

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.

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Report

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						
1.1	I have internal controls and procedures in place throughout my directorate that are proportionate, robust, monitored and operate effectively.	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>	

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

Communities & Families Risk & Assurance Committee - risk is included on SSC SMT agenda Workshop/Presentations on risk management for management teams Policies and Procedures - Review of SSC Policy Register undertaken, process in place for monitoring review dates 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 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. 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	BIAs required to be reviewed using the refreshed template and reviewed by Resilience and approved by SMT - Actions link to IA report.
N/A	
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. Third party grants and Waivers have been approved by the relevant committees 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.	

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
		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.	Response to Scott Moncrieff
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		Council Committee Reporting processes. Quality Regulation and Governance Team review and produce methods of engagement and review of service delivery with service users. Homelessness Services (HHS) undertake consultation events as part of their RRTP Review of HHS webpages which now includes FAQs Community engagement through locality groups Elected members enquiries highlighting constituents concerns. Service user feedback and evaluation questionnaires Homelessness Transformational Prevention Programme looking at customer journey and person centred approach to service delivery. The use of People's Stories also enhances our insight into the quality of service delivery (particularly Criminal Justice) and informs future shape of delivery.	
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	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	

	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.	
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	Commissioning/grant colleagues General management of teams promoting the importance of ethical behaviours	
		Compliant	Safer and Stronger Communities		SSSC registered staff are supported by the code of ethical behaviours, The Head of Safer and Stronger Communities is also the Chief Social Work Officer. Commissioning Services and Development Officers are aware of standards and report to senior managers any issues which may be flagged.	

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		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			
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		Regular meetings between Communities and Families SMT/members Council Health and Safety Forum chaired by a member Council Committee reporting structures Weekly Convenor meetings	
		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 foe 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		Work is currently underway between the service/Strategy and Insight to set performance targets for measurement in line with service objectives.	
		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>	Align performance information for HHS to Council's Business Plan for reporting criteria to HHFW Committee.

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 Financial Regulations	Prince 2 methodology used in large projects (includes risk management as part of scope)	
		Compliant	Safer and Stronger Communities	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.	<p>Continue to seek, take advice from HR/Corporate Procurement in these areas and communicate to colleagues across the service effectively for example through Risk Matters</p> <p>Use SORT as part of risk communication and learning</p>	Amanda Hatton	1 October 2021-Complete	<p>SORT is used weekly/twice weekly for communication and learning.</p> <p>The action is now complete acknowledging that the work will continue on an ongoing basis.</p>

3.3	I ensure compliance with the Council's HR policies and procedures across all of my service areas, e.g. that recruitment and selection is only undertaken by appropriately trained individuals and is fully compliant with vacancy approvals and controls.	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			