



Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Procedure: Compliance with European Procurement Rules and Standing Orders for Regulation of Contracts and Corporate Procurement Procedures

Responsible Officer: Julie Whitelaw – Head Corporate Services

Stated Requirement in Code:

1. Annual Statement of Compliance
2. Review Policy every administrative term

Report required by: Corporate Management Team – May 2018 meeting

Review Date The policy was last reviewed in March 2013

Report by Finance and Estates of Compliance with Regulations and Policy during 2013/14

In order to secure compliance for procurement activity, the council standing orders for contracts, which contain the procurement procedures, have been implemented across the council. These procedures provide guidance on how to procure and purchase goods, services and works while remaining compliant with European and Scottish Procurement Regulations (the Regulations). A dedicated officer actively monitors compliance of procurement and purchasing within the council and works closely with the Corporate Procurement Manager to identify where further training or development is required.

A Corporate Contract Management System (CCMS) records and monitors all contract activity across the council. Details of contract start and end dates, spend values, supplier details and risk are examples of the information recorded and published for all spend greater than £5,000.

In February 2018, enquiries were made of all Heads of Services and the Corporate Procurement Manager to obtain a demonstration of compliance with EU procurement rules and with the Council's Standing Orders for supplies and services. During 2017/18 there was compliance with the large majority of contracts throughout the Council. However, some issues were identified and these are set out below.

1. Housing Need: There was a breach in Standing Orders in terms of an inability to secure contracts for Hotel or B&B accommodation provision to meet a statutory duty to provide

homeless accommodation. This did not result in a breach of the Regulations.

2. Housing Operations: Housing, Customer and Building Services had an approved exemption for the use of a service provider to carry out needle swaps and undertake the cleaning of housing properties. The total aggregated spend exceeded the limits of the approval delegation (£49,999). A procurement exercise was carried out under an available framework and a contractor was compliantly sourced with effect from 1st April 2018.

There have been instances during 2017/18 where some contracts have been extended beyond the contract duration date and value while a new contract is being investigated and tendered.

During 2017/18 there was a small number of retrospective business case exemptions presented after the requirement had been committed to. A process is in place to monitor this, and the number had reduced very significantly from previous years. In all cases the value was not of a level commensurate with Regulatory breach.

Conclusions Drawn from Report

Regulatory compliance remained robust throughout 2017/18, with only a small number of instances wherein Standing Orders were infringed. In all cases, the reasons for non-compliance were fully investigated, and remedial training (where required) was delivered to the appropriate Service Manager(s). No instances or Regulatory breach were identified.

Matters for Forward Periods

None

Certificate by Head of Finance and Estates

I certify that, upon enquiry, during the financial year under review, apart from the issues identified in this statement, the Council's officers have complied with EU procurement rules and the Council's Standing Orders for the Regulation of Contracts, and Corporate Procurement Procedures.

Signature

Date

Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Public Sector Equality Duty Procedure:		
Responsible Officer:	Julie Whitelaw – Head of Corporate Services	
Stated Requirement in Code:	Annual Statement of Compliance	
Report required by:	Corporate Management Team	June 2018 Meeting
		Next report due June 2019
Report by Head of Corporate Services on Statements of Compliance with arrangements	<p>The UK Government's Equality Act was introduced on 1 October 2010. The Act includes a positive duty to promote equality specifically focussed on public authorities.</p> <p>The duty is in 2 parts - a duty in the Equality Act 2010 itself, often referred to as the 'general duty', and specific duties which are placed on public authorities by Scottish Ministers. The purpose of the specific duties is to enable the better performance of the general duty by adopting a positive, proactive and organised approach to improving outcomes for all.</p> <p>The general duty in the Equality Act 2010 came into force on 5 April 2011. Since that date, Scottish public authorities have been subject to the general duty in the Equality Act 2010. Under this general duty they must have 'due regard' to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.</p> <p>The Public Sector Equality Duty requires equality to be considered as part of the functions of public authorities, including decision-making, in the design of internal and external policies and in the delivery of services, and for these issues to be kept under review.</p> <p>The specific duties require public authorities to:</p> <ul style="list-style-type: none"> • Develop and publish a Mainstreaming Report; • Publish equality outcomes and report progress; • Assess and review policies and practices; • Gather, use and publish employee information; • Publish gender pay gap information; • Publish statements on equal pay; • Consider award criteria and contract conditions in relation to public procurement; and • Publish in a manner that is accessible. <p>During 2017/2018 the Council has continued to focus on legislative duty commitments in terms of mainstreaming equality into everything we do, with particular emphasis on actions to achieve our Equality Outcomes. Key actions taken forward to achieve these commitments include the review of equality related performance indicators to better align them to our equality outcomes and actions, continued membership of the Stonewall Diversity Champion Programme including submission to the Stonewall Workplace Equality Index and ongoing consultation and engagement with Community Equality Groups.</p>	

Service representatives on the council's Corporate Working Group for Equality continue to take lead responsibility for coordinating service level activity and they are being further assisted by the introduction of Service Equality Champions. The council continues to be a key partner in the delivery of West Lothian Pride, now in its third year.

In April 2017 the Council published an update on the Council's mainstreaming commitments and progress made against the Council's Corporate Equality Outcomes 2013 – 17. The report set out examples of the work which had been undertaken in the council to mainstream equality, advance equality of opportunity, tackle discrimination and promote good relations both within our workforce and the wider community.

The Council's Mainstreaming plan and Corporate Equality Outcomes for the period 2017 – 21 and a revised Policy Statement on Equal pay was reported in June 2017. The Equality Outcomes have been developed through evidence gathering and engagement work, through face to face consultation with our Community Equality Groups and an online survey which resulted in some small meaningful changes to our Equality Outcomes. Each Outcome has been designated to a responsible Head of Service and are managed through the Council's performance management system (Pentana).

Conclusions Drawn from Report

The council has continued to manage the implementation of the Public Sector Equality Duty within the required legal framework.

Matters for Forward Periods

On or before the 24 October 2018, the Council will require to produce and publish a British Sign language plan to ensure compliance with the British Sign Language (Scotland) Act 2015.

Conduct a review of existing Equality Impact Assessment process and make amendments to include socio-economic inequalities to coincide with the introduction of the Socio-Economic Duty (part one of the Equality Act 2010).

On or before the end of April 2019 the council is legislatively required to produce and publish a Mainstreaming Report. This report details the progress we have made in mainstreaming equality into everything we do and the progress we have made in achieving our Equality Outcomes.

Certificate by Head of Corporate Services

I certify that arrangements are currently in place for compliance with the Public Sector Equality Duty.

Signature



Date

19/6/18

Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Procedure:	Disclosure of Information by Employees (Whistleblowing Policy & Procedure) and Code of Conduct for Employees														
Responsible Officer:	Julie Whitelaw - Head of Corporate Services														
Stated Requirement in Code:	Annual Statement of Compliance														
Report required by:	Corporate Management Team	June 2018 Meeting													
		Next report due April 2019													
Report by Head of Corporate Services on Statements of Compliance with arrangements	<p>Overview</p> <p>The HR Policy & Advice team is required to keep the council's employment policies under continuous review and all policies must be reviewed at least once every 5 years to ensure that they continue to be 'fit for purpose'. Specific reviews are also undertaken in response to changing service requirements, developments in legislation and as part of the council's Equality Impact Assessment (EIA) process.</p> <p>Annual Compliance Checklists</p> <p>Services were issued with Annual Compliance checklists for the purposes of seeking confirmation of compliance with the Whistleblowing Policy and Code of Conduct for Employees (the latter in particular, relating to registered declarations of interest, disclosure of personal information and working with councillors).</p> <p>All services have duly confirmed that they have arrangements in place to enable employees to report matters under the terms of the council's Whistle-Blowing Policy. Employees are reminded of those arrangements along with their responsibilities under the Code of Conduct through a variety of methods including induction, team meetings, one to one meetings and email reminders.</p> <p>Protected Disclosures</p> <p>Thirteen disclosure issues were reported to the Audit Risk & Counter Fraud team during 2017/18 as summarised in the table below:</p> <table border="1"> <thead> <tr> <th>Service Area</th><th>Number</th><th>Nature of Disclosures</th><th>Outcome</th></tr> </thead> <tbody> <tr> <td>Finance & Property Services</td><td>1</td><td> <ul style="list-style-type: none"> Private work during working hours </td><td> <ul style="list-style-type: none"> Closed – no fraud/irregularity established </td></tr> <tr> <td>Housing, Customer and Building Services</td><td>6</td><td> <ul style="list-style-type: none"> Theft Corrupt working practices (x2) Tenancy fraud </td><td> <ul style="list-style-type: none"> 5 cases – closed, no fraud/irregularity established 1 case - ongoing </td></tr> </tbody> </table>			Service Area	Number	Nature of Disclosures	Outcome	Finance & Property Services	1	<ul style="list-style-type: none"> Private work during working hours 	<ul style="list-style-type: none"> Closed – no fraud/irregularity established 	Housing, Customer and Building Services	6	<ul style="list-style-type: none"> Theft Corrupt working practices (x2) Tenancy fraud 	<ul style="list-style-type: none"> 5 cases – closed, no fraud/irregularity established 1 case - ongoing
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		<ul style="list-style-type: none"> • Breach of the Employee Code of Conduct • Drug use 	
Operational Services	3	<ul style="list-style-type: none"> • Sickness absence fraud • Corrupt working practices (x2) 	<ul style="list-style-type: none"> • 2 cases – closed, no fraud/irregularity established • 1 case - ongoing
Social Policy	3	<ul style="list-style-type: none"> • Breach of the Employee Code of Conduct (x2) • Procurement Fraud 	<ul style="list-style-type: none"> • 2 cases – closed, no fraud/irregularity established • 1 case - ongoing

More detailed reporting is carried out by the Audit, Risk and Governance Manager in his annual Counter Fraud Report to Audit Committee.

Conclusions Drawn from Report

The Whistleblowing Policy and Employee Code of Conduct continue to be 'fit for purpose'.

Matters for Forward Periods

HR Services will continue to work with the Audit, Risk and Counter Fraud team and Legal Services to ensure that advice to services continues to be comprehensive, relevant and fully cognisant of the latest developments in employment law and equality legislation.

Certificate by Head of Corporate Services

I certify that the council's existing policies and procedures in respect of whistle blowing are operating effectively and will continue to be monitored and reviewed regularly in keeping with Corporate Governance standards.

Signature



Date

19/6/18

Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Procedure:	Protecting Vulnerable Groups		
Responsible Officer:	Julie Whitelaw – Head of Corporate Services		
Stated Requirement in Code:	Annual Statement of Compliance		
Report required by:	Corporate Management Team	June 2018 Meeting	
Review Date	Next report due April 2019		

Report by Head of Corporate Services on Statements of Compliance with arrangements

The Protection of Vulnerable Groups (PVG) Scheme continues to be the means by which the council ensures that unsuitable individuals are not employed to work with vulnerable groups.

PVG Checking

During the period 1 April 2017 to 31 March 2018, the council submitted a total of 3255 PVG scheme membership applications for employees or prospective employees and volunteers in regulated work. Assessments are conducted and reviewed annually by services to ensure that 'regulated posts' to which the PVG legislation applies, are identified.

The 3255 applications processed comprise applications for employees and volunteers who are new to regulated work. The total also includes the routine 3 yearly re-checking of employees and volunteers who are already in regulated work with PVG scheme membership. The 3 yearly re-checking carried out by the council follows Care Inspectorate best practice recommendations that re-checking should be carried out every 3-5 years. The measures taken by the council ensure that all staff in regulated positions have up to date PVG records and that no new staff were permitted to start work in such positions during 2017/18 without the appropriate PVG clearance.

The table below shows a breakdown of the PVG applications re-charged to the relevant service areas during that period:

	Education & Cultural Services	Community Health & Care Partnership	Other Service Areas	Total
Number of PVG Applications	1660	1497	98	
Percentage	51%	46%	3%	100%

Application of Policy and Procedure

During 2017/18 the PVG referral panel was convened twice resulting in referral of the two individuals concerned to Disclosure Scotland in both cases.

The first referral followed a Teachers dismissal for inappropriate behaviour towards a pupil. The second referral followed the resignation of a Teacher while under investigation for poor performance and matters of child safety.

It was the decision of both panels that the criteria for referral to Disclosure Scotland had been met in each case. However, as the individuals are no longer council employees, the council will not be notified of the decision by Scottish Ministers as to whether the individuals are listed for barring from regulated work as a result of the referrals.

In discharging its statutory obligations under the Act, the council's actions demonstrate that the council's Policy and Procedure on the Protection of Children and Protected Adults is being actively and appropriately applied.

Annual Compliance Checklists

Services were issued with Annual Compliance checklists for the purposes of seeking confirmation of compliance with the Policy and Procedure on the Protection of Children and Protected Adults. All services have duly confirmed that they have arrangements in place to ensure compliance with the policy.

Conclusions Drawn from Report

The council's arrangements for the protection of vulnerable groups continue to be robust and 'fit for purpose'.

Matters for Forward Periods

It is proposed that a review of the PVG Policy be undertaken and consideration be given to the frequency of carrying out PVG scheme membership updates (currently undertaken every 3 years) and the introduction of re-charging the cost of PVG applications to particular groups of employees.

A Disclosure Scotland compliance audit is expected in 2018.

Certificate by Head of Corporate Services

I certify that the robust arrangements are currently in place to ensure compliance with the Protection of Vulnerable Groups (Scotland) Act 2007.

Signature



Date

19/6/18

Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Procedure:	Anti Fraud and Corruption Policy
Responsible Officer:	Donald Forrest – Head of Finance and Property Services
Stated Requirement in Code:	<ol style="list-style-type: none"> 1. Annual statement of compliance 2. Review Anti Fraud and Corruption Policy every administrative term
Report required by:	Corporate Management Team June 2018 meeting
Review Date	The Anti Fraud and Corruption Policy was reviewed in 2015/16 and the revised policy was approved by Council Executive on 1 March 2016. The next planned review is September 2019.
Report by the Audit Risk and Counter Fraud Manager on the operation of the policy during 2016/17	<p>All services, via the Head of Service, have confirmed compliance with the Anti Fraud and Corruption Policy during 2017/18.</p> <p>Financial Regulations require all allegations of fraud to be reported to the Head of Finance and Property Services. The term fraud for this purpose includes, but is not restricted to, criminal offences such as theft, corruption, bribery, and embezzlement.</p> <p>The Audit, Risk and Counter Fraud Unit investigates referrals in accordance with the terms of the council's Anti Fraud and Corruption Policy and the procedures for the investigation of suspected fraud and irregularity.</p> <p>During 2017/18 the Audit, Risk and Counter Fraud Unit received 41 referrals of which 13 were categorised as whistleblowing. Of the 41 referrals, 34 were accepted for investigation. The remaining seven referrals were either rejected due to a lack of evidence or passed to Human Resources to be dealt with under the council's HR policies.</p> <p>All referrals are subject to a risk assessment and work is prioritised on the basis of those referrals considered to be highest risk. The outcome of the 13 whistleblowing referrals is set out separately in the council's Whistleblowing Statement of Compliance for 2017/18.</p>

The output from an investigation is a report for management setting out the facts of the matter and which may contain, where considered appropriate, recommendations for improvement in control. Where an investigation is considered to raise significant issues of concern, it is reported to the Audit Committee by the Audit, Risk and Counter Fraud Manager.

During 2017/18 one investigation was reported to the Audit Committee, on 30 June 2017. This matter was also referred to Police Scotland.

The Audit Risk and Counter Fraud Unit is responsible for administering the National Fraud Initiative (NFI) which is a biennial data matching exercise co-ordinated by Audit Scotland and which involves collecting data from public authorities and matching it for potential fraud. It is important to appreciate that a data match does not necessarily indicate wrongdoing. The most recent matches were received in January 2017 and progress in investigating matches was reported to the Audit Committee on 18 December 2017.

Conclusions Drawn from Report

It is concluded that the Anti Fraud and Corruption Policy is operating effectively.

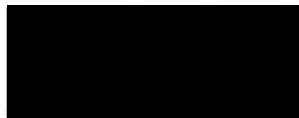
Matters for Forward Periods

At its meeting on 19 March 2018 the Audit Committee approved a counter fraud plan for 2018/19. Progress in completing the plan will be reported to the Audit Committee.

Certificate by Head of Finance and Property Services

On the basis of the statements provided by services, and the information provided by the Audit, Risk and Counter Fraud Manager, I certify that the council's Anti Fraud and Corruption Policy has been complied with.

Signature



Date 5/6/2018

Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Procedure:	Best Value Framework
Responsible Officer:	Donald Forrest – Head of Finance and Property Services
Stated Requirement in Code:	<ol style="list-style-type: none"> 1. Annual statement of compliance 2. Review the Best Value Framework every administrative term
Report required by:	Corporate Management Team June 2018 meeting
Review Date	A revised Best Value Framework was approved at Council Executive on 10 June 2014
Report by the Head of Finance and Property Services on the operation of the policy during 2017/18	<p>A revised Best Value Framework was approved by Council Executive on 10 June 2014. The Framework covers five areas of best practice and the following provides an update on the activities which were undertaken during the financial year 2017/18:</p> <ol style="list-style-type: none"> 1. Financial Management – On 13 February 2018, Council approved a five year General Fund Revenue Strategy including detailed budget for 2018/19 to 2020/21, a ten year Capital Investment Strategy for 2018/19 to 2027/28, a five year Housing Revenue Account strategy including a budget for 2018/19 and a five year Housing Capital Investment Programme for 2018/19 to 2022/23. Activity budgets for 2018/19 were prepared for inclusion within service management plans. 2. Challenge and Improvement – The council operates a three-year programme of self-assessment, with six WLAM assessments taking place in 2017/18 (year one of a new WLAM programme). Seventeen services were also

subject to scrutiny through the Review Panel process and 11 through the Performance Committee. Schools have a programme of Validated Self Evaluation (VSE). In 2017/18 the council reported the outcomes of the VSE process and other performance for 25 schools and held Review Panels for two schools, with a progress update to the Panel from one school. The council retained Customer Service Excellence (CSE) following external assessment in 2016/17 and continues to hold Investors in People (IIP) and Investors in Young People at Gold level. The council re-accredited in European Foundation for Quality Management (EFQM) at five-star level following an external assessment and was a finalist in the EFQM Global Excellence Award in October 2017. The council was also highly commended for 'Adding Value for Customers' at the EFQM Awards.

3. **Performance Management** – The council has continued to undertake development work to improve the range, quality and accessibility of public performance reporting, including development of a new Corporate Plan and performance scorecard to track progress in our eight priorities. The council continues to promote the Local Government Benchmarking Framework (LGBF), publishing data and analysis on the council website when it is released. Updates to the Performance Indicator guide and Pentana (performance) Standards were completed and new guidance was developed and issued to services in 2017/18 to refresh performance requirements and increase officer understanding in respect of performance management. The council provides extensive quarterly and annual reporting of complaints to officers, elected members, the Scottish Public Services Ombudsmen (SPSO) and the public.
4. **Governance and Accountability** –The Audit, Risk and Counter Fraud Unit undertook a review of the council's system of internal control during 2017/18 and concluded that the level of control was satisfactory. The Audit, Risk and Counter Fraud Unit report material findings arising from audits across the council to the Audit Committee. In addition, the Audit Risk & Counter Fraud Manager and the Governance Manager conclude on the governance arrangements on an annual basis and their conclusions are reflected in the council's annual governance statement included in the annual statement of accounts.
5. **Procurement** – All procurement activity is considered in line with the Council's Standing Orders and Best Value Framework, European and national Procurement legislation. Any known non-compliance issues are included within the annual Procurement Compliance

statement. During 2017/18 there was a breach in Standing Orders, but not the Regulations to ensure the Council could meet its statutory requirement to deliver emergency homelessness accommodation. In addition, Housing, Customer and Building Services had an exemption for the use of a service provider to carry out needle swaps and undertake the cleaning of housing properties. The total aggregated spend exceeded the limits of the approval delegation. A procurement exercise was carried out under an available framework and a contractor was compliantly sourced with effect from 1 April 2018.

The Framework requires officers to complete and retain a decision-making pro-forma based on criteria extracted from the legislation and statutory guidance relevant to Best Value when they decide to carry out works, projects or groups of projects via in-house delivery. These pro-formas were completed for both capital programmes and were agreed at the Housing Capital Reporting Meeting for the Housing Capital Programme on 17 January 2018 and at the Capital Asset Management Board for the General Services Programme on 18 January 2018.

Conclusions Drawn from Report

The Council has demonstrated compliance with the Best Value Framework in 2017/18.

Matters for Forward Periods

There is a requirement that the Framework is revised each administrative term. The last review was during 2014 and the next review will be in the four years following the local elections in 2017. It is proposed that the review will take place in the latter part of the administrative term to allow for the conclusion of trading agreements as a result of Brexit which will impact on Procurement legislation and consequently Council Standing Orders.

Certificate by Head of Finance and Property Services

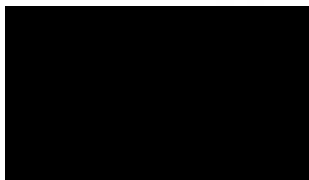
On the basis of the statements provided by the Heads of Service, I certify that the council's Best Value Framework was complied with in 2017/18.

Signature



Date 7 June 2018

Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Procedure:	Breaches of the Law	
Responsible Officer:	Julie Whitelaw – monitoring Officer	
Stated Requirement in Code:	Annual Statement of Compliance	
Report required by:	Corporate Management team	June 2018 Meeting
		Next report due April 2019
Report by Head of Corporate Services on Statements of Compliance with arrangements	<p>Having consulted with the Heads of Service, the Governance Manager, the Chief Solicitor and the Audit and Risk Manager, I can confirm that I am not aware of any actual or potential breaches of the law by the council in 2017/18 which have or will have a material or significant impact on the operations of the Council.</p> <p>In the course of my consultations, a number of instances were identified where improvements to the council's compliance with legislation were required. None of these breaches is considered to have a material or significant impact on the operations or finances of the council. Where such improvements were identified, steps have been. or are being taken to deliver them, as outlined in the other statements of compliance.</p> <p>Of particular note is the non compliance with the requirements of HMO licensing in respect of the Homeless Unit in Blackburn. The appropriate licences have now been obtained and associated works arranged for completion in April 2018.</p>	
Conclusions from Report	Drawn	There have been no material or significant breaches of the law by the council in 2017/18 which have or will have a material or significant impact on the operations or finances of the council.
Matters for forward periods		None
Certificate Monitoring Officer	by	The Council is complying in all material respects with its legal requirements.
Signature		Date 2/5/18

Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Procedure:	1. Disciplinary Procedure and Code																													
	2. Procedure for Hearing Employee Grievances																													
	3. Policy and Procedure for Dealing With Complaints of Bullying & Harassment																													
Responsible Officer:	Julie Whitelaw– Head of Corporate Services																													
Stated Requirement in Code:	Annual Statement of Compliance																													
Report required by:	Corporate Management Team	June 2018 Meeting																												
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Report by Head of Corporate Services on Statements of Compliance with arrangements	Overview <p>The HR Policy & Advice team is required to keep the council's employment policies under continuous review and to undertake a review of each policy at least once every 5 years to ensure that it continues to be 'fit for purpose'. Specific reviews are also undertaken in response to changing service requirements, developments in legislation and as part of the council's Equality Impact Assessment (EIA) process.</p> <p>This compliance statement provides details of how the council's Disciplinary, Grievance and Bullying & Harassment processes have operated during 2017/18 together with measures for improving their effectiveness.</p> Analysis of Cases <p>During the financial year 2017/18, 30 cases were dealt with under the council's Disciplinary Procedures, 10 less than in 2016/17.</p> <p>During the same period, 13 cases were dealt with under the Procedure for Dealing with Employee Grievances, one less than the number recorded in 2016/17.</p> <p>Seven bullying and harassment cases were dealt with during 2017/18, one less than in 2016/17.</p>																													
	<table><tr><th rowspan="2">Service Area</th><th colspan="3">Number of Cases Dealt With</th></tr><tr><th>Discipline</th><th>Grievance</th><th>Bullying & Harassment</th></tr><tr><td>Corporate Services</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Education Services</td><td>3</td><td>1</td><td>2</td></tr><tr><td>Finance & Property</td><td>0</td><td>2</td><td>0</td></tr><tr><td>Housing, Customer & Building Services</td><td>4</td><td>3</td><td>1</td></tr><tr><td>Operational Services</td><td>15</td><td>6</td><td>3</td></tr></table>			Service Area	Number of Cases Dealt With			Discipline	Grievance	Bullying & Harassment	Corporate Services	0	0	0	Education Services	3	1	2	Finance & Property	0	2	0	Housing, Customer & Building Services	4	3	1	Operational Services	15	6	3
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Planning, Economic Dev. & Regeneration	0	0	0
Social Policy (CHCP)	8	1	1
Total	30	13	7

Discipline

Of the 30 disciplinary cases, 13 resulted in no formal disciplinary action being taken, 4 resulted in a Verbal Warning, 3 resulted in a Written Warning, 9 resulted in a Final Written Warning, and 1 in dismissal.

Grievance

Of the 13 grievances, 2 were upheld, 4 upheld in part and 7 not upheld at Stage 1 of the process. At Stage 2 of the process, 2 cases were upheld in part and 2 cases not upheld.

Bullying & Harassment

Of the 7 formal Bullying and Harassment Cases, all 7 were resolved out with the disciplinary process.

Appeals to Committee Against Dismissal and Stage 3 Grievances

A total of 4 appeals/grievances were lodged at Stage 3 (Employee Appeals Committee). Of those 4 cases, 2 related to disciplinary matters and 2 to grievances. There were no Sickness Absence dismissal cases.

One disciplinary case was upheld in part, and one not upheld. One of the grievance cases was upheld and the other upheld in part.

Employment Tribunal Cases

During 2017/18, 3 employment tribunal cases were lodged against the council.

Concluded Cases

One case relating to unlawful deduction of wages was found in favour of the employee (claimant).

Ongoing Cases

Two cases are ongoing and relate to 1) unfair dismissal/wrongful dismissal/breach of contract and 2) disability discrimination and constructive dismissal.

Conclusions Drawn from Report

The council's disciplinary, grievance and bullying and harassment policies and procedures are operating effectively and comply with legal and corporate governance standards.

Matters for Forward Periods

HR Services will be working closely with Legal Services to ensure that advice to services continues to be comprehensive, relevant and fully cognisant of the latest developments in employment law and equality legislation.

**Certificate by Head of
Corporate Services**

I certify that the council's existing policies and procedures in respect of discipline and grievance are operating effectively and will continue to be monitored and reviewed regularly in keeping with Corporate Governance standards.

Signature

A large black rectangular box redacting the signature of the Head of Corporate Services.

Date

2/5/18

Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Procedure: Occupational Health and Safety Policy

Responsible Officer: Julie Whitelaw – Head of Corporate Services

Stated Requirement in Code: Annual Statement of Compliance

Report required by: Corporate Management Team

Review Date

Report by Head of Corporate Services on Statements of Compliance with arrangements

The council's Health and Safety Policy Statement sets out the framework for Health and Safety. It defines expectations and the arrangements to meet those expectations. The Health and Safety policy and the council's scheme of delegation sets out the roles and responsibilities of officers.

In 2017/18 the policy was revised and published. The overarching policy covers all legislation affecting health and safety at work. To provide greater practical assistance in the interpretation of legislation and implementation of the policy, an accompanying suite of guidance documents will be revised and developed. These will be topic related guidance documents and will address the hazards associated with the working practices of West Lothian Council.

Within the review period Health and Safety have carried out targeted safety audits. The focus in 2017-2018 was:

- Use of vibrating tools in Operational Services,
- Lone working in selected areas of Social Policy,
- The management of health and safety
- Compliance with incident recording procedures in some schools,
- CDT in some secondary schools.

The findings and resulting action plans were agreed and subsequently provided to the manager of the area audited. Copies of the action plans are provided to the Head of Service. The Health and Safety team monitor progress by services against the audit actions plans or by risk actions in Pentana.

Health and Safety committees have also been established. A corporate committee and service committees meet on a quarterly basis. The role of the committees are to actively promote and support employee engagement on arrangements and matters pertaining to safety, health and welfare. Employee involvement and commitment is recognised as a key factor in the successful implementation of our safety management system.

Monthly Health and Safety update reports are provided to the Corporate Management Team to inform them of safety issues/ concerns that have or

could affect the working arrangements and services of West Lothian Council. A similar report is also presented to the Governance and Risk Committee.

Incident data is included in the information provided to the Corporate Management Team. This provides information on the reportable incidents, incidents of note, near misses and incidents of violence and aggression that have occurred within the previous month.

The Health and Safety advisers provide monthly reports to each service management team highlighting service relevant issues and attend each service management meetings on a minimum of a quarterly basis.

The data analysis within these reports will also be accompanied with recommendations for actions.

During the course of the year there have been 39 reports made to the Health and Safety executive (HSE) as per the requirements of the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR) as shown in Table 1 below.

Table 1 – RIDDOR reportable incidents and formal enforcement action

HSE Reportable 2017/18 *(2016/17)	RIDDOR reportable incidents to the HSE	HSE Notices/ Notification of Contravention / Fee For Intervention / Improvement Notice/ Fines
Chief Executives Office	0	-
Social Policy	8	-
Corporate	0	-
HCBS	10	1 - Fine
Operational	9	-
Education	12	-
Finance & Property Services	0	-
PEDR	0	-
Total	39*(45)	1(0)

In August 2017 A £10,000 fine was imposed at Livingston Sheriff court following an incident in July 2013 where an employee fell approximately 4M from a ladder sustaining serious injuries.

Following the conclusion of the case a review of working at height procedures will be undertaken in all services and concluded by July 2018.

Conclusions from Report **Drawn** The councils revised Health and Safety policy is operating effectively and will continue to be monitored and reviewed regularly in keeping with Governance standards.

Matters for Forward Periods The Council should remain committed to embedding strong safety management practices throughout the organisation. Services should ensure there are clearly defined aims for health and safety outlined within

a service health and safety action plan with clearly defined actions and completion requirements. Planning will allow them to meet organisational objectives and ensure that individual service needs are identified, resources allocated and issues addressed.

The online health and safety management system implemented 2016/2017 should be integrated into use for all services in relation to incidents, risk assessments, audits and incident investigations. This integrated software solution promotes consistency in the management and control of health and safety information and assists services in demonstrating due diligence. Currently not all services are utilising the full functionality of the software and Heads of Service must continue to ensure relevant modules within the software are used to store the required health and safety information.

There is a continued need for all managers to ensure the systems for health and safety are complied with and properly managed within their areas.

The three year rolling program for the review of Corporate safety policy and procedures continued and in 2017/18 the Health and Safety Policy and Personal Safety at Work procedures were revised.

Services must ensure that their procedures are reflective of work carried out within that service, and, that the requirements of Corporate procedures are met.

Managers are required to ensure that those employees who have designated responsibility outlined within the service safety arrangements documentation are made aware of them and must demonstrate that monitoring is taking place to ensure responsibilities are carried out.

There is a requirement for Health and Safety and statutory compliance to be a standing item on the agenda of all team management meetings.

Certificate by Head of Corporate Services

In order to complete this statement of compliance I have consulted with Heads of Service and received written confirmation of their service compliance with policies and procedures relating to health and safety.

I certify that the existing Occupational Health and safety policy is operating effectively and will continue to be monitored and reviewed in keeping with Corporate Governance Standards.

Signature

Date

5/7/18

Local Code of Corporate Governance - Annual Statement of Compliance 2017/18

Name of Policy or Procedure: Information Security Policy

Responsible Officer: Julie Whitelaw – Head of Corporate Services

Stated Requirement in Code: Annual Statement of Compliance

Report required by: Corporate Management Team

June 2018 Meeting

Next report due June 2019

Report by Head of Corporate Services on Statements of Compliance with arrangements

The Information Security Policy is maintained by IT Services who are responsible for the continuous development and review of the policy associated procedures and technical controls. IT Services also log, manage and report all breaches of policy and facilitate ongoing compliance across service areas.

Table 1 shows the volumes of security incidents recorded during 2017/18:

Table 1								
<i>Summary of Information Security Incidents 2017/18 compared with previous year</i>								
Service Area/Category	2017/18				2016/17			
	Low	Medium	High	Total	Low	Medium	High	Total
HCBS	98	12	0	110	217	38	0	255
Finance & Property	127	4	0	131	110	9	0	119
Education	79	4	0	83	53	6	0	59
Corporate Services	180	17	0	197	192	30	3	225
Social Policy	228	16	0	244	199	31	1	231
Operational Services	61	1	0	62	83	6	2	91
Schools	5	10	0	15	10	11	2	23
PED&R	78	1	0	79	75	6	0	81
Total	856	65	0	921	939	137	8	1084

Impact Categories: Low - relates to viruses identified and removed, *Medium* - relates to virus outbreaks and other cyber security incidents, *High* - relates to significant loss of data, critical vulnerabilities and loss of systems

A total of 921 incidents were logged in 2017/18. This compares to 1084 in 2016/17. This is an overall decrease of 15% which is largely due to a decrease in reported 'phishing' emails down by 16% on the previous year. The IT Service Desk has process in place to identify, log, remove and report phishing emails to internet authorities. Table 2 shows the breakdown in incident type in 2017/18 compared to 2016/17:

Table 2				
<i>Breakdown of Security Incident Types 2017/18 compared with previous year</i>				
	2017/18		2016/17	
Account Mgt/Configuration	19	2%	14	1%
Cyber Incident/Investigation	7	1%	23	2%
Phishing Email/Virus/Spam	830	90%	985	93%
Data Handling	36	4%	37	2%
Data Loss	0	0%	0	0%
Lost Equipment	28	3%	25	2%
Stolen Equipment	1	0%	0	0%
Total	921	100%	1084	100%

The volume of non-phishing emails remained largely static with 91 recorded in 2017/18 compared to 99 in 2016/17.

'Phishing' is when criminals use fake e-mails or web links to acquire sensitive personal information, such as passwords, usernames, or bank details. This is now the most common method of delivering viruses onto computers. IT Services maintain anti-virus and other security systems that identify and remove the majority of phishing emails and viruses from council systems. IT Services also have a standard process in place to routinely record and remove the small percentage of phishing emails etc. that can bypass these security controls and, once removed, they pose little ongoing risk to the council. No data has been lost in these incidents. However, comprehensive risk assessments are undertaken where the security of equipment, systems, policies and/or data have been compromised or threatened. Risk Assessments inform decisions on how to protect individuals, systems, services and the council. It is also important that enough information is gathered to compile a comprehensive report about what went wrong to help put together a strategy to prevent similar breaches in the future.

Risk assessments are also used as a basis for deciding on how and when to notify third parties and used as evidence that the council has taken appropriate action. This is particularly important in incidents involving personal data. It ensures the council meets its obligations under the Data Protection Act and in dealings with the Information Commissioner's Office (ICO).

As per the above criteria, there were 17 Risk Assessments conducted on security incidents in 2017/18. This is a decrease of 44% on the previous year. None of the incidents were considered significant enough to notify the Information Commissioner. However, corrective actions were taken in each case to minimise the impact and risk of recurrence. All incidents are monitored and reviewed through established governance routes i.e. to the Information Management Working Group and ICT Programme Board. General security awareness is maintained through direct emails and the 'I-Matters' email newsletter.

The council achieved annual compliance with the PSN (Public Services Network) on 24th August 2017. The Cabinet Office audit and scrutinise the security controls put in place in order to ensure compliance across Local Government.

There were no significant security incidents in 2017/18. However, a national Ransomware incident involving the 'WannaCry' ransomware virus required extensive impact assessments and reporting to Central and Scottish Government Cybersecurity teams. The council has since become Cyber Catalysts (leaders) of the Scottish Government's Cyber Resilience Action Plan and has embarked upon the implementation of several enhanced security controls such as:

- Secure Email
- Web Check (Internet Monitoring)
- Incident Management
- Cyber Essentials (Security Standard)
- Training

The Governance and Risk Committee were provided with a presentation and report on Cyber Security on 09 October 2017. Members were provided with details on the variety of measures that were in place to protect the council against the threat and risks associated with cyber security and cyber-attacks.

Audit Committee were advised of a revised risk assessment procedure by the Head of Corporate Services, 30 June 2017. The revision addressed

ownership, workflow, mitigation and reporting of Information security breaches.

The Information Asset Register has been revised and updated to address actions of the 2016/17 Internal Audit of Information Security Breaches and the requirements of the General Data Protection Regulation (GDPR).

Conclusions Drawn from Report

The council's existing policy and procedures in respect of Information Security are updated to include new Cybersecurity controls. They continue to be monitored to ensure effective operation.

Matters for Forward Periods

The Information Security Policy, other IT Policies, procedures and controls will be reviewed against emerging Cybersecurity requirements.

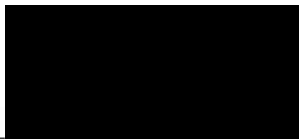
Incident management and reporting procedures will be reviewed to ensure appropriate and timely notifications to regulators and authorities.

The Information Security requirements of GDPR (General Data Protection Regulation) will be evaluated and assessed to meet the May 2018 implementation date. The GDPR will require that all significant Data Breaches/incidents are reported to the Information Commissioner with 72 Hours. Reporting mechanisms have been set up utilising the council's CRM, IT Service Desk and EDM systems to provide Risk Assessment recording and workflow to GDPR requirements from 25th May 2018.

Certificate by Head of Support Services

I certify that the council's existing policies and procedures in respect of information security are operating effectively and will continue to be monitored and reviewed regularly in keeping with Corporate Governance standards.

Signature



Date 14/6/18

