

Governance, Risk and Best Value Committee

10.00am, Tuesday, 14 March 2023

Annual Assurance Schedule – Place Directorate

Executive/routine Wards Council Commitments	Executive All
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1. Recommendations

- 1.1 Governance, Risk and Best Value Committee is asked to note:
 - 1.1.1 The Place directorate annual assurance schedule for 2021/22, attached in Appendix 1, which is submitted for scrutiny; and
 - 1.1.2 That the Place directorate annual assurance schedule for 2022/23 will be submitted for Committee scrutiny in 2023/24.

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Report

Annual Assurance Schedule – Place Directorate

2. Executive Summary

- 2.1 This report presents the Place directorate annual assurance schedule for the financial year 2021/22 for scrutiny.

3. Background

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

4. Main report

- 4.1 The Place directorate schedule for 2021/22 (Appendix 1) was completed and returned to the Democracy, Governance and Resilience Service in April 2022, after which a Certificate of Assurance was issued. This informed the drafting of the Annual Governance Statement, submitted to Council as part of the 2021/22 Annual Audit report to the Council and the Controller of Audit on [24 November 2022](#).
- 4.2 The Certificates of Assurance require Executive Directors to confirm that:
- 4.2.1 They have considered the effectiveness of controls in their service area/directorate, including controls in place to mitigate major risks to their service area/directorate's objectives;

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

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

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

5. Next Steps

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

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

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

5.4 The Place directorate will submit an annual assurance schedule for the 2022/23 period following year end. This will be submitted to Governance, Risk and Best Value Committee for scrutiny in 2023/24.

6. Financial impact

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

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

7. Stakeholder/Community Impact

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

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

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

8. Background reading/external references

8.1 None.

9. Appendices

9.1 Appendix 1 – Place Directorate Annual Assurance Schedule.

9.2 Appendix 2 – Place Directorate Improvement Plan.

Assurance Statement							
Ref	Statement	Response	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. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
1	Internal Control Environment	Assessment of Compliance	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. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
1.1	I have internal controls and procedures in place throughout my directorate that are proportionate, robust, monitored and operate effectively.	Partially compliant	<p>The Council's Chief Internal Auditor's report to Governance Risk and Best Value Committee in August 2021 for the year ended 31 March 2021 stated that significant improvement was required as significant and/or numerous control weaknesses were identified in the design and/effectiveness of the control environment and/or governance and risk management frameworks across the Council. The Auditor's report for 2021/22 is not yet available but based on regular updates through 2020/21 it is anticipated that the conclusion for 2021/22 will be that there are still improvements to be made.</p> <p>2021/22 has continued to be an exceptional period for Council operations as services have adapted in response to the global COVID-19 pandemic and in Place, this has meant changing the way in which services are delivered.</p> <p>The Place directorate continues to evolve structure, resource and culture to move towards a strong footing in governance, risk and assurance. A senior management organisational review was undertaken in the period providing strong foundations for future challenges. Additional resource has been brought in under the council's assurance workstream to bolster directorate assurance, risk management and governance. The Operational Services directorate piloted the Council's new Risk Framework and renewed directorate wide controls and governance around Risk Management is now in place.</p> <p>Additional resource from Internal Audit was embedded in the directorate for final six months. This allowed for a renewed focus on open and overdue IA actions. This allowed for a strong directorate performance in closure of open actions, with 30 overdue management actions closed in the final three months to year end. At the end of period a further 15 actions are implemented and awaiting IA review.</p>	<p>Annual Internal Audit Plan (based on most significant risks to the Council)</p> <p>CLT Change Board – programme/project management framework</p> <p>Council Companies/ALEOs – Governance Hub, Observers, annual reporting to Executive Committee and GRBV</p> <p>Community planning – Edinburgh Partnership, Community Plan</p> <p>Contingency planning and business continuity arrangements</p> <p>EIJB – scrutiny and accountability arrangements agreed through scheme</p> <p>Enterprise Risk Management Policy and Risk Management Procedure</p> <p>External validation/review eg. external audit, independent assurance providers</p> <p>GRBV quarterly scrutiny of top risks</p> <p>GRBV scrutiny of CLT risk register, delivery of Internal Audit Plan and of all Internal Audit reports</p> <p>Health and safety audits</p> <p>Informal and formal reviews eg. internal audit, quality assurance audits</p> <p>Overdue audit recommendations report monthly to CLT and quarterly to GRBV</p> <p>Policies that mitigate risks eg. Anti-bribery, Fraud Prevention, Whistleblowing</p> <p>Quarterly corporate risks scrutinised at CLT</p> <p>Quarterly Risk and Assurance Committees</p> <p>Regular 121 meetings between the Council's Chief Executive and the Chief Executives of key ALEOs</p> <p>Report template and guidance – section on risks</p> <p>Reporting/review/monitoring at all levels – committee, CLT, SMTs, service level</p> <p>Risk Appetite Statement</p> <p>Risk Management Groups</p> <p>Risk management policies and strategies (eg 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>Shareholder or service level agreements</p> <p>Team Central – monitoring implementation of audit recommendations</p>	<p>Internal controls and procedures are regularly reviewed within service areas and, where appropriate, changes are made to ensure that they are proportionate, robust and operate effectively. As improvements are identified, implementation of changes are progressed by service managers. Management actions recommended as a result of Internal Audit reviews are reviewed and updated regularly to ensure that they can be delivered and that the timescales for completion are realistic. Where issues are identified, these are updated on TeamCentral and/or are discussed with Internal Audit colleagues. Place Directorate brought in additional resource in the period to help manage the interface between Internal Audit and service areas to help progress open and overdue IA actions and improve control weaknesses. , Actions arising from external reviews are progressed in accordance with the agreement made with the external organisation.</p> <p>In 2021/22 Place has introduced a second Operations Manager post (focused on Risk, Internal Audit and Assurance).</p>	<p>Continue with organisational review</p> <p>Full implementation of Risk Framework</p> <p>Continue with closure of open and overdue audit actions</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	<p>Internal Audit findings in respect of procurement arrangements across the Council have identified possible weaknesses in the governance arrangements for third party contracts and in the arrangements for governance of ICT contracts (including Shadow ICT).</p> <p>In the period work was undertaken with the Contract and Grants Management Team to conduct a quality assessment of tier 1 and tier 2 contracts. A review of the contractual status of contracts appearing on the Shadow ICT register has also taken place.</p> <p>An IA report in the period found critical failings in one supplier management arrangement. This was reported to Committee and resource has been identified to address failings through the open IA actions process.</p> <p>During the period the Log4j vulnerability was identified as a global ICT issue. Work was undertaken with key contacts on the Place Shadow ICT register to obtain assurance from third party providers in relation to the vulnerability. Assurance was able to be provided across all high or critical contracts.</p>	<p>Training, eLearning and workshops for staff and members</p> <p>Wide ranging internal and external counter fraud activity</p>	<p>Controls and procedures in place include Service Level Agreements, funding agreements, Shareholder Agreements and in other service delivery agreements. A monitoring officer is identified for each organisation and reviews of service delivery are carried out as per the agreement. For Council ALEOs and some funded organisations, a Council Officer act as Observer to the Board. For procurement contracts, contract managers have been identified and arrangements are in place to review service delivery and contract arrangements regularly. Regular reviews of the Council's Contract Register and waivers are undertaken jointly by services and procurement and these are reported to Heads of Service and to Place Senior Management Team.</p>		
1.3	My internal controls and procedures and their effectiveness are regularly reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts.	Compliant	<p>The findings of service area, internal audit or external scrutiny have not identified any weaknesses in Place's internal controls which would have an impact on the Annual Accounts.</p>		<p>See 1.1 and 1.2. The improvements identified have not identified any weaknesses that could have an impact on the Annual Accounts.</p>		
1.4	The monitoring process applied to funding/operating agreements has not identified any problems that could have an impact on Annual or Group Accounts.	Compliant	<p>The monitoring process has not identified any problems which could have an impact on Annual or Group Accounts.</p>		<p>Council ALEOs have confirmed compliance with the funding/operating agreements in place and the financial arrangements for good governance. This has been confirmed by the Observer to each Board. Board Observers and other officers will continue to work ALEO Boards and externally funded organisations to ensure compliance with the Council and legislative governance requirements.</p>		
2	Risk and Resilience	Assessment of 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. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)

2.1	I have risk management arrangements in place to identify the key risks to my directorate (and the Council).	Partially compliant	An audit of the Council's governance of risk has identified improvements required in the governance of risk. A revised corporate risk management framework was piloted by select Place service areas in the period and quarterly risk committees have been embedded to ensure appropriate consideration and escalation. There are a number of outstanding audit actions relating to life safety risk-assessments across the housing and operational estate. Facilities Management was incorporated into the Place directorate during this period with all Life Safety areas sitting under the new Operational Services division. This has allowed for a joined up approach to progressing actions.	Budget Planning CLT Change Board – programme/project management framework CLT scrutiny Contingency planning and business continuity arrangements Council Business Plan Enterprise Risk Management Policy GRBV quarterly scrutiny of top risks Health and safety audits Internal and external audits Internal Audit Plan development considers top risks Leader's induction includes Risk Management Quarterly corporate risks scrutinised at CLT Quarterly Risk and Assurance Committees Report template and guidance – section on risks Reporting/review/monitoring at all levels – committee, CLT, SMTs, service level Risk Appetite Statement Risk Management Groups Risk management policies and strategies (eg procurement, standing orders, project management, health and safety, information governance) Risk Management Procedure Risk management tools	Risk registers are retained in service areas for operational and project risks, as appropriate to the service activities. These risks are regularly reviewed and registers updated as appropriate. Place SMT regularly reviews its risk register, making changes as appropriate and considers new/emerging/escalated risks. Place SMT also considers if any Place risks also apply corporately or if they would have a significant impact on the Council's level of risk with escalation of anything appropriate. Place is represented on the Council Risk Forum. Place is assisting in the roll-out of the new Risk Framework and is taking part in the pilot programme. This includes consistent SMT reporting utilising the Council's Risk Library.	Further roll out of risk framework once approved by Council CLT.
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	Whilst controls are in place the staged implementation of new risk framework means that during the period there wasn't complete consistency in the governance around risk management in the directorate. This has been managed by ensuring that individual risk approaches are fed into a uniform reporting format for Place SMT.	Schools assurance programme Service Planning Training, eLearning and workshops for staff and members	See 2.1 above.	
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	The staged roll-out of the revised risk framework means that this is an ongoing process. Increases in the resources of the Corporate Risk Team late in the period have allowed for support to be provided to the Place directorate through a business partnering approach.		Trialing of the Revised Risk Framework Place Risk Committee including uniform reporting Attendance at CLT Risk Committee Business Partnering Approach with Corporate Risk Team	
2.4	There is appropriate escalation/communication to the directorate Risk Committee and CLT Risk Committee (as appropriate) of significant issues, risks and weaknesses in risk management.	Compliant	See above.		The Place Directorate regularly reviews service area and directorate risks and has escalated significant risks to the appropriate place (e.g. Place Directorate Risk Register, CLT Risk Register).	
2.5	I have arrangements in place to promote and support the Council's policies and procedures for staff to raise awareness of risk concerns, Council wrongdoing and officer's misconduct.	Compliant	Risk identification processes are embedded in all divisions. The Place Directorate subscribes to the corporate approach to ensure that policies and procedures are in place for Council wrongdoing and officer's misconduct. The Susanne Tanner inquiry into Whistleblowing and Organisational Culture was published during this period and explored whether arrangements and culture that was in place was sufficient. This review provided a number of recommendations that will help the Council build upon arrangements already in place and the Place directorate is committed to working to improve this.		Risk management is embedded within Place service activities, with Service and Senior Managers ensuring appropriate awareness of risk management arrangements are promoted within service areas. This includes awareness on what to do if Council wrongdoing or officer misconduct are identified (in line with Council policies and procedures).	To work with officers corporately to ensure that recommendations from the Susanne Tanner inquiry into Whistleblowing Culture are implemented.
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.	Partially compliant	In 2021/22 resilience arrangements continued to be adapted and reviewed in response to COVID-19 Guidance. Adaptations have been made to ensure that essential activities have continued to be delivered and where necessary this has been reported to Committee. The move in 2021 by Corporate Resilience to replace Resilience Plans with scenario-based protocols means that Place directorate has an outstanding action to re-align BIAs and develop directorate resilience plans for essential activities with updated methodology. A target date of April 2023 has been set for these actions.		The Business Impact Assessment of each service has been reviewed regularly in response to COVID-19 and has been adapted/changed to recognise the impact of the global pandemic. This has changed the BIA assessment of criticality for some services. Services have adapted as required to provide continuity of service where appropriate and service resumption arrangements have fully taken account of the current guidance (at the time for COVID-19). The management actions arising from a previous internal audit on business continuity and resilience have been reviewed and revised implementation dates have been put in place to recognise the impact of COVID-19 and the lessons being learned from this in respect of business continuity/resilience.	Work with the Corporate Resilience Team to update BIAs and develop Directorate Resilience Plan in-line with corporate scenario-based protocols approach.
3	Workforce Control	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
3.1	I have arrangements in place to ensure compliance with payroll policies, overtime controls, absence management and performance e.g. home/remote working.	Compliant	An internal audit of Salary Overpayments highlighted an issue with the timeliness of submitting information to payroll to minimise opportunities for salary overpayments. The audit actions are in the process of being implemented across the Place directorate.	360 reviews Annual Internal Audit Plan (based on most significant risks to the Council) Employee Assistance Programme Employee Engagement External validation/review eg. external audit, independent assurance providers Financial benefits (credit union, season ticket loans, car benefit scheme, pension schemes)	The Place Directorate operates compliantly within the Council arrangement for statutory workforce controls, including complying with Government requirements (such as IR35) where these are relevant to operational arrangements for service delivery.	Implement actions arising from the Internal Audit on Salary Overpayments

3.2	I have robust controls in place to ensure that statutory workforce requirements are met, including the management of off-payroll workers/contractors (including agency workers and consultants), ensuring approved framework contracts have been used and that those engaged are wholly compliant with the provisions of IR35 Council guidance and procedures.	Compliant		Funding scheme for professional qualifications HR Policies (Absence Management, Stress Management, Avoidance of Bullying and Harassment, Equal Treatment) Informal and formal reviews eg. internal audit, quality assurance audits Inspiring Talent Programme Internal and External training opportunities Leader Induction and Essential Learning Leadership Development Programme– Future, Engage, Deliver Managing Attendance Training for managers Occupational Health service Onboarding, induction essential learning and CPD for officers Open framework agreement for Learning and Development People Strategy Performance Management Framework (Performance Conversations) Policies that mitigate risks eg. Anti-bribery, Fraud Prevention, Whistleblowing Regular reporting including Health & Safety Performance, absence levels Staff benefits (enhanced entitlements leave entitlement, flexible working options, childcare vouchers, ride to work scheme, premium benefits scheme) Wide ranging internal and external counter fraud activity Wider Leadership Team (incl. Learning Sets) Wider Leadership Team programme	The Place Directorate operates compliantly with the Council's HR policies and procedures and works closely with the HR Business Partner and Consultancy teams to ensure compliance is maintained. The Place HR Business Partner has a standing invitation to and opportunity to update managers at Place SMT meetings and provides regular reports on compliance with corporate policies and procedures and provides updates on changes as these arise. The Place directorate has maintained a small number of pre-approved posts which automatically progress through the recruitment process but all other vacancies are scrutinised by service manager, Head of Service and Executive Director and only those essential are progressed to the Council's Workforce Control Panel for approval. All recruitment is undertaken in accordance with the Council's procedures, utilising Talentlink.	
3.3	I ensure compliance with the Council's HR policies and procedures across all of my service areas, eg. that recruitment and selection is only undertaken by appropriately trained individuals and is fully compliant with vacancy approvals and controls.	Compliant			The Place Directorate operates compliantly with the Council's HR policies and procedures and works closely with the HR Business Partner and Consultancy teams to ensure compliance is maintained. The Place HR Business Partner has a standing invitation to and opportunity to update managers at Place SMT meetings and provides regular reports on compliance with corporate policies and procedures and provides updates on changes as these arise. The Place directorate has maintained a small number of pre-approved posts which automatically progress through the recruitment process but all other vacancies are scrutinised by service manager, Head of Service and Executive Director and only those essential are progressed to the Council's Workforce Control Panel for approval. All recruitment is undertaken in accordance with the Council's procedures, utilising Talentlink. There is also a Wellbeing Group in Place which consider the impact of absence, illness and injury (among other things) and provides support to managers as appropriate.	
3.4	I have robust controls in place to manage new starts, movers and leavers, including induction and mandatory training, IT systems security (access and removal) and access to buildings and service users' homes.	Partially compliant	A small number of salary overpayments were noted by IA and HR during the period. Analysis has determined that majority of these were caused by failure to notify of leavers by deadline dates in non desk-based operational posts. HR have now developed a divisional dashboard to allow for salary overpayment data to be report to Place SMT on a regular basis. Internal Audit have identified weaknesses in the Council's systems for access rights. A new User management Framework working group has been established and Place will be represented on this. Further, in the processing of leavers access to the Council's fuel system an issue has been identified in the data provided. This issue has now been resolved, however, further controls are being implemented to ensure that this issue doesn't recur.		A corporate approach to new appointments (whether new starts or moving within the organisation) is in place to ensure that a consistent induction to the organisation is provided. Within services, induction arrangements are determined by the needs of the role. An essential training matrix for the Directorate is in place and training plans have been implemented to ensure that essential training is delivered at the appropriate time as required. The Directorate complies with the Council's IT Systems security processes and all requests for building access are approved by the appropriate governance board/manager. For those entering service user's homes, additional checks are carried out through Disclosure Scotland and are updated in accordance with legislation. Appropriate identification is provided to people visiting service user homes. Place has reviewed the Oracle Hierarchy as part of the regular review of system access and permissions.	To continue to explore mobile ICT solutions for non-desk based operational colleagues.
3.5	I have arrangements in place to manage staff health and wellbeing; ensuring that sickness absence, referral to occupational health and stress risk assessments is managed in compliance with the Council's HR policies.	Compliant	Services have updated their operating policies and procedures in response to Covid-19 and continue to keep these under review.		See 3.3 above. In 2021/22, the health and wellbeing of staff has been at the forefront of Directorate communications, with additional support offered to colleagues where appropriate. Wellbeing has also been prioritised corporately with regular wellbeing events taking place. Place colleagues have actively participated in these.	
3.6	I ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.	Compliant			An essential training matrix is in place for the directorate and is reviewed annually. Essential training is provided in accordance with the requirements of essential training. Learning and development is supported, within agreed service budgets, and training is delivered within service areas or by external providers where appropriate. In some services, external speakers and training providers are invited to deliver training to meet essential learning or CPD requirements.	
3.7	I have arrangements in place to support and manage staff performance e.g. regular 1:1/supervision meetings, performance/spotlight conversations.	Compliant			The Place Directorate operates within the Council's Performance Management Framework, including 1:1 support, team meetings, performance and spotlight conversations as appropriate.	
4	Council Companies	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code. 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	Despite being satisfied with current directorate-wide arrangements for Council company oversight, the Directorate notes the publishing of Internal Audit's report into Council ALEOs and the finding that there is a lack of a consistently applied Corporate ALEO Governance Framework. The Place directorate is committed to implementing this framework once it has been designed and published by Corporate colleagues. (need to see what comes back from service area sessions)	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	Each Arms Length External organisation which Place is responsible for has submitted an annual assurance statement. Each Place ALEO is represented on the Council's Governance Hub and senior officers have been appointed as Observers to the Board of each company. There are regular meetings between the Board Observer and each ALEO Chief Executive/Managing Director to discuss strategic and operational matters. Updates for Place ALEOs have been provided to the corporate SLA Register. Arrangements for reform of the Council's Transport ALEOs was approved by Council in the period and this is now being progressed. This will include a revised approach to oversight and monitoring.	Transport ALEO reform - including oversight and monitoring governance arrangements. Implementation of Corporate ALEO Framework
4.2	I have an appropriate Service Level Agreement, or other appropriate legal agreement, in place for each Arm's Length External Organisation that I am responsible for.	Compliant			For each Arms Length External organisation that the Place Directorate is responsible for there is an appropriate legal agreement in place for service operation and delivery. These agreements differ between organisations, depending on the relationship with each company.	To review legal agreements in place for Transport ALEOs as part of reform process.
5	Engagement and Consultation	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
5.1	My directorate engages effectively with institutional stakeholders, service users and individual citizens, applying the council's consultation and engagement standards with evidence that the insights gathered are used to shape my directorates activities.	Partially compliant	There has been both positive and negative feedback on consultations and engagement in 2021/22 e.g. feedback on Spaces for People and Brunstane Road provided areas for improvement if such schemes were to be proposed in the future. Positive feedback was received on the Review of Parking consultation.	Budget consultation Business sector forums Community engagement activity Community engagement strategy/policy Complaints Improvement Plan Consultation framework Consultation Hub Council Change Strategy Committee Papers Online Current partnerships eg. Poverty Commission, Tourism Strategy, EIJ, City Deal Edinburgh Partnership (LCCPs, Neighbourhood Networks) Edinburgh People Survey Government partnership working Have Your Say webpage Multi-agency partnerships Multi-channel methodology eg. social media platform development Networks/user groups – eg. Edinburgh Tenants' Federation Partnership agreements eg. Police Scotland	Effective engagement and consultation tools used by the Directorate to gain insight and feedback include: 121 meetings, community council meetings, local community events and meetings, drop in events, consultation group meetings, Council's Consultation Hub, social media, web surveys and information, online surveys and stakeholder events. The Directorate also gains insight from corporate surveys such as Edinburgh's People's survey.	
5.2	I have arrangements in place throughout my directorate to ensure that there are effective communication methods that encourage, collect and evaluate views and experiences (while ensuring inclusivity e.g. customer surveys, consultation procedures, social media presence, etc.) and that these insights are used to inform the work of the directorate.	Compliant		Partnership governance arrangements Partnership governance documentation Partnership plans eg. Edinburgh Children's Partnership Petitions and Deputations Policies and procedures (consultation framework) Poverty Commission Public participation – deputations and petitions Public sector partnerships Publication of Council diary	The Directorate uses both the Council system and Confirm to record customer service requests and complaints. Customer satisfaction information is gathered differently in each service, with some asking for direct feedback and others monitoring service requests/complaints/performance data. Arrangements for recording feedback were adapted through the year in response to feedback received.	An improvement plan is being developed for the directorate to improve the timeliness and clarity of responses to customer contacts, not only complaints.
5.3	I have appropriate arrangements in place throughout my directorate for recording, monitoring and managing customer service complaints and customer satisfaction.	Partially compliant	It is recognised that the management and monitoring of complaints across Place could be improved to ensure timely and comprehensive responses which are easy to clear and understandable are provided.	Report template – section on consultation Stakeholder group meetings Strategic documentation eg. vision statements, aims, etc. Strategic plans and agreements Strategy and Performance Hub Surveys eg. Edinburgh People Survey, Annual Tenant Survey Third sector partnership working eg. EVOG Webcasting of Council and major committees, including subtitles	The Directorate uses both the Council system and Confirm to record customer service requests and complaints. Customer satisfaction information is gathered differently in each service, with some asking for direct feedback and others monitoring service requests/complaints/performance data.	
5.4	I regularly consult and engage with recognised trade unions.	Compliant	Turnover of TU representatives in some areas has created additional challenge. The challenge for TU colleagues here is equally recognised.		In 2021/22, the Place Senior Management team has met regularly with the recognised Trade Union representatives at our Departmental Joint Consultative Committee (DJCC). The frequency of these meetings has varied. The Place Health Safety and Wellbeing Group has also met regularly to focus on the health safety and wellbeing of people working within the Directorate. Place Senior Managers also participate in the Joint Consultative Committee, the Joint Health and Safety Forum and the Partnership at Work Forum with TU colleagues. Trade Union colleagues have also participated in service area discussions with managers and on the Place Operations Incident Management Team (which was established directly in response to COVID-19 and currently meets weekly).	A review of the arrangements for Joint Consultative Committees in Place is planned, to recognise the Senior Leadership changes which have recently been introduced. Heads of Service will actively engage with Trade Union colleagues for services which have recently transferred into Place from other areas of the Council.
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. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
6.1	I have arrangements in place to ensure all directorate staff are made aware of and fully understand the implications of all relevant existing and new council policies and procedures.	Compliant		Annual Assurance Exercise Annual Policy Assurance Statements Corporate Policy Framework and Toolkit, including consultation and engagement strategies Council Papers Online Employee policy refresher arrangements, process workshops and communications		

6.2	I have arrangements in place for the annual review of policies owned by my directorate, via the relevant executive committee, to ensure these comply with the Council's policy framework.	Partially compliant	In 2020/21, in response to Internal Audit findings on the Council's Policy Management Framework, a review of the register was completed and out of date policies and documents which do not meet the Council's definition of a policy have been removed. A review of the online policy register has been undertaken in 21/22 and further management actions to ensure compliance with Integrated Impact Assessment and Committee review requirements will follow in 22/23 now that high level organisational review has concluded.	Information Governance framework Policy Register Report template and guidance (incorporating adherence to commitments and policy implications)	Place Directorate works with the Governance Team to regularly review the online Policy Register. Existing policies are submitted to committee for review.	Process to update policy templates and ensure IIAs are in place is ongoing.
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. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
7.1	I ensure directorate staff are aware of their responsibilities in relation to the Council's governance framework and that the authority, responsibility and accountability levels within my directorate are clearly defined, with proper officer designation delegated, recorded, monitored, revoked and reviewed regularly to ensure ongoing compliance with the Scheme of Delegation.	Compliant	Scheme of Delegation document was reviewed in line with Corporate Organisational Review during period. Input was provided to the Governance Team and this was reported to Council for approval. Further work was undertaken to ensure that sub-delegations and proper officer status was in line following Place Senior Organisational Review process.	Codes of Conduct Committee Terms of Reference and Delegated Functions Council's Procedural Standing Orders Councillors' Code of Conduct Disclosure and PVG checks Employee Induction Employee Performance Framework Leadership Programme Legal Services provision of advice Member/Officer Protocol Policies and procedures	The Directorate has appropriate arrangements in place to adhere to the Council's Scheme of Delegation and to record any further delegations which are implemented within the directorate. These are also passed to the Council's Governance team to be recorded.	
7.2	I ensure my directorate's activities are fully compliant with relevant Scottish, UK and international legislation and regulations.	Partially compliant	Homelessness services have identified areas where they are not compliant with Scottish Legislation. Data published and engagement on-going with Scottish Government. Rapid Rehousing Transition Plan is a five year plan to address this and updates are reported to Committee every six months. A recent audit of Asbestos management within the Council has identified improvements required. Action is being taken to address the improvements required.	Regulatory body reporting eg. SSSC, GTCS Scheme of Delegation to Officers Statutory officer appointments and responsibilities Statutory/lead officers' independent reports to committee eg. Monitoring Officer, Chief Social Work Officer, Chief Internal Auditor Whistleblowing Policy	Annual (or other frequency) returns are completed in accordance with compliance arrangements.	Continue to implement the Rapid Rehousing Transition Plan and actions identified to improve procedures in respect of asbestos management. Continue to monitor arrangements for refugees in response to the current Ukrainian crisis and the impact that this could have on Council services. Continue to implement the actions on other service improvement plans (including Life Safety and Gas Safety).
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. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
8.1	My directorate ensures our officers are clear on their roles and responsibilities in terms of relationships and decision making.	Compliant		Annual Assurance Process (Council Companies and Joint Boards) Annual Assurance Process (Directorates) Codes of Conduct Commercial and Procurement Strategy Committee Terms of Reference and Delegated Functions Complaints Improvement Plan Consultation and engagement	As part of the induction to new positions, the roles and responsibilities of the role are made clear. This includes relationships and decision making. The Directorate has regular Senior Management Team meetings, service area meetings and 121 conversations with all staff where these are discussed, as relevant to the role.	
8.2	I ensure that the Council's ethical standards are understood and embedded across my directorate and are upheld by external providers of services.	Compliant		Contract Standing Orders Council Change Strategy Council company monitoring including Governance Hub, Council Observers on Boards, committee reporting Edinburgh People Survey	See 8.1. For external providers of service, the standards expected by the Council are set out in operating agreements.	
8.3	My directorate ensures that decisions are made on the basis of objective information, the consideration of best value, risk, stakeholder views, rigorous analysis, and consideration of future impacts. This is formalised through appropriate structures. (i.e SMT reporting)	Compliant		Employee Code of Conduct Grant Standing Orders Member/Officer Protocol Monitoring/reporting on delivery of 52 coalition commitments Onboarding and induction for officers Performance Framework Policies and procedures Procurement framework Procurement Handbook Public participation – deputations and petitions	Decision making in the directorate is made on the basis of objective information, best value, risk, stakeholder views, analysis and consideration of future impacts. This is formalised through reports to Heads of Service, to the Executive Director and to Committee as appropriate, depending on the decision required. These arrangements are supported by central services e.g. Finance, Procurement, Governance. Colleagues from Finance and HR have a standing invitation to Place Senior Management Team meetings.	
8.4	I consult with elected members as appropriate and as required under the Scheme of Delegation.	Compliant		Report template and guidance Scheme of Delegation to Officers Service Level Agreement template Standard Condition of Grant	The Place Senior Management team regularly meet with the relevant Convener and Vice Convener to discuss operational and strategic matters where decisions are required. Relevant decisions are referred to Committee for decision. Where an urgent decision is required, this will be taken by the Executive Director in consultation with the the relevant Convener and Vice Convener with a follow up report to Committee.	
9	Information Governance	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)

9.1	I ensure directorate staff are made aware of their responsibilities in relation to the proper management of Council information, including the need to adhere to relevant legislation, Council policies, procedures and guidance around: information governance; records management; data quality; data breaches and privacy impact assessments; information rights; information compliance; information security; and ICT acceptable use.	Compliant	There have been a small number of minor data protection breaches in 2021/22 which have been dealt with individually by service areas. These have been reported, as appropriate.	Annual communications plan, awareness raising initiatives and training events Centralised information governance unit Council wide Record of Processing Data quality reviews and audits form part of statutory returns Established framework of management information and reporting to support operational decision making and trend analysis Information Board Information governance policies, framework, guidance, procedures and toolkit Information sharing agreements and data protection impact assessments Locking Client's Record Guidance Mandatory training for all employees Staff responsibilities outlined in relevant policies - Employee Code of Conduct, ICT Acceptable Use Policy, Policy on Fraud Prevention Standard data related terms and conditions in all new Council contracts	The Directorate follows the Council's policies and procedures for information governance and the associated roles and responsibilities for individuals. As part of induction to new positions, there is a requirement to complete the necessary essential learning on Information Governance. Individuals work with the Governance team as appropriate if there are questions or new arrangements being implemented where information governance advice is required. Individuals are prompted to confirm that they comply with the Council's ICT acceptable use policy at each login on a Council IT device. Any breach of information compliance is reported through the appropriate processes for investigation and any improvements are implemented. Place is represented on the Council's Information Governance Board and actions/information from this group is shared with the Place Extended Senior Management team for cascade as appropriate.	
9.2	I ensure data sharing arrangements with third parties are recorded, followed and regularly reviewed throughout all service areas in my directorate.	Compliant			Appropriate data sharing agreements are in place with third parties. These are followed and regularly reviewed.	
10	Health and Safety	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
10.1	Directorate staff are made aware of their responsibilities under relevant Health & Safety policies and procedures and I have appropriate arrangements in place for the identification and provision of Health & Safety training necessary for all job roles, including induction training.	Compliant	Following Covid-19, Health and Safety arrangements are clearer and more consistently applied.	Contingency planning and business continuity arrangements Corporate Health and Safety Strategy and Plan Council Health and Safety Group Employee Code of Conduct Enterprise Risk Management Policy Enterprise Risk Management Policy and Risk Management Procedure External validation/review eg. external audit, independent assurance providers Health and safety audits Health & Safety policies and procedures	This forms part of the induction process for new positions and regular updates are provided at 121s, team meetings and, for frontline services, through toolbox talks. Regular reviews of Health and Safety risk and implementation are carried out and any identified improvements are implemented. This has been reviewed throughout the year and service areas have worked closely with Corporate Health and Safety and Trade Union colleagues to ensure adequate arrangements are in place.	
10.2	I have the necessary arrangements in place to establish, implement and maintain procedures for ongoing hazard identification, risk assessment and the determination of necessary controls to ensure all Health & Safety risks are adequately controlled.	Compliant		Institution of Occupational Safety and Health training Mandatory Health & Safety training for staff Reporting/review/monitoring at all levels – committee, CLT, SMTs, service level Risk Management Groups Risk management policies and strategies (eg procurement, standing orders, project management, health and safety, information governance) Risk Management Procedure Risk management tools Scheme of Delegation Schools assurance programme Training, eLearning and workshops for staff and members	This forms part of the induction process for new positions and regular updates are provided at 121s, team meetings and, for frontline services, through toolbox talks. Regular reviews of Health and Safety risk and implementation are carried out and any identified improvements are implemented. Service areas work closely with Corporate Health and Safety and Trade Union colleagues on health and safety assessments and to address any concerns raised by employees. This continues to be particularly important in response to COVID-19. Issues have been raised directly with service managers, with Heads of Service, through Place Operations IMT, and at Health and Safety forums (both within the directorate and corporately) and service areas have sought to address any concerns swiftly and effectively.	
10.3	I have competencies, processes and controls in place to ensure that all service areas in my directorate, and other areas of responsibility, operate in compliance with all applicable Health & Safety laws and regulations.	Compliant			See 10.1 and 10.2. For COVID-19 positive cases these should be recorded on SHE Assure. Following feedback from the Trade Unions, it was identified that not all cases were recorded correctly and therefore a service review was undertaken and all managers were reminded of their responsibilities in respect of this.	
10.4	I have a robust governance and reporting structure for Health and Safety in my directorate.	Compliant			Arrangements for health and safety governance and reporting are well established in Place services and generally work well. Health and Safety is often discussed in 121s, service area meetings and in meetings with Trade Union colleagues. The Place Health, Safety and Wellbeing group is now an established part of the directorate's engagement with Trade Unions to discuss health safety and wellbeing arrangements and to address any areas of concern. Local service areas discuss health safety and wellbeing with Trade unions at JCCs and other consultative meetings. The directorate is also represented on the council health and safety working group with Trade Unions and Elected Members. COVID-19 has impacted on the arrangements and frequency of some meetings however there has been a much greater focus generally on health and safety due to the pandemic.	

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. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
11.1	I have arrangements in place for reporting to CLT, Committee and/or Council and, where performance monitoring identifies inadequate service delivery or poor value for money, ensure that improvement measures to address these issues are implemented and monitored.	Compliant		Annual external reporting eg. Local Government Benchmarking Framework, Scottish Public Services Ombudsman, Scottish Government, etc Annual performance report to Council B agenda protocol Best Value reporting CLT Quarterly performance meeting Committee Terms of Reference and Delegated Functions Local Government Benchmarking Framework Monitoring/reporting on delivery of 52 coalition commitments Performance Framework Strategy and Performance Hub	Service performance is regularly reviewed by service managers and is reported to Senior Managers. Regular performance updates are shared with Senior Managers and reported to CLT and to Committee as part of the corporate reporting schedule. Performance of services is included in the annual external reporting frameworks, through Best Value audits, through the LGBF and in monitoring delivery of the Council Commitments.	
11.2	My directorate regularly works with relevant teams in Corporate Services to review and improve effectiveness by performance monitoring, benchmarking and other methods to achieve defined outcomes.	Compliant			The Directorate works closely with colleagues in Strategy and Communications (S&C) to review performance and to address any areas of concern. Improvements are recommended by service managers, SMTs and by Strategy Communications colleagues and implemented as appropriate. In the period S&C have assisted in developing new KPI dashboards for the Road Services Team.	
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. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
12.1	I ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders.	Partially compliant	Internal Audit reports during the period identified weaknesses which are currently being addressed. An open IA action was closed in the period required Place to review all shadow ICT and ensure that this had been procured in compliance with CSOs/or that Digital Services had been consulted if a waiver was used. This action didn't identify any non-compliance.	Annual Assurance Process (Directorates) Codes of Conduct Commercial and Procurement Strategy Committee Terms of Reference and Delegated Functions Contract and Grants Management team Contract Standing Orders Council company monitoring including Governance Hub, Council Observers on Boards, committee reporting Grant Standing Orders Legal Services provision of advice Policies and procedures Procurement Handbook Scheme of Delegation to Officers Service Level Agreement Register Standard Condition of Grant	The Directorate procures goods, services and works in accordance with the Council's contract standing orders, including seeking Committee approval where appropriate. Where this is not possible, waivers are used to explain the reason for not complying with the CSOs and these are approved by the appropriate Senior Manager. Where appropriate, Committee approval is sought and waivers are reported. Working closely with Procurement colleagues, regular reviews of contractual arrangements are undertaken and updates prepared for Senior Managers. Grant monitoring arrangements are in place where required and the Contract Register is regularly reviewed to ensure that it is accurate and up to date. Compliance with procurement arrangements is regularly reported to and analysed by Place SMT.	Continue to implement IA actions arising in 2021/22 on contract management and 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. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
13.1	All projects and programmes have a clear business justification, as a minimum this should articulate outcomes and benefits; have appropriate governance in place to support delivery; effective controls in place to track delivery progress and to take corrective action if required; have a robust benefits management framework in place; and ensure that a formal closure process is undertaken.	Compliant		2050 City Vision Budget Planning Capital Budget Strategy City Plan CLT Change Board Committee Terms of Reference and Delegated Functions Contract Standing Orders Council Business Plan Council Change Strategy Council's Risk Appetite Statement Enterprise Risk Management Policy External audits, reviews and validation Finance Rules Financial Regulations Procurement framework Report template and guidance Revenue Budget Framework Risk Registers Scheme of Delegation to Officers Service Planning Sustainability Strategy process Treasury Management Strategy	The Directorate reviewed the projects and programmes included in the Corporate Change Portfolio in 2021/22 and has adapted reporting in accordance with the changes implemented at the end of the Adaptation and Renewal Programme. Individual projects and programmes have governance arrangements appropriate to the size and scale of the projects. These governance arrangements are reviewed and updated regularly. Place engaged with the Governance Team in the design of Officer Governance proposals that are to be considered post local government election 2022.	
14	Financial Control	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
14.1	The operation of financial controls in my directorate is effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.	Partially compliant	Internal Audit have identified control weaknesses in the recording of payments in a small number of Place services. Improvements have been made and system investments are planned to further address the management actions identified.	Budget Framework Comprehensive system of revenue and capital monitoring, with SMT and CLT oversight Contract Standing Orders Corporate Debt Policy Council Business Plan Council Change Strategy	The Place Directorate follows the financial control procedures which have been set out in the Council's financial strategy and associated arrangements. The oracle hierarchy for the directorate has recently been reviewed and updated. This review takes place annually.	Continue to monitor processes for fees and charges to ensure there are no weaknesses on the processing of fees and charges. Planned system upgrades will improve the processes in arrangements in some services.

14.2	I am confident that the arrangements in place to monitor expenditure/budget variances would identify control problems or variances that could have an effect on the Annual Accounts.	Compliant		Elected Member training on financial statements, financial planning and treasury management Employee Training Finance & Resources Committee and Governance, Risk & Best Value Committee oversight/scrutiny Finance 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	Finance is a standing item on the Place SMT agenda. The Finance Manager (and team aligned to) for Place attend Place SMT, divisional and service area management teams regularly. Regular financial updates are provided, analysed and actions taken to address any concerns identified. This includes monitoring of expenditure and budget variances. This also identifies any issues of control and/or budget variances. The Finance team regularly meet with managers to review expenditure and variances and take action as appropriate.	
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			This is undertaken by Service Managers in conjunction with Finance Officers and the Place Finance Manager and team.	
14.4	I have arrangements in place to review and protect assets against theft, loss and unauthorised use; identify any significant losses; and, ensure the adequacy of insurance provision in covering the risk of loss across my directorate.	Compliant			For the corporate estate, the responsibility for building management rests with Facilities Management. For all other buildings, management responsibility rests with the most senior manager at that location. Service managers are also responsible for ensuring appropriate arrangements to protect assets against theft, loss or unauthorised use. Managers work with the Council's insurance team to ensure appropriate arrangements are in place. These arrangements are reviewed annually. Employees are reminded of the Employee Code of Conduct at team and 121 meetings. In 2021/22, many services have been delivered by staff working from home, in accordance with the Council's established policies and procedures.	
14.5	I have arrangements in place for identifying any weaknesses in my directorate's compliance with Council financial policies or statutory/regulatory requirements.	Compliant			The Executive Director and Senior Managers work closely with the Place Finance Manager and her team to ensure compliance with the financial policies and statutory/regulatory requirements.	
14.6	I have arrangements in place for identifying any internal control, risk management or asset valuation problems within my directorate's service areas that could affect the Annual Accounts.	Compliant			See 14.1 - 14.5.	
15	Group Accounts (Corporate Services 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. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
15.1	I have arrangements in place for identifying and reviewing any developments during the year that should lead to additions, deletions or amendments to the companies included in the Group Accounts.			Annual assurance exercise (internal audit input and oversight) Annual Corporate Governance Framework self-assessment (internal audit input) Annual Governance Statement – informed by the work of IA Annual Internal Audit Plan (based on most significant risks to the Council) Audit Charter Chief Internal Auditor's direct reporting line to GRBV Committee Terms of Reference and Delegated Functions - GRBV Comprehensive system of revenue and capital monitoring, with SMT and CLT oversight Council Companies/ALEOs – Governance Hub, Observers, annual reporting to Executive Committee and GRBV		
15.2	I have arrangements in place to identify and review any internal control, risk management or asset valuation problems with Council companies that could affect the Group Accounts.			External validation/review eg. external audit, independent assurance providers Executive Committee and Governance, Risk & Best Value Committee oversight/scrutiny Regular 121 meetings between the Council's Chief Executive and the Chief Executives of key ALEOs Shareholder or service level agreements		
16	National Agency Inspection Reports	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
16.1	I have arrangements in place to identify any reports relating to my directorate and can confirm that there were no inspection reports that could impact on the signing of the Annual Governance Statement.	Compliant		Committee Terms of Reference and Delegated Functions Governance, Risk and Best Value Committee – chaired by an opposition councillor and excluding executive committee conveners from its membership, with power to act on its own accord Executive Committee and GRBV oversight of external audit and inspection activity Scrutiny of directorate annual assurance schedules		
16.2	I have arrangements in place that adequately monitor and report on the implementation of recommendations.	Compliant				

17	Internal Audit, External Audit and Review Reports	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period? (Please reflect where open assurance actions mean that a control weakness exists)	Extract of Evidence from the Council's Corporate Governance Code. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
17.1	I have arrangements in place to ensure that all recommendations from any internal audit, external audit or review report published during the year, that have highlighted high, medium or significant control deficiencies, have been (or are being) implemented and that this is monitored effectively.	Compliant	Place directorate had a high number of open and overdue IA actions during the period. However, additional resource has been assigned to target this and action plans are in place for all actions.	A validation audit is included in the annual Internal Audit Plan Agreed management actions arising from internal audits are recorded and monitored through Team Central Integral part of Annual Assurance Schedule Overdue management actions are reported monthly to CLT and quarterly to GRBV	All recommendations are addressed in accordance with agreed management actions.	Continue to implement the Community Empowerment Team within the Culture and Wellbeing Service. This is being established directly as a result of feedback from the most recent Best Value audit.
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. For information only.	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
18.1	All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years have been addressed satisfactorily.	Partially compliant	See 17.1 above.	Agreed management actions arising from internal audits are recorded and monitored through Team Central Overdue management actions are reported monthly to CLT and quarterly to GRBV A validation audit is included in the annual Internal Audit Plan Integral part of Annual Assurance Schedule External Audit Report is scrutinised by GRBV and an improvement plan developed Council participates in LAN (council scrutiny bodies) whose activity is based on shared risk assessment	All outstanding actions and recommendations from previous assurance statements, commissioned reviews and committee reports continue to be implemented as per the agreed actions. Place officers received training in the new Assurance Action Framework during the period.	Roll out of the Assurance Action Framework.

Appendix 2 - Annual Assurance Schedule – Place Directorate - Improvement Plan Actions for implementation in 2022/23

Assurance Statement Criteria	Improvement Action	Action Owner	Planned Completion Date	Status Update
I have internal controls and procedures in place throughout my directorate that are proportionate, robust, monitored and operate effectively	Services will continue to review internal controls and service performance and to implement changes where appropriate. Implementation of audit actions will continue to be progressed, working closely with Internal Audit (or external agencies) as appropriate.	Place Extended Senior Management Team (ESMT)	Ongoing action	The directorate has employed an additional Operations Manager to support prioritisation of internal controls and procedures. Internal controls continue to be reviewed and improvements supported and progressed where necessary.
I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.	Place will continue to implement management actions arising from Internal Audit findings and will address any weaknesses identified in service processes and procedures (e.g. from changes implemented as a result of reviews of arms-length company governance, legislative or internal process changes)	Place Extended Senior Management Team (ESMT)	Ongoing action	The place directorate has continued to prioritise the closure of audit actions. Work is still ongoing to ensure that appropriate controls and procedures are in place.
I have risk management arrangements in place to identify the key risks to my directorate (and the Council).	Roll-out of the new risk approach across the Council, working closely with Corporate Risk Team.	Operations Manager/ Place Principal Risk Manager	Action complete	The risk arrangements in the Place Directorate are currently being managed in-line with the Corporate approach.
The robustness and effectiveness of my risk management arrangements is regularly	Roll-out of the new risk approach across the Council, working closely with Corporate Risk Team.	Operations Manager/ Place	Action complete	The risk arrangements in the Place Directorate are currently being managed

reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts.		Principal Risk Manager		in-line with the Corporate approach.
I have arrangements in place to promote and support the Council's policies and procedures for staff to raise awareness of risk concerns, Council wrongdoing and officer's misconduct.	Place will continue to work with the Corporate Risk Team to roll-out the new Operational Risk Framework and Project Management Risk Approach to ensure that appropriate staff are adequately training and aware of the new Framework.	Operations Manager/ Place Principal Risk Manager	Action complete	The risk arrangements in the Place Directorate are currently being managed in-line with the Corporate approach.
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.	There are outstanding Internal Audit actions from a review of service area business impact assessments. The approach to completing these actions is a joint approach between Services and the Corporate Resilience team. This work will continue.	Operations Manager/Corporate Resilience Team	Action complete/ongoing	Internal Audit actions are now closed. The approach to review of BIAs means that these will continue to be reviewed regularly.
I have robust controls in place to manage new starts, movers and leavers, including induction and mandatory training, IT systems security (access and removal) and access to buildings and service users' homes.	Place will address the identified weaknesses in the Council's systems for access rights by participating in the new User Management Framework Working Group. Place will work with HR colleagues to resolve the data issue for leavers to ensure that this does not continue to affect any Place systems or processes.	Operations Manager	Action complete	Place participates in the User Management Framework Working Group. Place is implementing the user access rights approach where necessary. Leavers' data issue was resolved for drivers system in partnership with HR and Data Performance & Business Planning Colleagues.

<p>I have arrangements in place for the annual review of policies owned by my directorate, via the relevant executive committee, to ensure these comply with the Council's policy framework.</p>	<p>To implement the management actions from the Policy Management Framework and Registrars Internal Audit.</p>	<p>Operations Manager</p>	<p>Action complete</p>	<p>Audit management actions now closed.</p>
<p>I ensure directorate staff are aware of their responsibilities in relation to the Council's governance framework and that the authority, responsibility and accountability levels within my directorate are clearly defined, with proper officer designation delegated, recorded, monitored, revoked and reviewed regularly to ensure ongoing compliance with the Scheme of Delegation.</p>	<p>A review of the Scheme of Delegation is planned when the new Senior Management structure for the Council is confirmed.</p>	<p>Place Extended Management Team (ESMT)</p>	<p>Action complete</p>	
<p>The operation of financial controls in my directorate is effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.</p>	<p>Continue to monitor processes for fees and charges to ensure there are no weaknesses on the processing of fees and charges. Planned system upgrades will improve the processes in arrangements in some services.</p>	<p>Place Service Areas/Corporate Finance</p>	<p>Ongoing</p>	<p>Annual review conducted to ensure that recovery of fees and charges is progressed.</p>