

Governance, Risk and Best Value

10am, Tuesday, 21 January 2023

Annual Assurance Schedule – Education and Children’s Services

Executive/routine
Wards
Council Commitments

1. Recommendations

- 1.1 To note the Education and Children’s Services Directorate annual assurance schedule, submitted for scrutiny.

Amanda Hatton

Executive Director of Education and Children’s Services

Contact: Amanda Hatton, Executive Director Education and Children’s Services

E-mail: amanda.hatton@edinburgh.gov.uk | Tel: 07542476259

Report

Annual Assurance Schedule – Education and Children’s Services

2. Executive Summary

2.1 The purpose of this report is to present the annual assurance schedule covering 2022/23 to the Governance Risk and Best Value Committee (GRBV) for scrutiny.

3. Background

3.1 Each year the City of Edinburgh Council requires that Executive Directors complete Certificates of Assurance that represent their view of the effectiveness and appropriateness of controls in their areas of responsibility. These Certificates support the Annual Governance Statement which is a component part of the authority’s Statement of Accounts.

3.2 An Assurance Schedule, to help prompt Executive Directors and relevant Service Directors to consider various aspects of their control environment, is circulated in advance of Certificates. The schedule will help highlight any areas of concern.

3.3 As at December 2022 the Education and Children’s Services directorate employed:

	Headcount	FTE
C&F	10199	8078

*HR System update pending to reflect the new structure across Education & Children’s Services therefore these figures are projected whilst update pending.

3.4 The revised annual Budget (as of 14 December 2022) for Education and Children’s Services:

*Figures based on the new Education & Children’s Services Structure, excludes numerous services now with Place i.e., Homelessness & Housing, Libraries, Schools Estate Planning.

2022/23 budget	E&CS excl SSC	SSC	E&CS incl SSC
	£m	£m	£m
Employee budget	386.04	9.60	395.64
Non-staff expenditure budget	125.64	4.37	130.02
Total expenditure budget	511.68	13.97	525.66
Income budget	-73.23	-12.88	-86.11
Net budget	438.46	1.09	439.55

4. Main report

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

5. Next Steps

- 5.1 The process will continue to be reviewed in line with feedback to ensure that effective assurance is provided.
- 5.2 The 22/23 annual assurance schedule will be presented to Governance, Risk and Best Value Committee in 12 months for scrutiny

6. Financial impact

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

7. Stakeholder/Community Impact

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

8. Background reading/external references

- 8.1 None.

9. Appendices

- 9.1 Appendix 1 Education and Children's Services Annual Assurance Schedule

Education & Children's Services Assurance Statement 2022-2023

Ref	Statement	Response				
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 service area that are proportionate, robust, monitored and operate effectively.	Partially Compliant	Education	<p>Annual Internal Audit Plan (based on most significant risks to the Council) CLT Change Board – programme/project management framework</p> <p>Contingency planning and business continuity arrangements</p> <p>External validation/review e.g. external audit, independent assurance providers</p> <p>Health and safety audits Policies that mitigate risks e.g. Anti-bribery, Fraud Prevention, Whistleblowing</p>	<p>Education Risk Management Policy</p> <p>SORT Risk Framework</p> <p>Implementation of risk management process on a continual basis</p> <p>Business Manager Forums</p> <p>School Self-Assurance framework - reported to SMT</p> <p>Significant Occurrence process (lessons learned meetings) Commissioning team expanded to enable support to schools</p>	<p>Revised School Self-Assurance framework to launch May 2022 and go live from August 2022</p> <p>From the Self-Assurance questionnaire Education seek to focus on the following areas:</p> <ul style="list-style-type: none"> - The use of CAFM to provide schools with a system for information on statutory repairs (this is managed by Corporate Property and is currently not fully up and running to provide schools with information electronically) - Health and Safety training and the resumption of Health and Safety audits in schools (through the self-assurance framework) - Prioritisation of UFAS arrangements for April 2023 - Assurance Council Road Safety team will increase workforce capacity to accommodate and support service needs - Strong focus on regular updates on Behaviour of Concern training, schedule more briefings for the new school year, use the Self-Assurance framework to promote Essential Learning

			<p>Quarterly Risk and Assurance Committees</p> <p>Reporting/review/monitoring at all levels – committee, CLT, SMTs, service level</p> <p>Risk management policies and strategies (e.g. procurement, standing orders, project management, health and safety, information governance)</p> <p>Risk Management Procedure</p> <p>Risk management tools</p> <p>Schools assurance programme</p>		<p>Embed revised QA framework across the directorate</p> <p>Embed commissioning approach to funding for equity</p>
	Partially Compliant	<p>Safer and Stronger Communities /Children's Services- The pandemic identified a need to review BIAs across services</p>	<p>Shareholder or service level agreements</p> <p>Team Central – monitoring implementation of audit recommendations</p> <p>Training, eLearning and workshops for staff and members</p> <p>Wide ranging internal and external counter fraud activity.</p>	<p>Monthly meeting with Service Director, Executive Director and Ops Managers to discuss outstanding Internal Audit actions and progress of work for closure</p> <p>Education and Children's Services Risk and Assurance Committee</p> <p>Risk is a standing item on Divisional SMT meeting agenda</p> <p>Presentations/Workshops for Senior Managers in Children's Services to align assurance controls with other service areas in the division</p> <p>Policies and Procedures Working Group set up to progress internal audit actions and monitor reviewing of all P&Ps across the division</p> <p>Performance Management/Quality Assurance</p> <p>Monthly monitoring of performance indicators by SMT and exception reporting to CLT</p>	<p>Resilience colleagues have met with Directorate SLT and agreed to progress a schedule for reviewing BIAs as part of a rolling programme. Meetings with service areas are progressing but not yet complete. Expansion of the commissioning team. Additional grade 12 to work with the Exec Director to establish performance and improvement team to embed the new QA and revised case audit framework.</p>

					<p>Quality, Governance and Regulation - Quality Assurance Framework across SW services</p> <p>Governance arrangements in place for Public Protection via Chief Officers' Group and associated committees</p> <p>Financial Monitoring</p> <p>Regular attendance at divisional SMT by principal accountant (via teams), financial reports are produced and scrutinised to identify variances, risks, pressures and to ensure controls are in place.</p> <p>Contracts and Commissioning Manager for Children's Services meets regularly with Service Director and Senior Managers</p>	
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	Education		<p>Council Procurement rules, guidance, and advice from Procurement team. The service has strong relationships with third party providers for example Edinburgh Leisure through regular dialogue and meetings. The service is also well supported in terms of the PPP1/2 companies Amey and Mitie who manage school hard and soft FM. The Council FM service are the main link (interdependency and subject matter experts).</p>	<p>Agreed funding for additional service commissioning officer posts to improve funding for equity effectiveness</p>

		Partially Compliant	Safer and Stronger Communities / Children's Services		Commissioning Strategies in place for a range of third sector suppliers and external suppliers. All procurement is in line with contract standing orders and Council Procurement policies. Third party grants and Waivers are monitored and approved via relevant committees. Monthly procurement board / Review of Contract waivers / Contract Register reviewed and updated / critical suppliers identified and annual questionnaire sent out in respect of Resilience controls. Robust measures in place to ensure compliance and engagement and regular review of associated risks.	External review of balance of care commissioned Review of partnership governance under consideration
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.	Partially Compliant	Education		Internal controls and procedures are reviewed as part of the risk management process/self-assurance framework findings/Significant Occurrence Process/Committee reporting	Continue to respond to areas of control weakness identified on ongoing basis
		Partially Compliant	Safer and Stronger Communities / Children's Services		Health and Safety performance, inspections, audits, action plans, procurement activity and financial position are standing items on SMT agenda and discussed at service area meetings regularly. Actions noted and implemented and Lessons Learned from reflection exercises are discussed at SMT and WMT meetings and cascaded to/from divisional teams.	More detailed review of balance of care commissioned to ensure tracking of this potentially volatile area of spend is robust.

1.4	The monitoring process applied to funding/operating agreements has not identified any problems that could have an impact on Annual or Group Accounts.	Partially Compliant	Education		Within Corporate Property the PPP contract management team is responsible for managing the services provided by the two PPP providers and the consequent associated risks.	additional commissioning resource to ensure best value is achieved from funding for equity resources
		Partially Compliant	Safer and Stronger Communities / Children's Services		Each service area within the division undertakes budget monitoring with finance colleagues and this is discussed at divisional SMT to mitigate the risk of any material variances impacting on the annual accounts. If potential risks are identified these are addressed by SMT. Arrangements are also in place to monitor the financial performance of commissioned contracts.	External review of balance of care commissioned to ensure most effect use of placements and to promote improved outcomes.
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	Compliant	Education	Budget Planning CLT Change Board – programme/project management framework CLT scrutiny Contingency planning and business continuity arrangements Council Business Plan Enterprise Risk Management	Risks are managed on a continuous basis though the service risk policy and SORT risk framework to affect the risk management process. From April 2022 the service will migrate risk registers to the new Council risk reporting format.	Assess effectiveness of the new reporting format on a continuous basis. Revised performance framework developed to ensure risks continue to be identified and mitigated.

	(and the Council).	Compliant	Safer and Stronger Communities /Children's Services - COVID risks were identified and recorded in risk registers with effective controls and mitigating actions put in place.	<p>Policy</p> <p>GRBV quarterly scrutiny of top risks</p> <p>Health and safety audits</p> <p>Internal and external audits</p> <p>Internal Audit Plan development considers top risks</p> <p>Leader's induction includes Risk Management</p> <p>Quarterly corporate risks scrutinised at CLT</p> <p>Quarterly Risk and Assurance Committees</p> <p>Report template and guidance – section on risks</p> <p>Reporting/review/monitoring at all levels – committee, CLT, SMTs, service level</p> <p>Risk Appetite Statement</p> <p>Risk Management Groups</p> <p>Risk management policies and strategies (e.g. procurement, standing orders, project management, health and safety, information governance)</p>	<p>E&CS Risk Management Committees and Risk on SMT agenda and discussed regularly at WMT (Children and Criminal Justice). Service representation at Risk Forum with clear pathway for escalation and dissemination. Risks aligned and reviewed including COVID related risks. Self-Assurance Framework and presentation to senior managers Business Continuity Plans and Business Impact Assessments are in place and will be reviewed in line with Resilience colleagues' timetable. Legal or regulatory actions would be identified through SMT, and governance managed appropriately. Alignment of risks or risk appetite/tolerance through regular review of risk profile.</p>	as above
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	Education	<p>Risk Management Procedure</p> <p>Risk management tools</p> <p>Schools assurance programme</p> <p>Service Planning</p> <p>Training, eLearning and workshops for staff and members</p>	<p>Risks are managed on a continuous basis though the service risk policy and SORT risk framework to affect the risk management process. From April 2022 the service will migrate risk registers to the new Council risk reporting format.</p>	<p>Assess effectiveness of the new reporting format on a continuous basis.</p> <p>As above</p>
		Compliant	Safer and Stronger Communities / Children's Services		<p>Workshops held with Service Managers on risk management and risk registers.</p> <p>Risk Assessments carried out as required and in line with COVID working arrangements and changes to Scot Gov legislation. Clear governance structure in place within the division provides an established route</p>	as above

					for escalation for risks if required. Ops Manager attends divisional management meetings and meets regularly with senior managers to discuss potential risks and mitigating actions.	
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	Education		Education has risk architecture in place to effect regular discussion on risk on a weekly and often daily basis through IMT/ELT and EMT. Arising risks and issues are regularly discussed with reference to risk tolerance as well as the Councils risk appetite. The SORT risk framework and Education risk policy ensure regular discussions and briefings take place on risk for example SORT briefings/Significant Occurrence Lessons Learned meetings.	Continue to monitor effectiveness on an ongoing basis. Annual evaluation of SORT. Embedding of new Corporate risk framework.
		Compliant	Safer and Stronger Communities / Children's Services		Risk Management arrangements are reviewed on a continual basis within the service. Service Director discusses risk management with Operations Manager in regular 1:1's - standing item, to enable a clear overview of progress and mitigation.	as 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	Education		Risks are escalated as part of the Committee reporting process within Committee timing as well as when this is required (out with reporting times).	Increased formality of reporting interdependency risks would be beneficial as part of the Councils risk framework reporting process.
		Compliant	Safer and Stronger Communities / Children's Services		Risk escalation and management included as part of SMT fortnightly meeting agenda. Presentation on framing risk to service areas at team meetings. Agenda planning and attendance at E&CS risk and assurance Committee. Service Director advises CLT and Risk team of any appropriate risks for the CLT Register. Representation and attendance at Council's Risk and Assurance Committee Operations Manager attends Council's Risk Forum and escalates any divisional risks.	as above
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	Compliant	Education	GRBV quarterly scrutiny of top risks	Use of Council Whistleblowing policy and mechanisms to report School Self-Assurance framework asks all establishment colleagues to remind themselves of Council policies annually Corporate Communications (organisation wide) to remind colleagues of Council policy	Continue to ensure information is cascaded on a regular basis and as required. Continue to embed new performance framework - including response to messages from Townhall sessions and line of sight activity.

	wrongdoing and officer's misconduct.	Compliant	<p>Safer and Stronger Communities/ Children's Services</p> <p>- When Children's Services joined the division it was noted that some service areas required support to align with the divisional controls. This is being addressed and progressing.</p>	GRBV scrutiny of CLT risk register, delivery of Internal Audit Plan and of all Internal Audit reports	<p>Wider Management Team (WMT) and meetings with services areas</p> <p>Assurance Questionnaire and guidance to remind all managers of responsibility for ensuring colleagues are aware of the Council's P&P including Whistleblowing Policy.</p> <p>Staff Induction checklists, self-assurance questionnaire, team briefs and discussion at WMT to encourage managers to ensure colleagues are informed and aware of responsibilities.</p> <p>TOR Group and work with service areas to progress actions</p> <p>Policies and Procedures Working Group</p>	as above
--	--------------------------------------	-----------	---	---	--	-----------------

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	Education	Health and safety audits	<p>The service has a Resilience Co-ordinator, three deputies and a Resilience Specialist based in the Council Resilience Unit</p> <p>The service has key contingency arrangements that are updated on a regular basis, these are:</p> <ul style="list-style-type: none"> - Severe Weather Contingency Arrangements - Infection control arrangements - Periods of Absence - Noro Virus Toolkit - Annual Snow School exercise (reinstate 2022/23) - Bomb Threat/Intruder Policy - Significant Occurrence Procedure <p>The Resilience Unit deliver training in terms of Prevent/WRAP/Bomb Scare/Intruder threat as these are Council wide contingency arrangements</p> <p>The services approach to Resilience arrangements are that they are dynamic, for example in relation to the Covid-19 response we were able to create a pandemic plan effectively and efficiently using the existing infection control contingency arrangements as a base</p> <p>The service has good working relationships with Lothian Health Protection regularly</p>	Scottish Government to confirm if Snow Schools will operate 2022/23 as part of Ready for Winter contingencies. Continue to review resilience arrangements to ensure they are robust in a context of post covid workforce fatigue.
-----	---	-----------	------------------	--------------------------	---	---

					<p>seeking infection control advice</p> <p>Regular debriefs post incident for example using Bow Tie methodology to update/improve resilience planning</p> <p>Attendance and input at Council wide testing</p> <p>Regular review and circulation of service emergency contacts</p> <p>SORT Risk Framework (Risk communication and learning)</p> <p>Encouraging scenario testing (schools)</p> <p>Lessons Learned Process</p> <p>SORT Risk Framework</p> <p>School Self=Assurance Framework</p>	
		Compliant	<p>Safer and Stronger Communities/Children's Services</p> <p>The pandemic highlighted the need to reconsider some services business continuity plans, this has been</p>	Informal and formal reviews e.g., internal audit, quality assurance audits	<p>E&CS has a Resilience Co-ordinator and Resilience Deputy who attend the Council Resilience Group and any Working Groups set up for specific events. Resilience Specialist aligned to the service from the Council Resilience Unit.</p>	as above

			done and will be reflected during refresh of BIAs		<p>All standalone premises have identified single point of contact and have continuity plans in place in the event of a loss of premises event.</p> <p>Business continuity plans for services areas are in place and feed into the overall Council Business Continuity. Plans are reviewed and updated at a service area level on a regular basis, this includes pandemic arrangements and winter weather plan.</p> <p>Service delivery which may be impacted by pandemic is discussed and triaged through appropriate management routes and in line with SG legislation.</p> <p>Any resumption of services or changes to how they are delivered were progressed through the SRG with approval from CLT and appropriate risk assessments implemented and communicated to teams.</p> <p>H&S Working Group LOGs introduced to mitigate risks during the pandemic, these have been identified as positive addition for sharing information and multi-agency working and have continued.</p>	
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	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)

			mean that a control weakness exists)			
3.1	I have arrangements in place to ensure compliance with payroll policies, overtime controls, absence management and performance e.g., home/remote working.	Compliant	<p>Education -</p> <p>Throughout the pandemic and particularly since January 2022 the service has responded both continually and dynamically to ensure business continuity arrangements keep schools open wherever this is safely possible. This has meant that the number of school and class closures has remained very low throughout the pandemic minimising the impact on the school and wider community.</p>	<p>360 reviews</p> <p>Annual Internal Audit Plan (based on most significant risks to the Council)</p> <p>Employee Assistance Programme</p> <p>Employee Engagement</p> <p>External validation/review e.g. external audit, independent assurance providers</p> <p>Financial benefits (credit union, season ticket loans, car benefit scheme, pension schemes)</p> <p>Funding scheme for professional qualifications</p> <p>HR Policies (Absence Management, Stress Management, Avoidance of Bullying and Harassment, Equal Treatment)</p> <p>Informal and formal reviews e.g. internal audit, quality assurance audits</p> <p>Inspiring Talent Programme</p> <p>Internal and External training opportunities</p>	<p>Council policies and procedures in place as appropriate, communicated through Managers News/Council wide communications. The service used the SORT framework to emphasise key messages as and when required (for example through SORT briefings).</p>	<p>Continue to embed tighter sickness and overtime controls vis SMT, divisional management meetings and school business managers.</p>

		Partially compliant	<p>Safer and Stronger Communities/Children's Services - The Salary Overpayment audit highlighted weaknesses which have now been addressed and measures are in place for Senior Manager scrutiny going forward. Following the extension of the division to include Children's Services, it was identified that some controls were not as robust as they should be, and this is being addressed and new process introduced to strengthen controls.</p>	<p>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 e.g. 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</p>	<p>Weekly absence reports from HR Hub Management - cascaded to Senior Managers highlighting 'no intervention recorded', COVID related absences and % of 'type' absence per service area. Absence Challenge and Support Panels held regularly with comparison reports on areas of concern. Staff induction and annual conversations include compliance with Council policies and procedures including home/remote working. Monthly overtime reports from HR Hub Management - cascaded to senior managers highlighting areas of high overtime, potential anomalies or 50+ hours claimed in month. Salary Overpayment reports discussed at SMT and action taken where required. H&S Working Group monitor WFH arrangements and impact on colleagues. Expenses Analysis work undertaken for a service area with high additional expenses spend over a six month period and reported to E&CS SMT with action plan and recommendations approved TOR Working Group includes consideration of additional spend, recruitment and use of locum and agency staff and identified improvement actions.</p>	<p>Expenses Analysis actions and recommendations to be progressed and reported back to SMT in May 2022. Work ongoing to improve processes, promote clear rationale and reduce additional spend. As above</p>
--	--	---------------------	---	---	---	--

3.2	I have robust controls in place to ensure that statutory workforce requirements are met, including the management of off-payroll workers/contractors (including agency workers and consultants), ensuring approved framework contracts have been used and that those engaged are wholly compliant with the provisions of IR35 Council guidance and procedures.	Partially Compliant	Education		Continue to seek, take advice from HR/Corporate Procurement in these areas and communicate to colleagues across the service effectively for example through Risk Matters Use SORT as part of risk communication and learning	Implement a permanent supply model to reduce the use of sessional / temp contracts.
		Compliant	Safer and Stronger Communities / Children's Services		Each service within the division is responsible for ensuring compliance with IR35 Council guidance and procedures and work closely with business support colleagues aligned to the service, to monitor off-payroll workers/contractors. Any issues are highlighted to the Senior Management Team. As above, the TOR Working Group is undertaking work to ensure compliance with Council procedures Service Managers liaise with HR/Corporate procurement when necessary. HR partner attends SMT and supports services where required.	
3.3	I ensure compliance with the Council's HR policies and procedures across all of my service	Compliant	Education		Continue to seek, take advice from HR in these areas and communicate to colleagues across the service effectively for example through Risk Matters Use SORT as part of risk communication and learning	N/A

	<p>areas, e.g., that recruitment and selection is only undertaken by appropriately trained individuals and is fully compliant with vacancy approvals and controls.</p>	Compliant	<p>Safer and Stronger Communities / Children's Services</p>		<p>All recruitment must be approved by senior manager and/or progressed through Workforce Panel if not pre-approved.</p> <p>Support through AskHR and use of Essential Learning Matrix - available on the Orb</p> <p>Use of Newsbeat/Managers news to update colleagues on HR processes/procedures</p> <p>Review of PVG requirement and clear guidance on consideration for newly created posts.</p> <p>Clear guidance for all managers on pre-approved posts</p>	
3.4	<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</p>	Compliant	<p>Education</p>		<p>Continue to seek, take advice from HR in these areas and communicate to colleagues across the service effectively for example through Risk Matters</p> <p>Use SORT as part of risk communication and learning. Comply with the processes that comprise the Shadow IT framework. Ongoing management by directorate including responsibility for ensuring systems and information are secure, resilient, and compliant</p>	<p>The Digital Education Team draws together the skills, expertise and experience of members representing different perspectives. The team includes Development officers from education establishments, Systems Development Officers and Technical Support Officers and will flag up any Shadow IT issues with the Director.</p>

	buildings and service users' homes.	Compliant	Safer and Stronger Communities / Children's Services - Changes to induction processes for new starts to the Council for some services were required due to the pandemic.		Essential learning for all roles within the division is available on the Orb and includes appropriate learning for recruiting managers. All line managers are aware of Council procedures relating to new starts, those leaving the Council and those moving to another area. Checklists are used to ensure procedures are followed. There is close work with the Business Support team to ensure IT system access and equipment and building access is sufficient for the post holder. (Amendment to procedure was introduced due to the pandemic and for those who are primarily working from home) Each service area has bespoke induction procedures and shadowing arrangements. New leavers process introduced to improve controls highlighted in Salary Overpayment audit Support through AskHR and HR colleagues and use of Essential Learning Matrix (orb)	
3.5	I have arrangements in place to manage staff health and wellbeing; ensuring that sickness	Compliant	Education		Continue to seek, take advice from HR in these areas and communicate to colleagues across the service effectively for example through Risk Matters Use SORT as part of risk communication and learning	see 3.1

	<p>absence, referral to occupational health and stress risk assessments is managed in compliance with the Council's HR policies.</p>	<p>Partially compliant</p>	<p>Safer and Stronger Communities / Children's Services- Issue identified in one area regarding recording of sickness absence.</p>		<p>Challenge and Support Panels discuss how best to support staff and line managers to manage staff health and wellbeing in line with Council policy.</p> <p>Business Partners provide stats which allows senior managers to address any issues relating to compliance with the Managing Attendance policy, referrals to occupational health and the use of stress risk assessments for individuals and teams.</p> <p>Use of Ask HR advice and support of Council wide Health and Wellbeing/Occupational Health service promoted by senior managers to their line managers and staff.</p> <p>Follow up Social Work Survey undertaken. Criminal Justice WFH Survey undertaken and results considered by management and shared with union colleagues via the Health and Safety Working Group.</p> <p>Services introduced wellbeing sessions for colleagues WFH, regular reviews for those delivering frontline services and communication around Council policies and routes for escalation of concerns to mitigate pandemic arrangements.</p>	<p>Further support via managers meetings to ensure all managers are aware of their responsibilities and competent in recording system requirements. Targeted support in some areas to address issues with recording and new manager training</p>
--	--	----------------------------	---	--	--	--

					Additional support in place for area with identified issue to ensure managers are aware of responsibilities to record absences and training materials circulated.	
3.6	I ensure compliance with essential training requirements and support learning and development	Compliant	education		<p>Arrangements in place for staff training (Inset days).</p> <p>Promotion of MyLearningHub</p> <p>MyLearningHub links to school Self-Assurance Framework</p>	The revised school Self-Assurance Framework launches in May 2022 and will be in place from August 2022. The annual sector term planner shows what training is essential in schools in terms of induction and Bite Size training (for staff who are not new to the organisation and only require a refresh on the subject matter

	appropriately, including professional CPD requirements.	Compliant	Safer and Stronger Communities / Children's Services- Issues with demand for face-to-face training have been noted. It has been noted that not all areas in the division monitor essential learning and this is being addressed		<p>Essential learning for each post within the division is available on the Orb, managers use this as a tool for new staff and to review requirements for existing staff. Senior Managers review requirements and update as appropriate.</p> <p>Managers are responsible for ensuring direct reports are trained in line with the requirements for their post. Induction packs include information and checklists for new starts' essential training, CPD requirements and appropriate learning and development. Line managers include within their looking forward conversations required training and learning and development for the upcoming year. Team meetings include discussions on training and learning and development and bespoke requirements for their team.</p>	<p>Discuss with L&D and H&S colleagues and escalate concerns around lapsed training and difficulties with booking on to courses due to demand. Request for RAG status to be introduced to ensure frontline services are prioritised and places allocated based on needs of services.</p> <p>Work underway to promote essential learning compliance within some areas of the division and additional ICT equipment provided to assist.</p>
3.7	I have arrangements in place to support and manage staff performance e.g., regular 1:1/supervisio	Compliant	Education		<p>Regular Council wide reminders - communications in terms of spotlight conversations</p> <p>Meeting culture in place where 1:1 meetings /supervision happen as required</p>	N/A

	n meetings, performance/ spotlight conversations.	Compliant	Safer and Stronger Communities / Children's Services		<p>The pandemic required a review of how we manage performance for some teams. Managers have utilised the tools available which include using Microsoft Teams for regular catch up's and 1:1s. Senior Managers are aware of their responsibilities to ensure all colleagues in their services are provided appropriate support and supervision.</p> <p>All line managers are reminded of the importance of performance conversations and regular 1:1 check ins, and colleagues are encouraged to use Council supports if required.</p> <p>Discussion at WMT regarding the importance of 'check ins' and performance conversations due dates</p>	
--	---	-----------	---	--	---	--

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	Education - Education has received key support from the Council Communications team to support the Covid-19 response. There is regular representation and guidance from the team for example at Incident Management teams, this has been extremely valuable and had a positive influence on the response, management of reputational risk and engagement with our schools as well as the wider community in terms of responsive and planned communications.	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	SLA in place with Edinburgh Leisure - regular formal meetings with entity (liaison meetings)	N/A

		Compliant	Safer and Stronger Communities / Children's Services		there are no companies for which the division are responsible.	
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	Education		SLA in place with Edinburgh Leisure - regular formal meetings with entity (liaison meetings)	N/A
		Compliant	Safer and Stronger Communities / Children's Services		For services delivered through contracts or grants on behalf of the Council, there are regular meetings and performance, and service delivery issues are reviewed at these meetings.	
5	Engagement and Consultation	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a	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)

			control weakness exists)			
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	Compliant	Education	Budget consultation Business sector forums Community engagement activity Community engagement strategy/policy Complaints Improvement Plan Consultation framework Consultation Hub Council Change Strategy: Planning for Change and Delivering Services Committee Papers Online Current partnerships e.g. Poverty Commission, Tourism Strategy, EIJB, City Deal Edinburgh Partnership (LCCPs, Neighbourhood Networks) Edinburgh People Survey	Council Committee reporting processes Regular engagement between SLT/members Engagement Officer (Schools and Lifelong Learning) Support from Strategy and Insight (general and specific) Parental consultation (strategic and within schools) including parent council and parental consultative committee Voice champions in place across all areas.	From May 2022 face to face parental consultation will be allowed in schools again. As Scottish Government Covid-19 guidance allows.

	insights gathered are used to shape my directorates activities.	Partially Compliant	Safer and Stronger Communities / Children's Services	Government partnership working Have Your Say webpage Multi-agency partnerships Multi-channel methodology e.g. social media platform development Networks/user groups – e.g. Edinburgh Tenants' Federation Partnership agreements e.g. Police Scotland Partnership governance arrangements Partnership governance documentation Partnership plans e.g. Edinburgh Children's Partnership Petitions and Deputations Policies and procedures (consultation framework) Poverty Commission Public participation – deputations and petitions Public sector partnerships	Council Committee Reporting processes. Quality Regulation and Governance Team review and produce methods of engagement and review of service delivery with service users. Community engagement through locality groups Elected members enquiries highlighting constituents concerns. Service user feedback and evaluation questionnaires The use of People's Stories enhances our insight into the quality of service delivery. Corporate Parenting Group Champions Board Children's Partnership and associated workstreams - The Promise, Balance of Care etc	Continue to embed corporate parenting governance structure which is young person lead.
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	Compliant	Education	Publication of Council diary Report template – section on consultation Stakeholder group meetings Strategic documentation e.g. vision statements, aims, etc. Strategic plans and agreements Strategy and Performance Hub Surveys e.g. Edinburgh People Survey, Annual Tenant Survey	The Quality Improvement Team manage internal and external stakeholder engagement supported by the service Engagement Officer.	N/A
		Partially Compliant	Safer and Stronger Communities / Children's Services	Third sector partnership working e.g. EVOC Webcasting of Council and major committees, including subtitles	As above, consultations, reviews and audits are in place and embedded in service delivery and evaluation.	as 5.1

	inclusivity e.g., customer surveys, consultation procedures, social media presence, etc.) and that these insights are used to inform the work of the directorate.					
5.3	I have appropriate arrangements in place throughout my directorate for recording,	Compliant	Education		Customer complaints policy Complaint administration systems, logging and recording system/Complaints inbox	N/A

	<p>monitoring, and managing customer service complaints and customer satisfaction.</p>	<p>Compliant</p>	<p>Safer and Stronger Communities / Children's Services</p>		<p>Customer Complaints Policy Complaint administration systems in place for each service area which logs and records complaints. Complaint procedures monitored by senior managers to ensure compliance with policies. All investigations relating to complaints are undertaken in accordance with the Council's Complaints Procedure and approved by the responsible service manager. Complaint responses are signed off by the Service Director when appropriate to ensure a robust and consistent approach to complaint management.</p> <p>All SPSO complaints are co-ordinated and recommendations monitored through the Governance team within Corporate Governance. We incorporate the messages relating to service delivery coming from our internal enquiries process. Internal Audit undertaken in Criminal Justice - assessed as overall effective with minor findings. Internal Audit undertaken of Implementation of Child Protection Recommendations - assessed as overall effective with minor findings</p>	
--	--	------------------	--	--	--	--

5.4	I regularly consult and engage with recognised trade unions.	Compliant	Education		Regular engagement takes place with teaching/non-teaching unions through the recognised forums that include Health and Safety forums with union representation. Forums include LNCT/DJCC Weekly Covid specific meeting with unions	N/A
		Compliant	Safer and Stronger Communities / Children's Services		JCC meeting TOR agreed with TU colleagues and escalation to DJCC meetings where appropriate. Any issues in relation to Health and Safety are fed in through the H&S Working Group which union colleagues attend.	Review of JCC with proposal that the JCC is merged with the DJCC for effectiveness and read across for whole Directorate. Meeting in diary for discussion with JCC on this proposal.
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	Compliant	Education	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	The self-assurance questionnaire asks establishment colleagues to familiarise themselves with policies/procedures Council wide communications to promote policies/procedures	Improved Council wide governance is required in terms of managing/monitoring and communicating Council policies and procedures. The SORT framework can support this with risk communication and learning however the information needs to be co-ordinated by the subject matter experts within corporate service areas. There is work taking place at present to rationalise policies and procedures which should improve governance in future.

	all relevant existing and new council policies and procedures.	Compliant	Safer and Stronger Communities / Children's Services	framework Policy Register Report template and guidance (incorporating adherence to commitments and policy implications)	Council wide communications to promote policies/procedures. Managers are responsible for ensuring that staff are made aware of new policies and the impact they have on their teams. New policies or significant changes discussed at SMT and Wider Leadership Meetings	
6.2	I have arrangements in place for the annual review of policies owned by my directorate, via the relevant executive committee, to ensure these comply with the Council's policy framework.	Partially compliant	Education		Council Committee structure/action logging Role of Internal Audit (actions may relate to policy improvement) Support from Strategy and Communications (management of policies/Committee support)	Additional capacity is required to track this work and ensure continued compliance. Additional grade 12 post can support this.
		Partially compliant	Safer and Stronger Communities / Children's Services- Policy Review audit highlighted areas of improvement which are now being progressed through the P&P Working Group chaired by HOS	Policy Review audit highlighted areas of improvement which are now being progressed through the P&P Working Group chaired by HOS	The P&P Working Group have completed the initial work to compile a list of all policy and procedures, authors, creation dates and review dates and a monitoring pathway put in place. Internal Audit findings from Policy Review Audit across the Council progressed and several now closed by Audit. Support from colleagues in Strategy and Insight when required. Housekeeping undertaken to ensure all policies now included on the Council's Policy Register with review dates and Policy Owners included. Internal Audit of Criminal	P&P Working Group (WG) meets monthly to monitor progression of agreed workstreams. Web editors to be identified for each service area and guidance issued to those undertaking review of current P&Ps WG will consider procuring software to enable monitoring and reduce repercussion of issues highlighted in audit report. WG to report to E&CS SMT on progression and highlight any issues with completion of work. As above.

					Justice policies and procedures noted as effective and recognised ongoing work	
7	Governance and Compliance	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
7.1	I ensure directorate staff are aware of their responsibilities in relation to the Council's governance	Compliant	Education	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	The Council's governance framework is implemented through Committee work Risk management within the service also manages the Council's governance framework	Scheme of delegation to be reviewed when new directorate structure is finalised.

	<p>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.</p>	Compliant	<p>Safer and Stronger Communities/Children's Services - Following a review and restructure, Children's Services (CS) joined the division in May 2021. Work has been ongoing to provide assurance that staff in CS are aware of their responsibilities and align with the divisional monitoring arrangements in place.</p>	<p>Employee Performance Framework Leadership Programme Legal Services provision of advice Member/Officer Protocol Policies and procedures Regulatory body reporting e.g. SSSC, GTCS Scheme of Delegation to Officers Statutory officer appointments and responsibilities Statutory/lead officers' independent reports to committee e.g. Monitoring Officer, Chief Social Work Officer, Chief Internal Auditor Whistleblowing Policy</p>	<p>Senior managers and appropriate staff are aware of the responsibilities aligned to them in terms of scheme of delegation, contract standing orders (including approval limits), reporting requirements and other financial guidance to ensure compliance with Council governance policies and procedures. This is reiterated through email briefings and regular discussions at management team meetings. Clear governance arrangements in place through - Chief Officers' Group, Adult Protection Committee, Child Protection Committee, Offender Management Committee, MAPPA, SOG, ECP and others.</p>	as above
7.2	<p>I ensure my directorate's activities are fully compliant with relevant Scottish, UK and EU legislation and regulations.</p>	Compliant	<p>Education</p>	<p>Support and advice from Council Legal Services team</p> <p>Risk management used to identify legal risk impacts - (which if required would be discussed in terms of advice with Legal Services)</p> <p>Advice and support sought regularly from the Corporate Health and Safety team in terms of Health and Safety legislation</p>	<p>New performance framework will ensure robust evidence of compliance is in place</p>	

		Compliant	Safer and Stronger Communities/Children's Services - as above		<p>The division is regulated by statute, regulations, and professional governance and each service areas senior manager is aware of legislation, policies, and procedures.</p> <p>In addition, there is a range of quality assurance processes to ensure and monitor compliance with appropriate legislation and regulations.</p>	as above
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	Education	<p>Annual Assurance Process (Council Companies and Joint Boards)</p> <p>Annual Assurance Process (Directorates)</p> <p>Codes of Conduct</p> <p>Commercial and Procurement Strategy</p> <p>Committee Terms of Reference and Delegated Functions</p> <p>Complaints Improvement Plan</p> <p>Consultation and engagement</p> <p>Contract Standing Orders</p> <p>Council Change Strategy: Planning for Change and Delivering Services</p> <p>Council company monitoring including Governance Hub,</p>	<p>Team meeting structures throughout service</p> <p>Risk Management Committee structures, IMTs and service meeting risk architecture (EMT/ELT)</p> <p>Supervision meetings (where required)</p> <p>Good structure of 1:1 meeting managers/staff</p> <p>Good structures for establishment staff to meet regularly/make decisions for example Headteachers</p>	N/A

				<p>Council Observers on Boards, committee reporting</p> <p>Edinburgh People Survey</p> <p>Employee Code of Conduct</p> <p>Grant Standing Orders</p> <p>Member/Officer Protocol</p> <p>Monitoring/reporting on delivery of 52 coalition commitments</p> <p>Onboarding and induction for officers</p> <p>Performance Framework</p> <p>Policies and procedures</p> <p>Procurement framework</p> <p>Procurement Handbook</p> <p>Public participation – deputations and petitions</p>	<p>Executive/Primary/Secondary headteacher forums</p>	
		Compliant	<p>Safer and Stronger Communities / Children's Services</p>	<p>Report template and guidance</p> <p>Scheme of Delegation to Officers</p> <p>Service Level Agreement template</p> <p>Standard Condition of Grant</p>	<p>Clear governance structure around decision making in place, which is communicated through team meetings, 1:1 / supervision, performance conversations and monitored through reviews and senior manager oversight of service delivery.</p> <p>Service Director monitors any issues identified and puts in place measures to address and improve accountability.</p>	
8.2	<p>I ensure that the Council's ethical standards are understood and embedded across my directorate and are upheld by external</p>	Compliant	<p>Education</p>	<p>Commissioning/grant colleagues</p> <p>General management of teams promoting the importance of ethical behaviours</p> <p>Equalities training</p> <p>Use of IIA process</p> <p>Edinburgh learns for life has a strong equity and values base</p>		<p>continue to monitor via school reviews and self-assessment framework</p>

	providers of services.	Compliant	Safer and Stronger Communities / Children's Services Issues with Swift system have continued, and mitigated action required to address issues.		SSSC registered staff are supported by the code of ethical behaviours, The Service Director is also the Chief Social Work Officer. Contract and Commissioning Services and Development Officers are aware of standards and report to senior managers any issues which may be flagged. Associated Committees including Multi Agency Groups aware of ethical standards and include within TORs SW operating model is relationship based practice which has a clear ethical base underpinning it	Continued concerns around impact of Swift system's effectiveness and mitigated actions required to address this. Continue to monitor via case review and audit
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	Compliant	Education		Team meeting structures throughout service risk architecture, IMTs/ELTs/EMTs) Risk Management Committee structures Supervision meetings (where required) Good structure of 1:1 meeting managers/staff Good structures for establishment staff to meet regularly/make decisions for example Headteachers Executive/Primary/Secondary headteacher forums Embedded risk management process	N/A

	structures. (i.e., SMT reporting)	Compliant	Safer and Stronger Communities / Children's Services		Structure in place regarding reporting to Committees with clear governance around roles and responsibilities. Regular meetings and consultations during service reviews with appropriate stakeholders. Public Protection Committees governance and constitution embedded. SMT and WMT regularly meet and clear agenda planning in place	
8.4	I consult with elected members as appropriate and as required under the Scheme of Delegation.	Compliant	Education		Regular meetings between EC&S SLT/members Council Health and Safety Forum chaired by a member Council Committee reporting structures	N/A
		Compliant	Safer and Stronger Communities / Children's Services		Regular meetings between SMT and Convenor and Vice Convenors. Elected Members Enquiries process embedded across the services for all elected member enquiries. Council Committee reporting structure and good communication with colleagues in Committee Services	
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	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)

			mean that a control weakness exists)			
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	Compliant	Education	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	Risk management structures - discussion on Information Governance Council wide training (Information Governance for example e-learning) Regular liaison/advice and support from Information Governance team Council wide Information Governance forums Use of "Risk Matters" to remain colleagues of Information Governance requirements Lessons learned/debriefing used within service if there is a breach for example Bow Tie cause and effect modelling Role of CGI ensuring ICT infrastructure is compliant Council wide communications on Information Governance requirements Use of Significant Occurrence reporting to report on breaches	N/A

	security; and ICT acceptable use.	Compliant	<p>Safer and Stronger Communities/Children's Services - As noted above, CS joined the division in May 2021, work was undertaken to align them to divisional processes, control weaknesses found in one area which are being addressed.</p> <p>The pandemic has required managers to work differently to ensure their direct reports who are WFH are compliant with IG arrangements. The G: Drive is vulnerable to data loss and no process or control to identify changes or errors. Reliance on CGI to retrieve data can be problematic.</p>		<p>All staff are made aware of their responsibilities to adhere to Council policies, procedures, and guidance. This is communicated by line managers through annual conversations, regular 1:1s and in team meetings. Team briefings and newsletters highlight responsibilities and expectations for all colleagues in the division.</p> <p>CSWO and those with delegated authority can timeously agree Swift records are locked when required.</p> <p>Data Quality procedures are embedded within the division and arrangements are in place to ensure compliance with GDPR. Relevant staff are aware of their obligations in relation to intellectual property rights, data security protocols, FOI requests etc.</p> <p>Cross directorate enquiries are co-ordinated via embedded process.</p> <p>Weekly meeting with Ops Manager, IG Manager and Exec Asst to discuss FOI and SAR requests to ensure timescales are met and issues addressed.</p>	Acting Service Manager putting in place infrastructure to improve information governance controls within one area of the division. This will be reviewed on completion to ensure compliance with current controls.
--	-----------------------------------	-----------	--	--	---	--

<p>9.2</p>	<p>I ensure data sharing arrangements with third parties are recorded, followed, and regularly reviewed throughout all service areas in my directorate.</p>	<p>Compliant</p>	<p>Education</p>		<p>Risk management structures - discussion on Information Governance</p> <p>Council wide training (Information Governance for example e-learning</p> <p>Regular liaison/advice and support from Information Governance team</p> <p>Council wide Information Governance forums</p> <p>Use of "Risk Matters" to remains colleagues of Information Governance requirements</p> <p>Lessons learned/debriefing used within service if there is a breach for example Bow Tie cause and effect modelling</p> <p>Council wide communications on Information Governance requirements</p> <p>Use of Significant Occurrence reporting to report on breaches</p>	<p>N/A</p>
-------------------	---	------------------	-------------------------	--	--	------------

		Compliant	Safer and Stronger Communities/Children's Services - as above		<p>All FOI and SAR requests are monitored through the corporate FOI team, and these are managed through a generic mailbox for the division and signed off by senior managers for the relevant service areas. Performance levels indicate a high level of compliance across service areas and weekly meetings with IG manager helps to maintain this.</p> <p>All elected members enquiries are progressed through dedicated mailbox and following the Enquiries process and are assigned to Council Officers to provide a response which is approved before release.</p>	
10	Health and Safety	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)

<p>10.1</p>	<p>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.</p>	<p>Compliant</p>	<p>Education - At the beginning of the pandemic the Corporate Health and Safety team monitored Covid-19 infection control mitigations in Edinburgh schools. This resulted in the Covid-19 specific workplace inspection used by schools throughout the pandemic.</p> <p>As access to our buildings opens up again the Corporate Health and Safety team will support the service in the new school year with a series of technical subject audits. This will allow us to assess and share good practice as well as identify risks where further mitigation is needed.</p>	<p>Contingency planning and business continuity arrangements Corporate Health and Safety Strategy and Plan Council Health and Safety Group Employee Code of Conduct Enterprise Risk Management Policy Enterprise Risk Management Policy and Risk Management Procedure External validation/review e.g. external audit, independent assurance providers Health and safety audits Health & Safety policies and procedures Institution of Occupational Safety and Health training Mandatory Health & Safety training for staff Reporting/review/monitoring at all levels – committee, CLT, SMTs, service level Risk Management Groups Risk management policies and strategies (e.g. procurement, standing orders, project management, health and safety, information governance) Risk Management Procedure Risk management tools Scheme of Delegation Schools assurance programme Training, eLearning and workshops for staff and members</p>	<p>EC&S Health Safety and Wellbeing Committee Council Health and Safety Group Risk Matters used to share important Health and Safety messages some of which are included within an annual planner Self-assurance questionnaire includes a section on Health and Safety that mirrors the work place inspection checklist for establishments Health and Safety e-learning Health and Safety training Health and Safety essential learning matrix Health and Safety Working Group Health and Safety Committees in schools Council Health and Safety Forum (chaired by a member) Corporate Health and Safety team - regular engagement with headteachers/business managers at relevant forums</p>	<p>From 2022 the Corporate Health and Safety team will reinstate school safety audits the first focus of which will be on practical subjects.</p>
--------------------	--	------------------	---	---	---	---

		Compliant	<p>Safer and Stronger Communities/Children's Services - The pandemic and suspension of face-to-face training has impacted the number of trained colleagues for some services. Previous extension to certificates has now ended. There are issues with getting places on courses due to demand which has an impact for frontline services.</p>		<p>Suspension of Face to Face training impacted on colleagues and service assurance - extensions were given for certificates</p> <p>Changes to working arrangements required new risk assessment for buildings to ensure appropriately trained staff with building responsibilities.</p> <p>Supply of PPE and PCR / Lateral Flow Testing and vaccination programme roll out coordinated through Operations Manager and relevant service managers.</p> <p>Review of essential learning for all roles has H&S training requirements included</p> <p>Children's Services managers met with Ops Manager to discuss current arrangements and align these with other services in the division.</p> <p>Health and Safety is a standing item on the SMT agenda. The H&S Working Group evaluates compliance within the service and notes of meetings are circulated to SMT</p> <p>H&S Working Group now includes colleagues from Children's Services.</p> <p>E&CS Health Safety and Wellbeing Committee quarterly meeting - representation from the division in attendance.</p> <p>Self-Assurance checklist completed by managers which includes a section on H&S with ability to outline areas of concerns.</p>	<p>We have identified issues for colleagues in frontline services who have not been able to access first aid and fire safety face to face training. Ops Manager is in discussion with L&D and H&S colleagues to address this. Action will take to ensure those in high-risk settings are given priority for training. Ops Manager working with YPU managers to ensure alignment with divisional controls for H&S and Fire Safety and discussions with H&S colleagues re training and audit schedule.</p>
--	--	-----------	--	--	---	--

					<p>Ops Manager met with Fire Safety Manager and others to discuss current measures for compliance.</p> <p>Ops Manager attends monthly Fire Safety Technical Meeting chaired by Council's Fire Safety Manager.</p> <p>Governance structures and processes are in place to ensure robust implementation of H&S policy and procedural updates.</p>	
--	--	--	--	--	---	--

<p>10.2</p>	<p>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.</p>	<p>Compliant</p>	<p>Education</p>		<p>Council wide advice on risk assessment</p> <p>Self-assurance questionnaire and validation guidance (advice on risk assessment)</p> <p>Health and Safety forums</p> <p>Use of SHE incident management portal - creates management information on risk themes we can response to as a service</p> <p>Use of isomorphic learning (learning from within the organisation) and responding to risk by assessing and mitigating</p> <p>Use of "Bow-Tie" cause and effect model - post event and to risk assess</p> <p>Risk qualification/ to assess risks - quantify by RAG analysis - quantify further if required</p> <p>Use of Risk Management Committees to escalate health and safety risks in terms of mitigation/Council wide risk (if this is required)</p> <p>Continually building and promoting risk management and health and safety culture</p> <p>Understanding of robustness of controls (developing controls where quantification shows they are weak)</p>	<p>From 2022 the Corporate Health and Safety team will reinstate school safety audits the first focus of which will be on practical subjects.</p>
--------------------	---	------------------	-------------------------	--	---	---

					<p>Corporate Health and Safety establishment audit programme</p> <p>Significant Occurrence Lessons Learned process</p> <p>Health and Safety Committees in schools</p>	
		Compliant	<p>Safer and Stronger Communities / Children's Services- The pandemic and infection rates continue to impact frontline services. However, PPE, robust testing, and high take up of vaccination has enabled services to continue throughout. CCTV identified a number of issues within the City Chambers as part of an upgrade these have been reported to responsible directorate and</p>		<p>Risk Assessments carried out and reviewed as required and in line with COVID working arrangements.</p> <p>Clear governance structure in place within the division provides an established route for escalation for risks if required.</p> <p>Reporting of COVID positive cases process in place with flowchart.</p> <p>Incidents and accidents recorded, reported and investigated in line with Council incident reporting P&Ps</p> <p>Quarterly work place inspections/daily 'walk rounds' carried out in buildings which are operational.</p> <p>Resumption of Services arrangements monitored and progressed with H&S and FM</p>	<p>Due to the pandemic, there has not been any H&S audits undertaken in the division. The H&S Working Group have requested colleagues in H&S meet and discuss the audit plan to ensure frontline services who are high risk are prioritised.</p>

			work ongoing to rectify.		colleagues. The inclusion of Children's Services within the division has required additional consideration for controls and the Ops Manager has worked with managers to progress alignment. Working Group established following issues raised during the initial implementation stage of the CCTV upgrade.	
--	--	--	--------------------------	--	--	--

<p>10.3</p>	<p>I have competencies, processes, and controls in place to ensure that all service areas in my directorate, and other areas of responsibility, operate in compliance with all applicable Health & Safety laws and regulations.</p>	<p>Compliant</p>	<p>Education</p>		<p>Corporate Health and Safety team (all members of the team are qualified in health and safety)</p> <p>EC&S Health Safety and Wellbeing Committee</p> <p>Council Health and Safety Group</p> <p>Risk Matters used to share important Health and Safety messages some of which are included within an annual planner</p> <p>Self-assurance questionnaire includes a section on Health and Safety that mirrors the work place inspection checklist for establishments</p> <p>Health and Safety e-learning</p> <p>Health and Safety training</p> <p>Health and Safety essential learning matrix</p> <p>Health and Safety Working Groups (2) schools and non-schools (includes Residential/Libraries/Community</p> <p>Council Health and Safety Forum (chaired by a member)</p> <p>Corporate Health and Safety team - regular engagement</p>	<p>N/A</p>
--------------------	---	------------------	-------------------------	--	---	------------

					<p>with headteachers/business managers at relevant forums</p> <p>Corporate Health and Safety establishment audit programme</p>	
		Compliant	Safer and Stronger Communities / Children's Services		<p>Workplace assessments and incident reporting is in place and monitored</p> <p>H&S audits were on hold due to the pandemic, but resumption of service templates completed with H&S colleagues to ensure compliance.</p> <p>There are named staff with H&S responsibilities within all premises and monitoring and governance is in place to ensure compliance (discussions were held with colleagues in Children's Services to align controls)</p>	

10.4	I have a robust governance and reporting structure for Health and Safety in my directorate.	Compliant	Education		<p>Committee reporting structures including Union engagement</p> <p>Risk & Assurance Committee structures</p> <p>Service reporting structures/meetings/team ELT/SLT/CLT</p> <p>Use of SHE</p> <p>Significant Occurrence Lessons Learned process and procedure</p>	N/A
		Compliant	Safer and Stronger Communities / Children's Services		<p>The H&S Working Group is chaired by the Operations Manager with representation from all services in the division (now includes Children's Services) and business support partner.</p> <p>Health and Safety is included in the Annual Assurance Questionnaire which is completed by all managers and includes routes for escalation if concerns around compliance.</p> <p>The group's chair attends the E&CS Health, Safety and Wellbeing Group.</p> <p>H&S is a standing item on the divisional Senior Management Team agenda and the E&CS risk and assurance committee agenda, all of which are a route for escalation.</p>	

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	Compliant	Education - The laptop security specification and local government purchasing arrangements means that there is a significant delay in getting new laptops to new/existing staff. It is requested that this issue is looked at in terms of how the specifications can be managed whilst ensuring a timely reliable service which means new/existing staff have the vital tools to perform their essential roles.	Annual external reporting e.g., Local Government Benchmarking Framework, Scottish Public Services Ombudsman, Scottish Government, etc Annual performance report to Council B agenda protocol Best Value reporting CLT Quarterly performance meeting Committee Terms of Reference and Delegated Functions Local Government Benchmarking Framework Monitoring/reporting on delivery of 52 coalition commitments Performance Framework Strategy and Performance Hub	Committee reporting structures Risk & Assurance Committee structures Service reporting structures/meetings/team/SLT/CLT ADES collaborative challenge and membership of SEIC improvement partnership	The recruitment of additional contract posts within the service will provide additional capacity to manage.

	and monitored.	Compliant	Safer and Stronger Communities / Children's Services Issues with supply of ICT equipment and systems have been flagged with CLT and Risk Forum including Swift system issues		Performance reports are discussed on a regular basis in service area meetings, SMT and CLT. Annual Performance Reports are submitted to Committees, these include Partnership Agreements, CSWO Annual Report, Child Protection Committee Annual Report. Performance Reports are generated within the division which include data on SON, Statutory Complaints and Care Service Feedback. Improvement Plans are held within the division which incorporate actions from audits, WB investigations, reviews, and inspection reports. These are monitored and reported through PP committees to the COG. Performance 'Plan on a Page' developed for 2021-2022 fully compliant, developed with Strategy & Insight and reported to CLT and part of overall report to Committee.	
11.2	My directorate regularly works with relevant teams in Strategy and Communicatio	Compliant	Education		N/A	Work within Strategy and Communications appears to have ceased?

	ns to review and improve effectiveness by performance monitoring, benchmarking , and other methods to achieve defined outcomes.	Compliant	Safer and Stronger Communities / Children's Services		Internal Audit of services within the division and regulatory services are undertaken and actions monitored and reported to the appropriate Committees. Performance Targets measuring service objectives Monthly performance reports from SSC Comms team presented and discussed at SMT Key supports in place for rollout of effective COVID response. Engagement with inter dependencies and representation at core Council teams to support management.	
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)

<p>12.1</p>	<p>I ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders.</p>	<p>Compliant</p>	<p>Education</p>	<p>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</p>	<p>Commercial and Procurement Strategy Contract and Grants Management team Contract Standing Orders Council company monitoring including Governance Hub, Council Observers on Boards, committee reporting Grant Standing Orders Procurement Handbook Scheme of Delegation to Officers Service Level Agreement Register Standard Condition of Grant Support and advice from the Corporate Procurement team Use of "Risk Matters" to share Corporate Procurement advice/requirements Corporate Procurement team engagement - for example headteacher/business manager forums Risk based approach to Corporate Procurement advice, if there are trends where colleagues are not following</p>	<p>Recruitment of contract managers will support this and expansion of commission team to reduce the need for waivers.</p>
--------------------	---	------------------	-------------------------	--	--	--

					advice this is acted upon to ensure guidance is shared on requirements	
--	--	--	--	--	--	--

		Compliant	Safer and Stronger Communities / Children's Services		<p>Contract and Commissioning Team for Children's Services manager reports to Service Director</p> <p>Monthly Procurement Board which looks at dashboard, contracts register, waivers, pipeline procurements and contracts ending. Attended by service representatives, contract managers and procurement colleagues.</p> <p>Clear procedures are in place to ensure all goods, services and works are procured appropriately and in compliance with the Contract Standing Orders.</p> <p>Managers are responsible for ensuring Waiver Requests are only completed in exceptional circumstances and where appropriate.</p> <p>Waiver Reports are submitted quarterly to Committee for approval.</p> <p>Separation of duties mechanisms are in place to ensure there is no conflict of interest (3 way checks - Procurement, Commissioning and Budget holder)</p> <p>Ongoing oversight of financial processes to ensure commitment matches the ledger</p> <p>Multi-disciplinary six monthly monitoring meetings for tier one and tier two contracts.</p> <p>Standing item on SMT agenda - QA Reviews/Third Party Spend Process in place which requires</p>	
--	--	-----------	---	--	---	--

					Service Director sign off for all Waivers and Contracts to ensure compliance.	
13	Change and Project Management	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
13.1	All projects and programmes have a clear business justification, as a minimum this should articulate outcomes and	Compliant	Education	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:	Prince 2 methodology used in large projects (includes risk management as part of scope) Council Projects Team advise and support Education (project management) Strategic Asset Planning manage school new builds	Work required on rising roles risks (Strategic Asset Planning) Engagement required with Strategic Asset Planning team in terms of new builds lessons learned, design issues identified and snagging

	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	Safer and Stronger Communities / Children's Services	<ul style="list-style-type: none"> Planning for Change and Delivering Services 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 	<p>Proposals for projects/programmes are discussed by the Senior Management Team prior to commencement and a clear business justification outlined. The appropriate senior manager within the division has oversight of the project/programme and Service Director sign off is required.</p> <p>Senior Managers appoint lead officers for all projects/programmes who are responsible for ensuring that clear roles and responsibilities are outlined. A review process ensures the senior manager receives regular updates on progression and timescales and these are fed back to the Senior Management Team.</p> <p>Prince 2 methodology used in large projects (includes risk management as part of scope)</p>	
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	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)

			mean that a control weakness exists)			
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	Education	Budget Framework Comprehensive system of revenue and capital monitoring, with SMT and CLT oversight Contract Standing Orders Corporate Debt Policy Council Business Plan Council Change Strategy: Planning for Change and Delivering Services Elected Member training on financial statements, financial planning and treasury management	Regular input, advice, and support from Council Finance team at ELT/SLT meetings within service budget monitoring Regular budgetary monitoring/management Risk based approach to budget monitoring	Enhanced commissioning resource
		Compliant	Safer and Stronger Communities / Children's Services	Employee Training Finance & Resources Committee and Governance, Risk & Best Value Committee oversight/scrutiny Finance Rules Financial Regulations Internal control framework Medium-term Financial Strategy Professional officer representation/support/advice on major project boards, project assurance reviews, SMTs Tiered framework of financial planning and control Treasury Management Strategy	Monthly monitoring of spend, savings plans and financial pressures discussed at service management teams and Senior Management Team. Segregation of duties between commissioner, requestor and approver on Oracle at all stages of the financial process. Yearly review of Oracle approval limits in place with required sign off by Senior Manager and Service Director. Regular review of contract spend (three way check - business support, finance and commissioning) Any additional financial commitment must be discussed with Service Director and Senior Manager prior to agreement. Work closely with finance partners to look at pressures	continued tighter controls of overtime and sickness absence

					and work undertaken to look at reducing additional spending. Regular meetings with Service Director, Senior Managers and Finance partners.	
14.2	I am confident that the arrangements in place to monitor expenditure/budget variances would identify control problems or variances that could have an effect on the Annual Accounts.	Compliant	Education		Regular input, advice, and support from Council Finance team at ELT/SLT meetings within service budget monitoring Regular budgetary monitoring/management Risk based approach to budget monitoring	N/A
		Compliant	Safer and Stronger Communities / Children's Services Residential prices have increased by 12% - being a demand led service means acknowledgement that costs may be		As above. Budget monitoring in place, finance colleagues attend SMT, and budget is a standing item on the agenda. There is also regular contact with service area senior managers to monitor their budgets. Areas of pressure in 21/22 are being managed as required and	

			increased to meet needs		with Service Director oversight. Reports submitted to CLT on any potential pressures or financial risks within the division.	
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	Education		Knowledge and application of Finance Rules Expertise and support of Council Finance team	N/A
		Compliant	Safer and Stronger Communities / Children's Services		Appropriate Committee reporting and regular meetings with Convenor and Vice Convenor in place. Support from colleagues in finance and regular meetings in the diary and adhoc meetings held as required. Major risks of future liabilities would be discussed with legal colleagues and escalated to CLT	
14.4	I have arrangements in place to review and protect assets against theft, loss, and unauthorised	Compliant	Education		Support and advice form Council Insurance Services team Asset register requested (as part of self-assurance questionnaire)	N/A

	use; identify any significant losses; and ensure the adequacy of insurance provision in covering the risk of loss across my directorate.	Compliant	Safer and Stronger Communities/Children's Services - Due to the pandemic, some offices were closed at short notice and teams moved to WFH. Security arrangements to ensure assets were appropriately protected needed to be reconsidered and action taken quickly.		Insurance cover managed corporately, and any losses are dealt with through this route or absorbed divisionally depending on monetary value. Insurance Services conduct annual checks to confirm adequacy of existing levels of insurance. No significant losses have been identified in 21/22, all mobile devices should be encrypted in line with Council procedures. Laptops are equipped with appropriate security measures (e.g., Bit locker passwords) and clear desk policies in place and monitored. Senior Managers are made aware of any loss within their areas and report to Service Director if appropriate.	
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	Education		The self-assurance questionnaire has a section on Finance which sets out the main requirements of establishment financial reporting	N/A
		Compliant	Safer and Stronger Communities / Children's Services		All budgets within the division and all ring-fenced budget areas are managed per accountancy rules, with close working between finance colleagues and service managers Transactions and banking ensure compliance with HMRC i.e. VAT regulations. Contract and Commissioning Team within Children's Services	

					Separation of duties in place - prior to financial commitments Expenses Analysis work undertaken in some areas which identified areas for improvement and measures put in place which noted positive impact.	
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	Education		Council Internal Audit programme (risk-based approach where services have the opportunity to make suggestions as to annual Internal Audit plan) Risk forums in place as per Council requirements, Risk and Assurance Committees/Regular discussion on risk at EC&S Wider Management team ELT/SLTs	N/A
		Compliant	Safer and Stronger Communities / Children's Services		As above Consistency and regular checks as noted above, enhanced as approach to end of financial year and closure of accounts. The Council Internal Audit programme, risk-based approach gives services the opportunity to make suggestions as to annual Internal Audit plan. Operations Manager attends the Council Risk Forum and Quarterly Risk & Assurance Committee. Regular discussions around risk at SMT and WMT.	

15	Group Accounts (Resources only)	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
15.1	I have arrangements in place for identifying and reviewing any developments during the year that should lead to additions, deletions or amendments to the companies included in the Group Accounts.	Compliant	Education	Annual assurance exercise (internal audit input and oversight). Annual Corporate Governance Code self-assessment (internal audit input) Annual Governance Statement – informed by the work of IA	Advice and support from Council Finance team/regular update at ELT/SLT	N/A
		Compliant	Safer and Stronger Communities / Children's Services	Annual Internal Audit Plan (based on most significant risks to the Council) Audit Charter Chief Internal Auditor's direct reporting line to GRBV Committee Terms of Reference and Delegated Functions - GRBV Comprehensive system of revenue and capital monitoring, with SMT and CLT oversight Council Companies/ALEOs – Governance Hub, Observers, annual reporting to Executive Committee and GRBV External validation/review e.g. external audit, independent assurance providers	N/A	
15.2	I have arrangements in place to identify and review any internal control, risk management	Compliant	Education		Risk structures in place Corporate Property support asset valuation Support of Council Insurance team	N/A

	or asset valuation problems with Council companies that could affect the Group Accounts.	Compliant	Safer and Stronger Communities / Children's Services	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	N/A	
16	National Agency Inspection Reports	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
16.1	I have arrangements in place to identify any reports relating to my directorate and can	Compliant	Education	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	Internal/External audit for example Council Internal Audit team/Education Scotland/Social Work Scotland	N/A

	confirm that there were no inspection reports that could impact on the signing of the Annual Governance Statement.	Compliant	Safer and Stronger Communities / Children's Services	accord Executive Committee and GRBV oversight of external audit and inspection activity Scrutiny of directorate annual assurance schedules.	Monitoring officer report to full council re ESS	Improvement Board and plan in place
16.2	I have arrangements in place that adequately monitor and report on the implementation of recommendations.	Compliant	Education		Committee reporting structures	N/A
		Compliant	Safer and Stronger Communities / Children's Services		Management of associated actions/recommendations from reports (authorising bodies)	
				As above, committee reporting structure and management of associated actions and recommendations from reports. Recommendations from inspection reports are subject to action plans that are monitored through the appropriate committees. Recommendations and service improvement activity generated from audits, service reviews and upheld or partially upheld complaints are logged accordingly and managed through the relevant service.		

17	Internal Audit, External Audit and Review Reports	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code (Formerly CGF) (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
17.1	I have arrangements in place to ensure that all recommendations from any internal audit, external audit or review report published during the year, that have highlighted high, medium, or significant control deficiencies, have been (or	Compliant	Education	A validation audit is included in the annual Internal Audit Plan. Agreed management actions arising from internal audits are recorded and monitored through Team Central. Integral part of Annual Assurance Schedule. Overdue management actions are reported monthly to CLT and quarterly to GRBV	Meetings take place regularly between the Internal Audit team/service colleagues in line with Internal Audit service level agreement requirements There are workshops organised by Internal Audit which support the audit action process and service colleagues are involved in this There are strong links between Risk Management within the service and Internal Audit, this aids the efficiency and effectiveness of the control environment as risk also focuses on the assessment of controls	N/A

	<p>are being) implemented and that this is monitored effectively.</p>	<p>Compliant</p>	<p>Safer and Stronger Communities / Children's Services</p>		<p>Audit actions are reviewed and monitored through the Team Central system that support the audit follow up process. Action owners are able to view their own dashboards and provide updates and supporting evidence to IA electronically. Service Director is informed of updates, approaching due dates via Team Central automated email.</p> <p>The Operations Manager monitors and manages all open audit actions within the division, including cross directorate ones and provides an update on progress prior to GRBV audit reporting.</p> <p>The Operation Manager supports service managers during audits and at close out workshops and for audit action completion within timescales. Monthly directorate meeting to review audit actions and report to Service Director and Exec Director on progress</p> <p>There are strong links between Risk Management and Internal Audit, this aids the efficiency and effectiveness of the control environment as risk also focuses on the assessment of controls.</p>	
--	---	------------------	--	--	--	--

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	Compliant	Education	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	Annual review of assurance statement actions/reporting to Governance Risk and best Value Committee	N/A

	addressed satisfactorily.	Compliant	Safer and Stronger Communities / Children's Services	activity is based on shared risk assessment	All actions from the 2020/21 Annual Review of Assurance Statement are now complete bar one, which is on track for completion (dependency on colleagues from Resilience has delayed completion). A report was submitted to GRBV noting completion of open improvement actions. Action Plans have been developed and timescales set for resolution and addressed appropriately.	
--	---------------------------	-----------	---	---	--	--