

Governance, Risk and Best Value Committee

10.00am, Tuesday, 18 January 2022

Annual Assurance Schedule – Place Directorate

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| Executive/routine Wards Council Commitments | Executive All |
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1. Recommendations

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

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Executive Director of Place

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Report

Annual Assurance Schedule – Place Directorate

2. Executive Summary

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

3. Background

- 3.1 Each year the City of Edinburgh Council requires that Executive Directors complete Certificates of Assurance that represent their view of the effectiveness and appropriateness of controls in their areas of responsibility. These Certificates support the Annual Governance Statement which is a component part of the authority's Statement of Accounts.
- 3.2 An Assurance Schedule, to help prompt Executive Directors and relevant Service Directors to consider various aspects of their control environment, is circulated in advance of Certificates. The schedule will help highlight any areas of concern.
- 3.3 Improvement actions from the assurance exercise are used to inform the related Corporate Governance Framework Self-assessment exercise. Together both exercises combine to provide a holistic look across the Council's control framework, incorporating both design and application. Both processes will continue to be reviewed in line with feedback.

4. Main report

- 4.1 The Place Directorate schedule (Appendix 1) was completed and returned to the Democracy, Governance and Resilience Service, after which a Certificate of Assurance was issued. This informed the drafting of the Annual Governance Statement, submitted to Council as part of the 2020/21 Annual Audit report to the Council and the Controller of Audit on [25 November 2021](#).
- 4.2 The Certificates of Assurance require Executive Directors to confirm that:
- 4.2.1 They have considered the effectiveness of controls in their service area/directorate, including controls in place to mitigate major risks to their service area/directorate's objectives;

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

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

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

5. Next Steps

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

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

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

5.4 The 2021/22 Annual Assurance Schedule will be presented to Governance, Risk and Best Value Committee in 12 months for scrutiny.

6. Financial impact

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

6.2 An effective control framework is key in ensuring that the Council is able to achieve Best Value (Economy, Efficiency and Effectiveness) in the stewardship of its resources and delivery of intended outcomes.

7. Stakeholder/Community Impact

7.1 The assurance schedule exercise acts as a prompt for service areas to think about good governance and the internal control environment. Action plans support improvements in areas where weaknesses have been identified.

7.2 Completed schedules are reviewed by the Democracy, Governance and Resilience Senior Manager and are provided to the Chief Internal Auditor for comment.

7.3 The Annual Assurance Schedule template was drafted using input from the Council's subject matter experts. This included contributions from Resilience, Internal Audit, Health and Safety, Governance, Legal Services, Financial Services and Human Resources.

- 7.4 Outcomes and areas of significant control weakness identified in the Corporate Governance Framework Self-assessment Exercise are used to inform the structure and content of assurance schedules through a process of continuous review.

8. Background reading/external references

- 8.1 None.

9. Appendices

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

| Assurance Statement | | | | | | |
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| Ref | Statement | Response | | Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only) | Relevant service area controls | Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline) |
| 1 | Internal Control Environment | Assessment of Compliance | Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists) | Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only) | Relevant service area controls | Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline) |
| 1.1 | I have internal controls and procedures in place throughout my directorate that are proportionate, robust, monitored and operate effectively. | Partially compliant | The Council's Chief Internal Auditor's report to Governance Risk and Best Value Committee in August 2020 for the year ended 31 March 2020 stated that significant improvement was required as significant and/or numerous control weaknesses were identified in the design and/effectiveness of the control environment and/or governance and risk management frameworks across the Council. The Auditor's report for 2020/21 is not yet available but based on regular updates through 2020/21 and the identification of additional resource requirements to support the Council's approach to governance, it is anticipated that the conclusion for 2020/21 will be that there are still improvements to be made. 2020/21 has been an exceptional year for Council operations as services have adapted in response to the global COVID-19 pandemic and in Place, this has meant changing the way in which services are delivered. Despite this, 17 internal audit management actions were closed in year, a further 11 were implemented and, although evidence was provided to Internal Audit for other actions, there is further work to do to verify this and/or to fully complete the action agreed. Additional governance forums and service activities were | Annual Internal Audit Plan (based on most significant risks to the Council) CLT Change Board – programme/project management framework Council Companies/ALEOs – Governance Hub, Observers, annual reporting to Executive Committee and GRBV Community planning – Edinburgh Partnership, Community Plan Contingency planning and business continuity arrangements EIJB – scrutiny and accountability arrangements agreed through scheme Enterprise Risk Management Policy and Risk Management Procedure External validation/review eg. external audit, independent assurance providers GRBV quarterly scrutiny of top risks GRBV scrutiny of CLT risk register, delivery of Internal Audit Plan and of all Internal Audit reports Health and safety audits Informal and formal reviews eg. internal audit, quality assurance audits Overdue audit recommendations report monthly to CLT and quarterly to GRBV Policies that mitigate risks eg. Anti-bribery, Fraud Prevention, Whistleblowing Quarterly corporate risks scrutinised at CLT Quarterly Risk and Assurance Committees Regular 121 meetings between the Council's Chief Executive and the Chief Executives of key ALEOs Report template and guidance – section on risks Reporting/review/monitoring at all levels – committee, CLT, SMTs, service level Risk Appetite Statement Risk Management Groups Risk management policies and strategies (eg procurement, standing orders, project management, health and safety, information governance) Risk Management Procedure Risk management tools Schools assurance programme Shareholder or service level agreements Team Central – monitoring implementation of audit recommendations Training, eLearning and workshops for staff and members Wide ranging internal and external counter fraud activity | Internal controls and procedures are regularly reviewed within service areas and, where appropriate, changes are made to ensure that they are proportionate, robust and operate effectively. As improvements are identified, implementation of changes are progressed by service managers. Management actions recommended as a result of Internal Audit reviews are reviewed and updated regularly to ensure that they can be delivered and that the timescales for completion are realistic timescales. Where issues are identified, these are updated on TeamCentral and/or are discussed with Internal Audit colleagues. In 2020/21, additional support was provided to service managers to progress overdue Internal Audit actions and, although not all actions were completed in line with the original implementation date, progress was made and recorded and engagement with Internal Audit colleagues continued. Actions arising from external reviews are progressed in accordance with the agreement made with the external organisation. In 2020/21 the Transport and Environment Committee approved Improvement Plans for Roads and Transport Infrastructure and Network Management and Enforcement and regular updates were presented to Planning and Housing Homelessness and Fair Work Committees on progress with improvements in those service | Services will continue to review internal controls and service performance and to implement changes where appropriate. Implementation of audit actions will continue to be progressed, working closely with Internal Audit (or external agencies) as appropriate. |
| 1.2 | I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties. | Partially compliant | Internal Audit findings in respect of procurement arrangements across the Council have identified possible weaknesses in the governance arrangements for third party contracts and in arrangements for governance of ICT contracts. Place are working hard to ensure that adequate, proportionate arrangements are in place, working closely with Procurement, ICT and Internal Audit colleagues as required. | Risk Management Procedure Risk management tools Schools assurance programme Shareholder or service level agreements Team Central – monitoring implementation of audit recommendations Training, eLearning and workshops for staff and members Wide ranging internal and external counter fraud activity | Agreements, funding agreements, Shareholder Agreements and in other service delivery agreements. A monitoring officer is identified for each organisation and reviews of service delivery are carried out as per the agreement. For Council ALEOs and some funded organisations, a Council Officer act as Observer to the Board. For procurement contracts, contract managers have been identified and arrangements are in place to review service delivery and contract arrangements regularly. Regular reviews of the Council's Contract Register and waivers are undertaken jointly by services and procurement and these are reported | Place will continue to implement management actions arising from Internal Audit findings and will address any weaknesses identified in service processes and procedures (e.g. from changes implemented as a result of reviews of arms length company governance, legislative or internal process changes). |
| 1.3 | My internal controls and procedures and their effectiveness are regularly reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts. | Compliant | The findings of service area, internal audit or external scrutiny have not identified any weaknesses in Place's internal controls which would have an impact on the Annual Accounts. | | | |
| 1.4 | The monitoring process applied to funding/operating agreements has not identified any problems that could have an impact on Annual or Group Accounts. | Compliant | The monitoring process has not identified any problems which could have an impact on Annual or Group Accounts. | | Council ALEOs have confirmed compliance with the funding/operating agreements in place and the financial arrangements for good governance. This has been confirmed by the Observer to each Board. The Board of Marketing Edinburgh has confirmed that the annual accounts for 2019/20 have not yet been submitted to Companies House and that this is being addressed as a priority. Board Observers and other officers will continue to work ALEO Boards and externally funded organisations to ensure compliance with the Council and legislative governance requirements. | |
| 2 | Risk and Resilience | Assessment of Compliance | Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists) | Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only) | Relevant service area controls | Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline) |

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| 2.1 | I have risk management arrangements in place to identify the key risks to my directorate (and the Council). | Compliant | An audit of the Council's governance of risk has identified improvements required in the governance of risk. A new risk appetite and enterprise risk management framework has been approved and is being prepared for implementation across the Council. Place is working with the Corporate Risk Team on the development and implementation of this. | Budget Planning CLT Change Board – programme/project management framework CLT scrutiny Contingency planning and business continuity arrangements Council Business Plan Enterprise Risk Management Policy GRBV quarterly scrutiny of top risks Health and safety audits Internal and external audits Internal Audit Plan development considers top risks Leader's induction includes Risk Management Quarterly corporate risks scrutinised at CLT Quarterly Risk and Assurance Committees Report template and guidance – section on risks Reporting/review/monitoring at all levels – committee, CLT, SMTs, service level Risk Appetite Statement Risk Management Groups Risk management policies and strategies (eg procurement, standing orders, project management, health and safety, information governance) | Risk registers are retained in service areas for operational and project risks, as appropriate to the service activities. These risks are regularly reviewed and registers updated as appropriate. Place SMT regularly reviews its risk register, making changes as appropriate and considers new/emerging/escalated risks. Place SMT also considers if any Place risks also apply corporately or if they would have a significant impact on the Council's level of risk with escalation of anything appropriate. In 2020/21, a corporate risk forum was established in response to COVID-19 and a dedicated risk register was maintained within Place from April - September 2020, when this was integrated into the Place Risk Register. Place is represented on the Council Risk Forum. | Roll-out of the new risk approach across the Council, working closely with Corporate Risk Team. |
| 2.2 | I have effective controls and procedures in place to record and manage the risks identified above to a tolerable level or actions are put in place to mitigate and manage the risk. | Compliant | | Risk Management Procedure Risk management tools Schools assurance programme Service Planning Training, eLearning and workshops for staff and members | See 2.1 above. The Place directorate uses the previous corporate risk register template for recording risks, controls and measures required to address identified risks. | |
| 2.3 | The robustness and effectiveness of my risk management arrangements is regularly reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts. | Compliant | See note above at 2.1 | | An annual review of the robustness and effectiveness of the risk management arrangements in Place has not identified any weaknesses which could have an impact on the Annual Accounts. | See note at 2.1 above. |
| 2.4 | There is appropriate escalation/communication to the directorate Risk Committee and CLT Risk Committee (as appropriate) of significant issues, risks and weaknesses in risk management. | Compliant | See note above at 2.1 | | The Place Directorate regularly reviews service area and directorate risks and has escalated significant risks to the appropriate place (e.g. Place Directorate Risk Register, CLT Risk Register). | |
| 2.5 | I have arrangements in place to promote and support the Council's policies and procedures for staff to raise awareness of risk concerns, Council wrongdoing and officer's misconduct. | Compliant | | | Risk management is embedded within Place service activities, with Service and Senior Managers ensuring appropriate awareness of risk management arrangements are promoted within service areas. This includes awareness on what to do if Council wrongdoing or officer misconduct are identified (in | Place will continue to work with the Corporate Risk Team to roll-out the new Operational Risk Framework and Project Management Risk Approach to ensure that appropriate staff are adequately training and aware of the new |
| 2.6 | My directorate has appropriate resilience arrangements in place and my directorate's business continuity plans and arrangements mitigate the business continuity risks facing our essential activities. | Compliant | In 2020/21 the directorate resilience arrangements have been adapted and reviewed in response to COVID-19 and adaptations have been made to ensure that essential activities have continued to be delivered. | | The Business Impact Assessment of each service has been reviewed regularly through 2020/21 in response to COVID-19 and has been adapted/changed to recognise the impact of the global pandemic. This has changed the BIA assessment of criticality for some services. Services have adapted as required to provide continuity of service where appropriate | There are outstanding Internal Audit actions from a review of service area business impact assessments. The approach to completing these actions is a joint approach between Services and the Corporate Resilience team. This work will continue. |
| 3 | Workforce Control | Assessment of Compliance | Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists) | Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only) | Relevant service area controls | Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline) |
| 3.1 | I have arrangements in place to ensure compliance with payroll policies, overtime controls, absence management and performance e.g. home/remote working. | Compliant | | 360 reviews Annual Internal Audit Plan (based on most significant risks to the Council) Employee Assistance Programme Employee Engagement External validation/review eg. external audit, independent assurance providers Financial benefits (credit union, season ticket loans, car benefit scheme, pension schemes) | The Place Directorate operates compliantly within the Council's payroll, absence management and performance policies. Additional overtime controls are in place to ensure that this is appropriately authorised and that claims are made timeously. Support has continued to be provided to managers dealing with employee absences, a list of pre- | |
| 3.2 | I have robust controls in place to ensure that statutory workforce requirements are met, including the management of off-payroll workers/contractors (including agency workers and consultants), ensuring approved framework contracts have been used and that those engaged are wholly compliant with the provisions of IR35 Council guidance and procedures. | Compliant | | Funding scheme for professional qualifications HR Policies (Absence Management, Stress Management, Avoidance of Bullying and Harassment, Equal Treatment) Informal and formal reviews eg. internal audit, quality assurance audits Inspiring Talent Programme Internal and External training opportunities Leader Induction and Essential Learning Leadership Development Programme– Future, Engage, Deliver Managing Attendance Training for managers Occupational Health service | The Place Directorate operates compliantly within the Council arrangement for statutory workforce controls, including complying with Government requirements (such as IR35) where these are relevant to operational arrangements for service delivery. | |

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| 3.3 | I ensure compliance with the Council's HR policies and procedures across all of my service areas, eg. that recruitment and selection is only undertaken by appropriately trained individuals and is fully compliant with vacancy approvals and controls. | Compliant | | Onboarding, induction essential learning and CPD for officers Open framework agreement for Learning and Development People Strategy Performance Management Framework (Performance Conversations) Policies that mitigate risks eg. Anti-bribery, Fraud Prevention, Whistleblowing Regular reporting including Health & Safety Performance, absence levels Staff benefits (enhanced entitlements leave entitlement, flexible working options, childcare vouchers, ride to work scheme, premium benefits scheme) Wide ranging internal and external counter fraud activity Wider Leadership Team (incl. Learning Sets) Wider Leadership Team programme | The Place Directorate operates compliantly with the Council's HR policies and procedures and works closely with the HR Business Partner and Consultancy teams to ensure compliance is maintained. The Place HR Business Partner has a standing invitation to and opportunity to update managers at Place SMT meetings and provides regular reports on compliance with corporate policies and procedures and provides updates on changes as these arise. The Place directorate has maintained a small number of pre-approved posts which automatically progress through the recruitment process but all other vacancies are scrutinised by service manager, Head of Service and Executive Director and only those essential are progressed to the Council's Workforce Control Panel for approval. All recruitment is undertaken in accordance with the Council's procedures, utilising Talentlink. | |
| 3.4 | I have robust controls in place to manage new starts, movers and leavers, including induction and mandatory training, IT systems security (access and removal) and access to buildings and service users' homes. | Partially compliant | Internal Audit have identified weaknesses in the Council's systems for access rights. A new User management Framework working group has been established and Place will be represented on this. Further, in the processing of leavers access to the Council's fuel system an issue has been identified in the data provided. This issue is in the process of being resolved. | | A corporate approach to new appointments (whether new starts or moving within the organisation) is in place to ensure that a consistent induction to the organisation is provided. Within services, induction arrangements are determined by the needs of the role. An essential training matrix for the Directorate is in place and training plans have been implemented to ensure that essential training is delivered at the appropriate time as required. The Directorate complies with the Council's IT Systems security processes and all requests for building access are approved by the appropriate manager. For those entering service user's homes, additional checks are carried out through Disclosure Scotland and are updated in accordance with legislation. Appropriate identification is provided to people visiting service user homes. Place has reviewed the Oracle Hierarchy as part of the regular review of system access and permissions. | Place will address the identified weaknesses in the Council's systems for access rights by participating in the new User management Framework working group. Place will work with HR colleagues to resolve the data issue for leavers to ensure that this does not continue to affect any Place systems or processes. |
| 3.5 | I have arrangements in place to manage staff health and wellbeing; ensuring that sickness absence, referral to occupational health and stress risk assessments is managed in compliance with the Council's HR policies. | Compliant | | | See 3.3 above. In 2020/21, the health and wellbeing of staff has been at the forefront of Directorate communications, with additional support offered to colleagues where appropriate. Wellbeing has also been prioritised corporately with regular wellbeing events taking place. Place colleagues have actively participated in these. | |
| 3.6 | I ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements. | Compliant | | | An essential training matrix is in place for the directorate and is reviewed annually. Essential training is provided in accordance with the requirements of essential training. Learning and development is supported, within agreed | |
| 3.7 | I have arrangements in place to support and manage staff performance e.g. regular 1:1/supervision meetings, performance/spotlight conversations. | Compliant | | | The Place Directorate operates within the Council's Performance Management Framework, including 1:1 support, team meetings, performance and spotlight conversations as appropriate. | |
| 4 | Council Companies | Assessment of Compliance | Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists) | Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only) | Relevant service area controls | Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline) |
| 4.1 | I have arrangements in place for the oversight and monitoring of the Council companies I am responsible for, that give me adequate assurance over their operation and delivery for the Council. | Compliant | | Annual Assurance Process (Directorates) Council Companies/ALEOs – Governance Hub, Observers, annual reporting to Executive Committee and GRBV Regular 121 meetings between the Council's Chief Executive and the Chief Executives of key ALEOs Service Level Agreement Register Shareholder or service level agreements | For each Arms Length External Organisation that the Place Directorate is responsible for has submitted an annual assurance statement, except for Transport for Edinburgh and Edinburgh Trams, and have confirmed compliance with the Council's governance statements. For Edinburgh Trams and Transport for Edinburgh, the statements will follow shortly, once | |
| 4.2 | I have an appropriate Service Level Agreement, or other appropriate legal agreement, in place for each Arm's Length External Organisation that I am responsible for. | Compliant | | | For each Arms Length External organisation that the Place Directorate is responsible for there is an appropriate legal agreement in place for service operation and delivery. These agreements differ between organisations, depending on the relationship with each company. | |
| 5 | Engagement and Consultation | Assessment of Compliance | Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists) | Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only) | Relevant service area controls | Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline) |

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| 5.1 | My directorate engages effectively with institutional stakeholders, service users and individual citizens, applying the council's consultation and engagement standards with evidence that the insights gathered are used to shape my directorates activities. | Compliant | | Budget consultation Business sector forums Community engagement activity Community engagement strategy/policy Complaints Improvement Plan Consultation framework Consultation Hub Council Change Strategy Committee Papers Online Current partnerships eg. Poverty Commission, Tourism Strategy, EIJ, City Deal Edinburgh Partnership (LCCPs, Neighbourhood Networks) Edinburgh People Survey Government partnership working Have Your Say webpage Multi-agency partnerships Multi-channel methodology eg. social media platform development Networks/user groups – eg. Edinburgh Tenants' Federation Partnership agreements eg. Police Scotland Partnership governance arrangements Partnership governance documentation Partnership plans eg. Edinburgh Children's Partnership Petitions and Deputations | Effective engagement and consultation tools used by the Directorate to gain insight and feedback include: 121 meetings, community council meetings, local community events and meetings, drop in events, consultation group meetings, Council's Consultation Hub, social media, web surveys and information, online surveys and stakeholder events. The Directorate also gains insight from corporate surveys such as Edinburgh's People's survey. In 2020/21, the Council implemented changes to its arrangements for consultations and publishing information in response to COVID-19. Place services have complied with the arrangements approved by Policy and Sustainability Committee in this respect. For Planning, the requirements for publishing weekly lists and neighbour notifications have changed this year but Planning Committee has been kept updated on this. | |
| 5.2 | I have arrangements in place throughout my directorate to ensure that there are effective communication methods that encourage, collect and evaluate views and experiences (while ensuring inclusivity e.g. customer surveys, consultation procedures, social media presence, etc.) and that these insights are used to inform the work of the directorate. | Compliant | | Policies and procedures (consultation framework) Poverty Commission Public participation – deputations and petitions Public sector partnerships Publication of Council diary Report template – section on consultation Stakeholder group meetings Strategic documentation eg. vision statements, aims, etc. Strategic plans and agreements Strategy and Performance Hub Surveys eg. Edinburgh People Survey, Annual Tenant Survey Third sector partnership working eg. EVOG Webcasting of Council and major committees, including subtitles | The directorate uses a variety of communication methods to encourage, collect and evaluate views and experiences including customer surveys, feedback questionnaires, social media, Consultation Hub, online surveys, meetings and events. Feedback is also regularly received through Elected Members from citizens. In 2020/21, some communication arrangements have changed in response to COVID-19, particularly where face to face arrangements were previously in place or were planned. Where possible, alternative | |
| 5.3 | I have appropriate arrangements in place throughout my directorate for recording, monitoring and managing customer service complaints and customer satisfaction. | Compliant | | | The Directorate uses both the Council system and Confirm to record customer service requests and complaints. Customer satisfaction information is gathered differently in each service, with some asking for direct feedback and others monitoring service requests/complaints/performance data. In 2020/21, there was significant feedback on the Spaces for People programme which was implemented by Scottish Government to create safe spaces for people to walk, wheel or cycle, in response to COVID-19. Arrangements for recording feedback were adapted through the year in response to feedback received. | |
| 5.4 | I regularly consult and engage with recognised trade unions. | Compliant | | | In 2020/21, the Place Senior Management team has met regularly with the recognised Trade Union representatives at our Departmental Joint Consultative Committee (DJCC). The frequency of these meetings has varied, and are currently monthly. The Place Health Safety and Wellbeing Group has also met regularly to focus on the health safety and wellbeing of people working within the Directorate. Place Senior | |
| 6.1 | Policy | Assessment of Compliance | Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists) | Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only) | Relevant service area controls | Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline) |
| 6.1 | I have arrangements in place to ensure all directorate staff are made aware of and fully understand the implications of all relevant existing and new council policies and procedures. | Compliant | | Annual Assurance Exercise Annual Policy Assurance Statements Corporate Policy Framework and Toolkit, including consultation and engagement strategies Council Papers Online Employee policy refresher arrangements, process workshops and communications Information Governance framework Policy Register Report template and guidance (incorporating adherence to commitments and policy implications) | | |
| 6.2 | I have arrangements in place for the annual review of policies owned by my directorate, via the relevant executive committee, to ensure these comply with the Council's policy framework. | Partially compliant | In 2020/21, in response to Internal Audit findings on the Council's Policy Management Framework, a review of the register was completed and out of date policies and documents which do not meet the Council's definition of a policy have been removed. A review of | | In 2020/21, Transport and Environment Committee approved minor changes to the Waste and Cleansing Policies and a new City Mobility Plan was approved (replacing a number of the Council's Transport Policies). The full impact of the new City Mobility Plan on the Policy Register is still being considered. A | To implement the management actions from the Policy Management Framework and Registrars Internal Audit. |
| 7 | Governance and Compliance | Assessment of Compliance | Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists) | Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only) | Relevant service area controls | Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline) |

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| 7.1 | I ensure directorate staff are aware of their responsibilities in relation to the Council's governance framework and that the authority, responsibility and accountability levels within my directorate are clearly defined, with proper officer designation delegated, recorded, monitored, revoked and reviewed regularly to ensure ongoing compliance with the Scheme of Delegation. | Compliant | | Codes of Conduct Committee Terms of Reference and Delegated Functions Council's Procedural Standing Orders Councillors' Code of Conduct Disclosure and PVG checks Employee Induction Employee Performance Framework Leadership Programme Legal Services provision of advice Member/Officer Protocol Policies and procedures | The Directorate has appropriate arrangements in place to adhere to the Council's Scheme of Delegation and to record any further delegations which are implemented within the directorate. These are also passed to the Council's Governance team to be recorded. | A review of the Scheme of Delegation is planned when the new Senior Management structure for the Council is confirmed. |
| 7.2 | I ensure my directorate's activities are fully compliant with relevant Scottish, UK and EU legislation and regulations. | Compliant | | Regulatory body reporting eg. SSSC, GTCs Scheme of Delegation to Officers Statutory officer appointments and responsibilities Statutory/lead officers' independent reports to committee eg. Monitoring Officer, Chief Social Work Officer, Chief Internal Auditor Whistleblowing Policy | Annual (or other frequency) returns are completed in accordance with compliance arrangements. | |
| 8 | Responsibility and Accountability | Assessment of Compliance | Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists) | Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only) | Relevant service area controls | Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline) |
| 8.1 | My directorate ensures our officers are clear on their roles and responsibilities in terms of relationships and decision making. | Compliant | | Annual Assurance Process (Council Companies and Joint Boards) Annual Assurance Process (Directorates) Codes of Conduct Commercial and Procurement Strategy Committee Terms of Reference and Delegated Functions Complaints Improvement Plan Consultation and engagement Contract Standing Orders Council Change Strategy Council company monitoring including Governance Hub, Council Observers on Boards, committee reporting | As part of the induction to new positions, the roles and responsibilities of the role are made clear. This includes relationships and decision making. The Directorate has regular Senior Management Team meetings, service area meetings and 121 conversations with all staff where these See 8.1. For external providers of service, the standards expected by the Council are set out in operating agreements. | |
| 8.2 | I ensure that the Council's ethical standards are understood and embedded across my directorate and are upheld by external providers of services. | Compliant | | Edinburgh People Survey Employee Code of Conduct Grant Standing Orders Member/Officer Protocol Monitoring/reporting on delivery of 52 coalition commitments Onboarding and induction for officers Performance Framework Policies and procedures | Decision making in the directorate is made on the basis of objective information, best value, risk, stakeholder views, analysis and consideration of future impacts. This is formalised through reports to Heads of Service, to the Executive Director and to Committee as appropriate, depending on the decision required. These arrangements are supported by central services e.g. Finance, Procurement, | |
| 8.3 | My directorate ensures that decisions are made on the basis of objective information, the consideration of best value, risk, stakeholder views, rigorous analysis, and consideration of future impacts. This is formalised through appropriate structures. (i.e SMT reporting) | Compliant | | Procurement framework Procurement Handbook Public participation – deputations and petitions Report template and guidance Scheme of Delegation to Officers Service Level Agreement template Standard Condition of Grant | The Place Senior Management team regularly meet with the relevant Convener and Vice Convener to discuss operational and strategic matters where decisions are required. Relevant decisions are referred to Committee for decision. Where an urgent decision is required, this will be taken by the Executive Director in consultation with the the relevant Convener and | |
| 8.4 | I consult with elected members as appropriate and as required under the Scheme of Delegation. | Compliant | | | | |
| 9 | Information Governance | Assessment of Compliance | Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists) | Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only) | Relevant service area controls | Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline) |
| 9.1 | I ensure directorate staff are made aware of their responsibilities in relation to the proper management of Council information, including the need to adhere to relevant legislation, Council policies, procedures and guidance around: information governance; records management; data quality; data breaches and privacy impact assessments; information rights; information compliance; information security; and ICT acceptable use. | Compliant | | Annual communications plan, awareness raising initiatives and training events Centralised Information governance unit Council wide Record of Processing Data quality reviews and audits form part of statutory returns Established framework of management information and reporting to support operational decision making and trend analysis Information Board Information governance policies, framework, guidance, procedures and toolkit Information sharing agreements and data protection impact assessments Locking Client's Record Guidance Mandatory training for all employees Staff responsibilities outlined in relevant policies - Employee Code of Conduct, ICT Acceptable Use Policy, Policy on Fraud Prevention Standard data related terms and conditions in all new Council contracts | The Directorate follows the Council's policies and procedures for information governance and the associated roles and responsibilities for individuals. As part of induction to new positions, there is a requirement to complete the necessary essential learning on Information Governance. Individuals work with the Governance team as appropriate if there are questions or new arrangements being implemented where information governance advice is required. Individuals are prompted to confirm that they comply with the Council's ICT acceptable use policy at each login on a Council IT device. Any breach of information compliance is reported through the appropriate processes for investigation and any improvements are implemented. Place is represented on the Council's Information Governance Board and actions/information from this group is shared with the Place Extended Senior Management team for cascade as appropriate. | |
| 9.2 | I ensure data sharing arrangements with third parties are recorded, followed and regularly reviewed throughout all service areas in my directorate. | Compliant | | | Appropriate data sharing agreements are in place with third parties. These are followed and regularly reviewed. | |

| 10 | Health and Safety | Assessment of Compliance | Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists) | Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only) | Relevant service area controls | Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline) |
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| 10.1 | Directorate staff are made aware of their responsibilities under relevant Health & Safety policies and procedures and I have appropriate arrangements in place for the identification and provision of Health & Safety training necessary for all job roles, including induction training. | Compliant | | Contingency planning and business continuity arrangements Corporate Health and Safety Strategy and Plan Council Health and Safety Group Employee Code of Conduct Enterprise Risk Management Policy Enterprise Risk Management Policy and Risk Management Procedure External validation/review eg. external audit, independent assurance providers Health and safety audits | This forms part of the induction process for new positions and regular updates are provided at 121s, team meetings and, for frontline services, through toolbox talks. Regular reviews of Health and Safety risk and implementation are carried out and any identified improvements are implemented. In 2020/21, additional Health and Safety arrangements were implemented in response to COVID-19 | |
| 10.2 | I have the necessary arrangements in place to establish, implement and maintain procedures for ongoing hazard identification, risk assessment and the determination of necessary controls to ensure all Health & Safety risks are adequately controlled. | Compliant | | Health & Safety policies and procedures Institution of Occupational Safety and Health training Mandatory Health & Safety training for staff Reporting/review/monitoring at all levels – committee, CLT, SMTs, service level Risk Management Groups Risk management policies and strategies (eg procurement, standing orders, project management, health and safety, information governance) Risk Management Procedure | This forms part of the induction process for new positions and regular updates are provided at 121s, team meetings and, for frontline services, through toolbox talks. Regular reviews of Health and Safety risk and implementation are carried out and any identified improvements are implemented. Service areas work closely with Corporate Health and Safety and Trade Union colleagues on health and | |
| 10.3 | I have competencies, processes and controls in place to ensure that all service areas in my directorate, and other areas of responsibility, operate in compliance with all applicable Health & Safety laws and regulations. | Compliant | | Risk management tools Scheme of Delegation Schools assurance programme Training, eLearning and workshops for staff and members | See 10.1 and 10.2. For COVID-19 positive cases these should be recorded on SHE Assure. Following feedback from the Trade Unions, it was identified that not all cases were recorded correctly and therefore a service review was undertaken and all managers were reminded of their responsibilities in respect of this. | |
| 10.4 | I have a robust governance and reporting structure for Health and Safety in my directorate. | Compliant | | | Arrangements for health and safety governance and reporting are well established in Place services and generally work well. Health and Safety is often discussed in 121s, | |
| 11 | Performance | Assessment of Compliance | Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists) | Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only) | Relevant service area controls | Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline) |
| 11.1 | I have arrangements in place for reporting to CLT, Committee and/or Council and, where performance monitoring identifies inadequate service delivery or poor value for money, ensure that improvement measures to address these issues are implemented and monitored. | Compliant | | Annual external reporting eg. Local Government Benchmarking Framework, Scottish Public Services Ombudsman, Scottish Government, etc Annual performance report to Council B agenda protocol Best Value reporting CLT Quarterly performance meeting Committee Terms of Reference and Delegated Functions Local Government Benchmarking Framework | Service performance is regularly reviewed by service managers and is reported to Senior Managers. Regular performance updates are shared with Senior Managers and reported to CLT and to Committee as part of the corporate reporting schedule. Performance of services is included in the annual external reporting frameworks, through Best Value audits, through the LGBF and in monitoring delivery of | |
| 11.2 | My directorate regularly works with relevant teams in Strategy and Communications to review and improve effectiveness by performance monitoring, benchmarking and other methods to achieve defined outcomes. | Compliant | | Monitoring/reporting on delivery of 52 coalition commitments Performance Framework Strategy and Performance Hub | The Directorate works closely with colleagues in Strategy and Communications to review performance and to address any areas of concern. Improvements are recommended by service managers, SMTs and by Strategy Communications colleagues and implemented as appropriate. | |
| 12 | Commercial and Contract Management | Assessment of Compliance | Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists) | Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only) | Relevant service area controls | Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline) |
| 12.1 | I ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders. | Compliant | | Annual Assurance Process (Directorates) Codes of Conduct Commercial and Procurement Strategy Committee Terms of Reference and Delegated Functions Contract and Grants Management team Contract Standing Orders Council company monitoring including Governance Hub, Council Observers on Boards, committee reporting Grant Standing Orders Legal Services provision of advice Policies and procedures Procurement Handbook Scheme of Delegation to Officers Service Level Agreement Register Standard Condition of Grant | The Directorate procures goods, services and works in accordance with the Council's contract standing orders, including seeking Committee approval where appropriate. Where this is not possible, waivers are used to explain the reason for not complying with the CSOs and these are approved by the appropriate Senior Manager. Where appropriate, Committee approval is sought and waivers are reported. Working closely with Procurement colleagues, regular reviews of contractual arrangements are undertaken and updates prepared for Senior Managers. Grant monitoring arrangements are in place where required and the Contract Register is regularly reviewed to ensure that it is accurate and up to date. Compliance with procurement arrangements is regularly reported to and analysed by Place | |
| 13 | Change and Project Management | Assessment of Compliance | Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists) | Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only) | Relevant service area controls | Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline) |

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| 13.1 | All projects and programmes have a clear business justification, as a minimum this should articulate outcomes and benefits; have appropriate governance in place to support delivery; effective controls in place to track delivery progress and to take corrective action if required; have a robust benefits management framework in place; and ensure that a formal closure process is undertaken. | Compliant | | 2050 City Vision Budget Planning Capital Budget Strategy City Plan CLT Change Board Committee Terms of Reference and Delegated Functions Contract Standing Orders Council Business Plan Council Change Strategy Council's Risk Appetite Statement Enterprise Risk Management Policy External audits, reviews and validation Finance Rules Financial Regulations Procurement framework Report template and guidance Revenue Budget Framework Risk Registers Scheme of Delegation to Officers Service Planning Sustainability Strategy process Treasury Management Strategy | The Directorate reviewed the projects and programmes included in the Corporate Change Portfolio in 2020/21 and has adapted reporting in accordance with the changes implemented as part of the Adaptation and Renewal programme. Individual projects and programmes have governance arrangements appropriate to the size and scale of the projects. These governance arrangements are reviewed and updated regularly. As part of the development of the action plan to support delivery of the new Council business plan, an update to Place projects and programmes will be considered. In addition, a new approach to Project Risk Management has been piloted and will roll-out across the Council in 2021/22. Place will implement these changes at the appropriate time. | |
| 14.1 | Financial Control | Assessment of Compliance | Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists) | Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only) | Relevant service area controls | Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline) |
| 14.1 | The operation of financial controls in my directorate is effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records. | Partially compliant | Internal Audit have identified control weaknesses in the recording of payments in a couple of Place services. Improvements have been made, where possible, and system investments are planned to further address the management actions identified. | Budget Framework Comprehensive system of revenue and capital monitoring, with SMT and CLT oversight Contract Standing Orders Corporate Debt Policy Council Business Plan | The Place Directorate follows the financial control procedures which have been set out in the Council's financial strategy and associated arrangements. The oracle hierarchy for the directorate has recently been reviewed and updated. This review takes place annually. | Continue to monitor processes for fees and charges to ensure there are no weaknesses on the processing of fees and charges. Planned system upgrades will improve the processes in arrangements in some services. |
| 14.2 | I am confident that the arrangements in place to monitor expenditure/budget variances would identify control problems or variances that could have an effect on the Annual Accounts. | Compliant | | Council Change Strategy Elected Member training on financial statements, financial planning and treasury management Employee Training Finance & Resources Committee and Governance, Risk & Best Value Committee oversight/scrutiny | Finance is a standing item on the Place SMT agenda. The Finance Manager (and team aligned to) for Place attend Place SMT, divisional and service area management teams regularly. Regular financial updates are provided, analysed and actions taken to address any concerns identified. This | |
| 14.3 | I have arrangements in place to ensure all material commitments and contingent liabilities (i.e. undertakings, past transactions or events resulting in future financial liabilities) are notified to the Chief Financial Officer. | Compliant | | Finance Rules Financial Regulations Internal control framework Medium-term Financial Strategy Professional officer representation/support/advice on major project boards, project assurance reviews, SMTs | This is undertaken by Service Managers in conjunction with Finance Officers and the Place Finance Manager and team. | |
| 14.4 | I have arrangements in place to review and protect assets against theft, loss and unauthorised use; identify any significant losses; and, ensure the adequacy of insurance provision in covering the risk of loss across my directorate. | Compliant | | Tiered framework of financial planning and control Treasury Management Strategy | For the corporate estate, the responsibility for building management rests with Facilities Management. For all other buildings, management responsibility rests with the most senior manager at that location. Service managers are also responsible for ensuring appropriate arrangements to protect assets against theft, loss or unauthorised use. Managers | |
| 14.5 | I have arrangements in place for identifying any weaknesses in my directorate's compliance with Council financial policies or statutory/regulatory requirements. | Compliant | | | The Executive Director and Senior Managers work closely with the Place Finance Manager and her team to ensure compliance with the financial policies and statutory/regulatory requirements. | |
| 14.6 | I have arrangements in place for identifying any internal control, risk management or asset valuation problems within my directorate's service areas that could affect the Annual Accounts. | Compliant | | | See 14.1 - 14.5. | |
| 15 | Group Accounts (Resources only) | Assessment of Compliance | Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists) | Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only) | Relevant service area controls | Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline) |
| 15.1 | I have arrangements in place for identifying and reviewing any developments during the year that should lead to additions, deletions or amendments to the companies included in the Group Accounts. | | | Annual assurance exercise (internal audit input and oversight) Annual Corporate Governance Framework self-assessment (internal audit input) Annual Governance Statement – informed by the work of IA Annual Internal Audit Plan (based on most significant risks to the Council) Audit Charter Chief Internal Auditor's direct reporting line to GRBV Committee Terms of Reference and Delegated Functions - GRBV Comprehensive system of revenue and capital monitoring, with SMT and CLT oversight Council Companies/AI FOs – Governance Hub Observers annual reporting to | | |

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| 15.2 | I have arrangements in place to identify and review any internal control, risk management or asset valuation problems with Council companies that could affect the Group Accounts. | | | Council Companies/ ALEOs – Governance Plan, GRBV, annual reporting to Executive Committee and GRBV External validation/review eg. external audit, independent assurance providers Executive Committee and Governance, Risk & Best Value Committee oversight/scrutiny Regular 121 meetings between the Council's Chief Executive and the Chief Executives of key ALEOs Shareholder or service level agreements | | |
| 16 | National Agency Inspection Reports | Assessment of Compliance | Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists) | Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only) | Relevant service area controls | Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline) |
| 16.1 | I have arrangements in place to identify any reports relating to my directorate and can confirm that there were no inspection reports that could impact on the signing of the Annual Governance Statement. | Compliant | | Committee Terms of Reference and Delegated Functions Governance, Risk and Best Value Committee – chaired by an opposition councillor and excluding executive committee conveners from its membership, with power to act on its own accord Executive Committee and GRBV oversight of external audit and inspection activity Scrutiny of directorate annual assurance schedules | There were no national inspection agency reports in 2020/21 for the Place Directorate. | |
| 16.2 | I have arrangements in place that adequately monitor and report on the implementation of recommendations. | Compliant | | | | |
| 17 | Internal Audit, External Audit and Review Reports | Assessment of Compliance | Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists) | Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only) | Relevant service area controls | Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline) |
| 17.1 | I have arrangements in place to ensure that all recommendations from any internal audit, external audit or review report published during the year, that have highlighted high, medium or significant control deficiencies, have been (or are being) implemented and that this is monitored effectively. | Compliant | | A validation audit is included in the annual Internal Audit Plan Agreed management actions arising from internal audits are recorded and monitored through Team Central Integral part of Annual Assurance Schedule Overdue management actions are reported monthly to CLT and quarterly to GRBV | All recommendations are addressed in accordance with agreed management actions. | |
| 18 | Progress | Assessment of Compliance | Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists) | Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only) | Relevant service area controls | Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline) |
| 18.1 | All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years have been addressed satisfactorily. | Partially compliant | | Agreed management actions arising from internal audits are recorded and monitored through Team Central Overdue management actions are reported monthly to CLT and quarterly to GRBV A validation audit is included in the annual Internal Audit Plan Integral part of Annual Assurance Schedule External Audit Report is scrutinised by GRBV and an improvement plan developed Council participates in LAN (council scrutiny bodies) whose activity is based on shared risk assessment | All outstanding actions and recommendations from previous assurance statements, commissioned reviews and committee reports continue to be implemented as per the agreed actions. | |

Appendix 2

Annual Assurance Schedule – Place Directorate

Improvement Plan Actions for implementation in 2021/22

| Assurance Statement Criteria | Improvement Action | Action Owner | Planned Completion Date | Status Update |
|---|--|--|---|---|
| I have internal controls and procedures in place throughout my directorate that are proportionate, robust, monitored and operate effectively. | Continue to review internal controls and to make appropriate changes to ensure that they are proportionate, robust and operate effectively. | Place Extended Senior Management Team (ESMT) | This is an on-going improvement action. | As improvements are identified, these are implemented within the appropriate service area(s). |
| I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties | Continue to implement management actions arising from Internal Audit findings and address any weaknesses identified in service processes and procedures. | Place Extended Senior Management Team (ESMT) | This is an on-going improvement action. | <p>The implementation of Internal Audit management actions is discussed quarterly at Place Senior Management Team meetings, at divisional management teams and in 121 conversations with managers responsible for actions.</p> <p>An Operations Manager was appointed in November 2021 to support First Line Governance and Assurance across Place. In addition, a colleague from Internal Audit has been seconded to Place from October 2021 for six months to focus specifically on progress of overdue agreed management actions arising from Internal Audit findings.</p> |

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| <p>I have robust controls in place to manage new starts, movers and leavers, including induction and mandatory training, IT systems security (access and removal) and access to buildings and service users' homes.</p> | <p>Internal Audit have identified weaknesses in the Council's systems for access rights. A new User management Framework working group has been established and Place will be represented on this. Further, in the processing of leavers access to the Council's fuel system an issue has been identified in the data provided. This issue is in the process of being resolved.</p> | <p>Operations Manager</p> | <p>31 October 2022</p> | <p>Place are actively participating in the User Management Framework working group. A corporate approach to user access management is currently being piloted and a Place approach to implementation was agreed by the Place Senior Management Team in October 2021 for implementation in 2022.</p> |
| <p>I have arrangements in place for the annual review of policies owned by my directorate, via the relevant executive committee, to ensure these comply with the Council's policy framework.</p> | <p>The Council's policy register will be reviewed and all out of date policies or documents which do not fit with the Council's Policy Framework removed.</p> | <p>Operations Manager – First Line Governance and Assurance</p> | <p>30 June 2022</p> | <p>A review of the Policy Register and Policy Definitions was carried out in 2020/21. This is currently being reviewed by the Place Operations Manager to ensure that the Register is fully updated. The outstanding Internal Audit management actions are also being progressed and are expected to be completed by the end of June 2022.</p> |
| <p>The operation of financial controls in my directorate is effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.</p> | <p>Internal Audit identified control weaknesses in the recording of payments in two Place service areas. Improvements have been made and, in one area, investment is being made in ICT systems to further improve the way in which payments are received</p> | <p>Service Director for Sustainable Development</p> | <p>31 March 2022</p> | <p>Only one action arising from the Internal Audit findings remains outstanding. This is currently being discussed with Internal Audit to progress to closure/risk acceptance.</p> |