

# Governance, Risk and Best Value Committee

10.00am, Tuesday, 8 March 2022

## Annual Assurance Schedule – Resources

Executive/routine Wards Council Commitments	Executive
---	-----------

### 1. Recommendations

---

- 1.1 To note the Resources Directorate annual assurance schedule for 2020-21, submitted for scrutiny.
- 1.2 To note that the Corporate Services Directorate annual assurance schedule 2021-22 would be submitted for scrutiny in accordance with the Committee's work programme.

**Richard Carr**

Interim Executive Director of Corporate Services

Contact: Richard Carr, Interim Executive Director of Corporate Services

E-mail: [Richard.carr@edinburgh.gov.uk](mailto:Richard.carr@edinburgh.gov.uk)

## Annual Assurance Schedule – Resources Directorate

### 2. Background

---

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

### 3. Main report

---

- 3.1 The GRBV Committee's attention is drawn to the fact that the Resources Directorate ceased to exist following the implementation of the Senior Leadership Review by an act of Full Council in May 2021. Therefore, this schedule of assurance will be the last such submission for the Resources Directorate and, going forward, the Corporate Services Directorate will be required to submit an assurance schedule.
- 3.2 The Resources Directorate schedule (appendix 1) was completed and returned to the Democracy, Governance and Resilience team within the Chief Executive's Service, after which a Certificate of Assurance was issued. This informed the

drafting of the Annual Governance Statement, submitted to Council as part of the Unaudited Annual Accounts on 30 June 2020.

- 3.3 The Certificates of Assurance requires Heads of Service (now Service Directors) and Executive Directors to confirm that:
  - 3.2.1 They have considered the effectiveness of controls in their service area/directorate, including controls in place to mitigate major risks to their service area/directorate's objectives.
  - 3.2.2 To the best of their knowledge, appropriate controls are in operation upon which they can place reasonable assurance and that there are no significant matters arising that should be raised specifically in the Annual Governance Statement (or otherwise); and,
  - 3.2.3 They have identified actions that will be taken to continue improvement.
- 3.4 The schedule is completed by the Executive Director concerned.
- 3.5 Before signing their Certificate of Assurance, the Executive Director should ensure that the schedule has been completed accurately. In the case of the Resources Directorate, this was confirmed by the then Executive Director of Resources.

## 4. Next Steps

---

- 4.1 An improvement plan for the Resources Directorate 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. It should be noted that the impact of the Covid-19 pandemic continued throughout the period of this assurance schedule and therefore it is likely that elements of the improvement plan will need to be reassessed and deadlines for delivery reviewed.
- 4.2 The process will continue to be reviewed in line with feedback to ensure that effective assurance is provided.
- 4.3 Relevant improvement actions will be included in the Corporate Governance Framework Self-Assessment exercise for 2020-21 where there is an impact on the design of the Council's corporate control framework.
- 4.4 The 2021-22 Annual Assurance Schedule for Corporate Services will be presented to Governance, Risk and Best Value Committee in 12 months for scrutiny. The Committee are advised that prior to leaving the Council in February 2022, the then Executive Director of Corporate Services completed his assurance schedule based upon the information available to him at that point. This assurance schedule will form the basis of the next such report to the Committee.

## **5. Financial impact**

---

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

## **6. Stakeholder/Community Impact**

---

- 6.1 The assurance schedule exercise acts as a prompt for service areas to think about good governance and the internal control environment. Action plans support improvements in areas where weaknesses have been identified.
- 6.2 Completed schedules are reviewed by the Democracy, Governance and Resilience Senior Manager and are provided to the Chief Internal Auditor for comment.
- 6.3 The Annual Assurance Schedule template was drafted using input from the Council's subject matter experts, including our line 2 and line 3 teams as part of the '3 lines' model advocated by the Chief Internal Auditor. This included contributions from Resilience, Audit and Risk, Health and Safety, Corporate Governance, Legal Services, Finance and Human Resources.
- 6.4 Outcomes and areas of significant control weakness identified in the Corporate Governance Framework Self-Assessment Exercise are used to inform the structure and content of assurance schedules through a process of continuous review.

## **7. Background reading/external references**

---

- 7.1 <https://www.edinburgh.gov.uk/downloads/file/30278/audited-annual-accounts-2020-21>

## **8. Appendices**

---

- 8.1 Appendix 1 – Resources Directorate Annual Assurance Schedule
- 8.2 Appendix 2 – Resources Directorate Improvement Plan

Assurance Statement						
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.	Compliant	Breach of ICT acceptable use policy and also data breaches in a number of cases. All matters were fully investigated and addressed. There were also a number of whistleblowing concerns raised with safe call which have been investigated and addressed as appropriate and reported upon to the Governance, Risk and Best Value Committee as part of the regular reporting by the Monitoring Officer.	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	Range of internal controls via: 1:1s with Heads of Service, Resources Management Team monthly reviews of budget, procurement, workforce, digital, internal audit other control issues. Additional controls via the Quarterly Risk and Assurance Group and Health & Safety Group meetings and the Directorate Joint Consultative Committee with the trade unions. A review of the financial approvals hierarchy for the Directorate was also completed during 2020/21 to ensure these were effective and accurate.	
1.2	I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.	Compliant	No	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	A range of controls are in place, including professional oversight and input from Council Observers at a senior level, a dedicated team within Finance that supports ALEOs and Group Accounts work, etc. Strong governance arrangements also exist with key partners such as CGI, Construction Partners for the Capital Programme and a range of third party suppliers and partners. The Directorate also regularly reviews compliance with Contract Standing Orders, the Contract and Grants Management Guidance and other associated controls. The Directorate ensured that during 2020/21 Contract Standing Orders were adjusted temporarily to ensure greater control during the early stage of the pandemic and that supplier payment issues have been formally reported and determined via the CIMT.	
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	No		Internal controls within Resources are kept under regular review and assurance testing is undertaken during various points in the year via Quarterly Divisional Performance and Assurance meetings.	
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	No			
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	No	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	Divisional Risk Registers and the Directorate Risk Register are kept under regular review and programme specific risks and issues are also managed via programme boards and the	
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	No	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	Range of internal controls enable risk management via: 1:1s with Heads of Service, Resources Management Team monthly reviews of budget, procurement, workforce, digital, internal audit other control issues. Additional controls via the Quarterly Risk and Assurance Group and Health & Safety Group meetings, programme boards, the Change Board and other governance and assurance processes operated within the Directorate.	

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	No	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 Service Planning Training, eLearning and workshops for staff and members	A formal Internal Audit review of Risk Management was performed during the last financial year and this was complemented by the findings from the Best Value Assurance Review. There were a number of findings identified for improvement and enhancement which are being taken forward for the whole Council and these need to be equally applied within the Resources Directorate.	Alignment with and implementation of the Council's new Operational Risk Management Framework and refreshed Enterprise Risk Management Policy and Risk Appetite Statement will be undertaken during 2021/22 within the Directorate, subject to Chief Officer organisational change and restructuring proposals.
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	No			
2.5	I have arrangements in place to promote and support the Council's policies and procedures for staff to raise awareness of risk concerns, Council wrongdoing and officer's misconduct.	Compliant	No		Corporate internal communications and information cascades through the Orb, Managers' News and direct updates to the Wider Leadership Team and through Divisions are used to remind colleagues about policies and procedures specifically. In addition, during the last 12 months I have been issuing fortnightly Vlogs to the Directorate which have been used to cascade and communicate the importance of key policies and information, including the work of the Risk Management Team.	
2.6	My directorate has appropriate resilience arrangements in place and my directorate's business continuity plans and arrangements mitigate the business continuity risks facing our essential activities.	Compliant	No		The Directorate's resilience and business continuity arrangements have been fully utilised during the last year, including the Directorate Incident Management Team being stood up and the necessary actions taken to manage the Covid-19 issues across Resources. These plans have held up well and enabled prioritisation of teams and services to support business critical activities. The effectiveness of the Directorate's approach was considered	
3	<b>Workforce Control</b>	<b>Assessment of Compliance</b>	<b>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)</b>	<b>Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only)</b>	<b>Relevant service area controls</b>	<b>Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)</b>
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	No	360 reviews Annual Internal Audit Plan (based on most significant risks to the Council) Employee Assistance Programme Employee Engagement External validation/review eg. external audit, independent assurance providers Financial benefits (credit union, season ticket loans, car benefit scheme, pension schemes) Funding scheme for professional qualifications HR Policies (Absence Management, Stress Management, Avoidance of Bullying and Harassment, Equal Treatment) Informal and formal reviews eg. internal audit, quality assurance audits	Internal controls within Resources are kept under regular review and assurance testing is undertaken during various points in the year via Quarterly Divisional Performance and Assurance meetings. Monthly key performance indicators on sickness absence and payroll accuracy are reported to the Directorate Management Team, along with monthly reports on overtime use and our fuller Workforce Dashboard covering absence, overtime, agency worker use, etc.	
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	No	Inspiring Talent Programme Internal and External training opportunities Leader Induction and Essential Learning Leadership Development Programme– Future, Engage, Deliver Managing Attendance Training for managers Occupational Health service Onboarding, induction essential learning and CPD for officers Open framework agreement for Learning and Development People Strategy Performance Management Framework (Performance Conversations) Policies that mitigate risks eg. Anti-bullying, Fraud Prevention, Whistleblowing	Internal controls within Resources are kept under regular review and assurance testing is undertaken during various points in the year via Quarterly Divisional Performance and Assurance meetings.	

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	No	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 Council's HR policies are applied and monitored within the Resources Directorate through reporting against the monthly Workforce Dashboard, overtime controls and reporting and also focussed work through Support and Challenge Panels in relation to sickness absence, agency worker use and overtime. In addition, the Resources and Chief Executive's JCC ensures that feedback on the application of policies within Resources is provided on an ongoing basis by the recognised trade unions. Through the work undertaken in response to the Policy Management Audit, there are a number of HR policies that have been identified as not having been fully subjected to annual assurance processes and have not been updated for some considerable time. A example of this is the relocation	The Human Resources Division will be undertaking a review of the HR Policy Register and focussing upon bringing policies up to date where these may not have been previously prioritised.
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	Ongoing issues remain with late notification of leavers in some teams, particularly Facilities Management which requires continued management attention. This can lead to overpayments and payroll recovery action being required.		The monthly Workforce Dashboard and associated Policy Management Audit actions have enabled improvements in the application of controls for ensuring that new starters and leavers are addressed appropriately. The implementation of the new Payroll Policy has made a significant and positive impact on the management of overpayments and is applied rigorously by HR.	
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	No		The Directorate Health & Safety Group reviews issues relating to wellbeing and safety on a regular basis. During the course of the last year, through fortnightly Executive Director Vlogs the importance of wellbeing has been highlighted to staff regularly and a series of wellbeing roadshows have been undertaken by the HR Division, which attendance and participation in has been encouraged.	
3.6	I ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.	Compliant	No		Role based essential learning requirements have been developed by the HR Division and these are applied and supported throughout the Directorate.	
3.7	I have arrangements in place to support and manage staff performance e.g. regular 1:1/supervision meetings, performance/spotlight conversations.	Compliant	No		The importance of 1:1s is emphasised regularly in Directorate communications and the importance of annual performance conversations is rigorously monitored through the monthly Workforce Dashboard. Compliance levels from Resources were the highest in the Council for 2020/21 by a considerable margin.	
4	<b>Council Companies</b>	<b>Assessment of Compliance</b>	<b>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)</b>	<b>Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only)</b>	<b>Relevant service area controls</b>	<b>Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)</b>
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	No	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	Oversight of the relevant Council companies is maintained by the Council Observers, via the Governance Hub meetings, SLA compliance, etc. In addition as the Chairman of LPFE Ltd and a Companies House appointed director, I maintain direct oversight and assurance of LPFE matters and the overall management of the LPF Group.	
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	No		Service Level Agreements are in operation for ALEOs, such as Lothian Pension Fund, Lothian Valuation Joint Board and also for the Edinburgh Integration Joint Board.	
5	<b>Engagement and Consultation</b>	<b>Assessment of Compliance</b>	<b>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)</b>	<b>Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only)</b>	<b>Relevant service area controls</b>	<b>Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)</b>
5.1	My directorate engages effectively with institutional stakeholders, service users and individual citizens, applying the council's consultation and engagement standards with evidence that the insights gathered are used to shape my directorates activities.	Compliant	No	Budget consultation Business sector forums Community engagement activity Community engagement strategy/policy Complaints Improvement Plan Consultation framework Consultation Hub Council Change Strategy	The directorate applies a range of controls in this area in addition to the corporate controls, such as the application of the Community Asset Transfer arrangements and support and advice to community groups in respect to asset transfers.	



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	No	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		
5.3	I have appropriate arrangements in place throughout my directorate for recording, monitoring and managing customer service complaints and customer satisfaction.	Compliant	No	Partnership governance arrangements Partnership governance documentation Partnership plans eg. Edinburgh Children's Partnership Petitions and Deputations Policies and procedures (consultation framework) Poverty Commission Public participation – deputations and petitions Public sector partnerships Publication of Council diary		
5.4	I regularly consult and engage with recognised trade unions.	Compliant	No	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 Joint Consultative Committee meets on a quarterly basis with the recognised trade unions and ensures and open and constructive relationship is maintained. This group is also supported by a number of Divisional or Team specific JCC meetings, such as for Customer and Digital Services or Facilities Management, ensuring that larger groups of staff within Resources are focussed upon more frequently in terms of trade union partnership working. The monthly Partnership at Work Forum, chaired by the Chief Executive, routinely has the attendance and support of the Executive Director and 2 Heads of Service from Resources. I personally have an informal monthly discussion with the Staff Side Secretary and have also ensured meetings have been held with relevant Regional Officers from recognised Trade Unions. The Resources Directorate also provides support and oversight on all Trade Union matters with elected members through the Joint Consultative Group (JCG).	
6.1	<b>Policy</b>	<b>Assessment of Compliance</b>	<b>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)</b>	<b>Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only)</b>	<b>Relevant service area controls</b>	<b>Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)</b>
6.1	I have arrangements in place to ensure all directorate staff are made aware of and fully understand the implications of all relevant existing and new council policies and procedures.	Compliant	No	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		
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	Yes, identified issues with a number of HR policies not having been reviewed for a substantial period of time, e.g. since 1997. Some other policies in areas such as Legal and Risk have been unable to be reviewed during the last 12 months due to resource constraints and Covid-19 response requirements taking priority.	Information Governance framework Policy Register Report template and guidance (incorporating adherence to commitments and policy implications)		
7	<b>Governance and Compliance</b>	<b>Assessment of Compliance</b>	<b>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)</b>	<b>Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only)</b>	<b>Relevant service area controls</b>	<b>Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)</b>
7.1	I ensure directorate staff are aware of their responsibilities in relation to the Council's governance framework and that the authority, responsibility and accountability levels within my directorate are clearly defined, with proper officer designation delegated, recorded, monitored, revoked and reviewed regularly to ensure ongoing compliance with the Scheme of Delegation.	Compliant	No	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	All the relevant corporate controls are applied, in addition to which local directorate 'Town Hall' events and Executive Director Vlogs are used to raise the importance of key issues, including the importance of issues like Whistleblowing, Health and Safety Reportin, Risk Management, etc.	
7.2	I ensure my directorate's activities are fully compliant with relevant Scottish, UK and EU legislation and regulations.	Compliant	No	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		



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	No	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	All relevant corporate controls, many of which are specified by the Resources Directorate are applied appropriately.	
8.2	I ensure that the Council's ethical standards are understood and embedded across my directorate and are upheld by external providers of services.	Compliant	No	Complaints Improvement Plan Consultation and engagement Contract Standing Orders Council Change Strategy Council company monitoring including Governance Hub, Council Observers on Boards, committee reporting	All relevant corporate controls, many of which are specified by the Resources Directorate are applied appropriately.	
8.3	My directorate ensures that decisions are made on the basis of objective information, the consideration of best value, risk, stakeholder views, rigorous analysis, and consideration of future impacts. This is formalised through appropriate structures. (i.e SMT reporting)	Compliant	No	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	The Resources Directorate Management Team and Resources Directorate Incident Management Team have both operated effectively during the course of the last year, supported by relevant sub groups. This has ensured that reports for Committee and the Corporate Leadership Team are given proper officer scrutiny and review prior to their submission.	
8.4	I consult with elected members as appropriate and as required under the Scheme of Delegation.	Compliant	No	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	Elected Members are consulted by Directorate officers in full compliance with the Scheme of Delegation, Financial Standing Orders, Contract Standing Orders, etc. I personally ensure that through regular 2:1 meetings with the Convenor and Vice Convenor of Finance and Resources, Convenor of Governance, Risk and Best Value Committee, 1:1s with Finance and Resources Spokespeople and other Political Group Briefings that relevant members are kept apprised and consulted on relevant matters, including those occasions where I require to exercise urgency powers.	
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	No	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	I personally chair the Council's Cybersecurity and Information Steering Group and am the Council's nominated Executive lead for Cybersecurity. The Directorate develops, manages and implements the relevant policies, procedures and guidance to protect and secure data and works in close partnership with the Information Governance Unit to enable an effective approach to information management. I have also personally promoted the importance of the revised ICT Acceptable Use Policy through my Executive Director Vlog during the course of the last year and have monthly performance reports submitted to my management covering FOI and Subject Access Request performance compliance.	
9.2	I ensure data sharing arrangements with third parties are recorded, followed and regularly reviewed throughout all service areas in my directorate.	Compliant	No		These arrangements follow formal corporate controls, including Data Protection Impact Assessments.	
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	No	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 Health & Safety policies and procedures Institution of Occupational Safety and Health training Mandatory Health & Safety training for staff	Effective quarterly Health and Safety Group meetings are held which I personally chair. These include all Divisions, H&S professionals and Trade Union Safety representatives. This includes the regular reporting of recorded incidents and trends, H&S Training compliance and the H&S Audit Programme and associated findings. H&S is also a weekly standing item on the agenda for the Resources Management Team and the Corporate Leadership Team, the content of these updates is produced by my teams.	

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	No	Reporting/review/monitoring at all levels – committee, CLI, SMIs, service level Risk Management Groups Risk management policies and strategies (eg procurement, standing orders, project management, health and safety, information governance) Risk Management Procedure Risk management tools Scheme of Delegation Schools assurance programme Training, eLearning and workshops for staff and members	The Directorate has led upon these arrangements for the Council, specifying the necessary corporate controls and applying them effectively.	Following the appointment of a substantive Health and Safety Senior Manager with effect from 31 May 2021, the remaining posts within the Council's Health and Safety team will be recruited for. The interim Health and Safety Senior Manager and the team have performed highly effectively during the last year in response to Covid-19, however the additional resource will enable the team to move onto a more proactive footing again during 2021/22.
10.3	I have competencies, processes and controls in place to ensure that all service areas in my directorate, and other areas of responsibility, operate in compliance with all applicable Health & Safety laws and regulations.	Compliant	No		The Directorate provides specialist health and safety advice to the authority as a whole. This is enabled by a small team of professional health and safety advisers. Due to staff turnover in this area during the last 12 months, the team currently remains understaffed and whilst this does not compromise the level of quality of advice, it can impact upon additional areas such as the timeliness of the delivery of the health & safety audit programme.	
10.4	I have a robust governance and reporting structure for Health and Safety in my directorate.	Compliant	No		Effective quarterly Health and Safety Group meetings are held which I personally chair. These include all Divisions, H&S professionals and Trade Union Safety representatives. This includes the regular reporting of recorded incidents and trends, H&S Training compliance and the H&S Audit Programme and associated findings. H&S is also a weekly standing item on the agenda for the Resources Management Team and the Corporate Leadership Team, the content of these updates is produced by my teams.	
11	<b>Performance</b>	<b>Assessment of Compliance</b>	<b>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)</b>	<b>Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only)</b>	<b>Relevant service area controls</b>	<b>Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)</b>
11.1	I have arrangements in place for reporting to CLT, Committee and/or Council and, where performance monitoring identifies inadequate service delivery or poor value for money, ensure that improvement measures to address these issues are implemented and monitored.	Compliant	No	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	Regular reporting and oversight arrangements are in place for all services/functions within Resources, including via Policy & Sustainability, Finance and Resources and the Governance, Risk and Best Value Committee. The Directorate also reports to the Elected Members Digital Advisory Board and provides ongoing member briefing sessions in a focussed manner.	
11.2	My directorate regularly works with relevant teams in Strategy and Communications to review and improve effectiveness by performance monitoring, benchmarking and other methods to achieve defined outcomes.	Compliant	No	Monitoring/reporting on delivery of 52 coalition commitments Performance Framework Strategy and Performance Hub	Resources works closely with Strategy and Communications on a range of performance management matters. During the second half of 2020-21, I have also been responsible for providing temporary leadership for elements of the Strategy and Communications Division, including the Strategic Change and Delivery Team, which leads on the Council's Planning and Performance Framework and its development in response to the Best Value Assurance Review.	
12	<b>Commercial and Contract Management</b>	<b>Assessment of Compliance</b>	<b>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)</b>	<b>Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only)</b>	<b>Relevant service area controls</b>	<b>Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)</b>
12.1	I ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders.	Compliant	No	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 Resources Directorate leads on the development, implementation and management of the Contract and Grant Standing Orders for the Council. Professional procurement advisers are allocated to work alongside all service areas.	

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	No	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	Business cases are scrutinised via the Resources Management Team, the Asset Management Board, the CLT Change Board or an Executive Committee as appropriate. During the course of the year, benefits are clearly tracked and reported on in a number of areas and programme benefits realisation and closure reports are received by the CLT Change Board and the Digital Services Governance arrangements, for example.	
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	No	Budget Framework Comprehensive system of revenue and capital monitoring, with SMT and CLT oversight Contract Standing Orders Corporate Debt Policy Council Business Plan	Monthly finance and procurement reporting to my Management Team as well as Monthly 1:1s with the aligned Principal Accountant for Resources enable strong oversight and control.	
14.2	I am confident that the arrangements in place to monitor expenditure/budget variances would identify control problems or variances that could have an effect on the Annual Accounts.	Compliant	No	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	Monthly finance and procurement reporting to my Management Team as well as Monthly 1:1s with the aligned Principal Accountant for Resources enable strong oversight and control.	
14.3	I have arrangements in place to ensure all material commitments and contingent liabilities (i.e. undertakings, past transactions or events resulting in future financial liabilities) are notified to the Chief Financial Officer.	Compliant	No	Finance Rules Financial Regulations Internal control framework Medium-term Financial Strategy Professional officer representation/support/advice on major project boards, project assurance reviews, SMTs	Monthly finance and procurement reporting to my Management Team as well as Monthly 1:1s with the aligned Principal Accountant for Resources enable strong oversight and control. In addition, year-end reporting arrangements and close down of the accounts are led by the Resources Directorate, ensuring all matters are effectively addressed.	
14.4	I have arrangements in place to review and protect assets against theft, loss and unauthorised use; identify any significant losses; and, ensure the adequacy of insurance provision in covering the risk of loss across my directorate.	Compliant	No	Tiered framework of financial planning and control Treasury Management Strategy		
14.5	I have arrangements in place for identifying any weaknesses in my directorate's compliance with Council financial policies or statutory/regulatory requirements.	Compliant	No			
14.6	I have arrangements in place for identifying any internal control, risk management or asset valuation problems within my directorate's service areas that could affect the Annual Accounts.	Compliant	No			
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	No	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		
15.2	I have arrangements in place to identify and review any internal control, risk management or asset valuation problems with Council companies that could affect the Group Accounts.	Compliant	No	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	<b>National Agency Inspection Reports</b>	<b>Assessment of Compliance</b>	<b>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)</b>	<b>Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only)</b>	<b>Relevant service area controls</b>	<b>Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)</b>
16.1	I have arrangements in place to identify any reports relating to my directorate and can confirm that there were no inspection reports that could impact on the signing of the Annual Governance Statement.	Compliant	No	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		
16.2	I have arrangements in place that adequately monitor and report on the implementation of recommendations.	Compliant	No			
17	<b>Internal Audit, External Audit and Review Reports</b>	<b>Assessment of Compliance</b>	<b>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)</b>	<b>Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only)</b>	<b>Relevant service area controls</b>	<b>Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)</b>
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	Whilst the systems of control and monitoring are effective and are well used, the achievement of Internal Audit Management Actions and their validation and closure within agreed timescales does not always occur as planned. In part this is due to capacity issues or optimism bias in agreeing closure dates by service management and also due to delays in evidence validation being confirmed in line with Internal Audit KPIs. However, currently the majority of open Internal Audit management actions identified for Resources, as referenced in the circulated spreadsheet remain within either their original or their revised implementation date. There are a small number which are showing as past their implementation date and for each of these the teams concerned are working with colleagues in Internal Audit to address the issues delaying closure. Additional temporary capacity has also been deployed since October 2020 to support the coordination and drive to close more management actions in a timely fashion, this approach will be continuing into 2021/22.	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	Regular reporting from Internal Audit to my management team. Regular meetings with External Audit, with the Chief Executive, to ensure issues are addressed fully. Direct reporting on audit matters of high risk to relevant executive committees. Annual Governance Statement presentation to GRBV, etc. Additional temporary capacity has also been deployed since October 2020 to support the coordination and drive to close more management actions in a timely fashion, this approach will be continuing into 2021/22.	
18	<b>Progress</b>	<b>Assessment of Compliance</b>	<b>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)</b>	<b>Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only)</b>	<b>Relevant service area controls</b>	<b>Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)</b>
18.1	All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years have been addressed satisfactorily.	Compliant	No	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		