer the report to the relevant Council Executive committees for ongoing scrutiny of their relevant overdue management actions.
- 5) To refer the report to the Edinburgh Integration Joint Board Audit and Assurance Committee for information in relation to the current Health and Social Care Partnership position.

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

6. Internal Audit Update Report: 1 September to 15 November 2021

Details were provided on the delivery of the 2021/22 IA annual plan, which was shown to be progressing, with 33 of the 41 planned audits (80% of the plan) underway, including 25 (80%) of the 31 audits to be completed across the Council.

Decision

- 1) To note the outcomes of the completed 2021/22 audits.

- 2) To note the progress with delivery of the rebased 2021/22 Internal Audit (IA) plan.
- 3) To note the progress with delivery of IA key priorities and ongoing areas of focus.

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

7. Capital Monitoring 2021/22 - Month Six Position – referral from the Finance and Resources Committee

On 9 December 2021, the Finance and Resources Committee considered a report which provided the capital expenditure and funding position as at month six and full-year outturn projections for the 2021/22 financial year and provided explanations for key variances.

Decision

To note the report.

(References – Finance and Resources Committee, 9 December 2021 (item 7); referral from the Finance and Resources Committee, submitted.)

8. Revenue Budget Monitoring 2021/22 – month six position – referral from the Finance and Resources Committee

On 9 December 2021, the Finance and Resources Committee considered a report which updated members on the projected Council-wide revenue budget position for the year based on analysis of month six expenditure and income data.

Decision

To note the report.

(References – Finance and Resources Committee, 9 December 2021 (item 6); referral from the Finance and Resources Committee, submitted.)

9. Corporate Leadership Team Risk Report as at 26 October 2021

The purpose of the report was to present the Council's current enterprise risk profile, as at 26 October 2021, and highlight 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 enterprise risk profile.
- 2) To progress with the ongoing operational risk management framework pilot and enterprise risk management system procurement.

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

10. Council's Risk Appetite Statement – referral from the Policy and Sustainability Committee

On 30 November 2021, the Policy and Sustainability Committee approved a report which set out the Council's risk appetite statement and referred it for information to the Governance, Risk and Best Value Committee.

Decision

To note the report.

(References – Policy and Sustainability Committee, 30 November 2021 (item 21); referral from the Policy and Sustainability Committee, submitted.)

11. Enterprise Risk Management Policy – referral from the Policy and Sustainability Committee

On 30 November 2021, the Policy and Sustainability Committee considered a report which presented the Council's refreshed Enterprise Risk Management Policy for review and approval. It was referred to the Governance, Risk and Best Value Committee for information.

Decision

To note the report.

(References – Policy and Sustainability Committee, 2021 (item 22); referral from the Policy and Sustainability Committee, submitted.)

12. Whistleblowing update

Details were provided on a high-level overview of the operation of the Council's whistleblowing service for the quarter 1 July – 30 September 2021.

Decision

To note the report.

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

13. Quarterly Status Update – Digital Services

Details were provided on the quarterly progress update upon the Council's Digital Services programme of works.

Decision

To note the progress detailed in the quarterly update.

(Reference – report by the Executive Director of Corporate Services, submitted.)

14. Capital Theatres Company Performance Report 2020/21 – referral from the Culture and Communities Committee

On 16 November 2021, the Culture and Communities Committee considered the eighth annual performance report prepared as a requirement of the Services and Funding Agreement process adopted in 2013/14.

Decision

To note the report.

(References – Culture and Communities Committee, 2021 (item 7); referral from the Culture and Communities Committee, submitted.)

15. Edinburgh International Conference Centre – Annual Update for the Year Ending 31 December 2020 – referral from the Housing, Homelessness and Fair Work Committee

On 4 November 2021, the Housing, Homelessness and Fair Work Committee was provided an update on the performance of EICC in the year ending 31 December 2020. The performance reflected the difficulties that COVID-19 had created for the events and conferencing industry.

Decision

To note the report.

(References – Housing, Homelessness and Fair Work Committee, 2021 (item 6); referral from the Housing, Homelessness and Fair Work Committee, submitted.)

16. Community Centres (update)

This report responded to the motion approved at the Governance, Risk and Best Value Committee of 21 September 2021 ‘to request a report within two cycles on how the re-opening of Community Centres was taken forward during the pandemic up to the current date, including feedback from Community Centres themselves and a timeline of activity’.

Decision

- 1) To note that the majority of Council supported community centres were open.
- 2) To note the current Coronavirus (Covid-19) guidance as it applied to community centres.
- 3) To note the positive progress on the phased approach to safely extend the use of community centres in line with Scottish Government guidelines.
- 4) To note the commitment to ongoing consultation and engagement with Management Committees across the city.
- 5) To note the Executive Director of Education and Children’s Services would provide a written response to councillors’ questions regarding Inch Community Centre, feedback from community centre management committees and progress made to improve the responsiveness to new guidance.

(Reference – report by the Executive Director of Education and Children’s Services, submitted.)

17. Internal Audit Update for the Period: 2 May to 14 September 2021 – Referral from the Edinburgh Integration Joint Board Audit and Assurance Committee

On 1 October 2021, the Edinburgh Integration Joint Board (EIJB) Audit and Assurance Committee considered a report which provided details of the progress of Internal Audit (IA) assurance activity on behalf of the EIJB performed by the EIJB's partners (the City of Edinburgh Council and NHS Lothian IA teams).

Decision

To note that the Committee considered the Internal Audit Update for the period: 2 May to 14 September 2021.

(References – Edinburgh Integration Joint Board Audit and Assurance Committee, 2021 (item 10); referral from the Edinburgh Integration Joint Board Audit and Assurance Committee, submitted.)

18. Integration Joint Board – Principles to Underpin Working Relationships between Lothian NHS and IJB Final – Referral from the Edinburgh Integration Joint Board Audit and Assurance Committee

On 12 November 2021, the Edinburgh Integration Joint Board Audit and Assurance Committee considered a report which provided details of the refreshed Principles Underpin Working Relationships between NHS Lothian and the four Lothian Integration Joint Boards.

Decision

To note that the Committee considered the Integration Joint Board – Principles to Underpin Working Relationships between Lothian NHS and IJB.

(References – Edinburgh Integration Joint Board Audit and Assurance Committee, 2021 (item 4); referral from the Edinburgh Integration Joint Board Audit and Assurance Committee, submitted.)

Outstanding Actions

Governance, Risk and Best Value Committee

18 January 2022

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 2022 September 2021 March 2021 December 2020 May 2020 September 2019 January 2019 November 2017		<u>December 2021</u> Report was presented to committee which detailed the refreshed principles which have been discussed and agreed by the NHSL and four Lothian Chief Internal Auditors (CIAs), and the chairs of their respective audit and risk / audit and assurance committees.

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							<p><u>September 2021</u></p> <p>The refreshed Principles were received from NHSL in April 2020. However, the workshop to be attended by the IJB Audit Committee Chairs for the four Lothians; the NHSL Audit Committee Chair; and the four Lothian and the NHSL CIAs to review, discuss, and finalise the refreshed principles has still to be scheduled due to a significant number of existing commitments and</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							<p>the timing of planned annual leave. It is recommended that the date for completion of this action is extended to the end of February 2022 to allow the principles to be reviewed and finalised and approved by relevant Lothian IJB and NHSL Audit and Assurance / Audit and Risk Committees.</p> <p><u>March 2021</u> An update was provided on the Business Bulletin for the meeting on 23 March 2021.</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							<p><u>July 2020</u> A briefing note by the Chief Internal Auditor was circulated to members separately.</p> <p><u>September 2019</u> A briefing note by the Chief Internal Auditor was circulated to members separately.</p>
2	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.	Executive Director of Corporate Services	<p>August 2022</p> <p>August 2021</p> <p>June 2021</p> <p>May 2021</p> <p>March 2021</p>		<p><u>August 2021</u> This will now form part of the wider review of political management arrangements following the Local Government Election.</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
					February 2021 November 2020 September 2020 January 2020		<p><u>June 2021</u></p> <p>Timescale extended to allow further engagement with political groups.</p> <p><u>March 2021</u></p> <p>Sessions with political groups are currently being arranged.</p> <p><u>February 2021</u></p> <p>The timescales have been extended to allow for further engagement with elected members.</p> <p><u>December 2020</u></p> <p>The Code of Conduct</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							<p>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 exercise in February 2021.</p> <p><u>July 2020</u></p> <p>Scottish Government are consulting on</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							<p>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</u> Update 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 Protocol.</p> <p>Timescales to be confirmed.</p> <p><u>December 2019</u></p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							Workshop with members held on 29 October 2019. A joint workshop will be arranged with officers and members early 2020 (following the General Election).
3	07.07.20	Motion by Councillor Doggart – Pandemic Planning	<p>1) Agrees that the Executive Director of Corporate Services 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 Executive Director of Corporate Services updates the</p>	Executive Director of Corporate Services	April 2022		<p><u>Update</u> <u>September 2021</u></p> <p>A close report and lessons learned is underway for the Adaptation and Renewal programme after which advice will be provided on a lessons learned exercise for Covid-19 as references in the accounts commission report to P&S on 5</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			Policy and Sustainability committee on when he believes it would be appropriate both in terms of Corporate Services and timing for such a review to take place.				<p>March.</p> <p><u>Update August 2021</u></p> <p>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</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							the incident 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.
4	23.03.21	Gas Service Improvement Plan – B Agenda	1) To note that the gas service improvement plan would be included in the broader service improvement plan going to the Housing, Homelessness and Fair Work Committee in June 2021 and agree to wrap this into a workshop (referenced in	Executive Director of Place	June 2021		Closed August 2021 This was reported to Housing, Homelessness and Fair Work Committee in June 2021.

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			Confidential Schedule of 23.03.21)				
			2) To agree to provide a briefing note (referenced in Confidential Schedule of 23.03.21)	Executive Director of Place	June 2021		Closed August 2021 This briefing has been followed up.
			3) To note that once the agreed management actions had been implemented, a closure report would be brought to the GRBV committee.	Executive Director of Place	Summer 2022		
5	04.05.21	Change Portfolio	1) To agree to provide a briefing note to update Committee on the North Bridge Refurbishment.	Executive Director of Place	December 2021	December 2021	Closed December 2021 Briefing note circulated on 8 November and report on agenda

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			2) To agree that the Head of Place Management would provide reassurance why the Housing Service Improvement was amber status and details of what plans were in place to move it forward.	Executive Director of Place	June 2021		<p>Closed August 2021</p> <p>An update on project status and plans moving forward was reported to Housing, Homelessness and Fair Work Committee in June 2021.</p>
			3) To note that the foundations and MI were in place and information could be pulled off for particular areas and to agree that the Head of Customer and Digital Services would assess what information could be provided.	Executive Director of Corporate Services	March 2023		<p>Update August 2021</p> <p>The Business Intelligence Programme is well underway, and the remit of the programme is to build MI dashboards which report on key areas across</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							<p>Service Areas. The immediate focus is on dashboards for Place, HR and Customer.</p> <p>Update June 2021</p> <p>The Head of Customer and Digital Services has this work underway.</p>
6	10.08.21	First Line Governance and Assurance Model	To agree that progress updates should be provided in each GRBV Committee Business Bulletin from November onwards, including an update on the finalised structure and recruitment.	Service Director - Legal & Assurance	September 2022		Updates will be provided on an ongoing basis
7	21.09.21	Work Programme	1) Requests a report within two cycles on	Interim Executive	December 2021	December 2021	Closed December 2021

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			how the re-opening of Community Centres was taken forward during the pandemic up to the current date, including feedback from CCs themselves and a timeline of activity.	Director of Education and Children's Services			Report considered December 2021
			2) As a result of at P&S committee urgent decisions made around community centres not having been implemented as requested, and a Health and Social report not addressing the decision made by Council, GRBV would like to review the processes and protocols around how decisions are implemented, to ensure that	Executive Director of Corporate Services	January 2022		Recommended for closure Report on agenda January 2022

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			<p>communications and information is accurate and effective.</p> <p>3) Requests a report in two cycles covering:</p> <ul style="list-style-type: none"> • how formal and informal committee and council actions are taken forward by officers following committee decisions and commitments made by directors and other officers in the course of committee business • the process followed by Committee Services to notify directorates of actions to be taken forward from Council and Committee decisions and how they are tracked. 				

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			<ul style="list-style-type: none"> the protocols for officers carrying out agreed actions A review of the 2 specific cases above and lessons learned. 				
8	21.09.21	Corporate Leadership Team Risk Report as at 23 August 2021 – Report by the Chief Executive	<ol style="list-style-type: none"> To agree that the Service Director – Legal and Assurance would send an email to Directors and senior managers to request that risk is properly considered in Council and committee reports. 	Executive Director of Corporate Services (Service Director – Legal and Assurance)			Closed Email sent to relevant officers 22 September 2021
			<ol style="list-style-type: none"> To request that the next review of the report template for Council and committees includes a 'risk' section to ensure this is considered. 	Executive Director of Corporate Services	August 2022		

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
9	09.11.21	Business Bulletin	1) Requests a written report on the outcomes of the review of the Policy Register be brought to committee in January 2022 to be considered at the same meeting as the Committee Decisions Report.	Executive Director of Corporate Services	January 2022		Recommended for closure Report on agenda January 2022
			2) Requests that the Committee Decision Report address the use of Business Bulletins by Council and Committees.	Executive Director of Corporate Services	January 2022		Recommended for closure Report on agenda January 2022
			3) Notes that in August 2021, GRBV 'noted the proposed refreshed first line governance model structure and the next steps and implementation timeframes for the	Chief Executive	December 2021	December 2021	Closed December 2021 Briefing circulated 23 November 2021

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			<p>refreshed model', that each Executive Director committed to have in place by the end of September 21 the priority line 1 capacity and that the first quarterly cycle of reporting on assurance activities through Directorate and the CLT was to have been completed by March 22.</p> <p>Notes the business bulletin notes some progress but suggests that some work is not on schedule.</p> <p>Requests a written briefing for GRBV members on progress against each of the Next Steps by each directorate and the</p>				

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			commitment by each Director to have in place priority 1 capacity as outlined in the August report before the next GRBV meeting in December.				
			4) Agrees that a report is brought to GRBV in March 2022 on progress on assurance activities as outlined in Appendix one of the August report, highlighting any agreed changes to the framework by directors and clearly indicating responsibility.	Chief Executive	March 2022		
10	09.11.21	City of Edinburgh Council - 2020/21 Annual Audit Report to the Council and the	1) Agree that items 1, 2, 3, 4 and 5 shall have regular updates to the Executive Committees via their business	Executive Director of Corporate Services	1 – March 2022 2 – March 2022 3 – March		

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
		Controller of Audit	bulletins on progress and full reports at implementation date detailing completion or outstanding actions.		2022 4 – March 2022 5 – June 2022		
			2) Agree that Item 6 (Implementation of BVAR recommendations) will be reported to each meeting of GRBV under the Business Bulletin to monitor progress (tabular form acceptable) towards completion dates.	Executive Director of Corporate Services Executive Director of Place	Ongoing		
			That reports are prepared in the following terms on the following areas: 3.1) Common Good – a report reviewing progress towards completion of 2017/18 recommendations on	Executive Director of Corporate Services	March 2022		<u>Update</u> <u>December 2021</u> Report scheduled for March to allow consideration by relevant executive committee

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			the Common Good Asset Register and what outstanding work there is to complete this and what resource is required (in officer hours) in two cycles and copied to the relevant Executive Committee.				
			3.2) Framework for collaboration with community councils – a report detailing current arrangements, funding and how this links into wider community planning responsibilities with any actions for improvement identified and reporting framework detailed in two cycles and copied to the relevant	Executive Director of Corporate Services	March 2022		<p><u>Update</u> <u>December 2021</u></p> <p>Report scheduled for March to allow consideration by relevant executive committee</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			Executive Committee.				
			3.3) Community Asset Transfer – short report in two cycles on current process and timescales to include a table on number of requests received and stage in process with time taken to get to that point.	Executive Director of Place	March 2022		
11	14.12.21	Community Centres (update) – Report by the Executive Director of Education and Children’s Services	The Executive Director of Education and Children’s Services will provide a written response to councillors’ questions regarding Inch Community Centre, feedback from community centre management committees and progress made to improve the responsiveness to new guidance, which will be circulated to all committee	The Executive Director of Education and Children’s Services			

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			members.				

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Work Programme

Governance, Risk and Best Value Committee – 18 January 2022

	Title / description	Sub section	Purpose/Reason	Category or type	Lead officer	Stakeholder	Progress updates	Expected date
1	Internal Audit: Overdue Findings and Key Performance Indicators	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 2022 June 2022 September 2022 December 2022

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Agenda Item 6.1

	Title / description	Sub section	Purpose/Reason	Category or type	Lead officer	Stakeholder	Progress updates	Expected date
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 2022 June 2022 September 2022 December 2022
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 2022
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 2022

	Title / description	Sub section	Purpose/Reason	Category or type	Lead officer	Stakeholder	Progress updates	Expected date
5	Accounts Commission	Annual report	Local Government in Scotland: Financial Overview	External Audit	Executive Director of Corporate Services	Council Wide	Annually	March 2022
6	Accounts Commission	Annual report	Accounts Commission: Local Government in Scotland Overview 2021	External Audit	Executive Director of Corporate Services	Council Wide	Annually	October 2022
7	Annual Audit Plan	Azets	Annual audit plan	External Audit	Executive Director of Corporate Services	Council Wide	Annually	March 2022
8	City of Edinburgh Council – 2021/22 Annual Audit Report to the Council and the Controller of Audit	Azets	Annual Audit Report	External Audit	Executive Director of Corporate Services	Council Wide	Annually	October 2022
9	External Audit Review of Internal Financial Controls	Azets	Interim audit report on Council wide internal financial control framework	External Audit	Executive Director of Corporate Services	Council Wide	Annually	October 2022 (as part of 2021/22 Annual Audit report)
10	Internal Audit Charter	Annual Report	Annual Audit Charter	Internal Audit	Executive Director of Corporate Services	Council Wide	Annually	March 2022

Section B – Scrutiny Items								
11	Change Portfolio		To ensure major projects undertaken by the Council were being adequately project managed	Major Project	Executive Director of Corporate Services	All	Six- monthly	September 2022 March 2023
12	Welfare Reform	Review	Update reports to be referred annually by Policy and Sustainability Committee	Scrutiny	Executive Director of Corporate Services	Council Wide	Annual	June 2022
13	Review of CLT Risk Scrutiny	Risk	Quarterly review of CLT's scrutiny of risk	Risk Management	Executive Director of Corporate Services	Council Wide	Quarterly	March 2022 June 2022 September 2022 December 2022
14	Whistleblowing Quarterly Report		Quarterly Report	Scrutiny	Executive Director of Corporate Services	Internal	Quarterly	March 2022 June 2022 September 2022 December 2022
15	Whistleblowing Annual Report		Annual report	Scrutiny	Executive Director of Corporate Services	Internal	Quarterly	March 2022
16	Workforce Controls	Staff	Annual report	Scrutiny	Executive Director of Corporate Services	Council Wide	Annual	September 2022

17	Revenue Monitoring	Review	Progress reports	Scrutiny	Executive Director of Corporate Services	Council Wide	Quarterly	March 2022 September 2022 December 2022
18	Capital Monitoring	Review	Progress reports	Scrutiny	Executive Director of Corporate Services	Council Wide	Quarterly	March 2022 September 2022 December 2022
19	Revenue Outturn	Review	Progress reports	Scrutiny	Executive Director of Corporate Services	Council Wide	Annual	September 2022
20	Capital Outturn and Receipts	Review	Progress reports	Scrutiny	Executive Director of Corporate Services	Council Wide	Annual	September 2022
21	Treasury – Strategy report	Review	Progress reports	Scrutiny	Executive Director of Corporate Services	Council Wide	Annual	March 2022
22	Treasury – Annual report	Review	Progress reports	Scrutiny	Executive Director of Corporate Services	Council Wide	Annual	September 2022
23	Treasury – Mid-term report	Review	Progress reports	Scrutiny	Executive Director of Corporate Services	Council Wide	Annual	January 2023

24	Quarterly Status Update - Digital Service Programme	Review	Progress Reports	Scrutiny	Executive Director of Corporate Services	Council Wide	Quarterly	March 2022 May 2022 September 2022 December 2022
25	Annual Assurance Schedules	Review	Progress Report	Scrutiny	All Directorates	Council	Annual	March 2022 (Corporate Services) August 2022 (EIJB) January 2023 (Place) January 2023 (Education and Children's Services)
26	Review of the Member/Officer Protocol	Review	Including timescales for submission	Scrutiny	Executive Director of Corporate Services	Council Wide	Flexible	August 2022

Section C – Council Companies

27	Capital Theatres	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	December 2022
28	Edinburgh Leisure	Review	Progress Report	Scrutiny	Executive Director for Education and Children's Services	Council Wide	Annual	March 2022
29	Capital City Partnership	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	June 2022

30	Transport for Edinburgh	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	March 2022
31	Lothian Buses	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	March 2022
32	Edinburgh Trams	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	March 2022
33	Edinburgh International Conference Centre	Review	Progress Report	Scrutiny	Executive Director of Place	Council Wide	Annual	December 2022

GRBV Committee Upcoming Reports

Appendix 1

Report Title	Type	Flexible/Not Flexible
March 2022		
Whistleblowing Annual Report	Scrutiny	Not Flexible
IA Overdue Findings and Key Performance Indicators	Scrutiny	Not Flexible
IA Quarterly Update	Scrutiny	Not Flexible
IA Charter	Scrutiny	Not Flexible
IA Annual Plan 2022/23	Scrutiny	Not Flexible
External Audit Annual Plan	Scrutiny	Not Flexible
Local Government in Scotland: Financial Overview (Accounts Commission report)	Scrutiny	Not Flexible
CLT Risk Report	Scrutiny	Not Flexible
Revenue Budget Monitoring Month 8 position – referral from Finance and Resources Committee (3/2/22)	Scrutiny	Not Flexible

Capital Budget Monitoring Month 8 position - referral from Finance and Resources Committee (3/2/22)	Scrutiny	Not Flexible
Common Good (report requested by Committee 09/11/21)	Scrutiny	Flexible
Community Asset Transfer (report requested by Committee 09/11/21)	Scrutiny	Not Flexible
Framework for collaboration with community councils (report requested by Committee 09/11/21)	Scrutiny	Flexible
Annual Update on Council Transport Arm's Length Companies – referral from Transport and Environment Committee (27/01/22)	Scrutiny	Not Flexible
Edinburgh Leisure Annual Update – referral from Culture and Communities Committee (01/02/22)	Scrutiny	Flexible
Treasury Strategy – referral from the Finance and Resources Committee	Scrutiny	Flexible
Quarterly Status Update - Digital Service Programme	Scrutiny	Not Flexible
Corporate Services Annual Assurance Schedule	Scrutiny	Not Flexible
Principles to govern the working relationship between GRBV Committee and the EIJB Audit and Risk Committee	Scrutiny	Flexible
Progress on assurance activities (report requested by Committee 09/11/21)	Scrutiny	Flexible
Whistleblowing Investigation Report	Scrutiny	Flexible

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Business Bulletin

Governance, Risk and Best Value Committee

10.00am, Tuesday, 18 January 2022

Teams Meeting

Governance, Risk and Best Value Committee

Convener:	Members:	Contact:
<p>Councillor Joanna Mowat</p> 	<p>Councillor Scott Arthur Councillor Lezley Marion Cameron Councillor Jim Campbell Councillor Mary Campbell Councillor Phil Doggart Councillor Gillian Gloyer Councillor Melanie Main Councillor Frank Ross Councillor Norman Work Councillor Ethan Young</p>	<p>Rachel Gentleman Committee Officer 0131 529 4107</p>

Recent news	Background/Contact
<p>First Line Governance and Assurance Model</p> <p>Rolling Actions Log – Action 8</p> <p>Education and Children’s Services – The Operations Manager role has been advertised and interviews are planned for early in 2022. This new role will assist with the implementation of audit actions.</p> <p>Corporate Services - The Directorate Assurance Officer was successfully appointed and commenced their role prior to the festive break. They are currently undertaking a full induction programme and are working with the Directorate Operations Manager to ensure that high priority activities are progressed. The additional Line 2 roles within Legal and Assurance are presently on hold pending identification of recurring funding for these posts as highlighted to Committee by the Executive Director of Corporate Services in November 2021.</p> <p>Place – The new Operations Manager started working in the Place Directorate on 1 November 2021 and continues to work on the prioritisation and implementation of assurance activities, with an initial focus on Internal Audit management actions.</p> <p>Health and Social Care Partnership – The Partnership alongside its Operations Manager has allocated a Directorate Assurance Officer to support first line activity. Recruitment has now concluded and a preferred candidate has been identified and it is hoped they will be in post by mid / late January. Alongside</p>	<p>Nick Smith, Service Director: Legal and Assurance Division, Corporate Services Directorate Tel: 0131 529 4377</p>

this, a colleague has been seconded to help the Partnership continue its improvement with closing Internal Audit management actions. Work also continues to put in place processes to implement the assurance activities referenced in the August GRBV report.

Gas Service Improvement Plan Progress Update

On the 23 March 2021 the Governance, Risk and Best Value Committee considered a report on a Gas Service Improvement Plan, which provided details on the history of inspection, the review of the Council’s gas inspection and management and maintenance.

An update on progress was presented to Housing, Homelessness and Fair Work Committee on [3 June 2021](#) which showed that good progress had been made in addressing the actions set out in the improvement plan.

A further update on progress is noted in the table below and will be reported to Housing, Homelessness and Fair Work Committee on 20 January 2022 as part of the Housing Service Improvement Plan. This shows that, of the 29 actions within the improvement plan, 25 are complete with progress being made on the other four.

A closure report will be presented to Governance, Risk and Best Value Committee when all of the actions are complete.

The table below gives a progress update and notes that the majority of actions are now complete. There are four outstanding actions which are targeted for completion by June 2022; this is dependent on service recovery from the continued impact of the pandemic and successful procurement exercises.

Activity	Progress Update
Compliance	<p>Of 10 actions in this section, eight are completed with two not yet started.</p> <ul style="list-style-type: none"> • The two outstanding actions are for CORGI to carry out mock ‘Gas Safe’ style inspections over 2 stages (2-3 months apart). Each stage is picked up as a separate action, two in total. <i>Target completion for the first inspection by March 2022, with the second to follow by the end of May 2022.</i> • Service delivery was prioritised during Covid Recovery period, resulting in a delay in the roll out of the updated policy and process

[Willie Gilhooly](#)

Acting Housing Service Manager, Housing Family Support and Fair Work Division, Place Directorate

Tel: 0131 529 7866

	documents, which the inspections have dependencies on.
Skills/Training and Coaching	<p>Of 11 actions, nine are complete with the remaining two in progress, with targeted completion for June 2022.</p> <ul style="list-style-type: none"> • The two outstanding actions are: embedding monthly Toolbox Talks with Gas Team Leaders and Operatives; and meeting CORGI level 3 certification in Gas Audit procedures through the appointment of fixed-term post for Gas Audit Inspector or equivalent, in line with CORGI recommendations. • Key progress updates on the completed actions include: <ul style="list-style-type: none"> ○ From November, CORGI have resumed site audit inspections of gas work completed by Housing Property (HP) engineers and engineers appointed by contractors, followed in December by an audit of 'work in progress'. Feedback will inform future training and coaching needs and provide additional customer care feedback. ○ All available HP gas team members have now completed Electrical Safety Training and VRQ L2 Gas Safety in Social Housing/Unsafe Situations. ○ Gas team leaders have started VRQ L4 Gas Safety in Social Housing qualification and are rolling out updated policies and processes to all team members. This is ongoing self-directed learning over an eighteen-month period. Many Council training events were impacted by Covid-19 due to social distancing restrictions; however, these are now coming back on track due to relaxation of restrictions.
Leadership, Culture and Performance	<p>All three actions in this section are set up and organised. Those are:</p> <ol style="list-style-type: none"> 1. Fortnightly service improvement and performance meeting with gas team leaders and relevant operations managers to be set up. 2. Annual in-house team planning with service managers and CORGI. Service improvement plan review. 3. Monthly performance and compliance reporting to be reviewed – CORGI to review and advise. To review policy, processes, training and coaching programme. <p>Following on from the initial set up of these meetings they will continue as business as usual, in</p>

	order to support increased compliance, training and development, productivity and customer satisfaction
Health and Safety/ Life and Limb	<p>Both actions in this section are now completed for Gas. Those are:</p> <ol style="list-style-type: none"> 1. Continue recruitment process for health and safety/life and limb specialist role with HR/Corporate Health and Safety. Completed - Manger is in post. 2. Procurement of Risk Management Consultants specialising in housing health and safety/life and limb specialist role with CH&S input. This action is complete for gas. Other areas of procurement are currently in progress (asbestos, fire safety, electrical and water quality).
Ongoing Service Improvement	<p>All three actions in this section are set up and organised. Those are:</p> <ol style="list-style-type: none"> 1. Service Improvement Plan Review with wider team. The current version of this was reviewed in December 2021. Wider team review to take place on completion of Gas Service Improvement Plan. 2. Quarterly Review of Service Improvement Plan – upcoming meetings scheduled for March 2022 and June 2022. 3. Agree timescale and assessment plan for Full CORGI Accreditation – Meeting in diary with CORGI to review February 2022.

[City of Edinburgh Council - 2020/21 Annual Audit Report to the Council and the Controller of Audit](#)

Rolling Actions Log – Action 13.2

It was requested at GRBV on 9 November 2021 that the Implementation of Best Value Assurance Review recommendations be reported to each meeting of GRBV under the Business Bulletin to monitor progress towards completion dates. Please see the details provided in the subsequent table.

[Hayley Barnett](#),
Corporate Governance
Manager, Legal and
Assurance Division,
Corporate Services
Directorate
Tel: 07768 838 031

Best Value Assurance Audit Status Update – January 2022

Recommendation

1(a) As part of its Adaptation and Renewal Programme, the council should quickly amalgamate its Business Plan and Change Strategy, to provide clearer priorities and direction for the council.

Status and progress to date

On 27 January the Council published the draft three-year Council Business Plan: Our Future Council, Our Future City.

The draft Business Plan brings together 15 outcomes and accompanying actions for the next three years. It includes detail on working with our partners, our finances and the new planning and performance framework.

The Business Plans provides a strategic direction for the Council and will be supported by the updated the Council Budget and the refreshed People Strategy and underpinning Workforce Plan.

Next steps and timescales

The Business Plan and Budget were considered by the Finances and Resources committee on 2 February 2021 ahead of Council on 18 February. The draft Business Plan is a live document and will evolve in line with both council priorities and service delivery changes.

The People Strategy and Workforce Plan will be considered by the Policy and Sustainability Committee in April 2021.

April Update

The People Strategy and Workforce Plan are on the agenda for the Policy and Sustainability Committee's consideration.

October Update

The Council Business Plan is now a live document which colleagues are using across the Council to provide strategic direction for deliverables – replacing the previous Business Plan and Change Strategy.

It is readily available on both the Council's intranet and public pages alongside the People Strategy and Strategic Workforce Plan

We continue to meet with teams to talk them through the Business Plan and what it means for their team.

It remains a live document which we will update as required.

Our People Strategy 2021-2024, approved at Committee in April 2021, is an essential enabling strategy and approach to support the delivery of the Business Plan. This strategy is further underpinned by our Strategic Workforce Plan 2021-2024, which describes specific further actions we will take as an organisation to address the gaps between our current workforce and the future workforce during the same period. The

commitments and outcomes from both have been built into a programme of work, which will be tracked, measured and reported on through; HR Leadership team; Corporate Leadership Team; Policy & Sustainability Committee and; Finance and Resources Committee.

RECOMMENDED FOR CLOSURE

December Update

N/A

January Update

This action has been closed.

Recommendation

1(b) As part of its Adaptation and Renewal Programme, the council should prepare sustainable medium and long-term financial plans, and detailed workforce plans, to support its strategic priorities.

Status and progress to date

Given the announcement on 5 January 2021 that Edinburgh and all other mainland authorities in Scotland would be returning to arrangements akin to the March 2020 lockdown and the significant consequent increase in uncertainty and risk that any longer-term budget is based on incomplete information or flawed assumptions, the primary focus for 2021/22 activity has reflected the Council's statutory responsibility to set a balanced budget for the following year by 11 March. This shorter, one-year timeframe is consistent with both the UK and Scottish Governments and councils elsewhere in Scotland.

Once the financial position is clearer, a strategic long-term financial plan, guided by the overarching vision, principles and priorities set out within the Business Plan: Our Future Council, Our Future City will therefore be developed to maintain its financial sustainability.

The BVAR also noted findings in relation to the setting and subsequent implementation and delivery of the Council's revenue budget. These included continuing shortfalls in savings delivery (and consequent reliance on savings in non-service budgets), a lack of robustness in the implementation plans for some proposals and the potential for the Council's use of reserves to become unsustainable without decisive action.

In seeking to address these concerns, a number of further enhancements have been introduced into this year's process, including updated, detailed and consistently applied guidance for Finance professionals in assessing the rigour of accompanying savings implementation plans and more general earlier recognition, through discussion and agreement at Corporate Leadership Team, of the impact of underlying service pressures and savings shortfalls on the robustness of the budget framework. An indicative five-year planning timeframe has also been adopted.

In light of the COVID-related risks within the budget framework, it is also proposed to realign and reprioritise the Council's reserves with effect from 31 March 2021 as follows:

- (i) an increased unallocated General Fund balance of £25m, equating to around 2.3% of the Council's net expenditure and being more in line with other authorities in Scotland;
- (ii) a series of ringfenced reserves maintained for statutory or specific policy reasons or to reflect timing differences between the receipt of income and its subsequent application, together totalling £55m;
- (iii) a workforce transformation reserve of £15m, less commitments incurred as part of the recent targeted staff release programme for senior managers, to facilitate organisational restructuring and deliver associated recurring efficiency savings; and

a COVID contingency reserve of £16m, acknowledging the continuing uncertainty of the recurring impacts of the pandemic on, in particular, income levels in key areas such as parking, commercial rentals and other fees and charges.

Next steps and timescales

Once the financial position is clearer, a strategic long-term financial plan, guided by the overarching vision, principles and priorities set out within the Business Plan: Our Future Council, Our Future City will therefore be developed to maintain its financial sustainability.

April Update

No further update at this stage.

October Update

The Council set a balanced one-year budget for 2021/22 on 18 February 2021, including a recurring additional £12m to recognise underlying service pressures and £18m to reflect the in-year expenditure and income impacts of the pandemic. The approved budget also reflected a re-assessment of the ability to deliver a number of previously approved savings in light of subsequent reprioritisation of activity to respond to the pandemic.

Following the receipt of significant additional grant funding after the budget was set, Council subsequently increased to £39m the provision for the in-year impacts of the pandemic, as well as increasing the corresponding level of provision in 2022/23.

Due in part to the anticipated recurring impacts of some of the in-year investment approval approved by members on 27 May, a residual funding gap of £10m is projected in 2022/23 but with a much larger savings requirement of at least £50m in 2023/24. Given this, members also approved the initiation by Autumn 2021 of a savings programme, rooted in the Council's Business Plan, to address the estimated funding gap. In view of the significant funding gap within the Sustainable Capital Budget Strategy from 2023/24, a further report on addressing this gap will also be brought to the Finance and Resources Committee in October 2021.

December Update

An update on the revenue budget framework, based on a five-year planning timeframe, was presented to the Finance and Resources Committee on 7 October 2021, highlighting a cumulative projected savings requirement of some £126m by 2026/27.

Recognising the lead-in time for the scale of change likely to be required to address this requirement, the report re-emphasised the need for early consideration and a corresponding comprehensive and sustainable savings plan, rooted in the Council's priorities as set out in the Business Plan, to be initiated by Autumn 2021 to address the projected funding gap in 2022/23 and, in particular, the significant shortfalls in subsequent years. A further update, showing a similar overall position, was then considered by the Finance and Resources Committee on 9 December and is included on today's GRBV agenda.

While the Local Government Finance Settlement announcement on 20 December will cover only one year, the provision by the Scottish Government of three-year high-level budgets in spring 2022 will assist in the development of a longer-term plan.

The Finance and Resources Committee meeting on 7 October also considered an update on the Council's Sustainable Capital Strategy. Following a review of the funding of the programme, the existing Capital Budget Strategy for 2022/32 was assessed to be broadly affordable, albeit with some required savings still to be identified. Delivery of this plan is, however, subject to the identification of corresponding savings to balance the revenue framework over the medium to longer term.

January Update

The implications of the Scottish Budget announcement on 9 December 2021 are being considered. An update can be provided immediately in advance of the meeting.

Recommendation

2) The council should implement a strategic approach to self-evaluation and continuous improvement. This should include better demonstrating how it responds to feedback and scrutiny findings.

Status and progress to date

Continuous improvement is central to the Council's approach for an integrated planning and performance framework (see recommendation 4) aligned to the Council's new business plan.

This integrated framework is underpinned by the 'plan, do, check, review/act' model and methodology.

To ensure delivery of the draft business plan outcomes and service priorities we will introduce the development of annual service plans at all levels in the Council (from Directorate to Service Team level). Plans will be aligned to Key Performance Indicator (KPI) scorecards and underpinned by trend dashboards which will be monitored and actioned regularly.

Each year service teams will undertake a detailed review of their plans and associated performance to assess the progress we have made in delivering our outcomes and improving performance. This review will inform service planning for the next year which will ensure that continuous improvement is embedded at all levels.

To ensure effective scrutiny of our performance we will develop a regular cycle of performance reporting for Elected Members as well as the wider public.

We will also engage with the Improvement Service to look at the options open to the Council to implement a strategic approach to self-evaluation which will align to and enhance our integrated planning and performance framework.

Next steps and timescales

A detailed report on the integrated planning and performance framework will be submitted to Policy and Sustainability in April 2021.

As part of developing the framework we will undertake early discussion with political groups to inform our approach.

April Update

The Planning and Performance Framework is on the agenda for the Policy and Sustainability Committee's consideration.

Political Groups have all been offered discussions and a session with members of GRBV is planned.

October Update

In June 2021, the Policy and Sustainability approved the new planning and performance framework for the Council Business Plan, including an initial suite of Key Performance Indicators (KPIs).

The integrated Planning and Performance framework is underpinned by the "plan, do, check, act/review" continuous improvement model.

The framework is now into implementation phase and a performance update will be considered as a separate report (Business Renewal) by the Policy and Sustainability.

December Update

Annual plans at Directorate and Divisional level were completed and approved by CLT in October 2021.

A Performance update for the Business Plan KPIs and Measures has been developed and will go to P&S Committee on 30 November 2021.

A corporate level Action Tracker has been developed to monitor the Business Plan actions and discussed with CLT on 12 November 2021.

Between November 2021 and March 2022 the Action Trackers and Performance Scorecards and Dashboards will be developed at Directorate and Divisional level.

January Update

Elected Members considered the Council Performance at the November Policy and Sustainability Committee in line with the new Planning and Performance framework.

An internal action tracker has now also been developed and discussed with CLT. This will govern business plan delivery and be considered by CLT every 6 months.

As set out in the previous update the team are now rolling out performance scorecards and dashboards at Directorate and Divisional level.

Recommendation

3) To help them carry out their best value responsibilities, elected members should take advantage of the learning and development opportunities provided by the council.

Status and progress to date

To fully respond to this recommendation officers are proposing a short (end of March 2021), medium (2021/2022) and longer-term response (post local government 2022 election).

Short (end March 2021) – To ensure elected member learning and development meets statutory requirements, is continuous, relevant and of good quality officers will carry out an audit of all current training materials and communicate the current offering to members. All statutory and requested training will also continue.

Medium (2021/2022) – A training needs analysis will be carried out with elected members. This will be fundamental to identify any gaps in learning and development and help implement further training that is useful, relevant, developmental and will encourage and support participation. A key aspect of this will be to consider more online and virtual training to allow members to complete learning and development at a convenient time.

Long-term (post Local Government elections) - The training needs analysis will be a fundamental tool to support the induction and on-going training offering to new and returning members after the 2022 election. As in previous election years, a full 8-week induction programme will be offered to members. Building on this, there will then be a focus on continuous learning and development with members supported to take an active role in their development and monitor their participation in further training. This will allow training needs to be identified on an ongoing basis and training and development to be offered timeously.

Next steps and timescales

The Policy and Sustainability will be provided with an update on the progress of this recommendation at its next meeting in April 2021.

April Update

The short-term commitment to carry out an audit of all current training materials and communicate the current offering to members is complete. Members were emailed on 25 March 2021.

October Update

The medium-term and long-term commitments are currently at planning stage. Officers are currently developing a programme of workstreams - Council 2022 in preparation for the 2022 Local Government elections. (The Council's election team has responsibility to manage the delivery of the election, with separate project management arrangements for this in place).

A key strand of the project is to deliver a comprehensive induction and training programme for elected members. The training needs analysis (medium term commitment) is key to inform and support this programme.

December Update

The medium-term training needs analysis has commenced with the GRBV Self Evaluation and Lessons Learnt exercise which took place on 12 October 2021. A key area considered was training and development. A report on this exercise will be considered by GRBV Committee in January 2022. This exercise will then be rolled out across all executive committees. An elected member survey and exit interviews with members standing down will also form part of the training needs analysis.

January Update

The GRBV Self Evaluation and Lessons Learnt report will be considered at this meeting.

Dates for the Executive Committee's Self Evaluation and Lessons Learnt sessions will be confirmed by the end of December 2021 and the structure of the elected member survey and exit interviews are being finalised for issue in January 2022.

Recommendation

4(a) The council should further improve its performance reporting by making better use of performance measures and targets, particularly to demonstrate the impact of improvement work.

Status and progress to date

The Council's draft Business Plan includes a new strategy performance map which details the outcomes, actions and initial metrics.

Work is now underway to further develop the strategy performance map and we will be working with teams to agree annual plans and metrics. This is in advance of rolling out the new integrated planning and performance framework which will go live from May 2021, following the closure of the 2020 – 2021 annual performance report.

The new planning and performance framework will provide a clear link between our three- year business plan, key strategies, annual service plans and the underlying performance framework including benchmarking.

The framework will be underpinned by a cycle of 'plan, do, check and review and act' and will aim to drive a culture of continuous improvement (see recommendation 2). The business plan outcomes will be aligned to Specific, Measurable, Achievable and Relevant (SMART) performance indicators and milestones where appropriate, which

will allow for open discussion and scrutiny of performance at organisational and service team levels, as well as with Elected Members and the wider public on a regular basis.

Next steps and timescales

A detailed report on the integrated planning and performance framework (PPF) will be submitted to Policy and Sustainability Committee in April 2021.

April Update

The Planning and Performance Framework is on the agenda for the Policy and Sustainability Committee's consideration.

October Update

In June 2021, the Policy and Sustainability approved the new planning and performance framework for the Council Business Plan, including an initial suite of Key Performance Indicators (KPIs) which are aligned to Specific, Measurable, Achievable and Relevant (SMART) performance indicators and milestones.

The framework is now into implementation phase. The next phase of this work will look to develop service plans and targets against each performance indicator or milestone.

A performance update will be considered as a separate report (Business Renewal) by the Policy and Sustainability.

December Update

Work is ongoing from the October update – see Section 2.

January Update

The substance of this update is in section 2.

Recommendation

4(b) The council should further improve its performance reporting by publishing easily accessible, up-to-date performance information on its website.

October Update

Officers are working to improve the performance reporting available to the Public via the Council website. Key improvements have focused on the layout and format of our reporting to ensure that publications are both accessible and timely.

Along with publishing all committee performance reports (noted above in 4a), we will further enhance our public information by developing a suite of core measures to be published on a quarterly basis.

In addition, we will be developing a data section to give a wider perspective on city data, for example, Edinburgh by Numbers.

December Update

The work identified in the October update is on-going.

January Update

The work identified in the October update continues to be ongoing. In particular work has begun on the next version of Edinburgh by numbers.

Recommendation

5(a) In order to make community engagement an integral part of service improvement and delivery, the council should embed the lessons from effective community engagement activity and clearly communicate the results of, and the council's response to, community consultation.

Status and progress to date

Officers have developed a new Consultation and Engagement policy to formally embed the principles of high-quality engagement and consultation into the way we work. The intention was to bring this to committee in spring 2020 but consideration was delayed due to the impact of the pandemic.

The Council is also developing a Consultation Advisory Panel of expertly trained council officers who will evaluate proposed significant consultations and make recommendations to the Corporate Leadership Team. This group will be established in line with the implementation of the new Consultation and Engagement policy and will be chaired by senior managers on a rotating basis. This will ensure a high quality and coordinated approach to community consultation and engagement.

The Consultation Advisory Panel will ensure that planning for consultation and engagement takes account of and commits to the public reporting of how citizens' views have shaped the decisions of the Council. This approach will be implemented following Council agreement of the Consultation and Empowerment policy and will be reflected as part of the Business Plan annual performance report.

The Council is considering its approach to empowering communities and the relationship with community councils with partners in the city, under the auspices of the Edinburgh Partnership. This is being taken forward by a working group (see 6a below). This allows the Council to consider its approach in the round and as part of a comprehensive suite of reforms for community planning and community empowerment.

Next steps and timescales

The Consultation and Engagement policy will now be brought to the Policy and Sustainability Committee for consideration at its next meeting in April 2021.

Following agreement of the Policy, a series of officer and elected member briefings on effective community consultation and engagement will be delivered in May 2021.

Further consideration of how the wider skills and capacity of the organisation can be enhanced will be addressed as part of the Council's People Strategy and workforce plans. This will be considered by the Policy and Sustainability Committee at its April meeting.

April Update

The Consultation and Engagement policy is on the agenda for the Policy and Sustainability Committee's consideration.

The People Strategy and workforce plans are on the agenda for the Policy and Sustainability Committee's consideration.

October Update

The Consultation Policy was approved at Policy and Sustainability Committee in April and came into effect from August 2021.

The Consultation Advisory Panel has met successfully to review high-assessed consultation proposals. The first CAP report has been considered and approved by CLT.

The process is under continuous review to ensure its effectiveness, this includes involvement of colleagues from Internal Audit.

The Consultation Hub cannot now be accessed without records of self-assessment being reviewed by the Insight Team.

Briefings have been provided to all consultation and engagement hub users and are currently being delivered to convenors and vice-convenors of committees.

Directorate/Divisional briefings are being provided on request.

A 3-year training programme has been developed to upskill colleagues and elected members on consultation practice and funding has been agreed for year one.

Year one focuses on training for key users and colleagues providing central support for consultation.

Funding has been agreed for a new team to drive community and voluntary sector engagement in the development of major new change projects – 20-minute Neighbourhoods and Poverty Prevention.

In Autumn 2020 the Council supported the launch of End Poverty Edinburgh, a new group established to ensure the voices of people with lived experience of poverty are heard in the development of policy and actions in the city.

The group is actively engaging with elected members and senior officers in development of new approaches to end poverty in the city.

December Update

Recruitment is underway to support community and voluntary sector engagement on the emerging 20-Minute Neighbourhood and Poverty Prevention projects.

In addition, as part of a Senior Leadership Review in the Place directorate, it is proposed to create a Community Empowerment team to work with community and voluntary sector groups on an on-going basis.

January Update

No further update this stage.

Recommendation

5(b) In order to make community engagement an integral part of service improvement and delivery, the council should support community groups to complete asset transfers.

Status and progress to date

Community Asset Transfer (CAT) is an important element of the Council's approach to Community Empowerment. The Council has a well-established CAT Policy and provides advice and guidance to community organisations at all stages of the process to enable them to present the best possible case for an asset transfer. Prior to formal asset transfer requests being submitted, officers score the draft submissions following the CAT policy scoring matrix and works with the community to improve their business case so that it is as strong and robust as possible in terms of finance, operation, community consultation and governance. The Council has recently seen evidence of a greater number of Community Asset Transfer requests which it has supported and the number of approved requests has risen during the last 12 months.

Next steps and timescales

As a part of the Draft Council Business Plan, the opportunity for greater use of Community Asset Transfer will be considered as a part of the Council's proposed approach to '20-minute neighbourhoods' and enable greater community resilience and empowerment in the future.

April Update

No further update at this stage.

October Update

Since the publication of the Best Value Report in November 2020, considerable progress has been made with Community Asset Transfers and a further three transfers have been concluded, bringing the total number of completed transfers to four since the introduction of the Community Empowerment (Scotland) Act 2015.

In addition, a further four transfers have been agreed to by the Council and legal work is ongoing to bring them to a successful conclusion.

There continues to be interest from community groups in pursuing transfers with four groups preparing detailed business plans for consideration and seven expressions of interest received that are currently being processed. We continue to receive initial enquiries on a regular basis, with 28 considered over the last reporting year.

The Council's 20 Minute Neighbourhood strategy was approved by Committee in June 2021.

Early implementation of the strategy is being progressed in Corstorphine and Portobello and will include a review of current and future opportunities for Community Asset Transfers to see where further support for CAT applications and community empowerment can be progressed. Early work is underway in Corstorphine and Portobello.

December Update

No further update at this stage.

January Update

No further update at this stage.

Recommendation

6(a) The council should work with the Edinburgh Partnership Board to implement its new governance arrangements, effectively involve community representatives and deliver improved outcomes for communities.

Status and progress to date

Work to progress this recommendation will be taken forward in two parts;

- i) as a Community Planning Partnership looking at effective partnership working, and,
- ii) as a Council in support of community capacity and local empowerment.

The Edinburgh Partnership

Following a meeting of the Edinburgh Partnership Board on 15 December 2020, a working group of key partners led by the Council's Executive Director of Place was established to consider the Accounts Commission's recommendations and formulate a partnership response. Initial work has been carried out, with the group identifying key thematic areas for improvement covering governance to deliver outcomes, performance and community engagement. Work is now underway to develop a detailed proposed improvement actions under each of these themes. This will be presented to the Edinburgh Partnership Board in March 2021 for agreement.

The Edinburgh Partnership Board has also committed to developing a Community Empowerment Plan and a draft report is due for consideration by the Board in June 2021.

The Council

The Council Business Plan has clearly articulated how the Council's priorities and key strategic programmes of work align with the Community Planning Partnership priorities (LOIP) and, in response to committee agreement to give further consideration of genuine local community empowerment, the Council is carrying out a review of the Localities teams.

This will address how the Council improves its approach and capacity to effectively involve community representatives in local outcome plans and the work of the Edinburgh Partnership. This review is due to be complete by April 2021.

Next steps and timescales

The Policy and Sustainability Committee will be updated on the outcome of Edinburgh Partnership working groups findings at its next meeting in April 2021 and on the Community Empowerment Plan in August 2021.

An update on the Localities Review will also be provided in April 2021.

April Update

The outcome of the Edinburgh Partnership Working Group's findings is on the agenda for the Policy and Sustainability Committee's consideration.

An update on the Localities Review is on the agenda for the Policy and Sustainability Committee's consideration.

October Update

Progress on delivering the BV improvement Plan is being reported to the Edinburgh Partnership Board (EPB) in September.

Thereafter, key actions will be included in the LOIP Delivery Plan – also being reported on at the EPB.

The development of the 3rd LOIP theme – A good place to live, has been led by Public Health and has been informed by 2 key 'Joining the dots' workshops. These involve the participation of a range of partners across the city.

A 3rd workshop is planned for October with a focus on project development – in particular for the two 20-minute neighbourhoods (Wester Hailes and Liberton/Gilmerton) identified as shared partnership delivery priorities.

A short life joint working group has been established with the Edinburgh Association of Community Councils (EACC) to focus on how community councils can be better enabled to deliver their statutory functions and to improve the working relationship with the Council.

The BV Improvement Plan identifies a number of actions to strengthen community empowerment in the city. Included within this is the finalisation of an Empowerment Plan, work on which began pre-pandemic. Work on this has now been resumed with a meeting arranged with partners to review the work to date and to agree, based on the revised city context, a refreshed project delivery plan.

As part of the Council's approach to change management, engagement is underway with Senior Leaders within the Council on the creation of a team to lead Community Empowerment on behalf of the Council.

December Update

The Edinburgh Partnership noted progress on the BV improvement plan at its meeting in September 21. It agreed to mainstream the improvement actions from this point forward with further progress being subject to standalone reporting of as part of the annual reporting of the LOIP.

The proposed 3rd workshop has been held and initial actions identified for inclusion in the LOIP Delivery Plan.

A group comprising CEC Senior Officers and EACC members has met twice and produced an improvement plan. This focusses on improving working between the Council and CCs. Further work is required to widen the discussion to Edinburgh Partnership members and a first stage report on this will be presented to the December 21 Board meeting.

The partner group has met and produced a draft strategy which will now be subject to engagement. The first session is planned with public, voluntary and community representatives in November 21. This will be followed by a period of engagement

during December 21 and January 22. It is anticipated that the draft strategy will be presented to the Board in March 22.

The senior leadership element of the Place review is underway. It is anticipated that this will be complete by 2022 with the resource for the Community Empowerment Team being considered thereafter.

January Update

The Edinburgh Partnership Board considered a report on the development of a collaborative framework with community councils at its meeting on 15 December 2021. The Board noted the progress and agreed to hold a meeting between the Edinburgh Association of Community Councils and partner organisations in January 2022. The outcome of these discussions will be reported to the Board at its meeting in March 2022.

A report on the Council's framework for collaborative working with community councils is scheduled to be considered by the Culture and Communities Committee on 1 February 2022. This report responds to the motion at the Governance, Risk and Best Value Committee on 9 November 2021 calling for details of the current arrangements, funding and how this links into wider community planning responsibilities and any actions for improvement.

Recommendation

6(b) The council should work with the Edinburgh Partnership Board to produce progress reports with clear targets, accountable leads and links between the actions taken and the impact on performance.

Status and progress to date

Officers are working with community planning partners to agree clear performance measures and reporting framework. A draft is due to be considered by the Edinburgh Partnership Board in June to allow for any changes resulting from the Best Value working group (detailed under 6a) recommendations to be reflected and to align with the Council's new integrated planning and performance framework (due for implementation in May 2021)

Next steps and timescales

The Policy and Sustainability Committee will be updated on the outcome of this work at its following meeting August 2021.

April Update

The work on performance measures and reporting framework is progressing. An update will be provided in August 2021.

October Update

The new LOIP Delivery Plan with corresponding performance measures is on the EPB agenda for consideration in September 21.

It builds on the work done within the Council's own performance framework giving a renewed emphasis to public health and Sustainability outcomes to reflect further development of the LOIP.

December Update

The LOIP Delivery Plan was agreed in September 21 by the Edinburgh Partnership Board. It was noted that further work was required to reframe the LOIP to take account of the revised priorities and outcome metrics with this work to be presented to the Board in December 21.

January Update

The further work required to reframe the LOIP and performance metrics is ongoing. Recognising this, the matter was deferred and will now be considered by the Edinburgh Partnership Board at its meeting in March 2022.

Summary

Work continues to progress all actions.

The first Council Performance report based on the new Planning and Performance framework was considered at P&S during this reporting period. Work continues to progress rolling out performance scorecards and dashboards at Directorate and Divisional level.

As part of the Council's preparations for the May 2022 Local Government election, the Corporate Governance Team is conducting a review the delivery of Learning and Development. Committee self-evaluation sessions, an elected member survey and exit interviews are under development.

The Edinburgh Partnership have also met over this update period and considered papers on a collaborative framework with community councils and will consider performance and their governance framework at their meeting in March 2022.

Governance, Risk and Best Value Committee

10.00am, Tuesday 18 January 2022

Review of Effectiveness of Scrutiny of Governance, Risk and Best Value (GRBV) – Self-Evaluation and Lessons Learnt

1. Recommendations

1.1 The Committee is recommended to:

- 1.1.1 Note the outputs from self-evaluation workshop undertaken by Governance, Risk and Best Value Committee members on 12 October 2021 to assess current political management arrangements, committee effectiveness and lessons learnt from this Council term; and,
- 1.1.2 Note the outputs from the self-evaluation workshop will be used to inform the design of political management arrangement proposals and support provided to elected members around the local government election 2022 and following council term.

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Review of Effectiveness of Scrutiny of Governance, Risk and Best Value GRBV – Self-Evaluation and Lessons Learnt

2. Executive Summary

- 2.1 This report provides a summary of a self-evaluation workshop undertaken by Governance, Risk and Best Value Committee (GRBV) members on 12 October 2021 to assess current political management arrangements (PMAs), committee effectiveness and lessons learnt from this Council term.

3. Background

- 3.1 The GRBV Committee Effectiveness Review concluded that the GRBV Committee is fulfilling its core remit, particularly in relation to oversight of the internal and external audit processes, risk management and the operational performance of the Council. The Review further concluded that there is an opportunity to enhance the effectiveness of the scrutiny the Committee performs and the impact it can achieve.
- 3.2 The Review set out a number of recommendations for consideration when the Council reviews its political management arrangements following the 2022 local government elections, as well as a number of standalone recommendations to enhance the effectiveness of the Committee.
- 3.3 The Review specifically noted that the Committee would benefit from taking time away from its busy agenda to consider goals and objectives for the year, highlight good practice and consider lessons learnt. Agreed management actions included preparing a lessons learnt paper following a lessons learnt session with committee members, this will be followed up by a consideration of goals and objectives in the new Council term.
- 3.4 As part of the Council's preparations for the May 2022 Local Government election, the Corporate Governance Team is conducting a review of the Council's PMAs. A key part of this review is the evaluation of current arrangements. Facilitated self-evaluation sessions by committee members will be scheduled with all executive committees before the election and used to inform the design of proposed post-election PMAs and the support provided to councillors for the 2022-2027 term.

4. Main report

- 4.1 All GRBV members were invited to attend a workshop on 12 October 2022. The workshop evaluated current PMAs relevant to the GRBV Committee followed by an evaluation of effectiveness in key areas of responsibility.

Political Management Arrangement Assessment

- 4.2 Workshop attendees evaluated six key PMA areas against the scoring criteria set out in figure 1.1 below. The six key areas were: terms of reference, remit and purpose of committee; balance of reporting; number of reports and time spent on each report/meeting frequency; composition of committee and number of committee members; ALEOs, and training.

Figure 1.1 – Scoring Criteria	
5	PMAs work well in this area and there is no need for change.
4	PMAs are working well but there are small changes that could be made to improve effectiveness.
3	PMAs are sufficient but there is improvement required.
2	PMAs provide some value but significant improvement is required.
1	PMAs are not effective in their purpose/there is a need for complete redesign.

- 4.3 Terms of Reference (TORs), Remit and Purpose of Committee - the score agreed by members in this section was **5**.

- 4.4 Elected members were asked the following questions:

4.4.1 Are the Committee's TORs appropriate?

4.4.2 Is there anything that you think should sit elsewhere/currently sits elsewhere and would work well as part of the Committee's remit?

4.4.3 Are you clear on the overall purpose of the Committee?

- 4.5 Points made during discussion included:

4.5.1 TORs were broad enough, but the committee didn't always utilise their full scope.

4.5.2 The Committee can feel "toothless" and it is difficult to identify situations where changes in direction or action had been forced.

4.5.3 A previous arrangement whereby reports could be scrutinised by GRBV before they went to executive committees should be reconsidered.

4.5.4 It should be considered whether GRBV could look at the risk profile of large projects/decisions before these were approved.

- 4.5.5 That in progressing the comment in the GRBV Effectiveness Review regarding the balance of strategic and operational focus of the committee, elected members would be aided by more guidance and support on the difference between these two areas and how to navigate the complexities of the Code of Conduct.
- 4.6 Balance of Reporting - the score agreed by members in this section was 3.
- 4.7 Elected members were asked the following questions:
- 4.7.1 Are you happy with the balance of reporting?
- 4.7.2 Is there anything that you'd like to see more/less dedicated reports on?
- 4.8 Points made during discussion included:
- 4.8.1 The committee had fewer reports on risk than other key areas of its remit. An increase in this area would be beneficial.
- 4.8.2 It was noted that the Council's current backlog of overdue audit and assurance actions had meant that the committee had spent a disproportionate amount of time on this at the expense of different types of reporting and focus.
- 4.8.3 The quality of reports could be improved in general. There was a need for better written reports that summarised points well whilst providing an appropriate level of detail. A reduction in jargon was required. Annual reports should be comparable with previous reports.
- 4.9 Number of reports and time spent on each report/meeting frequency - the score agreed by members in this section was 4.
- 4.10 Elected members were asked the following questions:
- 4.10.1 Do you feel the committee spends an appropriate amount of time on each report?
- 4.10.2 Are ten meetings a year appropriate?
- 4.11 Points made during discussion included:
- 4.11.1 That the committee did spend an appropriate amount of time as required on individual reports, this would vary depending on report.
- 4.11.2 Meeting frequency was appropriate.
- 4.11.3 It was worth considering at what time the committee met. The lifestyle changes brought about during the pandemic might mean that evening meetings would be better for committee members and public engagement.
- 4.12 Composition of Committee and Number of Committee Members – a score was not agreed by members in this section.
- 4.13 Elected members were asked the following question:
- 4.13.1 Does the composition of the committee aid good scrutiny and allow it to fulfil its purpose?

- 4.14 Points made during discussion included:
 - 4.14.1 Eleven members is too small for appropriate scrutiny and more members would bring additional skills and this aided democratic representation.
 - 4.14.2 Eleven members is an appropriate size. Political groups would struggle to resource larger committees and an increase in size could cause difficulties in terms of political balance.
 - 4.14.3 A paid vice-convenor role for GRBV would aid its effectiveness and ability to deal with workload.
 - 4.14.4 Standing sub-committees should be explored rather than the current working group model.
- 4.15 ALEOs – the score agreed by members in this section was **2**.
- 4.16 Elected members were asked:
 - 4.16.1 Assess the Committee’s ALEOs role in regard to assurance, scrutiny and support of service delivery.
- 4.17 Points made during discussion included:
 - 4.17.1 ALEO committee reporting wasn’t operating as well as it should. Regular ALEO reporting should go to GRBV before executive committees.
 - 4.17.2 There shouldn’t be a limit of what GRBV can scrutinise about ALEOs.
- 4.18 Training - a score was not agreed by members in this section.
- 4.19 Elected members were asked:
 - 4.19.1 Would you benefit from specific training or briefing to assist your work on this committee?
 - 4.19.2 How would this best be delivered?
- 4.20 Points made during discussion included:
 - 4.20.1 All councillors should have to attend training sessions, not just those who are new to the organisation.
 - 4.20.2 A combination of remote and in-person training for each session would be welcomed.
 - 4.20.3 Training should be scheduled to take place at regular intervals during the first year of the new term.
 - 4.20.4 Sessions were suggested on: how to read a report; how to research a report; basic committee structures; reading a set of Council accounts, and specific committee training.
 - 4.20.5 Training sessions should be recorded for future reference.
 - 4.20.6 Cross-party political buddying should be explored.

4.20.7 A pre-meeting for the Councillors on each committee before the first formal meeting could aid effectiveness and help break down barriers to working collaboratively.

GRBV Effectiveness

4.21 The Committee was then asked to score their effectiveness in four key areas of responsibility: oversight of audit processes; oversight of risk management; oversight of operational performance, and effectiveness of scrutiny. The evaluation section was informed by previous discussion throughout the session. A scoring guide is provided at figure 1.2

Figure 1.2 – Scoring Criteria	
5	The Committee is fully effective in this area, there is nothing that we could do better or differently.
4	The Committee is effective in this area but there are small improvements that could be made.
3	The Committee fulfils its role in this area but isn't necessarily effective. Improvements can be made.
2	The Committee provides some value but has a long way to go to being fully effective.
1	The Committee does not provide value in this area.

4.22 The key areas were scored as follows:

4.22.1 Oversight of audit processes – 3.5

4.22.2 Oversight of risk management – 2

4.22.3 Oversight of operational performance – 2

4.22.4 Effectiveness of scrutiny – 3

Conclusion

4.23 Attendees raised extensive feedback during the PMA section of the workshop. This was noted by officers who will be leading on this work as part of the preparations for Council 2022. Outputs would inform the design of PMA options, guidance and training.

4.24 The evaluation section was informed by previous discussion throughout the session. Findings mirrored the conclusions drawn in the GRBV Effectiveness Review report in that members perceived that the committee was fulfilling its core remit, however, there was room for improvement and that changes to PMAs should be considered to help facilitate this.

4.25 Elected members also perceived an imbalance in the committee's effectiveness and the business considered. The overdue assurance actions and recent red internal audit ratings had dominated the agenda and focus of the committee. Those present noted that they would have liked to have been able to provide additional focus in committee on oversight of risk management and operational performance.

5. Next Steps

- 5.1 Equivalent self-evaluation workshops will be held with all executive committees. The outputs from these session alongside findings from an elected member survey and exit interviews with those members standing down will inform the design of PMA proposals, guidance and training for elected members following the 2022 election.
- 5.2 The findings will also be utilised in the design of the forward-looking goal and object setting workshop (referenced in paragraph 3.3) to take place early in the new Council term.

6. Financial impact

- 6.1 Political management arrangements and elected member training during this period will be contained within existing revenue budgets.

7. Stakeholder/Community Impact

- 7.1 The outputs of this session will be shared with Executive Committees in advance of committee evaluation sessions.

8. Background reading/external references

- 8.1 [Review of the Effectiveness of Scrutiny of Governance, Risk and Best Value Committee - implementation of findings](#) – Governance Risk and Best Value Committee, 9 November 2021
- 8.2 [Internal Audit Annual Opinion for the year ended 31 March 2021](#) – Governance, Risk and Best Value Committee, 10 August 2021

9. Appendices

- 9.1 None.

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Governance, Risk and Best Value Committee

10:00am, Tuesday, 18 January 2022

Committee Decision Process and the Policy Register

Executive/routine Wards Council Commitments	Executive
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1. Recommendations

- 1.1 To note the actions outlined to improve the committee decision process.
- 1.2 To note that any review of the political management arrangements for the Council would take into account the workload of committees and the subsequent impact on the quality of reporting.

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Committee Decision Process and the Policy Register

2. Executive Summary

- 2.1 This report analyses the processes that surround committee reporting and highlights some improvements. The report also covers the review of the Policy Management Framework, updating committee on the actions taken in response to the audit.

3. Background

- 3.1 On 21 September 2021, the Committee requested a report in two cycles covering:
- 3.1.1 How formal and informal committee and council actions are taken forward by officers following committee decisions and commitments made by directors and other officers in the course of committee business;
 - 3.1.2 The process followed by Committee Services to notify directorates of actions to be taken forward from Council and Committee decisions and how they are tracked;
 - 3.1.3 The protocols for officers carrying out agreed actions; and,
 - 3.1.4 A review of 2 specific cases and lessons learned.
- 3.2 On 9 November 2021, the Committee requested that a written report on the outcomes of the review of the Policy Register be brought to committee in January 2022 to be considered at the same meeting as the Committee Decisions Report.

4. Main report

Process following Committee Decisions

- 4.1 There are a range of committee documents that support the management of committee decisions. These cover informing directorates of the decision and the tracking of committee reports:
- 4.1.1 Action Sheets;
 - 4.1.2 Minutes;

- 4.1.3 Rolling Actions Logs; and,
- 4.1.4 The Report Schedule.
- 4.2 Following a decision at the Council or a Council committee, action sheets are produced which outline the formal decision of the committee but also includes informal agreements such as a commitment to circulate a report or briefing note. The action sheets identify the relevant executive director and lead officer and are circulated the day of or the day after the meeting. Directorates then issue the instruction to the relevant officer to write the report. A member's action sheet covering informal requests and commitments is also produced for Council.
- 4.3 Minutes are also produced which contain the legal record of the committee decision. However, it is expected that directorates will have progressed implementation of the decision through the action sheet.
- 4.4 Committee decisions are tracked through use of the rolling action logs and the committee report schedule. Each document has a different role although the report schedule is designed to cover all reports to committees.
- 4.5 Committee decisions that require further reports or briefing notes are included in the rolling action log. Rolling actions logs are submitted to every normal meeting of committee, and every six months to Council. Prior to submission to committee or Council, draft rolling actions logs are circulated to directorate officers to review and provide any updates relating to their outstanding actions. For longer-term pieces of work, officers will provide updates via the rolling actions logs or the business bulletin, if more detail is required. Actions may also be transferred to other committees if, for example, they tie into a larger piece of work or project under another committee's terms of reference. When reviewing rolling actions logs, officers may advise that an action has been completed, in which case the action will be recommended for closure at the next meeting of committee or Council.
- 4.6 Future reports are included in the report schedule which is updated regularly and circulated every week. It includes report titles, responsible directorate and division and the lead officers for each report and covers the following three month period.
- 4.7 There will be occasions where officers determine that a change in information or circumstances mean that a report may require to be different to that which was requested by the committee. If this is the case then report authors should liaise with their executive director and, if agreed, should consult on the proposed change with the convener and vice-convener of the committee receiving the report. If the report request came from a motion, then the elected member proposing the motion should also be consulted with. The reasoning for any such change should also be clearly set out in the relevant report.
- 4.8 A meeting was held to review the processes used between Committee Services and Executive Services within Business Support which underpins the committee report process within the directorates. The following was highlighted:
 - 4.8.1 Directorates indicated that the committee report process worked well but there were instances of one or two reports that slipped through the gaps.

- This was often when there was a complicating factor such as the report needing to be authored by more than one directorate;
- 4.8.2 Clarity in relation to who should do what between Committee Services and Executive Services should be improved;
 - 4.8.3 There was an example of a useful meeting between the two teams following a committee which dealt with any issues from the previous committee and looked ahead;
 - 4.8.4 Reports are often submitted very close to the deadlines to both Executive Services and Committee Services. This means there is little opportunity to check the report;
 - 4.8.5 The volume of reports is so significant that it is difficult to implement best practice. Often there is a need to just process the reports; and,
 - 4.8.6 Timescales and the lead in times for Agenda Planning Meetings and Committees are often very tight and difficult to comply with.

Case Studies

- 4.9 Two particular cases were asked to be reviewed. One involved a decision following motions by Councillors Doggart and Howie at the June 2021 Council meeting. The decision noted the recent report from the Mental Welfare Commission and, amongst other matters, asked for a proportionate and robust review of all cases of hospital discharges to care homes over the past 16 months. The subsequent report to the Policy and Sustainability Committee on 3 August 2021 did not cover this and the committee asked again for this report to be produced.
- 4.10 The Health and Social Care Partnership have reviewed this matter and concluded that it was an omission by officers. Officers were already working on an approach to review a sample of cases as part of the response to the Mental Welfare Commission prior to the Council meeting in June 2021 and did not fully incorporate the decision of Council into the report. The lessons learnt from this have been taken on board by the Partnership.
- 4.11 The second case involved the Policy and Sustainability Committee on 10 June agreeing 'that Full Council on the 24th June will receive an update report that will cover the progress made to resume youth work in community centres and in other locations. It should include how many community centres will be resourced by the council to open, what date they will be open from, what access will be allowed by other groups, what changes would be involved if Edinburgh were to move to Level 1 or 0, and how children's rights have been taken into consideration when making these plans.'
- 4.12 Council considered a report on 24 June 2021 on youth work in community centres and other locations but agreed that it did not fully cover the remit instructed by the Policy and Sustainability Committee. A further written briefing was requested to cover these points.

- 4.13 On exploring why the request from the Policy and Sustainability Committee was not implemented it became clear that there were several factors that contributed to this:
- 4.13.1 The complexity of the situation – the service was examining how to re-open community centres and libraries across the City safely and in compliance with both Scottish Government guidance and Council policy on providing services in the pandemic.
 - 4.13.2 The short timescale between the committee and the Council with only 8 days between the committee decision and the publication of the Council papers.
 - 4.13.3 Complications caused by different reports from different committees being requested on community centres.
- 4.14 The resumption of community centres was a complex exercise which required the Interim Executive Director of Education and Children’s Services to establish and personally lead a working group to ensure that the different strands were all being pulled together. This assisted the officers working on the resumption of service and ensured that they were supported in managing the process, including the briefing and reporting to elected members.

Conclusion

- 4.15 The review of the committee report processes took cognisance of the meeting with Committee Services and Executive Services and discussions and information provided by officers within the Health and Social Care Partnership and Education and Children’s Services.
- 4.16 The report processes do appear to be sufficient to ensure that nearly all reports are dealt with properly. However, the process does not have sufficient checking in place to act as a safety net for those small number of reports in a year that do not fully follow the instructions of committee.
- 4.17 As has been reported previously, the Council has a significantly higher number of reports than other Councils in Scotland and this pressure puts significant strain on the committee report processes and means that resources are not able to fully check all reports.
- 4.18 That being said there are a number of improvements that can be made as follows:
- 4.18.1 Committee Services as part of the Council 2022 project will review its processes and approach to committees including the report schedule with a view to improving the efficiency of the systems used;
 - 4.18.2 The relevant committee clerk and the relevant Executive Services staff will seek to have a regular meeting after every committee;
 - 4.18.3 The Head of Democracy, Governance and Resilience will have a bi-annual meeting with Executive Services to discuss any problems or issues with committee reporting;

- 4.18.4 Executive Directors have communicated with their teams to highlight the need to meet committee deadlines and ensure reports are with the relevant chief officer for approval in good time;
- 4.18.5 Circulate process to Directorates on changes to a requested report and,
- 4.18.6 Consideration will be given to any suggested changes or amendments to the committee system or Scheme of Delegation to allow for there to be higher quality reporting.

Policy Register

- 4.19 Internal Audit (IA) published a report into the Council's Policy Management Framework in Spring 2020. Control weaknesses were identified, in the design and ongoing application of the Framework across all Council Directorates and Divisions.
- 4.20 It was established that first (directorate and divisional) and second line (the former Strategy and Communications Division within Chief Executive's) responsibilities in relation to the framework had not been defined, agreed and communicated. A significant portion of the policies uploaded to the Council's online register were identified as out of date (142 of the 145 policies had missed their annual review date).
- 4.21 Whilst Integrated Impact Assessments (IIA) were incorporated into the policy management framework in November 2017, and Strategy and Communications had proactively supported IIA learning across the Council, the requirement to consider IIA requirements for both new and refreshed policies was not consistently applied.
- 4.22 Following the audit, a programme of work to improve the online register and the overarching framework was completed. This included:
 - 4.22.1 Refresh of orb information on policy framework;
 - 4.22.2 Amendment of templates and orb content to make clear that IIAs are required for all policies;
 - 4.22.3 Review of published policies by all directorates/divisions;
 - 4.22.4 Tidy up of online register to remove outdated policies and ensure consistency of template, labelling and information across categories;
 - 4.22.5 Revised definitions to ensure greater clarity;
 - 4.22.6 Clearly defined first and second line roles and responsibilities;
 - 4.22.7 Updates to the Orb to ensure all policy developers are aware of Integrated Impact Assessments (IIA) requirements;
 - 4.22.8 Creation of working group to explore digital solutions for registering and issuing policy reminders;
 - 4.22.9 Ongoing reviews and tidy-up of the policy register; and,
 - 4.22.10 Revised procedures for new policies and for the annual review of existing policies.

5. Next Steps

- 5.1 To implement the operational improvements highlighted in paragraph 4.17 and as part of the Council 2022 project examine where further improvement could be made.

6. Financial impact

- 6.1 There is no financial impact as a result of this report.

7. Stakeholder/Community Impact

- 7.1 Discussions were carried out with Committee Services, Executive Services and officers within the Health and Social Care Partnership and Education and Children's Services Directorate.
- 7.2 The Council's processes in relation to the committee system, the policy register and its duties under the Local Government (Scotland) Act 1973 were considered within this report.

8. Background reading/external references

- 8.1 [Local Government \(Scotland\) Act 1973](#)

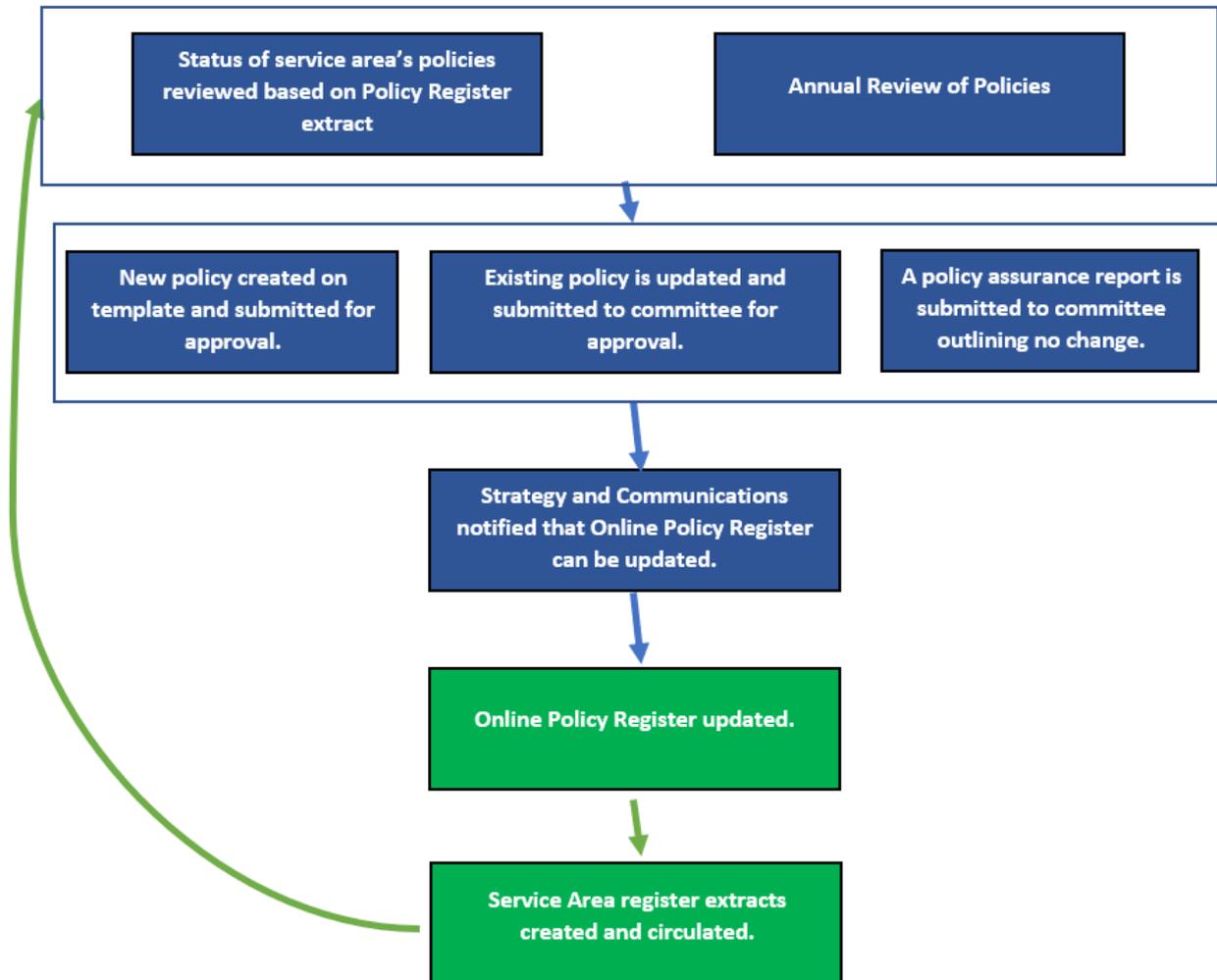
9. Appendices

- 9.1 Appendix 1 – Annual review procedure for policies
- 9.2 Appendix 2 - Submission of a new policy procedure.

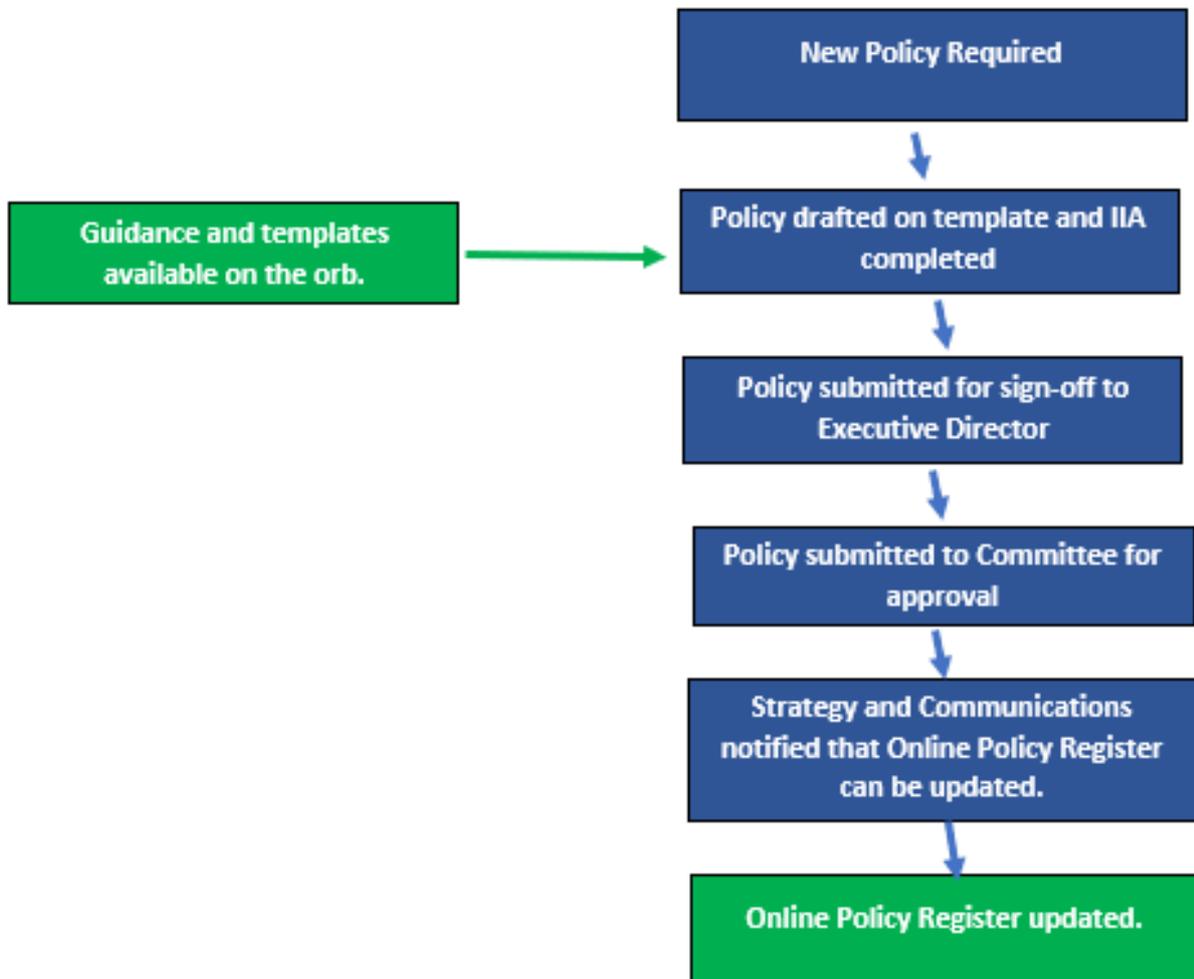
Annual Review Procedure

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Submission of a New Policy Procedure



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Governance, Risk and Best Value Committee

10am, Tuesday, 18 January 2022

Treasury Management: Mid-Term Report 2021/22 - 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.

Stephen S. Moir
Executive Director of Corporate Services

Contact: Louise Williamson, Assistant Committee Officer
Legal and Assurance Division, Corporate Services
E-mail: louise.p.williamson@edinburgh.gov.uk | Tel: 0131 529 4264

Referral Report

Treasury Management: Mid-Term Report 2021/22

2. Terms of Referral

- 2.1 The City of Edinburgh Council on 16 December 2021 considered a report which provided an update on Treasury Management activity undertaken in the first half of 2021/22.
- 2.2 On 9 December 2021, the Finance and Resources Committee had noted that there were some individual figures in the 2020/21 out-turn column in Table A2.1 which did not reflect some late changes to the 2020/21 out-turn. The totals and the numbers in subsequent years were all correct. A revised table A2.1 is attached at appendix 1 to this report
- 2.3 The City of Edinburgh Council agreed:
 - 2.3.1 To note the mid-term report on Treasury Management for 2021/22.
 - 2.3.2 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 16 December 2021.

Minute of Finance and Resources Committee 9 December 2021.

4. Appendices

- 4.1 Appendix 1 - Revised Table A2.1
- 4.2 Appendix 2 - report by the Executive Director of Corporate Services

Appendix 2

Debt Management Activity

Table A2.1 below which shows the out-turn for 2020/21 along with the Council's borrowing requirement over the current and next three years.

Capital Funding v. External Debt	2020/21	2021/22	2022/23	2023/24	2024/25
	Outturn	Estimate	Estimate	Estimate	Estimate
	£'000	£'000	£'000	£'000	£'000
Debt b/fd	1,336,171	1,347,045	1,433,124	1,378,698	1,334,734
Cumulative Capital Expenditure b/fd	1,374,600	1,468,555	1,687,417	1,924,262	2,108,059
Over/underborrowed b/fd	-38,429	-121,510	-254,293	-545,564	-773,325
GF Capital Financed by borrowing	78,588	146,321	102,793	79,073	88,398
Tram Capital Financed by borrowing	52,704	69,873	43,971	12,849	0
Lending to LLPs	19,313	15,026	10,388	72,000	70,500
HRA Capital Financed by borrowing	-1,579	46,935	145,743	93,243	91,003
less scheduled repayments by GF	-33,379	-38,872	-44,009	-42,575	-45,589
less scheduled repayments by Tram	-1	0	0	-4,942	-5,060
less scheduled repayments by LLPs	-6,973	-4,623	-4,834	-4,879	-5,859
less scheduled repayments by HRA	-14,174	-15,242	-16,619	-20,349	-23,609
less scheduled repayments by Joint Boards	-544	-556	-588	-623	-557
Underlying Need to Borrow	93,955	218,862	236,845	183,797	169,227
plus total maturing debt	59,126	53,921	54,426	43,964	43,199
Total Borrowing Requirement	153,081	272,783	291,271	227,761	212,426
Cumulative Borrowing Requirement		272,783	564,054	791,815	1,004,241
New Borrowing	70,000	140,000			
Debt at end of the year	1,347,045	1,433,124	1,378,698	1,334,734	1,291,535
Cumulative Capital Expenditure	1,468,555	1,687,417	1,924,262	2,108,059	2,277,286
Cumulative Over/(Under) Borrowed	-121,510	-254,293	-545,564	-773,325	-985,751

Table A2.1 – Summary of Capital Advances v External Debt

Finance and Resources Committee

10:00am, Thursday, 9th December 2021

Treasury Management: Mid-Term Report 2021/22

Executive/routine Wards Council Commitments	Executive
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1. Recommendations

- 1.1 It is recommended that the Committee:
- 1.1.1 notes the mid-term report on Treasury Management for 2021/22; 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 Corporate Services

Contact: Innes Edwards, Principal Treasury and Banking Manager
Finance and Procurement Division, Corporate Services Directorate
E-mail: innes.edwards@edinburgh.gov.uk | Tel: 0131 469 6291

Treasury Management: Mid-Term Report 2021/22

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 2021/22.
- 2.2 In accordance with the Strategy set in March 2021 the Council borrowed £140m from the Public Works Loan Board (PWLB) in the first half of the year to lock in attractive interest rates before Gilt yields increased, to help finance the substantial Capital Programme.
- 2.3 The investment return for 2021/22 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 maintaining UK Bank Rate at 0.1%. Inflation concerns have led to markets forecasting an increase in UK Bank Rate with the September Reuters poll showing an increase in late 2022 and possibly sooner. However, the anticipated level of inflation and comments by MPC members suggest that it could be as early as Q4 2021. Appendix 1 gives a summary of the first six months from the Council's Treasury Advisors.

4.2 Debt Management

- 4.2.1 The Council continued to fund its borrowing requirement by reducing its investments but also took the opportunity as previously mentioned to lock in attractive rates of interest to help fund the substantial Capital Investment Programme. Appendix 2 outlines the debt management activity during the period.
- 4.2.2 Some of the £140m borrowed secured funding for historical projects and Appendix 3 reviews the borrowing for the purchase of Waverley Court.

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 4 provides detail on Council's investments.
- 4.3.2 As can also be seen in Appendix 4 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 compounded Sterling Overnight Index Average (SONIA) and manage the Council's debt portfolio to minimise the cost to the Council while mitigating risk.
- 5.2 The Treasury team will also continue to review the Council's borrowing requirements, taking into account the significant planned capital investment set out in the ten-year capital plan, and the opportunities that the market presents.

6. Financial impact

- 6.1 The Treasury Cash Fund has generated significant additional income for the Council.
- 6.2 Loan charges associated with the borrowing will be managed within the approved budget.

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 - Economic Background
- 9.2 Appendix 2 - Debt Management Activity
- 9.3 Appendix 3 - Borrowing for the purchase of Waverley Court
- 9.4 Appendix 4 - Investment Out-turn
- 9.5 Appendix 5 - Debt outstanding 30 September 2021

Economic Background

Our Treasury Advisors, Arlingclose summarised the financial markets and gilt yields over the first six months of the financial year as follows:

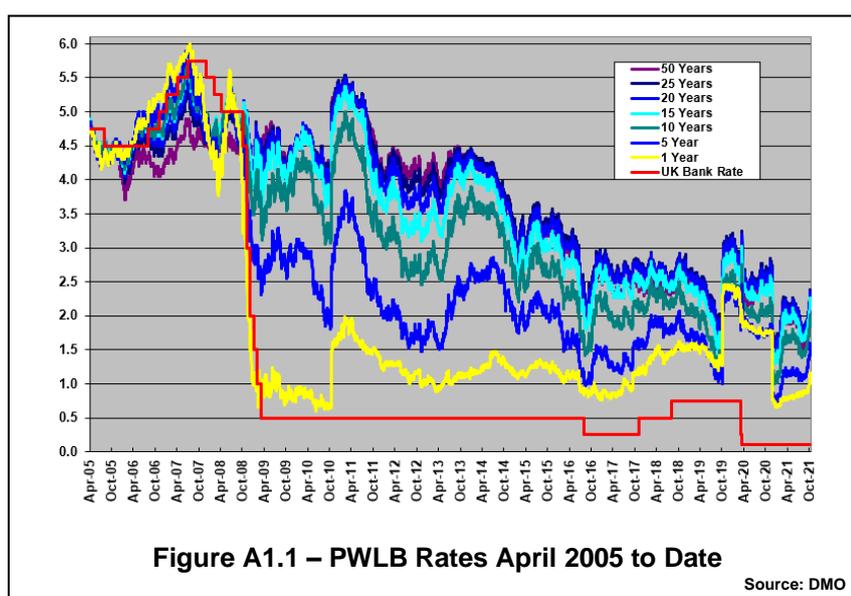
Monetary and fiscal stimulus together with rising economic growth and the ongoing vaccine rollout programmes continued to support equity markets over most of the period, albeit with a bumpy ride towards the end. The Dow Jones hit another record high while the UK-focused FTSE 250 index continued making gains over pre-pandemic levels. The more internationally focused FTSE 100 saw more modest gains over the period and remains below its pre-crisis peak.

Inflation worries continued during the period. Declines in bond yields in the first quarter of the financial year suggested bond markets were expecting any general price increases to be less severe, or more transitory, than was previously thought. However, an increase in gas prices in the UK and EU, supply shortages and a dearth of HGV and lorry drivers with companies willing to pay more to secure their services, has caused problems for a range of industries and, in some instances, led to higher prices.

The 5-year UK benchmark gilt yield began the financial year at 0.36% before declining to 0.33% by the end of June 2021 and then climbing to 0.64% on 30th September. Over the same period the 10-year gilt yield fell from 0.80% to 0.71% before rising to 1.03% and the 20-year yield declined from 1.31% to 1.21% and then increased to 1.37%.

The Sterling Overnight Rate (SONIA) averaged 0.05% over the quarter.

Figure A1.1 below shows the PWLB borrowing rates since April 2005.



Debt Management Activity

Table A2.1 below which shows the out-turn for 2020/21 along with the Council's borrowing requirement over the current and next three years.

Capital Funding v. External Debt	2020/21 Outturn £'000	2021/22 Estimate £'000	2022/23 Estimate £'000	2023/24 Estimate £'000	2024/25 Estimate £'000
Debt b/fd	1,336,171	1,347,045	1,433,124	1,378,698	1,334,734
Cumulative Capital Expenditure b/fd	1,374,600	1,468,555	1,687,417	1,924,262	2,108,059
Over/underborrowed b/fd	-38,542	-121,510	-254,293	-545,564	-773,325
GF Capital Financed by borrowing	78,588	146,321	102,793	79,073	88,398
Tram Capital Financed by borrowing	52,704	69,873	43,971	12,849	0
Lending to LLPs	19,313	15,026	10,388	72,000	70,500
HRA Capital Financed by borrowing less scheduled repayments by GF	-1,579	46,935	145,743	93,243	91,003
less scheduled repayments by Tram	-32,439	-38,872	-44,009	-42,575	-45,589
less scheduled repayments by LLPs	-1	0	0	-4,942	-5,060
less scheduled repayments by HRA	-14,559	-4,623	-4,834	-4,879	-5,859
less scheduled repayments by Joint Boards	-14,174	-15,242	-16,619	-20,349	-23,609
	-544	-556	-588	-623	-557
Underlying Need to Borrow	87,309	218,862	236,845	183,797	169,227
plus total maturing debt	59,126	53,921	54,426	43,964	43,199
Total Borrowing Requirement	146,435	272,783	291,271	227,761	212,426
Cumulative Borrowing Requirement		272,783	564,054	791,815	1,004,241
New Borrowing	70,000	140,000			
Debt at end of the year	1,347,045	1,433,124	1,378,698	1,334,734	1,291,535
Cumulative Capital Expenditure	1,468,555	1,687,417	1,924,262	2,108,059	2,277,286
Cumulative Over/(Under) Borrowed	-121,510	-254,293	-545,564	-773,325	-985,751

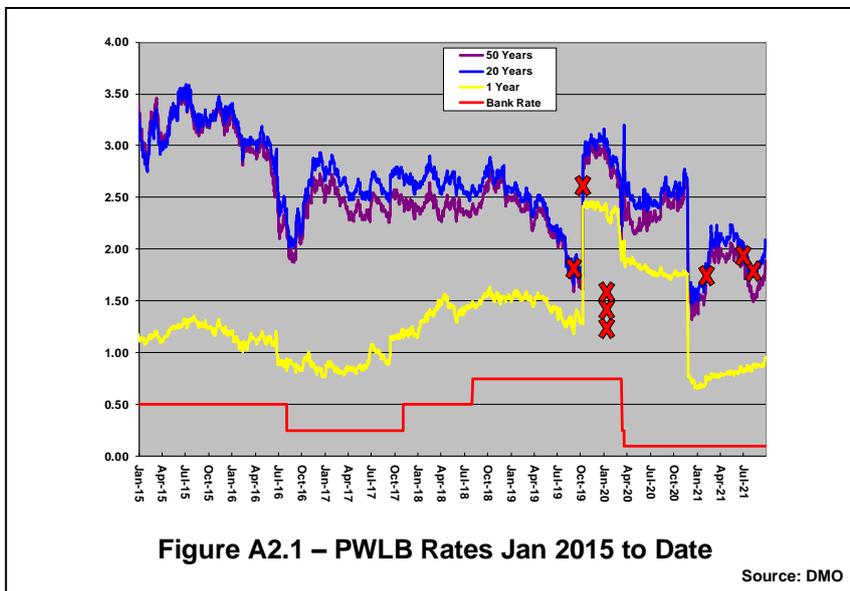
Table A2.1 – Summary of Capital Advances v External Debt

The Debt Management Strategy for 2021/22 as outlined in the Strategy Report was:

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

- *continue to reduce investment balances to temporarily fund capital expenditure;*
- *seek alternative sources of funds to the PWLB; and*
- *continue to lock out the risk on projects when the timing of capital expenditure becomes certain and interest rates are appropriate.*

Although the strategy to reduce cash further has been followed through, there were significant concerns over the prospects for inflation and the medium-term outlook for interest rates. The opportunity was therefore taken to lock in a further £140m of long term PWLB funding at sub two percent levels to manage some more of the Council’s interest rate risk. Figure A2.1 shows PWLB Borrowing Rates along with the timing of PWLB borrowing.



In addition to drawing down the £60m from PBB which had been pre-agreed in relation to the St. James Centre GAM project, since 2019/20, the Council has borrowed £386m from the PWLB at an average interest rate of 2.07%. Despite borrowing nearly £450m over the last 24 months, Table A2.1 shows that the Council still has a substantial cumulative borrowing requirement over the next few years if the capital expenditure is in line with current forecasts.

Borrowing for the Purchase of Waverley Court

2020/21 marked the maturity of the last of the external loans taken out to finance the purchase of Waverley Court in 2008. However, the Loans Fund capital advances to fund the purchase were for 28 years, so there is still currently a need to borrow. As the external loans matured, they were initially re-financed by reducing the Council's investments, and subsequently re-financed as part of the package of loans detailed in Appendix 2. This is therefore an appropriate time to reflect on the strategy for the borrowing for a major Council capital expenditure.

Waverley Court was purpose built for the Council and was on a 20 year fully repairing and insuring lease from Norwich Union Life & Pension Fund (NULAP). The lease had pre-determined five yearly lease uplifts in the lease rentals and was due to increase to £8.3m per annum by November 2021. As the Global Financial Crisis took hold, the opportunity arose to purchase the building which the Council took, subsequently winning the Property Deal of the Year at the Scottish Property Awards. Based on funding the purchase with Prudential Borrowing at an interest rate 4.75%, the Council was projected to save £38m in cash terms and own the building. Treasury's role in the purchase was the borrowing strategy, and that is reviewed here.

Figure A3.1 below shows that most PWLB borrowing rates were around 4.5% at the time Waverley Court was purchased. Subsequently, shorter rates came down as UK Bank Rate was reduced but longer rates stayed quite high, increasing to over 5% as the UK Government increased the margin over Gilts for PWLB Borrowing Rates.

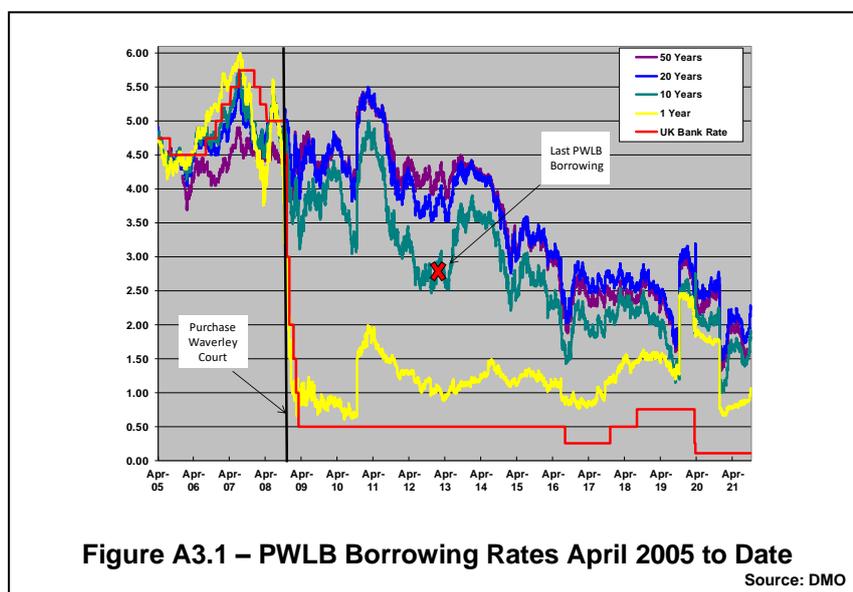


Table A3.1 below shows how the purchase was funded. A net £74m of Prudential Borrowing was needed to finance the purchase, and the business case was based on borrowing for 28 years at an interest rate of 4.75%. The Council operates a Loans Pool so doesn't borrow for individual projects. However, for some major projects Treasury looks at packages of loans to take the borrowing risk relative to the business case off the table. In this case the view was taken that interest rates were likely to come down so the long-term

risk was not taken off the table. The strategy adopted was two-fold – firstly to secure half the funding from the PWLB but with a short duration. Secondly, to borrow the other half as very short loans from other local authorities. This meant that as the UK Bank Rate tumbled, every time a loan matured, it was re-financed at a lower rate for the next month. In essence, this manufactured a synthetic variable rate structure for that half of the borrowing to take advantage of falling rates.

How Waverley Court was funded:		Cost of funding Waverley Court:	
Original Cost to be funded:	91,271,649		
less 08/09 capital receipts	9,847,694	2008/09	
	81,423,956	Average Actual Interest Rate	2.03
Made up of:		Actual Interest Incurred	600,428.23
PWLB Borrowing 08/09	40,000,000	Interest @4.75%	1,395,069.26
Temporary Borrowing @31/03/09	42,800,000	08/09 saving over business case	794,641.03
	82,800,000		
		2009/10	
Cost to be funded	81,423,956	Average Actual Interest Rate	2.93
less 09/10 capital receipts	6,808,596	Actual Interest Incurred	2,277,665.10
	74,615,360	Interest @4.75%	3,575,780.24
		09/10 saving over business case	1,298,115.14
Made up of:			
PWLB Borrowing 08/09	40,000,000		
PWLB Borrowing 09/10	34,615,360		
	74,615,360		

Table A3.1 – Funding the Purchase of Waverley Court

In April 2009, the remaining local authority loans were re-financed from the PWLB. This strategy generated £2m of savings relative to the business case over the first two years. Table A3.2 below shows the two tranches of loans which that were taken out.

Waverley Court Borrowing					
2008/09					
Borrowing Date	Maturity Date	Principal	Interest Rate	Term	
01-Dec-08	01-Jun-11	5,000,000	2.74	2.5	
01-Dec-08	01-Dec-13	10,000,000	3.45	5	
01-Dec-08	01-Jun-14	5,000,000	3.55	5.5	
08-Dec-08	08-Jun-11	10,000,000	2.27	2.5	
08-Dec-08	08-Dec-14	5,000,000	3.30	6	
10-Dec-08	10-Dec-16	5,000,000	3.61	8	
		40,000,000			

2009/10				
Borrowing Date	Maturity Date	Principal	Interest Rate	Term
21-Apr-09	21-Apr-14	10,000,000	2.64	5
21-Apr-09	21-Apr-19	10,000,000	3.4	10
21-Apr-09	21-Apr-20	10,000,000	3.54	11
21-Apr-09	21-Apr-13	4,615,360	2.39	4
		34,615,360		
		Total Borrowed	£74.6m	
		Average Interest Rate	3.08 %	
		Average Term	6.2 years	

Table A3.2 – External PWLB Borrowing for Waverley Court

However, all these loans have now matured and have been re-financed initially by reducing the Council’s investments and subsequently with long-term PWLB funding. As can be seen in Appendix 4, the loss of investment return over this period has been less than 1%, recently much less and recent long-term borrowing has been sub 2%. This is all against a business case predicated on borrowing at 4.75%.

As noted in Appendix 2, Treasury has gone from a strategy of filling in maturity gaps and creating interest rate risk to one of locking in historically low long-term interest rates to take the interest rate risk of current and previous projects off the table.

Figure A3.2 below shows the level of the Council’s borrowing along with the cost of that borrowing.

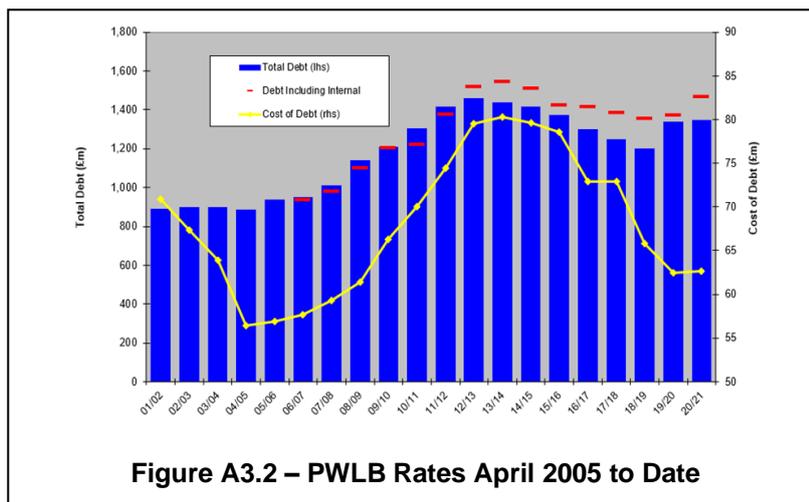


Figure A3.2 – PWLB Rates April 2005 to Date

Investment Out-turn

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 A4.1 below shows the daily investment in the Cash Fund since April 2009 highlighting the increased cash holdings due to borrowing. 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.

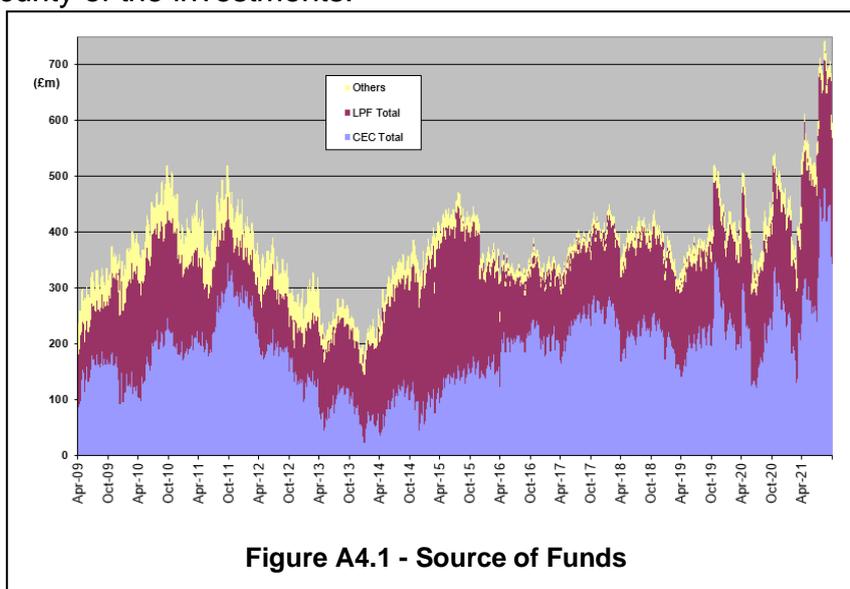


Figure A4.2 shows the rates achieved in the Friday auctions of UK Treasury Bills. As can be seen the lowest accepted and average yield on the 3-month maturity fell below zero on the first auction in October. The previous week Treasury was able to secure £20m 3-month UK Treasury Bills at a rate of 0.025%.

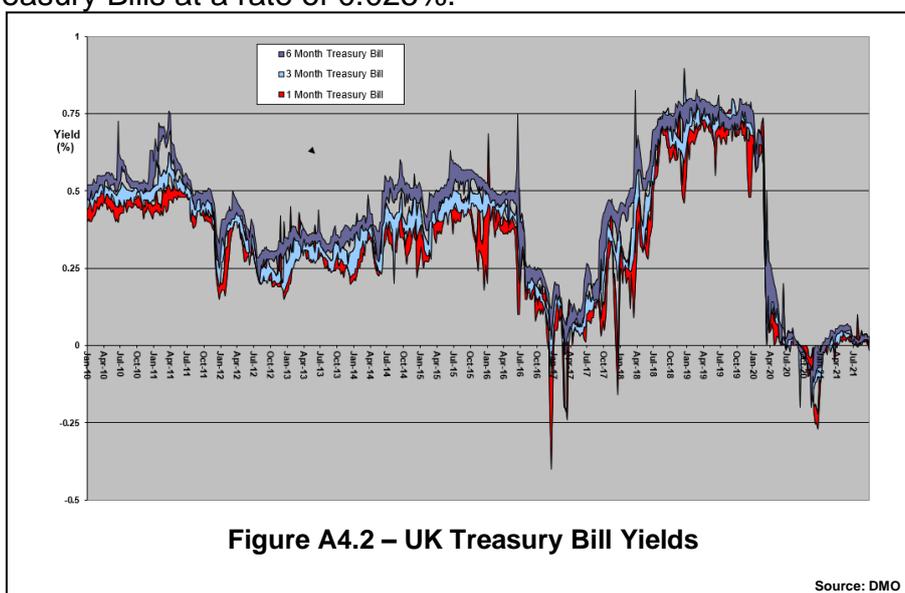
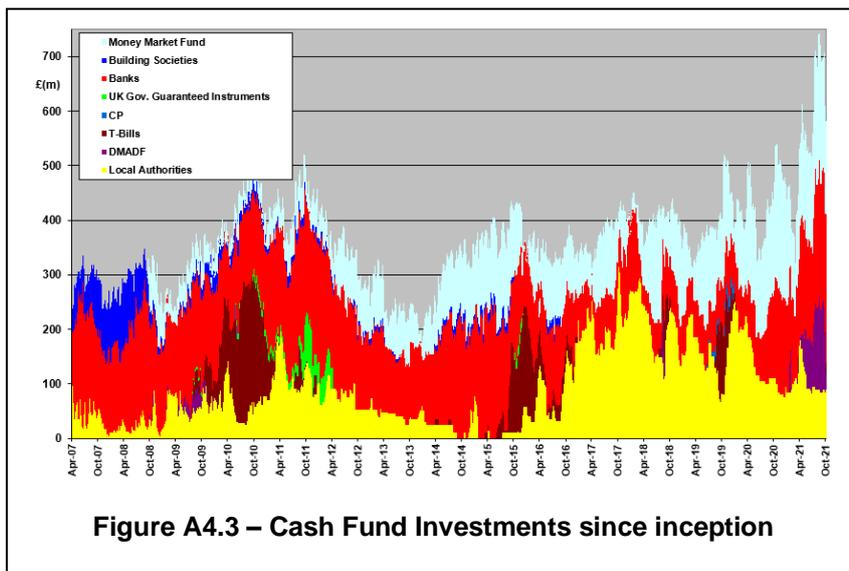
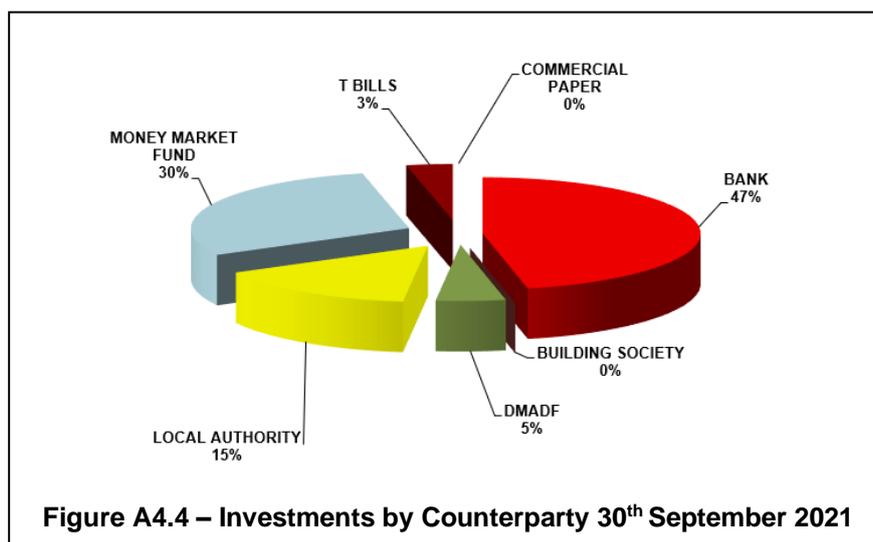


Figure A4.3 shows in detail the distribution on Cash Fund investments since inception in 2007. This shows the increased investment due to increased cash holdings and the investment within the Governments Debt Management Agency Deposit Facility (DMADF).

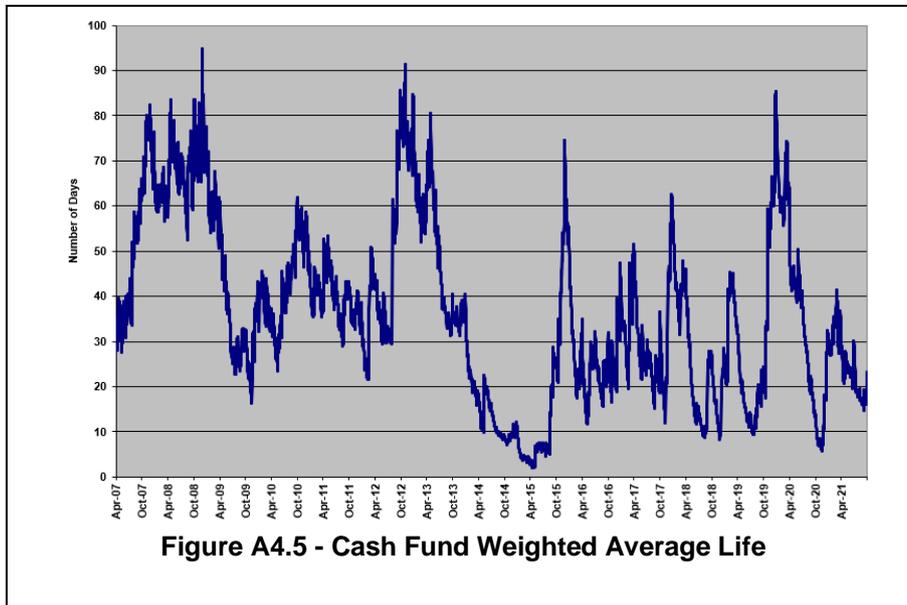


As can be seen in Figure A4.4, 15% of the fund was invested in Local Authority deposits between 7 different authorities, 3% with UK Treasury Bills, 5% invested with DMADF, 47% was invested with Banks in call accounts split between instant access and 31-day notice with HSBC and 30% on deposit with Money Market Funds. As previously mentioned, Treasury was successful in the 3-month UK Treasury Bill auction towards the end of September and achieved a rate of 0.025%.



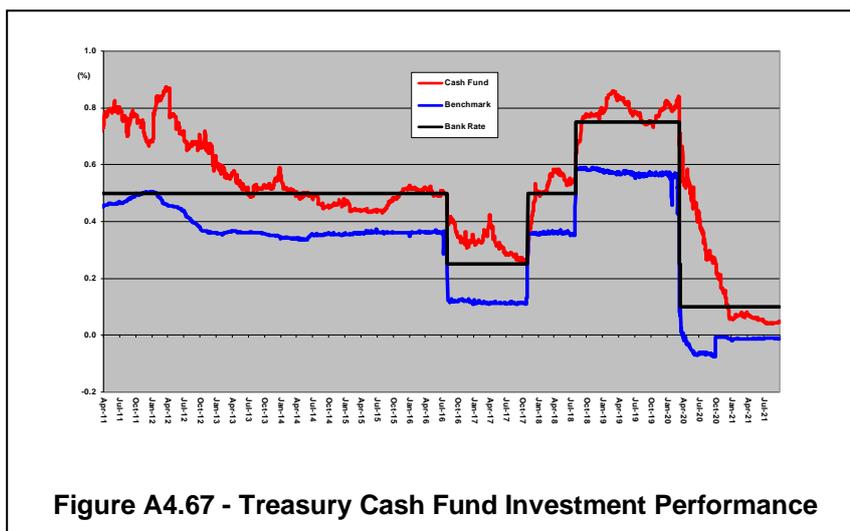
The strategy is to seek Local Authority and UK Treasury Bill trades which add value to relative MMF/Bank rates and make a positive performance contribution. The Local Authority market rates remain low but with the recent increase in Gilt yields we have been able to secure £20 million September 2022 1.75% UK Gilts. Treasury will continue to monitor yield increases and take advantage of any opportunity to achieve an increase rate with Government backed investments.

As can be seen in Figure A4.5 the weighted average life of the fund was just above 23 from the end of September. This was mainly due to longer term deposits being closer to maturity although there was a successful bid for a 3-month UK Treasury Bill and a 11-month deposit agreed with a Local Authority towards the end of the mid-term.



Cash Fund Performance

The annualised rate of return for the Cash Fund for the six months to September 2021 was 0.05% against a benchmark of -0.01%. Figure A4.6 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 above the benchmark. Treasury will continue to seek trades which add value while retaining security of investments.



Debt outstanding 30th September 2021

Market Debt (non LOBO)

Loan Type	Start Date	Maturity Date	Principal Outstanding (£)	Interest Rate (%)	Annual Interest (£)
M	08/10/2020	08/10/2045	59,142,025.46	2.613	1,556,590.56
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
			121,642,025.46		

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	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	2,841,166.47	3.66	103,986.69
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	5,125,423.39	3.64	214,778.35
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	2,148.44	3	70.14
M	14/07/2011	14/07/2030	10,000,000.00	4.93	493,000.00
E	15/06/1951	15/05/2031	2,343.50	3	75.58
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	14,411,623.40	1.64	237,972.00
A	26/03/2020	26/03/2050	4,799,323.64	1.49	72,011.97
A	26/03/2021	26/03/2051	9,872,561.00	1.75	173,884.91
A	12/07/2021	12/07/2051	40,000,000.00	1.78	707,484.79
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	106,892,653.62	2.69	2,861,104.69
M	12/10/2007	12/04/2053	5,000,000.00	4.6	230,000.00
A	01/07/2021	01/07/2053	50,000,000.00	1.98	984,421.87
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	2,634,821.72	2.65	70,632.63
A	11/06/2019	11/06/2059	1,243,526.49	2.23	28,076.16
A	01/10/2019	01/10/2059	1,308,173.07	1.74	22,865.72
A	02/10/2019	02/10/2059	38,959,991.51	1.8	704,427.87
A	05/11/2019	05/11/2059	6,999,544.03	2.96	206,456.25
A	28/11/2019	28/11/2059	1,280,483.36	3.03	38,664.01
A	02/12/2019	02/12/2059	2,756,680.27	3.03	83,237.57
A	20/01/2020	20/01/2060	1,947,664.57	1.77	34,629.41
A	20/01/2020	20/01/2060	449,115.03	2.97	13,384.94
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
M	12/07/2021	12/07/2071	50,000,000.00	1.74	870,000.00

1,142,411,851.98

SALIX INTEREST FREE

Loan Type	Start Date	Maturity Date	Principal Outstanding (£)	Interest Rate (%)	Annual Interest (£)
Z	31/03/2015	01/04/2023	360,579.48	0.00	0.00
Z	22/09/2015	01/10/2023	109,899.85	0.00	0.00
Z	29/03/2019	01/04/2029	111,982.88	0.00	0.00
			582,462.21		

Governance, Risk and Best Value Committee

10.00am, Tuesday, 18 January 2022

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 note:
 - 1.1.1 The Place directorate annual assurance schedule for 2020/21, attached in Appendix 1, which is submitted for scrutiny; and
 - 1.1.2 That the Place directorate annual assurance schedule for 2021/22 will be submitted for scrutiny in 12 months' time.

Paul Lawrence

Executive Director of Place

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Annual Assurance Schedule – Place Directorate

2. Executive Summary

- 2.1 This report presents the Place directorate annual assurance schedule for the financial year 2020/21 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 Service Directors 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 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.

4. Main report

- 4.1 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 2020/21 Annual Audit report to the Council and the Controller of Audit on [25 November 2021](#).
- 4.2 The Certificates of Assurance require Executive Directors to confirm that:
- 4.2.1 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;

4.2.2 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

4.2.3 They have identified actions that will be taken to continue improvement.

4.3 The schedule is completed by the Executive Director or by a nominated senior manager. Before signing their Certificate of Assurance, the Executive Director should ensure that the schedule has been completed accurately.

5. Next Steps

5.1 An improvement plan for the Place Directorate is attached at Appendix 2.

5.2 The process will continue to be reviewed in line with feedback to ensure that effective assurance is provided.

5.3 Relevant improvement actions will be included in the Corporate Governance Framework Self-Assessment exercise for 2021/22 where there is an impact on the design of the Council's corporate control framework.

5.4 The 2021/22 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 is able to achieve Best Value (Economy, Efficiency and Effectiveness) in the stewardship of its resources and delivery of intended outcomes.

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.

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.

- 7.4 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.

8. Background reading/external references

- 8.1 None.

9. Appendices

- 9.1 Appendix 1 – Place Directorate Annual Assurance Schedule
- 9.2 Appendix 2 – Place Directorate Improvement Plan

Assurance Statement

Ref	Statement	Response	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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	The Council's Chief Internal Auditor's report to Governance Risk and Best Value Committee in August 2020 for the year ended 31 March 2020 stated that significant improvement was required as significant and/or numerous control weaknesses were identified in the design and/effectiveness of the control environment and/or governance and risk management frameworks across the Council. The Auditor's report for 2020/21 is not yet available but based on regular updates through 2020/21 and the identification of additional resource requirements to support the Council's approach to governance, it is anticipated that the conclusion for 2020/21 will be that there are still improvements to be made. 2020/21 has been an exceptional year for Council operations as services have adapted in response to the global COVID-19 pandemic and in Place, this has meant changing the way in which services are delivered. Despite this, 17 internal audit management actions were closed in year, a further 11 were implemented and, although evidence was provided to Internal Audit for other actions, there is further work to do to verify this and/or to fully complete the action agreed. Additional governance forums and service activities were	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 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 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	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 reviewed and updated regularly to ensure that they can be delivered and that the timescales for completion are realistic timescales. Where issues are identified, these are updated on TeamCentral and/or are discussed with Internal Audit colleagues. In 2020/21, additional support was provided to service managers to progress overdue Internal Audit actions and, although not all actions were completed in line with the original implementation date, progress was made and recorded and engagement with Internal Audit colleagues continued. Actions arising from external reviews are progressed in accordance with the agreement made with the external organisation. In 2020/21 the Transport and Environment Committee approved Improvement Plans for Roads and Transport Infrastructure and Network Management and Enforcement and regular updates were presented to Planning and Housing Homelessness and Fair Work Committees on progress with improvements in those service	Services will continue to review internal controls and service performance and to implement changes where appropriate. Implementation of audit actions will continue to be progressed, working closely with Internal Audit (or external agencies) as appropriate.
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	Internal Audit findings in respect of procurement arrangements across the Council have identified possible weaknesses in the governance arrangements for third party contracts and in arrangements for governance of ICT contracts. Place are working hard to ensure that adequate, proportionate arrangements are in place, working closely with Procurement, ICT and Internal Audit colleagues as required.	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	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. For procurement contracts, contract managers have been identified and arrangements are in place to review service delivery and contract arrangements regularly. Regular reviews of the Council's Contract Register and waivers are undertaken jointly by services and procurement and these are reported	Place will continue to implement management actions arising from Internal Audit findings and will address any weaknesses identified in service processes and procedures (e.g. from changes implemented as a result of reviews of arms length company governance, legislative or internal process changes).
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	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.			
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	The monitoring process has not identified any problems which could have an impact on Annual or Group Accounts.		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 2019/20 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	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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	An audit of the Council's governance of risk has identified improvements required in the governance of risk. A new risk appetite and enterprise risk management framework has been approved and is being prepared for implementation across the Council. Place is working with the Corporate Risk Team on the development and implementation of this.	Budget Planning CLT Change Board – programme/project management framework CLT scrutiny Contingency planning and business continuity arrangements Council Business Plan Enterprise Risk Management Policy 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 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 Risk Appetite Statement Risk Management Groups Risk management policies and strategies (eg procurement, standing orders, project management, health and safety, information governance)	Risk registers are retained in service areas for operational and project risks, as appropriate to the service activities. These risks are regularly reviewed and registers updated as appropriate. Place SMT regularly reviews its risk register, making changes as appropriate and considers new/emerging/escalated risks. Place SMT also considers if any Place risks also apply corporately or if they would have a significant impact on the Council's level of risk with escalation of anything appropriate. In 2020/21, a corporate risk forum was established in response to COVID-19 and a dedicated risk register was maintained within Place from April - September 2020, when this was integrated into the Place Risk Register. Place is represented on the Council Risk Forum.	Roll-out of the new risk approach across the Council, working closely with Corporate Risk Team.
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		Risk Management Procedure Risk management tools Schools assurance programme Service Planning Training, eLearning and workshops for staff and members	See 2.1 above. The Place directorate uses the previous 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	See note above at 2.1		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.	See note at 2.1 above.
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	See note above at 2.1		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			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	Place will continue to work with the Corporate Risk Team to roll-out the new Operational Risk Framework and Project Management Risk Approach to ensure that appropriate staff are adequately training and aware of the new
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	In 2020/21 the directorate resilience arrangements have been adapted and reviewed in response to COVID-19 and adaptations have been made to ensure that essential activities have continued to be delivered.		The Business Impact Assessment of each service has been reviewed regularly through 2020/21 in response to COVID-19 and has been adapted/changed to recognise the impact of the global pandemic. This has changed the BIA assessment of criticality for some services. Services have adapted as required to provide continuity of service where appropriate	There are outstanding Internal Audit actions from a review of service area business impact assessments. The approach to completing these actions is a joint approach between Services and the Corporate Resilience team. This work will continue.
3	Workforce Control	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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)	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. Support has continued to be provided to managers dealing with employee absences, a list of pre-	
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		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 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	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		Onboarding, induction essential learning and CPD for officers Open framework agreement for Learning and Development 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 has a standing invitation to and opportunity to update managers at Place SMT meetings and provides regular reports on compliance with corporate policies and procedures and provides updates on changes as these arise. The Place directorate has maintained a small number of pre-approved posts which 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 Council's 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.	Partially compliant	Internal Audit have identified weaknesses in the Council's systems for access rights. A new User management Framework working group has been established and Place will be represented on this. Further, in the processing of leavers access to the Council's fuel system an issue has been identified in the data provided. This issue is in the process of being resolved.		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. Place has reviewed the Oracle Hierarchy as part of the regular review of system access and permissions.	Place will address the identified weaknesses in the Council's systems for access rights by participating in the new User management Framework working group. Place will work with HR colleagues to resolve the data issue for leavers to ensure that this does not continue to affect any Place systems or processes.
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 above. In 2020/21, the health and wellbeing of staff has been at the forefront of Directorate communications, with additional support offered to colleagues where appropriate. Wellbeing has also been prioritised corporately with regular wellbeing events taking place. Place colleagues have actively participated in these.	
3.6	I ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.	Compliant			An essential training matrix is in place for the directorate and is reviewed annually. Essential training is provided in accordance with the requirements of essential training. Learning and development is supported, within agreed	
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? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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		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	For each Arms Length External Organisation that the Place Directorate is responsible for has submitted an annual assurance statement, except for Transport for Edinburgh and Edinburgh Trams, and have confirmed compliance with the Council's governance statements. For Edinburgh Trams and Transport for Edinburgh, the statements will follow shortly, once	
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? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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 Committee Papers Online 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	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. In 2020/21, the Council implemented changes to its arrangements for consultations and publishing information in response to COVID-19. Place services have complied with the arrangements approved by Policy and Sustainability Committee in this respect. For Planning, the requirements for publishing weekly lists and neighbour notifications have changed this year but Planning Committee has been kept updated on this.	
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		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 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. EVOG Webcasting of Council and major committees, including subtitles	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. In 2020/21, some communication arrangements have changed in response to COVID-19, particularly where face to face arrangements were previously in place or were planned. Where possible, alternative	
5.3	I have appropriate arrangements in place throughout my directorate for recording, monitoring and managing customer service complaints and customer satisfaction.	Compliant			The Directorate uses both the Council system and Confirm to record customer service requests and complaints. Customer satisfaction information is gathered differently in each service, with some asking for direct feedback and others monitoring service requests/complaints/performance data. In 2020/21, there was significant feedback on the Spaces for People programme which was implemented by Scottish Government to create safe spaces for people to walk, wheel or cycle, in response to COVID-19. Arrangements for recording feedback were adapted through the year in response to feedback received.	
5.4	I regularly consult and engage with recognised trade unions.	Compliant			In 2020/21, the Place Senior Management team has met regularly with the recognised Trade Union representatives at our Departmental Joint Consultative Committee (DJCC). The frequency of these meetings has varied, and are currently monthly. The Place Health Safety and Wellbeing Group has also met regularly to focus on the health safety and wellbeing of people working within the Directorate. Place Senior	
6.1	Policy	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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 Employee policy refresher arrangements, process workshops and communications Information Governance framework Policy Register Report template and guidance (incorporating adherence to commitments and policy implications)		
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	In 2020/21, in response to Internal Audit findings on the Council's Policy Management Framework, a review of the register was completed and out of date policies and documents which do not meet the Council's definition of a policy have been removed. A review of		In 2020/21, Transport and Environment Committee approved minor changes to the Waste and Cleansing Policies and a new City Mobility Plan was approved (replacing a number of the Council's Transport Policies). The full impact of the new City Mobility Plan on the Policy Register is still to be considered. A	To implement the management actions from the Policy Management Framework and Registrars Internal Audit.
7	Governance and Compliance	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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 Policies and procedures	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.	A review of the Scheme of Delegation is planned when the new Senior Management structure for the Council is confirmed.
7.2	I ensure my directorate's activities are fully compliant with relevant Scottish, UK and EU legislation and regulations.	Compliant		Regulatory body reporting eg. SSSC, GTCs Scheme of Delegation to Officers Statutory officer appointments and responsibilities Statutory/lead officers' independent reports to committee eg. Monitoring Officer, Chief Social Work Officer, Chief Internal Auditor Whistleblowing Policy	Annual (or other frequency) returns are completed in accordance with compliance arrangements.	
8	Responsibility and Accountability	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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 Council Change Strategy Council company monitoring including Governance Hub, Council Observers on Boards, committee reporting	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 meetings, service area meetings and 121 conversations with all staff where these See 8.1. For external providers of service, the standards expected by the Council are set out in operating agreements.	
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		Edinburgh People Survey Employee Code of Conduct Grant Standing Orders Member/Officer Protocol Monitoring/reporting on delivery of 52 coalition commitments Onboarding and induction for officers Performance Framework Policies and procedures	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,	
8.3	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		Procurement framework Procurement Handbook 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	
8.4	I consult with elected members as appropriate and as required under the Scheme of Delegation.	Compliant				
9	Information Governance	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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 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	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 the appropriate processes for investigation and any improvements are implemented. Place is represented on the Council's Information Governance Board and actions/information from this group is shared with the Place Extended Senior Management team for cascade as appropriate.	
9.2	I ensure data sharing arrangements with third parties are recorded, followed and regularly reviewed throughout all service areas in my directorate.	Compliant			Appropriate data sharing agreements are in place with third parties. These are followed and regularly reviewed.	

10	Health and Safety	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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 Health and safety audits	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. In 2020/21, additional Health and Safety arrangements were implemented in response to COVID-19	
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		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 Risk Management Groups Risk management policies and strategies (eg procurement, standing orders, project management, health and safety, information governance) Risk Management Procedure	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. Service areas work closely with Corporate Health and Safety and Trade Union colleagues on health and	
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 tools Scheme of Delegation Schools assurance programme Training, eLearning and workshops for staff and members	See 10.1 and 10.2. For COVID-19 positive cases these should be recorded on SHE Assure. Following feedback from the Trade Unions, it was identified that not all cases were recorded correctly and therefore a service review was undertaken and all managers were reminded of their responsibilities in respect of this.	
10.4	I have a robust governance and reporting structure for Health and Safety in my directorate.	Compliant			Arrangements for health and safety governance and reporting are well established in Place services and generally work well. Health and Safety is often discussed in 121s,	
11	Performance	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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	Service performance is regularly reviewed by service managers and is reported to Senior Managers. Regular performance updates are shared with Senior Managers and 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	
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		Monitoring/reporting on delivery of 52 coalition commitments Performance Framework Strategy and Performance Hub	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? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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 Service Level Agreement Register Standard Condition of Grant	The Directorate procures goods, services and works in accordance with the Council's contract standing orders, including seeking Committee approval where appropriate. 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. Grant monitoring arrangements are in place where required and the Contract Register is regularly reviewed to ensure that it is accurate and up to date. Compliance with procurement arrangements is regularly reported to and analysed by Place	
13	Change and Project Management	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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.	Compliant		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 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 Service Planning Sustainability Strategy process Treasury Management Strategy	The Directorate reviewed the projects and programmes included in the Corporate Change Portfolio in 2020/21 and has adapted reporting in accordance with the changes implemented as part of the Adaptation and Renewal programme. Individual projects and programmes have governance arrangements appropriate to the size and scale of the projects. These governance arrangements are reviewed and updated regularly. As part of the development of the action plan to support delivery of the new Council business plan, an update to Place projects and programmes will be considered. In addition, a new approach to Project Risk Management has been piloted and will roll-out across the Council in 2021/22. Place will implement these changes at the appropriate time.	
14.1	Financial Control	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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.	Partially compliant	Internal Audit have identified control weaknesses in the recording of payments in a couple of Place services. Improvements have been made, where possible, and system investments are planned to further address the management actions identified.	Budget Framework Comprehensive system of revenue and capital monitoring, with SMT and CLT oversight Contract Standing Orders Corporate Debt Policy Council Business Plan	The Place Directorate follows the financial control procedures which have been set out in the Council's financial strategy and associated arrangements. The oracle hierarchy for the directorate has recently been reviewed and updated. This review takes place annually.	Continue to monitor processes for fees and charges to ensure there are no weaknesses on the processing of fees and charges. Planned system upgrades will improve the processes in arrangements in some services.
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 Change Strategy 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. The Finance Manager (and team aligned to) for Place attend Place SMT, divisional and service area management teams regularly. Regular financial updates are provided, analysed and actions taken to address any concerns identified. This	
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	This is undertaken by Service Managers in conjunction with Finance Officers and the Place Finance Manager and team.	
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		Tiered framework of financial planning and control Treasury Management Strategy	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	
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 14.1 - 14.5.	
15	Group Accounts (Resources only)	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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 Council Companies/AI FOs – Governance Hub Observers annual reporting to		

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 Plan, GRBV, 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 Executives of key ALEOs Shareholder or service level agreements		
16	National Agency Inspection Reports	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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 Scrutiny of directorate annual assurance schedules	There were no national inspection agency reports in 2020/21 for the Place Directorate.	
16.2	I have arrangements in place that adequately monitor and report on the implementation of recommendations.	Compliant				
17	Internal Audit, External Audit and Review Reports	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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 are addressed in accordance with agreed management actions.	
18	Progress	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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 LAN (council scrutiny bodies) whose activity is based on shared risk assessment	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 – Place Directorate

Improvement Plan Actions for implementation in 2021/22

Assurance Statement Criteria	Improvement Action	Action Owner	Planned Completion Date	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 Extended Senior Management Team (ESMT)	This is an on-going improvement action.	As improvements are identified, these are implemented within the appropriate service area(s).
I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties	Continue to implement management actions arising from Internal Audit findings and address any weaknesses identified in service processes and procedures.	Place Extended Senior Management Team (ESMT)	This is an on-going improvement action.	<p>The implementation of Internal Audit management actions is discussed quarterly at Place Senior Management Team meetings, at divisional management teams and in 121 conversations with managers responsible for actions.</p> <p>An Operations Manager was appointed in November 2021 to support First Line Governance and Assurance across Place. In addition, a colleague from Internal Audit has been seconded to Place from October 2021 for six months to focus specifically on progress of overdue agreed management actions arising from Internal Audit findings.</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>Internal Audit have identified weaknesses in the Council's systems for access rights. A new User management Framework working group has been established and Place will be represented on this. Further, in the processing of leavers access to the Council's fuel system an issue has been identified in the data provided. This issue is in the process of being resolved.</p>	<p>Operations Manager</p>	<p>31 October 2022</p>	<p>Place are actively participating in the User Management Framework working group. A corporate approach to user access management is currently being piloted and a Place approach to implementation was agreed by the Place Senior Management Team in October 2021 for implementation in 2022.</p>
<p>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.</p>	<p>The Council's policy register will be reviewed and all out of date policies or documents which do not fit with the Council's Policy Framework removed.</p>	<p>Operations Manager – First Line Governance and Assurance</p>	<p>30 June 2022</p>	<p>A review of the Policy Register and Policy Definitions was carried out in 2020/21. This is currently being reviewed by the Place Operations Manager to ensure that the Register is fully updated. The outstanding Internal Audit management actions are also being progressed and are expected to be completed by the end of June 2022.</p>
<p>The operation of financial controls in my directorate is effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.</p>	<p>Internal Audit identified control weaknesses in the recording of payments in two Place service areas. Improvements have been made and, in one area, investment is being made in ICT systems to further improve the way in which payments are received</p>	<p>Service Director for Sustainable Development</p>	<p>31 March 2022</p>	<p>Only one action arising from the Internal Audit findings remains outstanding. This is currently being discussed with Internal Audit to progress to closure/risk acceptance.</p>

Governance, Risk and Best Value

10am, Tuesday, 18 January 2022

Annual Assurance Schedule – Education and Children’s Services

Executive/routine
Wards
Council Commitments

1. Recommendations

1.1 The Governance, Risk and Best Value Committee is asked to:

- 1.1.1 Note the Education and Children’s Services Directorate (formerly known as Communities and Families Directorate) annual assurance schedule, submitted for scrutiny.

Amanda Hatton

Executive Director of Education and Children’s Services

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Annual Assurance Schedule – Education and Children’s Services

2. Executive Summary

- 2.1 The purpose of this report is to present the annual assurance schedule covering 2020/21 to the 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 Service Directors 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 2021 the Education and Children’s Services directorate employed:

	Headcount	FTE
C&F	10521	8413
C&F – SSC	10018	7949
SSC	503	464

- 3.4 The annual Budget for Education and Children’s Services:

2021/22 budget	E&CS excl SSC	SSC	E&CS incl SSC
	£m	£m	£m
Employee budget	359.0	21.5	380.5
Non-staff expenditure budget	133.2	78.6	211.8
Total expenditure budget	492.2	100.1	592.3
Income budget	-70.4	-51.9	-122.3
Net budget	421.8	48.2	470.0

4. Main report

- 4.1 The Education and Children's Services 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 Service Directors 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 Service Director/Executive Director or by a nominated senior manager.
- 4.3 Before signing their Certificate of Assurance, the Service Director/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 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 Education and Children's Services 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. Education and Children's Services continue 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.

- 5.4 The Education and Children's Services Directorate will be establishing a directorate improvement board which the Executive Director for Education and Children's Services will chair to add additional level of performance management and assurance.

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.
- 7.1 Completed schedules are reviewed by the Democracy, Governance and Resilience Senior Manager and are provided to the Chief Internal Auditor for comment.
- 7.2 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 Education and Children's Services Annual Assurance Schedule
- 9.2 Appendix 2 Education and Children's Services Improvement Action Plans

Assurance Statement							
Ref	Statement	Response	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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						
		Compliant	<p>Children's Services and SLLL, and Estates and Operational Planning</p> <p>There are areas of risk management that are being revisited as a priority these are;</p> <ul style="list-style-type: none"> - Fire safety - training (schools) - Asbestos Management - records - Review of C&F essential learning matrix, ongoing move to "Bite-Size" - Microsoft Teams training - Review of effectiveness of mechanisms financial forecasting in schools through Finance group - Review of physical incident training - Review of playground training - Review of equalities training 	<p>Annual Internal Audit Plan (based on most significant risks to the Council)</p> <p>CLT Change Board – programme/project management framework</p> <p>Council Companies/ALEOs – Governance Hub, Observers, annual reporting to Executive Committee and GRBV Community planning – Edinburgh Partnership, Community Plan Contingency planning and business continuity arrangements EIJB – scrutiny and accountability arrangements agreed through scheme</p> <p>Enterprise Risk Management Policy and Risk Management Procedure</p> <p>External validation/review e.g. external audit, independent assurance providers</p> <p>GRBV quarterly scrutiny of top risks</p> <p>GRBV scrutiny of CLT risk register, delivery of Internal Audit Plan and of all Internal Audit reports</p> <p>Health and safety audits</p> <p>Informal and formal reviews e.g. internal audit, quality assurance audits</p> <p>Overdue audit recommendations report monthly to CLT and quarterly to GRBV</p> <p>Policies that mitigate risks e.g. Anti-bribery, Fraud Prevention, Whistleblowing</p> <p>Quarterly corporate risks scrutinised at CLT Quarterly Risk and Assurance Committees</p> <p>Regular 121 meetings between the Council's Chief Executive and the Chief Executives of key ALEOs</p> <p>Report template and guidance – section on risks</p> <p>Reporting/review/monitoring at all levels – committee, CLT, SMTs, service level</p> <p>Risk Appetite Statement Risk Management Groups</p> <p>Risk management policies and strategies (e.g. procurement, standing orders, project management, health and safety, information governance)</p> <p>Risk Management Procedure Risk management tools Schools assurance programme</p> <p>Shareholder or service level agreements</p> <p>Team Central – monitoring implementation of audit recommendations</p> <p>Training, eLearning and workshops for staff and members Wide ranging internal and external counter fraud activity</p>	<p>Essential Learning matrix (details staff training across the service to manage risk) - Communities and Families - move to "Bite Size" Microsoft Teams training where appropriate Council</p> <p>Fire Safety policy</p> <p>Council Asbestos Management policy/procedures</p> <p>Cleaning service level</p> <p>agreements FM Council and PPP</p> <p>- (Resources) Finance training/e-learning</p> <p>Dedicated business management support role - additional training provision through this role</p> <p>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</p> <p>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 to 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>Communities and Families Health and Safety forums - schools and non-schools (includes Libraries/Community/Children's Services)</p> <p>Use of Risk Matters Communities and Families risk communication tool for important/regular updates on risk management</p> <p>School Operations Risk Framework (SORT) Risk Management framework and process/associated weekly meetings SORT SharePoint advice</p>	<p>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, move to "Bite Size" Microsoft Teams training where appropriate - involving establishment staff in creating proportionate/comprehensive approaches to training offer</p> <p>Continued response with Council interdependencies where the school self-assurance questionnaire indicates areas of weakness</p> <p>Ongoing 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>	
1.1	I have internal controls and procedures in place throughout my directorate that are proportionate, robust, monitored and operate effectively.						

		Compliant	<p>Safer and Stronger Communities The pandemic highlighted that some BIAs required new scoring considerations as the way we delivered services changed.</p>
1.2	I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.	Compliant	<p>Children's Services and SLLL, and Estates and Operational Planning</p>
		Compliant	<p>Safer and Stronger Communities</p>

<p>Communities & Families Risk & Assurance Committee - risk is included on SSC SMT agenda Workshop/Presentations on risk management for management teams</p> <p>Policies and Procedures - Review of SSC Policy Register undertaken, process in place for monitoring review dates</p> <p>Performance Management/Quality Assurance Monthly monitoring of performance indicators by management teams across SSC and exception reporting to CLT QGR - Quality Assurance Framework across SW services</p> <p>Financial Monitoring Budget Group for HHS, Fortnightly SSC Management Team (via teams) standing Agenda item (principal accountant in attendance) financial reports are produced and scrutinised to identify variances, risks, pressures and to ensure controls are in place.</p> <p>Review of all post descriptors and process in place for recruitment to identify whether PVG is required. Essential learning matrix on orb for all SSC posts training requirements across SSC</p>	<p>BIAs required to be reviewed using the refreshed template and reviewed by Resilience and approved by SMT - Actions link to IA report.</p>
N/A	
<p>Commissioning Strategies in place for a range of third sector suppliers and external suppliers. All procurement is in line with contract standing orders and Council Procurement policies.</p> <p>Third party grants and Waivers have been approved by the relevant committees</p> <p>Monthly procurement board / Review of Contract waivers / Contract Register reviewed and updated / critical suppliers identified and questionnaire sent out in respect of Brexit and Resilience controls.</p>	

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		Health and Safety performance, inspections, audits, action plans, procurement activity and financial position are standing items on SMT agenda and discussed at service area meetings regularly. Actions noted and implemented and Lessons Learned from reflection exercises are discussed at SMT and WMT meetings and cascaded to/from divisional teams.	
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		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	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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	Children's Services and SLLL, and Estates and Operational Planning	Budget Planning CLT Change Board – programme/project management framework CLT scrutiny Contingency planning and business continuity arrangements Council Business Plan Enterprise Risk Management Policy 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 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 Risk Appetite Statement Risk Management Groups Risk management policies and strategies (e.g. procurement, standing orders, project management, health and safety, information governance) Risk Management Procedure Risk management tools Schools assurance programme Service	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.	Continue to embed risk management process through effective and robust training/engagement (risk management process)
		Compliant	Safer and Stronger Communities COVID Risks identified and included in risk registers, mitigating actions where required progressed timeously		School Operations Risk Toolkit (SORT) risk framework C&F Risk Management Committees and Risk on SMT agenda and discussed regularly at WMT. Service representation at Risk Forum with clear pathway for escalation and dissemination. Risks aligned and reviewed including COVID related risks. Self Assurance Framework Business Continuity Plans and Business Impact Assessments are in place and will be reviewed in line with Resilience colleagues timetable. Legal or regulatory actions would be identified through SMT and governance managed appropriately. Alignment of risks or risk appetite/tolerance through regular review of SSC risk profile	
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	Children's Services and SLLL, and Estates and Operational Planning Please refer to 1.1 these are areas that require improved mitigation		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	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
		Compliant	Safer and Stronger Communities		Risk Assessments carried out as required and in line with COVID working arrangements. Clear governance structure in place within SSC provides an established route for escalation for risks if required.	workshops across the service arranged to discuss risk management and risk

				Planning Training, eLearning and workshops for staff and members		registers
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	Children's Services and SLLL, and Estates and Operational Planning		Risk Management arrangements are reviewed on a continual basis within the service.	Ongoing review of effectiveness of SORT Response to Scott Moncrieff
		Compliant	Safer and Stronger Communities		Risk Management arrangements are reviewed on a continual basis within the service. I discuss risk management with my Operations Manager in regular 1:1's - standing item, so I have a clear overview of progress and mitigation.	
2.4	There is appropriate escalation/communication to the directorate Risk Committee and CLT	Compliant	Children's Services and SLLL, and Estates and Operational Planning		Risk and Assurance Committees are scheduled between Risk Management within Resources and the Executive Director for Communities and Families a year in advance, this ensures that dates are in the diary and known to Committee members. Risk Management is embedded and risks are discussed at management meetings as BAU	
		Compliant	Safer and Stronger Communities		Risk escalation and management included as part of SSC SMT fortnightly meeting agenda. Presentation on framing risk to service are team meetings. Agenda planning and attendance at C&F risk and assurance Committee Operations Manager attends Council's Risk Forum and escalates any divisional risks	

	appropriate) of significant issues, risks and weaknesses in risk management.	Compliant	Safer and Stronger Communities		Risk escalation and management included as part of SSC SMT fortnightly meeting agenda. Presentation on framing risk to service are team meetings. Agenda planning and attendance at C&F risk and assurance Committee Operations Manager attends Council's Risk Forum and escalates any divisional risks	
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	Children's Services and SLLL, and Estates and Operational Planning		Use of Council Whistleblowing policy and mechanisms to report Self-Assurance framework still asks all establishment colleagues to remind themselves of Council policies annually	Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication) as directed by Resources
		Compliant	Safer and Stronger Communities		SSC wider management team (WMT) Managers reminded of responsibility for ensuring colleagues are aware of the Council's P&P including Whistleblowing Policy. Staff Induction checklists, self assurance questionnaire, team briefs and discussion at WMT to encourage managers to ensure colleagues are informed and aware of responsibilities.	
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	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 The service has key contingency arrangements that are updated on a regular basis, these are: - 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 The Resilience Unit deliver training in terms of Prevent/WRAP/Bomb Scare/Intruder threat as these are Council wide contingency arrangements 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 The service has good working relationships with Lothian Health Protection regularly seeking infection control advice Regular debriefs post incident for example using Bow Tie methodology to update/improve resilience planning Attendance and input at Council wide testing Regular review and circulation of service emergency contacts	"Bite-Size" Resilience training programme to be developed Continue to embed Business Continuity Cycle Response to Council wide Lessons Learned audit Use SORT as key risk communication and learning tool (as part of Risk Management process)
		Compliant	Safer and Stronger Communities The pandemic highlighted that some services business continuity plans required reviewing to reflect the changes to the way we delivered services during lockdown.		C&F has a Resilience Co-ordinator, SSC has a Resilience Deputy and a Resilience Specialist aligned to the service from the Council Resilience Unit. All SSC standalone premises have identified single point of contact and arrangements in place for shared building with partner agencies. Business continuity plans for services areas are in place and feed into the overall Council Business Continuity. Plans are reviewed and updated at a service area level on a regular basis, this includes COVID arrangements and winter weather plan. Restarting of any services is triaged through appropriate Council team	
3	Workforce Control	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add

			exists)			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	Children's Services and SLLL, and Estates and Operational Planning	360 reviews Annual Internal Audit Plan (based on most significant risks to the Council) Employee Assistance Programme Employee Engagement External validation/review e.g. external audit, independent assurance providers Financial benefits (credit union, season ticket loans, car benefit)		
		Compliant	Safer and Stronger Communities	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 e.g. internal audit, quality assurance audits Inspiring Talent Programme Internal and External training opportunities Leader Induction and Essential Learning Leadership Development Programme– Future, Engage, Deliver Managing Attendance	Weekly absence reports from HR Hub Management - cascaded to Senior Managers highlighting 'no intervention recorded', COVID related absences and % of 'type' absence per service area. Absence Challenge and Support Panels held regularly with comparison reports on areas of concern. Staff induction and annual conversations include compliance with Council policies and procedures including home/remote working. Monthly overtime reports from HR Hub Management - cascaded to senior managers highlighting areas of high overtime or 50+ hours claimed in month. Any COVID related overtime is noted and highlighted to colleagues in finance. H&S Working Group monitor WFH arrangements and impact on colleagues.	
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	Training for managers Occupational Health service Onboarding, induction essential learning and CPD for officers Open framework agreement for Learning and Development People Strategy	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	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 Use SORT as part of risk
		Compliant	Safer and Stronger Communities	Performance Management Framework (Performance Conversations) Policies that mitigate risks e.g. Anti-bribery, Fraud Prevention, Whistleblowing Regular reporting including Health & Safety Performance, absence levels	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. Service liaise with HR/Corporate procurement when necessary.	
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	Children's Services and SLLL, and Estates and Operational Planning	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	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	Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication) on advice for example from Resources
		Compliant	Safer and Stronger Communities		All recruitment must be approved by senior manager and/or progressed through Workforce Panel if not pre-approved. Support through AskHR and use of Essential Learning Matrix - available on the Orb Use of Newsbeat/Managers news to update colleagues on HR processes/procedures Review of PVG requirement and clear guidance on consideration for newly created posts. Clear guidance for all managers on pre-approved posts	
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		Council starters/leavers procedures Support through AskHR Support of Corporate Health and Safety - Essential Learning Matrix Support of Learning and Development - Essential Learning Matrix	
		Compliant	Safer and Stronger Communities		Review undertaken of essential learning for all line management roles within SSC to ensure they include appropriate learning for recruiting managers. 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. (amendment to procedure introduced during COVID) Each service area has bespoke induction procedures and shadowing arrangements. Support through AskHR and HR colleagues and use of Essential Learning Matrix (orb)	Review our induction process for new starts who will be primarily WFH
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	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	Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication) Use of SORT (Risk communication and learning)

		Compliant	Safer and Stronger Communities		<p>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> <p>A Lessons Learned questionnaire was completed by service managers and presentation with Q&A at WMT.</p> <p>Social Work Survey undertaken in August 2020.</p> <p>Services introduced wellbeing sessions for colleagues WFH, regular reviews for those delivering frontline services and communication around Council polices and routes for escalation of concerns.</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		Teachers CPD requirements are managed through teaching professional institutions as are Social Worker CPD requirements	Ongoing review of essential learning matrix/move where appropriate to "Bite Size" training
		Compliant	Safer and Stronger Communities		Essential learning for each post within SSC is available on the Orb, managers use this as a tool for new staff and to review requirements for existing staff.	Re-introduction of face to face training and review of need across services
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		Regular reminder communications in terms of spotlight conversations Meeting culture in place where 1:1 meetings /supervision happen as required	
		Compliant	Safer and Stronger Communities		The changes to how people work due to the pandemic required a review of how we manage performance. This includes Microsoft Teams meetings, regular catch up's and 1:1s.	
					Senior Managers remind managers of the importance of performance conversations and regular 1:1 check ins, and colleagues are encouraged to use Council supports if required. Discussion at WMT regarding the importance of 'check ins' and performance conversations due dates	
4	Council Companies	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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	Compliant	Children's Services and SLLL, and Estates and Operational Planning	Annual Assurance Process (Directorates) Council Companies/ALEOs – Governance Hub, Observers, annual reporting to Executive Committee and GRBV Regular 121 meetings between the Council's	SLAs in place - regular formal meetings with entity (liaison meetings)	

	assurance over their operation and delivery for the Council.	Compliant	Safer and Stronger Communities	Chief Executive and the Chief Executives of key ALEOs Service Level Agreement Register Shareholder or service level agreements	There are currently 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		SLAs in place - regular formal meetings with entity (liaison meetings)	
		Compliant	Safer and Stronger Communities		For services delivered through contracts or grants on behalf of the Council, there are regular meetings and performance and service delivery issues are reviewed at these meetings.	
5	Engagement and Consultation	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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	Children's Services and SLLL, and Estates and Operational Planning Please refer to 1.1 these are areas that require improved mitigation	Budget consultation Business sector forums Community engagement activity Community engagement strategy/policy Complaints Improvement Plan Consultation framework Consultation Hub Council Change Strategy Committee Papers Online Current partnerships e.g. Poverty Commission, Tourism Strategy, EIJ, City Deal Edinburgh Partnership (LCCPs, Neighbourhood Networks) Edinburgh People Survey Government partnership working	Council Committee reporting processes Regular engagement between SLT/members Participation Officers Support from Strategy and Insight (general and specific)	
		Compliant	Safer and Stronger Communities	Have Your Say webpage Multi-agency partnerships Multi-channel methodology e.g. social media platform development Networks/user groups – e.g. Edinburgh Tenants' Federation Partnership agreements e.g. Police Scotland Partnership governance arrangements	Council Committee reporting processes Regular engagement between SLT/members Participation Officers Support from Strategy and Insight (general and specific) Regular support and advice from Corporate Communications	
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	Compliant	Children's Services and SLLL, and Estates and Operational Planning			

	procedures, social media presence, etc.) and that these insights are used to inform the work of the directorate.	Compliant	Safer and Stronger Communities	Partnership governance documentation Partnership plans e.g. Edinburgh Children's Partnership Petitions and Deputations Policies and procedures (consultation framework) Poverty Commission	As above, consultations, reviews and audits are in place and embedded in service delivery and evaluation. Actions from Internal Audit of HHS have been taken forward and include updated webpages	Electronic leaflet in development and feedback link on electronic signature for HHS
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	Public participation – deputations and petitions Public sector partnerships Publication of Council diary Report template – section on consultation Stakeholder group meetings Strategic documentation e.g. vision statements, aims, etc. Strategic plans and agreements Strategy and Performance Hub Surveys e.g. Edinburgh People Survey, Annual Tenant Survey Third sector partnership working e.g. EVOC Webcasting of Council and major committees, including subtitles	Customer complaints policy Complaint administration systems, logging and recording system/Complaints inbox	
		Compliant	Safer and Stronger Communities		Customer Complaints Policy Complaint administration systems in place for each service area which logs and records complaints. 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	
5.4	I regularly consult and engage with recognised trade unions.	Compliant	Children's Services and SLLL, and Estates and Operational Planning		Customer complaints policy Complaint administration systems, logging and recording system/Complaints inbox	
		Compliant	Safer and Stronger Communities		TOR for SSC JCC meetings agreed with TU colleagues and escalation to DJCC meetings for C&F where appropriate. Any issues in relation to Health and Safety are fed in through the SSC H&S Working Group which union colleagues attend.	
6.1	Policy	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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	Children's Services and SLLL, and Estates and Operational Planning	Annual Assurance Exercise Annual Policy Assurance Statements Corporate Policy Framework and Toolkit, including consultation and engagement strategies Council Papers Online Employee policy refresher arrangements, process workshops and communications	The self-assurance questionnaire asks establishment colleagues to familiarise themselves with policies/procedures Council wide communications to promote policies/procedures	Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication) working with Resources

		Compliant	Safer and Stronger Communities	Information Governance framework Policy Register Report template and guidance (incorporating adherence to commitments and policy implications)	Council wide communications to promote policies/procedures. Staff induction checklist in place which includes signed confirmation that they have read and understood all core Council policies. Managers are responsible for ensuring that staff are made aware of new policies and the impact they have on their teams. Through Wider Leadership Meetings	
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	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)	
		Partially compliant	Safer and Stronger Communities		Work completed in 2020 to compile a list of all policy and procedures, authors, creation dates and review dates and a monitoring pathway put in place. Internal Audit findings across the Council in relation to P&Ps being progressed. Support from colleagues in Strategy and Insight when required. All SSC policies now included on the Council's Policy Register with review dates and Policy Owner included.	Continue review of policies within SSC and authors are reminded of due dates for appropriate committee approval
7	Governance and Compliance	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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	Children's Services and SLLL, and Estates and Operational Planning	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 Policies and procedures Regulatory body reporting e.g. SSSC, GTCS Scheme of Delegation to Officers Statutory officer appointments and responsibilities Statutory/lead officers' independent reports to committee e.g. Monitoring Officer, Chief Social Work Officer, Chief Internal Auditor Whistleblowing Policy	The Council's governance framework is implemented through Committee work Risk management within the service also manages the Council's governance framework	
		Compliant	Safer and Stronger Communities C&F Executive Director left the Council on 13 October 2020. In agreement with the Chief Executive, HOS agreed to undertake a coordinating role across the directorate which included being the link for CLT/CIMT and representing the directorate for other associated meetings, this did not include those with specific links with S&LL		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. Support and advice form Council Legal Services team	
7.2	I ensure my directorate's activities are fully compliant with relevant Scottish, UK and EU legislation and regulations.	Compliant	Children's Services and SLLL, and Estates and Operational Planning		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	

		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 directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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	Children's Services and SLLL, and Estates and Operational Planning	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 Council Change Strategy Council company monitoring including Governance Hub, Council Observers on Boards, committee reporting	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	
		Compliant	Safer and Stronger Communities	Edinburgh People Survey Employee Code of Conduct Grant Standing Orders Member/Officer Protocol Monitoring/reporting on delivery of 52 coalition commitments Onboarding and induction for officers	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 manger oversight of service delivery. Commissioning/grant colleagues General management of teams promoting the importance of ethical behaviours	
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	Children's Services and SLLL, and Estates and Operational Planning	Performance Framework Policies and procedures Procurement framework Procurement Handbook Public participation – deputations and petitions Report template and guidance Scheme of Delegation to Officers Service Level Agreement template Standard Condition of Grant	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. Commissioning Services and Development Officers are aware of standards and report to senior managers any issues which may be flagged.	
		Compliant	Safer and Stronger Communities			

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	Children's Services and SLLL, and Estates and Operational Planning		<p>Team meeting structures throughout service Risk Management Committee structures Supervision meetings (where required)</p> <p>Good structure of 1:1 meetings managers/staff</p> <p>Good structures for establishment staff to meet regularly/make decisions for example Headteachers Executive/Primary/Secondary headteacher forums</p> <p>Structure in place regarding reporting to Committees with clear governance around roles and responsibilities. Regular meetings and consultations during service reviews with appropriate stakeholders. Public Protection Committees governance and constitution embedded. SMT and WMT regularly meet and clear agenda planning</p>	
		Compliant	Safer and Stronger Communities			
8.4	I consult with elected members as appropriate and as required under the Scheme of Delegation.	Compliant	Children's Services and SLLL, and Estates and Operational Planning		<p>Regular meetings between Communities and Families SMT/members Council Health and Safety</p> <p>Forum chaired by a member</p> <p>Council Committee reporting structures Weekly Convenor meetings</p> <p>Regular meetings between SMT and Convenor and Vice Convenors. SSC Enquiries process embedded across the service for all elected member enquiries. Council Committee reporting structure</p>	
		Compliant	Safer and Stronger Communities			
9	Information Governance	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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	Children's Services and SLLL, and Estates and Operational Planning Two data breaches were recorded within Children's Services, appropriate action was taken.	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 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	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 Role of CGI ensuring ICT infrastructure is compliant Council wide communications on Information	Promote advice and information through SORT Questionnaire (Information Governance to be issued April 2021)

				all new Council contracts	<p>Governance requirements Use of Significant Occurrence reporting to report on breaches</p>	
		Compliant	<p>Safer and Stronger Communities The pandemic has resulted in more staff WFH, which has resulted in concerns around how assured managers are regarding direct reports compliance with our Information Governance arrangements.</p>		<p>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.</p> <p>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-</p>	<p>Monitor compliance with information governance procedures for colleagues who continue to WFH</p> <p>reinforce through Teambrief, 1:1 and Team Meetings the need to ensure we adhere to paperless</p>
9.2	I ensure data sharing arrangements with third parties are recorded, followed and regularly reviewed throughout all service areas in my directorate.	Compliant	<p>Children's Services and SLLL, and Estates and Operational Planning</p>		<p>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</p> <p>Use of "Risk Matters" to remains colleagues of Information Governance requirements</p> <p>Lessons learned/debriefing used within service if there is a breach for example Boe Tie cause and effect modelling</p> <p>Council wide communications on Information Governance requirements</p>	<p>Promote advice and information through management meetings</p>
		Compliant	<p>Safer and Stronger Communities</p>		<p>All FOI and SAR requests are monitored 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.</p> <p>All elected members enquiries are progressed through the SSC Enquiries process and assigned to Council Officers to provide a response which is approved before release.</p>	

10	Health and Safety	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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	Children's Services and SLLL, and Estates and Operational Planning	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 e.g. external audit, independent assurance providers 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 Risk Management Groups Risk management policies and strategies (e.g. procurement, standing orders, project management, health and safety, information governance) Risk Management Procedure Risk management tools	<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 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>Revisit Health and Safety training with the Corporate Health and Safety team, consideration of "Bite Size" training where appropriate</p> <p>Use of SORT for key health and safety messaging</p>
		Compliant	Safer and Stronger Communities Face to Face training suspended due to Pandemic, this impacted on First Aid certificate renewal.	Scheme of Delegation Schools assurance programme Training, eLearning and workshops for staff and members	<p>Suspension of Face to Face training impacted on certificate renewal dates - extension agreed Council wide.</p> <p>Changes to working arrangements required new risk assessment for buildings to ensure appropriately trained staff with building responsibilities.</p> <p>Supply of PPE and Lateral Flow Testing and vaccination programme roll out coordinated through Operations Manager and relevant service managers.</p> <p>Review of essential learning for all roles has H&S training requirements included</p> <p>Health and Safety is a standing item on the SMT agenda. The SSC H&S Working Group evaluates compliance within the service and notes of meetings circulated to SMT.</p> <p>Communities and Families Health Safety and Wellbeing Committee (Chaired by Head of Schools and Lifelong Learning) quarterly meeting - representation from Safer and Stronger Communities in attendance.</p> <p>Self Assurance checklist completed by managers which includes a section on H&S with ability to outline areas of concerns.</p> <p>Governance structures and processes are in place to ensure robust implementation of H&S policy and procedural updates.</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
		Compliant	Safer and Stronger Communities Pandemic - PPE requirements, testing and vaccination for staff groups.
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	Children's Services and SLLL, and Estates and Operational Planning
		Compliant	Safer and Stronger Communities

	<p>Council wide advice on risk assessment</p> <p>Self-assurance questionnaire and validation guidance (advice on risk assessment) Health and Safety forums</p> <p>Use of SHE incident management portal - creates management information on risk themes we can respond 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>Risk Assessments carried out as required and in line with COVID working arrangements.</p> <p>Clear governance structure in place within SSC provides an established route for escalation for risks if required.</p> <p>Reporting of COVID positive cases process in place with flowchart. Incidents and accidents recorded, reported and investigated in line with Council incident reporting P&Ps</p> <p>Quarterly work place inspections/daily 'walk rounds' carried out.</p> <p>Resumption of Services arrangements monitored and progressed with H&S and FM colleagues.</p>	
	<p>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>Workplace assessments and incident reporting is in place and monitored.</p> <p>H&S audits on hold due to the pandemic, but resumption of service templates completed with H&S colleagues.</p> <p>There are named staff with H&S responsibilities within all premises and monitoring and governance is in place to ensure compliance.</p>	

10.4	I have a robust governance and reporting structure for Health and Safety in my directorate.	Compliant	Children's Services and SLLL, and Estates and Operational Planning		<p>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 Health and Safety training</p> <p>Health and Safety essential learning matrix</p>	
		Compliant	Safer and Stronger Communities			
11	Performance	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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	Children's Services and SLLL, and Estates and Operational Planning	<p>Annual external reporting e.g. Local Government Benchmarking Framework, Scottish Public Services Ombudsman, Scottish Government, etc</p> <p>Annual performance report to Council B agenda protocol</p> <p>Best Value reporting</p> <p>CLT Quarterly performance meeting</p> <p>Committee Terms of Reference and Delegated Functions Local Government Benchmarking Framework</p> <p>Monitoring/reporting on delivery of 52 coalition commitments Performance Framework</p> <p>Strategy and Performance Hub</p>	<p>Committee reporting structures</p> <p>Support from Strategy and Insight (Performance Monitoring) Risk & Assurance</p> <p>Committee structures</p> <p>Service reporting structures/meetings/team/SLT/CLT</p>	
		Compliant	Safer and Stronger Communities		<p>Performance reports are discussed on a regular basis in service area meetings, SMT and CLT. Annual Performance Reports are submitted to HHFW, EC&F and C&C these include Partnership Agreement with Police Scotland and Community Justice, CSWO Annual Report, Child Protection Committee Annual Report</p> <p>Performance Reports are generated within SSC which include data on SON, Statutory Complaints and Care Service Feedback.</p> <p>Improvement Plans are held within SSC which incorporate actions from audits and inspection reports. These are monitored and reported through PP committees to the COG.</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	Children's Services and SLLL, and Estates and Operational Planning		<p>Work is currently underway between the service/Strategy and Insight to set performance targets for measurement in line with service objectives.</p>	
		Compliant	Safer and Stronger Communities		<p>Internal Audit of services within SSC and regulatory services are undertaken and actions monitored and reported to the appropriate Committees.</p> <p>Performance Targets measuring service objectives</p> <p>Monthly performance reports from S&Comms team presented and discussed at SMT</p> <p>Review of HHFW performance data submitted to HHFW ongoing as part of IA recommendation</p>	<p>Align performance information for HHS to Council's Business Plan for reporting criteria to HHFW Committee.</p>

12	Commercial and Contract Management	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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	Children's Services and SLLL, and Estates and Operational Planning	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 Service Level Agreement Register Standard Condition of Grant	Commercial and Procurement Strategy Contract and Grants Management team Contract Standing Orders Council company monitoring including Governance Hub, Council Observers on Boards, committee reporting Grant Standing Orders Procurement Handbook Scheme of Delegation to Officers Service Level Agreement Register	
		Compliant	Safer and Stronger Communities		Monthly SSC Procurement Board which looks at dashboard, contracts list, waivers, pipeline procurements and contracts ending. Attended by service representatives, contract managers and procurement colleagues. clear procedures are 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. Waiver Reports are submitted to Committee for approval. Process in place which requires HOS sign off for all Waivers and Contracts to ensure compliance.	

13	Change and Project Management	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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.	Compliant	Children's Services and SLLL, and Estates and Operational Planning	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 Council's Risk Appetite Statement Enterprise Risk Management Policy External audits, reviews and validation Finance Rules	Prince 2 methodology used in large projects (includes risk management as part of scope)	
		Compliant	Safer and Stronger Communities	Financial Regulations Procurement framework Report template and guidance Revenue Budget Framework Risk Registers Scheme of Delegation to Officers Service Planning Sustainability Strategy process Treasury Management Strategy	Proposals for projects/programmes are discussed by the Senior Management Team prior to commencing and a clear business justification outlined. The appropriate senior manager for SSC has oversight of the project/programme and Head of Service sign off is required. Senior Managers appoint lead officers for all projects/programmes who are responsible for ensuring that clear roles and responsibilities are outlined. A review process ensures the senior manager receives regular updates on progression and timescales and these are fed back to the Senior Management Team. Prince 2 methodology used in large projects (includes risk management as part of scope)	Project Officers should attend training on risk management and Equality Impact Assessments if not already undertaken
14.1	Financial Control	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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	Children's Services and SLLL, and Estates and Operational Planning	Budget Framework Comprehensive system of revenue and capital monitoring, with SMT and CLT oversight Contract Standing Orders Corporate Debt Policy Council Business Plan Council Change Strategy Elected Member training on financial statements, financial planning and treasury management Employee Training	Regular input, advice and support from Council Finance team at SMT/SLT meetings within service budget monitoring Regular budgetary monitoring/management Risk based approach to budget monitoring	There has been issues with the forecasting spreadsheet used in schools, Finance are working with the service to look at causal effects/mitigate. Monthly Schools/Finance Meeting - risk based approaches to finance issues

		Compliant	Safer and Stronger Communities	Finance & Resources Committee and Governance, Risk & Best Value Committee oversight/scrutiny 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	Monthly monitoring of spend, savings plans and pressures at divisional management teams and Senior Management Team. Yearly review of Oracle approval limits in place with required sign off by Senior Manager and HOS. Homelessness Budget Group set up to address pressures due to COVID Regular meetings with HOS, Senior Managers and Finance partners.	
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	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 Risk based approach to budget monitoring	
		Compliant	Safer and Stronger Communities		As above. Budget monitoring in place, finance colleagues attend SMT and budget is a standing item on the agenda. There is also regular contact with service area senior managers to monitor their budgets. Areas of pressure in 20/21 are being managed as required and with HOS oversight (including Homelessness Budget Group). Budget pressures within Criminal Justice relating to ring fenced Section 27 budget which include unfunded pay award are being actioned.	
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	Children's Services and SLLL, and Estates and Operational Planning		Knowledge and application of Finance Rules Expertise and support of Council Finance team	
		Compliant	Safer and Stronger Communities		Appropriate Committee reporting and regular meetings with Convenor and Vice Convenor in place. Support from colleagues in finance and regular meetings in the diary and adhoc meetings held as 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	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)	
		Compliant	Safer and Stronger Communities Due to the pandemic, some offices were closed at short notice and teams moved to WFH. Security arrangements to ensure assets were appropriately protected needed to be reconsidered and action taken quickly.		Insurance cover managed corporately, and any losses are dealt with through this route or absorbed divisionally depending on monetary value. Insurance Services conduct annual checks to confirm adequacy of existing levels of insurance. No significant losses have been identified in 20/21, 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 in place and monitored.	Consideration for further actions in relation to ensuring colleagues WFH are aware of their responsibilities to ensure Council assets are protected.

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	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	
		Compliant	Safer and Stronger Communities		The Self Assurance Questionnaire has a section on finance, this sets out the main requirements of establishment financial reporting. All budgets within SSC and all ring-fenced budget areas are managed per accountancy rules, with close working between finance colleagues and service managers.	
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	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)	
		Compliant	Safer and Stronger Communities		Risk forums in place as per Council requirements, Risk and Assurance Committees/Regular discussion on risk at Communities and Families Wider Management team/SLTs The Council Internal Audit programme, risk based approach gives services the opportunity to make suggestions as to annual Internal Audit plan. Operations Manager attends the Council Risk Forum Quarterly Risk & Assurance Committee. Regular discussions around risk at SMT and WMT.	
15	Group Accounts (Resources only)	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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.	Compliant	Children's Services and SLLL, and Estates and Operational Planning	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 Council Companies/ALEOs – Governance Hub, Observers, annual reporting to Executive Committee and GRBV External validation/review e.g. 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 Executives of key ALEOs Shareholder or service level agreements	Advice and support from Council Finance team/regular update at SMTs/SLTs	
		Compliant	Safer and Stronger Communities		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	Children's Services and SLLL, and Estates and Operational Planning		Risk structures in place Corporate Property support asset valuation Support of Council Insurance team	
		Compliant	Safer and Stronger Communities		N/A	
16	National Agency Inspection Reports	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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	Compliant	Children's Services and SLLL, and Estates and Operational Planning	Committee Terms of Reference and Delegated Functions Governance, Risk and Best Value	Internal/External audit for example Council Internal Audit team/Education Scotland/Social Work Scotland	

	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	Safer and Stronger Communities	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 Scrutiny of directorate annual assurance schedules	The Quality Regulation and Governance Team (QGR)within SSC review grades from national agency inspection reports as part of their role to support the CSWO. Internal/External Reviews include Internal Audit, Care Inspectorate of services within SSC with clear governance arrangements around progressing recommendations in place. Public Protection Committees report to the COG on improvement plans from inspection reports.	
16.2	I have arrangements in place that adequately monitor and report on the implementation of recommendations.	Compliant	Children's Services and SLLL, and Estates and Operational Planning		Committee reporting structures Management of associated actions/recommendations from reports (authorising bodies)	
		Compliant	Safer and Stronger Communities		As above, committee reporting structure and management of associated actions and recommendations from reports. Recommendations from inspection reports are subject to action plans that are monitored through the appropriate committees. Recommendations and service improvement activity generated from audits, service reviews and upheld or partially upheld complaints are logged accordingly and managed through the relevant service.	
17	Internal Audit, External Audit and Review Reports	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (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	Children's Services and SLLL, and Estates and Operational Planning	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	Meetings take place regularly between the Internal Audit team/service colleagues in line with Internal Audit service level agreement requirements There are workshops organised by Internal Audit which support the audit action process and service colleagues are involved in this 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	
		Compliant	Safer and Stronger Communities		Audit actions are reviewed and monitored through the Team Central system that support the audit follow up process. Action owners are able to view their own dashboards and provide updates and supporting evidence to IA electronically. HOS is informed of updates, approaching due dates via Team Central automated email. The Operations Manager monitors and manages all open SSC audit actions, including cross directorate ones and provides an update on progress prior to GRBV audit reporting. The Operation Manager supports service managers to ensure audit actions are completed within timescales. There are strong links between Risk Management and Internal Audit, this aids the efficiency and effectiveness of the control environment as risk also focuses on the assessment of controls. The HOS meets with Operations Managers and SEA for C&F regularly to discuss progression of open audit actions. Reports submitted to HHFW on outstanding IA actions for HHS Audit.	
18	Progress	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only)	Relevant service area controls	Improvement Actions (will auto- populate improvement plan tab

			actions mean that a control weakness exists)			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	Children's Services and SLLL, and Estates and Operational Planning	<p>Agreed management actions arising from internal audits are recorded and monitored through Team Central</p> <p>Overdue management actions are reported monthly to CLT and quarterly to GRBV</p> <p>A validation audit is included in the annual Internal Audit Plan Integral part of Annual Assurance Schedule</p>	Annual review of assurance statement actions/reporting to Governance Risk and best Value Committee	
		Compliant	Safer and Stronger Communities	<p>External Audit Report is scrutinised by GRBV and an improvement plan developed</p> <p>Council participates in LAN (council scrutiny bodies) whose activity is based on shared risk assessment</p>	<p>All actions from the 2019/20 Annual Review of Assurance Statement are now complete.</p> <p>A report was submitted to GRBV in January 2021 noting completion of open improvement actions. Action Plans have been developed and timescales set for resolution and addressed appropriately.</p>	

Appendix 2

Schools, Lifelong Learning and Operational Support (2020-21) Update – December 2021

		Improvement actions	Action Owner	Action Deadline	Update December 2021
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>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, move to "Bite Size" Microsoft Teams training where appropriate - involving establishment staff in creating proportionate/comprehensive approaches to training offer</p> <p>Continued response with Council interdependencies where the school self-assurance questionnaire indicates areas of weakness</p> <p>Ongoing development of Business Forums - (Risk based approach to business management - forums to be set up in terms of Finance/Property/HR -</p>	Amanda Hatton	1 March 2022	<p>Business Manager Forums are now held monthly and they are fully involved in shaping policies and procedures.</p> <p>The Business Impact Assessments are being transferred over to an electronic system, this work is almost complete and we should be able to use the system in February 2022, this replaces individual spreadsheets held within the directorate.</p> <p>Colleagues from Resilience attended the Directorate SMT meeting to outline the new Council BIA Methodology and BIA review programme. An agreed schedule for service area/divisional meetings to work with the Directorate's SLTs to review BIAs as part of a rolling programme is in progress and covers:</p> <ul style="list-style-type: none"> • roles and responsibilities for data / BIA maintenance / training and support • Sign off governance • Confirm BIA service areas

		Procurement/Health and Safety forums already exist)			<ul style="list-style-type: none"> Identify gaps in service area resilience protocols for development, including Incident Management Cover off some basic training on Meridian system, which will be the repository for all documentation <p>This action is progressing and on track for completion within agreed timescales</p>
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	0			

	on Annual or Group Accounts.				
2 Risk and Resilience					
2.1	I have risk management arrangements in place to identify the key risks to my directorate (and the Council).	Continue to embed risk management process through effective and robust training/engagement (risk management process)	Amanda Hatton	1 October 2021-Complete	Risk and Assurance Committee is held quarterly and the Risk Forum is held fortnightly. The action is now complete acknowledging that the work will continue on an ongoing 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.	Workshops across the service arranged to discuss risk management and risk registers	Amanda Hatton	1 October 2021-Complete	Workshops have been held, and as above risks are discussed at the quarterly Risk and Assurance Committee and the fortnightly Risk Forum. The action is now complete acknowledging that the work will continue on an ongoing basis.
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	0			

	have an impact on the Annual Accounts				
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.	0			
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.	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.	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 Use SORT as part of risk communication and learning	Amanda Hatton	1 October 2021-Complete	SORT is used weekly/twice weekly for communication and learning. The action is now complete acknowledging that the work will continue on an ongoing basis.

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.	Review our induction process for new starts who will be primarily WFH	Amanda Hatton	31 March 2022	Ongoing The Senior Education Officer works with the Head Teachers to manage new starts and access requirements, this will also be covered in a section of the Self Assurance Framework
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.	Re-introduction of face to face training and review of need across services	Amanda Hatton	31 March 2022	Ongoing - At the moment the only face to face training happening is first aid and the training the Principal Officer, Mental Health & Well-being delivers (mental health training). All risk assessed, approved and signed off at Service Resumption Group.
3.7	I have arrangements in place to support and manage staff performance e.g. regular 1:1/supervision meetings, performance/spotlight conversations.	0			
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 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.	Electronic leaflet in development and feedback link on electronic signature for HHS	Amanda Hatton	October 21-Complete	Within Education a Principal Officer Engagement and Involvement manages and co-ordinates school related surveys with Education SLT using the appropriate tools/methodologies.

5.3	I have appropriate arrangements in place throughout my directorate for recording, monitoring and managing customer service complaints and customer satisfaction.	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 directorate staff are made aware of and fully understand the implications of all relevant existing and new council policies and procedures.	Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication) working with Resources	Amanda Hatton	October 2021	<p>Ongoing -Within Education the Self-Assurance Framework questionnaire asks that staff have completed all requirements in terms of policies and procedures.</p> <p>The way this is managed is currently under review through a headteacher working group.</p> <p>In future the framework will be promoted in sections though a School Operations Risk Toolkit (SORT) briefing session for headteachers and business managers that will emphasise the associated policies and procedures. Policy and procedure reading is currently within the Workforce Control section of the questionnaire.</p> <p>We are also looking at the list of policies and procedures and how the reading requirement can be managed effectively</p>

					and efficiently and welcome Council wide views.
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.	0			
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	0			

	appropriate structures. (i.e. SMT reporting)				
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	Promote advice and information through SORT Questionnaire (Information Governance to be issued April 2021)	Amanda Hatton	October 2021- Now January 2022	Operations Manager is working with Information Governance Colleagues to ensure regular communications are sent to schools on Information Governance e.g. GDPR guidelines.

	security; and ICT acceptable use.				
9.2	I ensure data sharing arrangements with third parties are recorded, followed and regularly reviewed throughout all service areas in my directorate.	0			
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.	Revisit Health and Safety training with the Corporate Health and Safety team, consideration of "Bite Size" training where appropriate Use of SORT for key health and safety messaging	Amanda Hatton	October 2021	Ongoing -Continue to use SORT, Risk Matters and Bite Size training to effect health and Safety risk communication and learning. The Education Health and Safety training offer is under review and we are working with Corporate Health and Safety colleagues and a headteacher group to create a new offer/way of delivering essential learning including induction for Spring 2022.

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.	0			
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.	0			
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.	0			
11.2	I have appropriate arrangements in place throughout my directorate for recording, monitoring and managing customer service complaints and customer satisfaction.	Align performance information for HHS to Council's Business Plan for reporting criteria to HHFW Committee.	Amanda Hatton	October 21 - Complete	Following a previous "dip sample" by internal audit on the complaints process where further actions were identified, these actions have now been completed and we are compliant with the complaints procedure.
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.	There has been issues with the forecasting spreadsheet used in schools, Finance are working with the service to look at causal effects/mitigate. Monthly Schools/Finance Meeting - risk based approaches to finance issues	Amanda Hatton	October 21	Ongoing - Monthly meetings with Business Managers continue and we are providing both training and support to colleagues. However development of an improved forecasting tool is currently on hold until Finance ensure that the modelling tool has been assessed for compliance to the recommendations made in the Model and

					Intelligent Automation Risk Final Report dated 24th June 2020 (RES1908)
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	Consideration for further actions in relation to ensuring colleagues WFH are aware of their responsibilities to ensure Council assets are protected.	Amanda Hatton	October 2021 - Complete	Regular liaison with Council Insurance services in terms of insurance queries/working with insurance where there has been a loss for example at one of our Primary Schools. Continual engagement with Council Fire Safety/Security teams, regular risk.

	risk of loss across my directorate.				communication and learning on these matters through Risk Matters.
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	0			

	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 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 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			

Safer and Stronger Communities Improvement Plan (2020-21) Update – December 2021

		Improvement actions	Action Owner	Action Deadline	Update December 2021
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.	BIAs required to be reviewed using the refreshed template and reviewed by Resilience and approved by SMT - Actions link to IA report.	Jackie Irvine	01-Mar-22	<p>The transfer of BIAs to the Meridian system is now complete and our Operations Manager has worked with Resilience colleagues to ensure a smooth transition.</p> <p>Colleagues from Resilience attended the Directorate SMT meeting to outline the new Council BIA Methodology and BIA review programme. An agreed schedule for service area/divisional meetings to work with the Directorate's SLTs to review BIAs as part of a rolling programme is in progress and covers:</p> <ul style="list-style-type: none"> • roles and responsibilities for data / BIA maintenance / training and support • Sign off governance • Confirm BIA service areas • Identify gaps in service area resilience protocols for development, including Incident Management • Cover off some basic training on Meridian system, which will be the repository for all documentation <p>This action is progressing and on track for completion within agreed timescales</p>
1.2	I have controls and procedures in place to manage the risks in delivering services through	0			

	council companies, partners and third parties.				
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).	Workshops across the service arranged to discuss risk management and risk registers	Operations Manager – Nichola Dadds	01-Sep-22	<p>Workshops were held with each service area which included a presentation on risk management and discussion around risk registers. The Operations Manager works closely with Senior Managers, Service Managers and the Service Director to ensure risk registers are kept updated and assist with queries regarding risk escalation. Risk Management is also included in the division's SMT meeting agenda and new or emerging risks within the division are flagged appropriately through the Council's Risk Forum.</p> <p>Following changes to the structure within the division, which now includes Children's Services who are aligned to the risk management processes to ensure consistency across all service areas.</p> <p>The action is now complete acknowledging that the work will continue on an ongoing basis.</p>

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.				
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, 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.	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.	Review of expenses across SSC to be undertaken again to ensure compliance with previous review.	Jackie Irvine	01-Dec-21	<p>Robust measures are in place to scrutinise monthly overtime spend and work undertaken by the Operations Manager to identify anomalies or pressures within the division which are flagged with senior managers and Service Director for appropriate action.</p> <p>New processes have now been embedded across the division in line with recommendations from the Salary Overpayment Audit which includes a checklist for leavers and standing item on team and management agendas to include discussion around any emerging issues.</p> <p>This action is now complete.</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.	0			
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	0			

	compliant with vacancy approvals and controls.				
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.	Review our induction process for new starts who will be primarily WFH	Operations Manager – Nichola Dadds	01-Dec-21	<p>Induction processes have been reviewed across the division including ensuring adherence with Council ICT acceptable use policy and compliance with essential learning.</p> <p>Managers have been asked to include within induction processes consideration for additional controls for colleagues who may be WFH during the current pandemic arrangements.</p> <p>The action is now complete acknowledging that the work will continue on an ongoing basis.</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.	Re-introduction of face to face training and review of need across services	Service Managers	01-Sep-21	<p>Due to the ongoing pandemic arrangements, face to face training is considered on a case by case basis by the Service Resumption Group with approval from CLT.</p> <p>Measures are in place to ensure training for each post within the division are reviewed by senior managers, discussed within team meetings and included in the essential learning matrix.</p>

					The action is now complete acknowledging that the work will continue on an ongoing basis.
3.7	I have arrangements in place to support and manage staff performance e.g. regular 1:1/supervision meetings, performance/spotlight conversations.	0			
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	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.	Electronic leaflet in development and feedback link on electronic signature for HHS	Operations Manager – Nichola Dadds	01-Sep-21	The Council webpages have been updated and a leaflet designed and included in signature link and webpages. The action related to an open Internal Audit action (CW1801 Rec 3.1.3) which has now been closed by Audit. This action is complete.
5.3	I have appropriate arrangements in place throughout my service area for recording, monitoring and managing customer service complaints and customer satisfaction.	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.				
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.				
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	0			

	through appropriate structures. (i.e SMT reporting)				
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.	<p>Monitor compliance with information governance procedures for colleagues who continue to WFH</p> <p>reinforce through Teambrief, 1:1 and Team Meetings the need to ensure we adhere to paperless protocols across services for those who are WFH.</p> <p>Review record retention and deletion of expired records/documents on some systems used in SSC</p>	Jackie Irvine	01-Oct-21	<p>Senior Managers take a proactive approach to ensuring colleagues within their services are aware of the need to ensure compliance through regular discussions in team meetings and escalation to SMT where required.</p> <p>Regular communication cascaded to colleagues via email by the Operations Manager on updates or changes to processes.</p> <p>Record retention is monitored to ensure compliance and measures are in place to mitigate any issues with compliance for some Council systems which included a move from HiS to Northgate.</p> <p>The action is now complete acknowledging that the work will continue on an ongoing basis</p>
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				

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.				
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.	0			
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.	0			
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 these issues are implemented and monitored.	0			
11.2	I have appropriate arrangements in place throughout my service area for recording, monitoring and managing customer service complaints and customer satisfaction.	Align performance information for HHS to Council's Business Plan for reporting criteria to HHFW Committee.	Senior Manager	31-Aug-21	The performance dashboard was reviewed and approved by HHFW Committee in June 2021. Evidence submitted to Audit (CW1808 Rec 2.2.3) who closed as verified. This action is now complete.
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	Project Officers should attend training on risk management and Equality Impact Assessments if not already undertaken	Senior Managers	01-Dec-21	Operations Manager worked with the Change Manager to provide updated information on all Programmes and Projects not managed by the Change Board ensuring risks are considered. Any new projects within the division are discussed by the SLT and Project Officers are made aware of risk escalation and required training if not already compliant.

	place; and ensure that a formal closure process is undertaken.				<p>The new Risk Management Framework pilot concludes in 2022 and the proposed New Project Risk Management Approach will progress</p> <p>The action is now complete acknowledging that the work will continue on an ongoing basis</p>
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.	Consideration for further actions in relation to ensuring colleagues WFH are aware of their responsibilities to ensure Council assets are protected.	Senior Managers	01-Oct-21	<p>Communications around responsibilities for ensuring colleagues are proactive in ensuring adequate controls are in place to protect Council assets when WFH were sent out.</p> <p>Managers were encouraged to discuss with direct reports during meetings and 1:1s what arrangements they have in place and review whether these are robust.</p>

					<p>To date no risks have been reported within the division which would instigate any concerns around current processes.</p> <p>The action is now complete acknowledging that the work will continue on an ongoing basis</p>
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 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 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			