

## APPENDIX 3

### A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law

The council is accountable not only for how much it spends, but also for how it uses the resources under its stewardship. This includes accountability for outputs, both positive and negative, and for the outcomes it has achieved. In addition, it has an overarching responsibility to serve the public interest in adhering to the requirements of legislation and government policies. It is essential that, as a whole, it can demonstrate the appropriateness of all its actions across all activities and has mechanisms in place to encourage and enforce adherence to ethical values and to respect the rule of law.

<b>A1. Behaving with integrity</b>		
(a) Ensuring members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the council		
(b) Ensuring members take the lead in establishing specific standard operating principles or values for the council and its staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)		
(c) Leading by example and using the above standard operating principles or values as a framework for decision making and other actions		
(d) Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively		
<b>Evidence</b>		<b>RAG</b>
Councillors' Code of Conduct, Guidance and Advice communicated to members	Post-election Induction Pack, Induction Training, emails to members on new guidance and advice, additional training on request	G
Register of Interests (including gifts and hospitality) populated on election, reviewed and updated, made publicly available	Post-election Induction pack, forms timeously completed with Proper Officer after elections, published on internet, bi-annual reminders to review and update	G
Role descriptions for members	Approved November 2016, post-election Induction Pack, review required during administrative term	G
Declarations of Interest as standing item on meeting agendas and recorded in minutes	Included on all agendas, raised verbally by Chairs at all meetings, all minuted, minutes record where none are made, agendas and minutes available on internet via Coins	G

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A1. Behaving with integrity		
Standing Orders for meeting procedures include conduct at meetings	Standing Order 22 on members' conduct, reflects Councillors' Code of Conduct and Guidance	G
Meetings held in private only with legal justification and to least extent possible, and minutes record reasons	Guidance in place on intranet, controlled and determined through Committee Officers, statutory reason required and shown in agenda and on internet, reason recorded in minutes, minute meets requirements of 1973 Act for public information	G
Reports on standard template including council values, relevance to Corporate Plan and Local Improvement Plan	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes relevance to Corporate Plan. Requires updating and revision to refer to LOIP and new Corporate Plan and priorities	A
Vision, values and priorities established in Corporate Plan	Corporate Plan 2018/2012 approved 13 February 2018 with agreed priorities, covering report included council's values per West Lothian Way	G
Vision, values and priorities agreed with community planning partners	Restructure and refresh of Community Planning Partnership ongoing, due for completion in 2018/19. LOIP reflects agreed priorities and outcomes. LOIP to be reviewed and updated.	A
Anti-fraud and corruption policy and procedures	Policy reviewed in 2015/16, approved at Council Executive on 1 March 2016, review scheduled for September 2019. Annual Counter Fraud Plan and end of year reports to Audit Committee. Annual Compliance Statement.	G
Whistleblowing policy and procedures	Policy reviewed September 2013, procedure reviewed November 2014. Available on intranet. Annual compliance Statement. Due for review this administrative term.	G
Internal process for complaints against members	Internal procedure through Chief Executive Office and Monitoring officer. Due for review this administrative term.	G
Annual report on Councillors' Code of Conduct and reporting of Standards Commission findings when required	Presentation to members, 7 November 2017. Report to Council Executive, 6 February 2018. Emails to members when required.	G
Training on Councillors' Code of Conduct and Standing Orders - induction on election and regular refresher training	Post-election Induction Training for all members. Separate sessions for Chairs and Vice-Chairs. Refresher training as and when required.	G
Employee Code of Conduct made, published and regularly reviewed	Code of Conduct in place. Tied in to Councillors' Code of Conduct. Available on intranet. Incorporated into contracts of employment. Last reviewed in January 2014. Review due this administrative term.	G

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<b>A1. Behaving with integrity</b>		
Induction for new staff on standards of conduct expected	Induction procedures and checklists in place for all staff. Separate process for managers. Process covers discipline and grievance. No obvious reference to standards of behaviour. Covered in ADR process. Procedures due for review.	A
Employee notifications of interests or conflicts of interest – recorded and retained	Required by Employee Code of Conduct. Heads of Service require to record and retain. Done through CEO for CMT members. process requires review for compliance and consistency.	A
Senior officer record of interests maintained and refreshed annually	Voluntary additional proactive register under discussion in 2017/18 for senior officers. Due for reporting in 2018/19.	A
Officer performance appraisals include standards of conduct	In Core Competency Framework in ADR Procedure. Annual appraisals of all staff. Process rolled out across staff in June 2016. Part of People Strategy.	G

<b>A2. Demonstrating strong commitment to ethical values</b>		
(a) Seeking to establish, monitor and maintain the council's ethical standards and performance		
(b) Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the council's culture and operation		
(c) Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values		
(d) Ensuring that external providers of services on behalf of the council are required to act with integrity and in compliance with ethical standards expected by the council		
<b>Evidence</b>		<b>RAG</b>
Councillors' Code of Conduct, Guidance and Advice communicated to members	Presentation to members, 7 November 2017. Report to Council Executive, 6 February 2018. Emails to members when required.	G

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A2. Demonstrating strong commitment to ethical values		
Register of Interests (including gifts and hospitality) populated on election, reviewed and updated, made publicly available	Post-election Induction pack, forms timeously completed with Proper Officer after elections, published on internet, bi-annual reminders to review and update	G
Declarations of Interest as standing item on meeting agendas and recorded in minutes	Included on all agendas, raised verbally by Chairs at all meetings, all minuted, minutes record where none are made, agendas and minutes available on internet via Coins	G
Rules in Standing Orders on conduct at meetings	Standing Order 22 on members' conduct, reflects Councillors' Code of Conduct and Guidance	G
Training on Councillors' Code of Conduct and Standing Orders - induction on election and regular refresher training	Post-election Induction Training for all members. Separate sessions for Chairs and Vice-Chairs. Refresher training as and when required. Emails to members as required.	G
Annual governance statement	Responsibility of Governance manager in Scheme of Delegations. Completed annually via Governance & Risk Board and to Governance & Risk Committee in June each year. Completed in accordance with CIPFA/SOLACE Framework (2016).	G
Local Code of Corporate Governance – annual report and compliance statements	New Code adopted 22 April 2018. Complies with CIPFA/SOLACE Framework (2016). Completed annually via Governance & Risk Board and Corporate Management Team to Council Executive and Governance & Risk Committee.	G
Standing Orders for Contracts, procurement policy and procedures include commitment to ethical values	Contracts Standing Orders and supporting Corporate procurement procedures approved and on intranet. Both refer to anti-fraud and corruption and whistleblowing obligations and to compliance with statutory regimes such as data protection and FOISA and living wage where competent. Due for review this administrative term.	A
Ethical values feature in contracts with external service providers	Contracts Standing Orders and supporting Corporate Procurement Procedures approved and on intranet. Standard contract terms cover anti-fraud and corruption and whistleblowing obligations and to compliance with statutory regimes such as data protection and FOISA. Due for review this administrative term.	A
Partnership working – protocols, guidance and agreed values	Partnership Guidance available on intranet. Made in 2010. Last reviewed in 2012. Ongoing work to have them incorporated into guidance on engagement with ALEOs and other outside bodies. Completed August 2018. Due to be rolled out in 2018/19.	A
Staff recruitment and appointments policy	Selection and Recruitment Policy, procedures, Guidance and forms on intranet on MyToolkit. Last reviewed in July 2014. Due for review this administrative term.	G

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A2. Demonstrating strong commitment to ethical values		
Officer performance appraisals include standards of conduct	ADR rolled out in 2016/17 for all staff. Core Competencies from Depute Chief Executives down include delivering outcomes in ways consistent with the council's values and strategies, championing the goals and values of the council. Due for review this administrative term.	G

A3. Respecting the rule of law		
(a) Ensuring members and staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations		
(b) Creating the conditions to ensure that the statutory officers, other key post holders, and members, are able to fulfil their responsibilities in accordance with legislative and regulatory requirements		
(c) Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders		
(d) Dealing with breaches of legal and regulatory provisions effectively		
(e) Ensuring corruption and misuse of power are dealt with effectively		
Evidence		RAG
Reports on standard template include legal rules and statutory guidance	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on legal rules and statutory guidance. Template requires updating.	A
Reports ensure demonstration that legal advice has been considered	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on consultations which covers legal and other professional advice.	G
Standing Orders to ensure professional advice is given	Standing Order 10 requires chairs to allow officers to address the meeting. SO 15, 19 and 20 require chairs to allow financial advice to be given on financial implications. Scheme of Delegation allows Chief Social Work Officer access to council or committee.	G

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A3. Respecting the rule of law		
Scheme of Administration containing committee remits and powers	Scheme covers all committees and other bodies with member involvement. Remits and powers defined. Available on internet and intranet. Reviewed and adopted in December 2016. Re-adopted in May 2017. Amended since via reports to council. Can only be amended by full council on notice given. Due for review in administrative term.	G
Scheme of Delegation to Officers	Scheme made and maintained in accordance with legislation. Refreshed and republished quarterly under delegated powers to reflect committee decisions and changes in legislation or management structure. Available on internet and intranet. Due for full review in administrative term.	G
Members' role descriptions	Approved in November 2016, for all levels of councillor. Issued to members in May 2017 as part of Induction Pack. Due for review in administrative term.	G
Finance Officer role identified and supported (CIPFA's Statement on the Role of the Chief Financial Officer in Local Government (CIPFA, 2016))	Role and responsibilities recognised and allocated in Scheme of Delegations to Officers, as a proper Officer position. Role description appended to Scheme. Statutory Officer status reflected in reporting to full council. Role description requires updating.	A
Committee support provided free of political influence	Committee Officers managed by Chief Solicitor. Officers trained and aware of need for political neutrality and independence from members, especially Chairs. Agendas and minutes prepared without reference to elected members.	G
Record maintained of legal advice provided by officers	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on consultations which covers legal and other professional advice. Minutes record significant legal advice given during meetings.	G
Monitoring Officer role identified and supported	Role and responsibilities recognised and allocated in Scheme of Delegations to Officers, as a Proper Officer position. Role description appended to Scheme. Includes statutory right of access to members and meetings.	G
Annual compliance statements	Annual compliance statements produced annually in relation to significant corporate policies and procedures. Collated and signed by relevant senior officers. Used to inform annual governance statement and other reporting on corporate governance. Available on internet. Process due for review.	A
Independent Internal Audit function (PSIAS)	Internal Audit service provided in accordance with PSIAS. Annual Plan approved at Audit Committee. Annual Report including review of system of internal control considered at Governance & Risk Committee and Audit Committee.	G

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A3. Respecting the rule of law		
Anti-fraud and corruption policy and procedures	Policy reviewed in 2015/16, approved at Council Executive on 1 March 2016, review scheduled for September 2019. Annual Counter Fraud Plan and end of year reports to Audit Committee. Annual Compliance Statement by Head of Finance & Property Services.	G
Governance Manager appointment	Governance manager appointed in non-service position to coordinate with Monitoring Officer and Audit, Risk & Counter Fraud Manager on governance issues, including ethical standards, Code of Corporate Governance, annual compliance statements and carries responsibility in Scheme of Delegation for annual governance statement.	G

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### B. Ensuring openness and comprehensive stakeholder engagement

Local government is run for the public good, the council therefore should ensure openness in its activities. Clear, trusted channels of communication and consultation should be used to engage effectively with all groups of stakeholders, such as individual citizens and service users, as well as institutional stakeholders.

<b>B1. Openness</b>		
(a) Ensuring an open culture through demonstrating, documenting and communicating the council's commitment to openness		
(b) Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for the reasoning for keeping a decision confidential should be provided		
(c) Providing clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear		
(d) Using formal and informal consultation and engagement to determine the most appropriate and effective interventions/ courses of action		
<b>Evidence</b>		<b>RAG</b>
Council's goals and values and priorities	Values in West Lothian Way, noted in committee report template. Priorities set and explained in Corporate Plan. Corporate Plan, supporting strategies and local outcomes Improvement Plan define outcome and performance indicators.	G
FOISA/EIRS publication scheme	Publication Scheme in accordance with FOISA2002 and OSIC Guidance. Published and available on internet March 2016. Reviewed through GDPR process. Annual report to PDSP.	G
Council website	Responsibility for website allocated in Scheme of Delegation, maintained by Corporate Communications. Refreshed in 2016. Guidance on web content and administration on intranet. Performance reported in April 2018.	G
Online service information	Website and intranet contain extensive service information pages with an A-Z index and search facility. Responsibility for maintaining updating content devolved to services in accordance with corporate guidance. Part of digital transformation process. Performance reported in April 2018.	G



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B1. Openness		
Online application processes	Online application process in place for some applications. Part of Digital Transformation Strategy.	A
Decision-making rules (Standing Orders)	Available on internet and intranet. Reviewed and adopted in December 2016. Re-adopted in May 2017. Amended since via reports to council. Can only be amended by full council on notice given. Due for review in administrative term. Review ongoing per council decision on 13 February 2018.	G
Calendar of dates for submitting and publishing reports	Calendar of ordinary meetings approved annually by committee in March each year. Consultation beforehand with senior officers and chairs. Published and maintained on Coins. Schedule for reports attached to committee remit in Coins. Standing Orders state when reports to be submitted and then published.	G
Assessment and review of information provided for decision-making	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes sections for significant legal and financial implications. Draft reports assessed and checked by heads of Service, as responsible officers, prior to submission. Reports of corporate significance considered at EMT or CMT. Agenda-setting arrangements for committees and PDSPs. No post-meeting analysis to see how competent and complete reports have been. Template requires updating.	A
Committee report templates	Template and report-writing advice on intranet, used at all PDSP and committee meetings. Requires updating.	A
Public engagement strategy	Consultation pages on website. Open and close consultations collected and reported on service by service basis. Tenant engagement strategy. Use of social media.	G
Citizen survey/inspection	Citizen survey and inspection programme in place. Citizen Panel programme. Quality of Life Survey. Refreshed and relaunched in 2017/18 as response to BVAR recommendation and agreed action plan.	G
Use of consultation feedback	Consultation feedback reported to PDSP and committee when undertaken. Analysed and responded and fed into recommendations and reports. "You said, we did" information on website.	G
Record of professional advice in reaching decisions	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on consultations which covers legal and other professional advice. Minutes record significant legal advice given during meetings.	G
Record of decision making and supporting materials	Action Notes issued within 3 days of meetings. Minutes prepared in house style. Report template includes section on background references. All retained in accordance with statutory rules.	G

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<b>B1. Openness</b>		
Meeting reports show details of advice given	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on consultations which covers legal and other professional advice. No detail needed.	A
Equality impact assessment procedure	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on EQIAs. Procedures and guidance available on intranet for process and publication. Updating required following council on 13 February and due to new socio-economic duty.	A
Regular public performance reporting	WLAM reporting to Performance Committee. Service performance to PDSP quarterly. SPI service reporting through website. Performance themes reporting. Process reviewed in 2017/18 as response to BVAR recommendations and agreed actions.	G
Annual performance report	Factfile produced annually. Webpages cover service and corporate performance. Annual report to committee on performance through Local Government Benchmarking Framework.	G
Complaints procedure	Corporate Procedure adopted in accordance with SPSO requirements. Publicised on internet and at council offices. Recorded and managed via CRM. Quarterly reports to CMT and Performance Committee. Annual performance report to performance Committee. Participation in national benchmarking.	G
<b>B2. Engaging comprehensively with institutional stakeholders</b>		
(a) Effectively engaging with institutional stakeholders to ensure that the purpose, objectives and intended outcomes for each stakeholder relationship are clear so that outcomes are achieved successfully and sustainably		
(b) Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively		
(c) Ensuring that partnerships are based on: trust, a shared commitment to change, a culture that promotes and accepts challenge among partners and that the added value of partnership working is explicit		
<b>Evidence</b>		<b>RAG</b>
Database of stakeholders with whom the authority should engage	Management Plans include list of partners including institutional partners. Engagement and consultation strategy includes institutional consultees.	A

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<b>B2. Engaging comprehensively with institutional stakeholders</b>		
Partnership guidance	Partnership Guidance available on intranet. Made in 2010. Last reviewed in 2012. Ongoing work to have them incorporated into guidance on engagement with ALEOs and other outside bodies. Completed August 2018. Due to be rolled out in 2018/19.	A
Partnership records	Partnership Guidance available on intranet. Made in 2010. Last reviewed in 2012. Ongoing work to have them incorporated into guidance on engagement with ALEOs and other outside bodies. Includes requirement for records and lists to be maintained by services. Completed August 2018. Due to be rolled out in 2018/19.	A
Partnership performance assessment and reporting	Partnership Guidance available on intranet. Made in 2010. Last reviewed in 2012. Ongoing work to have them incorporated into guidance on engagement with ALEOs and other outside bodies. Includes requirement for reporting on performance where deemed appropriate by application of guidance. Completed August 2018. Due to be rolled out in 2018/19.	A

<b>B3. Engaging with individual citizens and service users effectively</b>		
(a) Establishing a clear policy on the type of issues that the council will meaningfully consult with or involve communities, individual citizens, service users and other stakeholders to ensure that service (or other) provision is contributing towards the achievement of intended outcomes		
(b) Ensuring that communication methods are effective and that members and officers are clear about their roles with regard to community engagement		
(c) Encouraging, collecting and evaluating the views and experiences of communities, citizens, service users and organisations of different backgrounds including reference to future needs		
(d) Implementing effective feedback mechanisms in order to demonstrate how views have been taken into account		
(e) Balancing feedback from more active stakeholder groups with other stakeholder groups to ensure inclusivity		
(f) Taking account of the impact of decisions on future generations of tax payers and service users		
<b>Evidence</b>		<b>RAG</b>

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<b>B3. Engaging with individual citizens and service users effectively</b>		
Public engagement strategy	Consultation pages on website. Open and closed consultations collected and reported on service by service basis. Tenant engagement strategy. Use of social media.	G
Communications strategy	West Lothian Way. Last reviewed 2014, due for review.	A
Citizen survey	Citizen survey and inspection programme in place. Citizen Panel programme. Quality of Life Survey. Refreshed and relaunched in 2017/18 as response to BVAR recommendation and agreed action plan.	G
Citizen-led inspection	Citizen survey and inspection programme in place. Citizen Panel programme. Quality of Life Survey. Refreshed and relaunched in 2017/18 as response to BVAR recommendation and agreed action plan.	G
Record of public consultations	Consultation feedback reported to PDSP and committee when undertaken. Analysed and responded and fed into recommendations and reports. "You said, we did" information on website. Open and closed consultations published.	G
Use of consultation feedback	Consultation feedback reported to PDSP and committee when undertaken. Analysed and responded and fed into recommendations and reports. "You said, we did" information on website. Open and closed consultations published.	G
Strategic needs assessment	Undertaken in relation to health and social care services and commissioning plans.	G
Complaints procedure	Corporate Procedure adopted in accordance with SPSO requirements. Publicised on internet and at council offices. Recorded and managed via CRM. Quarterly reports to CMT and Performance Committee. Annual performance report to performance Committee. Participation in national benchmarking.	G

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### C. Defining outcomes in terms of sustainable economic, social, and environmental benefits

The long-term nature and impact of many of local government's responsibilities mean that it should define and plan outcomes and that these should be sustainable. Decisions should further the council's purpose, contribute to intended benefits and outcomes, and remain within the limits of authority and resources. Input from all groups of stakeholders, including citizens, service users, and institutional stakeholders, is vital to the success of this process and in balancing competing demands when determining priorities for the finite resources available.

<b>C1. Defining outcomes</b>		
(a) Having a clear vision, which is an agreed formal statement of the council's purpose and intended outcomes containing appropriate performance indicators, which provide the basis for the council's overall strategy, planning and other decisions		
(b) Specifying the intended impact on, or changes for, stakeholders including citizens and service users. It could be immediately or over the course of a year or longer		
(c) Delivering defined outcomes on a sustainable basis within the resources that will be available		
(d) Identifying and managing risks to the achievement of outcomes		
(e) Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available		
<b>Evidence</b>		<b>RAG</b>
Goals, values and priorities	Values in West Lothian Way, noted in committee report template. Priorities set and explained in Corporate Plan approved 13 February 2018. Corporate Plan, supporting strategies and local outcomes improvement plan define outcome and performance indicators. Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes relevance to Corporate Plan. Requires updating and revision to refer to LOIP and new Corporate Plan and priorities.	G
Corporate plan	Corporate Plan 2018/23 approved on 13 February 2018. Supporting strategies to be approved in 2018/19. Council priorities identified with performance measures and outcomes.	G
Management plans	Management Plans prepared in accordance with Golden Thread from Corporate Plan. Approved at senior management level and to members and public via PDSPs. Set out activities, services, savings, budgets and performance measures.	G

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C1. Defining outcomes		
Activity budgets	Included in Management Plans (above)	G
Local Outcomes Improvement Plan	LOIP replaced SOAC. Agreed via Community Planning Partnership Board. Being reviewed in 2018/19.	G
Public engagement strategy	Consultation pages on website. Open and close consultations collected and reported on service by service basis. Tenant engagement strategy. Use of social media.	G
Regular reporting on delivery of outcomes	WLAM reporting to Performance Committee. Service performance to PDSP quarterly. SPI service reporting through website. Performance themes reporting. Process reviewed in 2017/18 as response to BVAR recommendations and agreed actions.	G
Annual report on delivery of outcomes	Factfile produced annually. Webpages cover service and corporate performance. Annual report to committee on performance through Local Government Benchmarking Framework.	G
Community Planning Partnership	Structure and reporting arrangements in place. Structure and purposes being reviewed in 2017/18. Due for completion in 2018/19.	A
Risk Management strategy	Risk management Strategy end of term report. Corporate Plan strategy to be approved in 2018/19 following adoption of Corporate Plan on 13 February 2018.	A
Risk management guidance and protocols	Guidance and protocols on internet. Overseen and advised by Audit, Risk & Counter Fraud Manager. Risk Champions appointed. Risk Management Working Group.	G
Scrutiny of risk arrangements	Management scrutiny through service management teams, high risks to Executive management Team, and reporting to Governance & Risk Board. Member scrutiny via Governance & Risk Committee established in June 2017.	G
Best Value framework	Best Value Framework approved in April 2014. Annual compliance statements. Checklists for service use. Due for review in this administrative term.	G

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<b>C2. Sustainable economic, social and environmental benefits</b>		
(a) Considering and balancing the combined economic, social and environmental impact of policies and plans when taking decisions about service provision		
(b) Taking a longer-term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the council's intended outcomes and short-term factors such as the political cycle or financial constraints		
(c) Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs		
(d) Ensuring fair access to services		
<b>Evidence</b>		<b>RAG</b>
Council's goals and values and priorities	Values in West Lothian Way, noted in committee report template. Priorities set and explained in Corporate Plan. Corporate Plan, supporting strategies and local outcomes Improvement Plan define outcome and performance indicators.	G
Financial strategy long term, revenue)	Three-year budgets and further two year plan approved on 13 February 2018. Quarterly monitoring reports to CMT and members at Council Executive. Financial Regulations reflect long-term strategy requirements.	G
Financial strategy (long-term, capital)	10 year capital programme approved on 13 February 2018. Quarterly monitoring reports to CMT and members at Council Executive. Financial Regulations reflect long-term strategy requirements.	G
Capital programme	Capital programme supported by Asset Management Strategy and six plans. Quarterly monitoring reports to CMT and members at Council Executive.	G
Strategic environment assessment	Scheme of Delegations allocates responsibility. Committee report template includes reference to SEA in Part C. Guidance available on intranet.	G
Decision-making rules (Standing Orders)	Available on internet and intranet. Reviewed and adopted in December 2016. Re-adopted in May 2017. Amended since via reports to council. Can only be amended by full council on notice given. Due for review in administrative term. Review ongoing per council decision on 13 February 2018.	G
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016.	G

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C2. Sustainable economic, social and environmental benefits		
Risk Management strategy	Risk management Strategy end of term report. Corporate Plan strategy to be approved in 2018/19 following adoption of Corporate Plan on 13 February 2018.	A
Risk management guidance and protocols	Guidance and protocols on internet. Overseen and advised by Audit, Risk & Counter Fraud Manager. Risk Champions appointed. Risk Management Working Group.	G
Scrutiny of risk arrangements	Management scrutiny through service management teams, high risks to Executive management Team, and reporting to Governance & Risk Board. Member scrutiny via Governance & Risk Committee established in June 2017.	G
Citizen survey	Citizen survey and inspection programme in place. Citizen Panel programme. Quality of Life Survey. Refreshed and relaunched in 2017/18 as response to BVAR recommendation and agreed action plan.	G
Use of consultation feedback	Consultation feedback reported to PDSP and committee when undertaken. Analysed and responded and fed into recommendations and reports. "You said, we did" information on website.	G
Record of professional advice in reaching decisions	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on consultations which covers legal and other professional advice. Minutes record significant legal advice given during meetings.	G
Record of decision making and supporting materials	Action Notes issued within 3 days of meetings. Minutes prepared in house style. Report template includes section on background references. All retained in accordance with statutory rules.	G
Public sector Equality Duty reporting	Mainstreaming report in accordance with legislation in June 2017. Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on EQIAs. Procedures and guidance available on intranet for process and publication. Updating required following council on 13 February and due to new socio-economic duty.	g
Equality impact assessment procedure	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on EQIAs. Procedures and guidance available on intranet for process and publication. Updating required following council on 13 February and due to new socio-economic duty.	A
Best Value Framework	Best Value Framework approved in April 2014. Annual compliance statements. Checklists for service use. Due for review in this administrative term.	G



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C2. Sustainable economic, social and environmental benefits		
Corporate Procurement Policy (non-commercial benefits)	Policy includes provision for social and economic benefits where competent and lawful (apprenticeships, living wage, employment practices). Taken into account in designing procurement strategies. Reported on as part of procurement and contract activity reporting.	G

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### D. Determining the interventions necessary to optimise the achievement of the intended outcomes

Local government achieves its intended outcomes by providing a mixture of legal, regulatory, and practical interventions (courses of action). Determining the right mix of these courses of action is a critically important strategic choice that the council has to make to ensure intended outcomes are achieved. It needs robust decision-making mechanisms to ensure that defined outcomes can be achieved in a way that provides the best trade-off between the various types of resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed frequently to ensure that achievement of outcomes is optimised.

D1. Determining interventions		
(a) Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and associated risks. Therefore ensuring best value is achieved however services are provided		
(b) Considering feedback from citizens and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts		
Evidence		RAG
Decision-making rules (Standing Orders)	Available on internet and intranet. Reviewed and adopted in December 2016. Re-adopted in May 2017. Amended since via reports to council. Can only be amended by full council on notice given. Due for review in administrative term. Review ongoing per council decision on 13 February 2018.	G
Calendar of dates for submitting and publishing reports	Calendar of ordinary meetings approved annually by committee in March each year. Consultation beforehand with senior officers and chairs. Published and maintained on Coins. Schedule for reports attached to committee remit in Coins. Standing orders state when reports to be submitted and then published.	G
Assessment and review of information provided for decision-making	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes sections for significant legal and financial implications. Draft reports assessed and checked by heads of Service, as responsible officers, prior to submission. Reports of corporate significance considered at EMT or CMT. Agenda-setting arrangements for committees and PDSPs. No post-meeting analysis to see how competent and complete reports have been. Template requires updating.	A
Committee report templates	Template and report-writing advice on intranet, used at all PDSP and committee meetings. Requires updating.	A

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D1. Determining interventions		
Public engagement strategy	Consultation pages on website. Open and close consultations collected and reported on service by service basis. Tenant engagement strategy. Use of social media.	G
Citizen survey	Citizen survey and inspection programme in place. Citizen Panel programme. Quality of Life Survey. Refreshed and relaunched in 2017/18 as response to BVAR recommendation and agreed action plan.	G
Use of consultation feedback	Consultation feedback reported to PDSP and committee when undertaken. Analysed and responded and fed into recommendations and reports. "You said, we did" information on website.	G
Options appraisal	Report template requires options to be appraised and compared. Professional and financial advice required and reported. SBCs used for capital projects. Procurement Strategies.	A
Financial strategy (long-term)	Three-year budgets and further two year plan approved on 13 February 2018. Quarterly monitoring reports to CMT and members at Council Executive. 10 year capital programme approved on 13 February 2018. Quarterly monitoring reports to CMT and members at Council Executive. Financial Regulations reflect long-term strategy requirements.	G
Record of professional advice in reaching decisions	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on consultations which covers legal and other professional advice. Minutes record significant legal advice given during meetings.	G
Record of decision making and supporting materials	Action Notes issued within 3 days of meetings. Minutes prepared in house style. Report template includes section on background references. All retained in accordance with statutory rules.	G
Meeting reports show details of advice given	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on consultations which covers legal and other professional advice. No requirement for detail to be provided.	A
Equality impact assessment procedure	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes section on EQIAs. Procedures and guidance available on intranet for process and publication. Updating required following council on 13 February and due to new socio-economic duty.	A

## APPENDIX 3

<b>D2. Planning interventions</b>		
(a) Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets		
(b) Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered		
(c) Considering and monitoring risks facing each partner when working collaboratively, including shared risks		
(d) Ensuring arrangements are flexible and agile so that the mechanisms for delivering goods and services can be adapted to changing circumstances		
(e) Establishing appropriate key performance indicators (KPIs) as part of the planning process in order to identify how the performance of services and projects is to be measured		
(f) Ensuring capacity exists to generate the information required to review service quality regularly		
(g) Preparing budgets in accordance with objectives, strategies and the medium term financial plan		
(h) Informing medium and long term resource planning by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy		
<b>Evidence</b>		<b>RAG</b>
Corporate Plan	Corporate Plan 2018/23 approved on 13 February 2018. Supporting strategies to be approved in 2018/19. Council priorities identified with performance measures and outcomes.	G
Management Plans	Management Plans prepared in accordance with Golden Thread from Corporate Plan. Approved at senior management level and to members and public via PDSPs. Set out activities, services, savings, budgets and performance measures.	G
Activity budgets	Included in Management Plans (above).	G
Calendar of dates for developing and submitting plans and reports	Major strategies supporting Corporate Plan being approved in June 2018 following approval of Corporate Plan on 13 February 2018. Performance monitoring reports and annual reports timetabled thereafter.	A
Alignment of plans, priorities, outcomes and budgets	Corporate Plan, Strategies, Outcomes, Financial Plans, Management Plans, Work Plans and budgets all aligned through The Golden Thread approach.	G

## APPENDIX 3

D2. Planning interventions		
Communications strategy	West Lothian Way. Last reviewed 2014, due for review.	A
Risk Management strategy	Risk management Strategy end of term report. Corporate Plan strategy to be approved in 2018/19 following adoption of Corporate Plan on 13 February 2018.	A
Risk management guidance and protocols	Guidance and protocols on internet. Overseen and advised by Audit, Risk & Counter Fraud Manager. Risk Champions appointed. Risk Management Working Group.	G
Scrutiny of risk arrangements	Management scrutiny through service management teams, high risks to Executive management Team, and reporting to Governance & Risk Board. Member scrutiny via Governance & Risk Committee established in June 2017.	G
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016.	G
Financial strategy (long-term)	Three-year budgets and further two year plan approved on 13 February 2018. Quarterly monitoring reports to CMT and members at Council Executive. 10 year capital programme approved on 13 February 2018. Quarterly monitoring reports to CMT and members at Council Executive. Financial Regulations reflect long-term strategy requirements.	G
Performance measures are relevant, useful and clear	Pentana used to record and monitor and report on PIs. Guidance on setting PIs on intranet. PIs reviewed at management team level. WLAM reporting and assessment by Chief Executive's WLAM Panel. Performance Committee reporting.	G
Performance monitoring and reporting	Pentana performance monitoring and reporting. WLAM reporting and assessment by Chief Executive's WLAM Panel. Performance Committee reporting. Local Government Benchmarking.	G
Scrutiny of financial performance	Service budget monitoring at Senior Management Teams. Quarterly monitoring reports to CMT and Council Executive. Quarterly reports to PDSPs on service performance to cover financial performance as well from June 2018.	A
Scrutiny of service performance	WLAM reporting and assessments. Performance Committee. EQAC. Quarterly PDSP reports. National benchmarking participation.	G

## APPENDIX 3

<b>D2. Planning interventions</b>		
Partnership guidance and framework	Partnership Guidance available on intranet. Made in 2010. Last reviewed in 2012. Ongoing work to have them incorporated into guidance on engagement with ALEOs and other outside bodies. Completed August 2018. Due to be rolled out in 2018/19.	A

<b>D3. Optimising achievement of intended outcomes</b>		
(a) Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints		
(b) Ensuring the budgeting process is all-inclusive, taking into account the full cost of operations over the medium and longer term		
(c) Ensuring the medium term financial strategy sets the context for ongoing decisions on significant delivery issues or responses to changes in the external environment that may arise during the budgetary period in order for outcomes to be achieved while optimising resource usage		
(d) Ensuring the achievement of “social value” through service planning and commissioning		
<b>Evidence</b>		<b>RAG</b>
Long-term financial strategy aligns service and financial information and performance	Corporate Plan, Financial Plan and Capital Programme reported to same meeting and all aligned and approved on 13 February 2018.	G
Corporate Plan demonstrates social value	Corporate Plan incorporates council values. Priorities reflect community needs and interests. Priorities include reducing poverty and protecting the elderly. Commitment to Corporate Governance principles including exercising powers in the public interest.	G
Management Plans demonstrate social value	Management Plans prepared in accordance with Golden Thread from Corporate Plan. Approved at senior management level and to members and public via PDSPs. Set out activities, services, savings, budgets and performance measures.	G
Local outcomes Improvement Plan demonstrates social value	LOIP replaced SOAC. Agreed via Community Planning Partnership Board. Being reviewed in 2018/19.	G
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016.	G

## APPENDIX 3

D3. Optimising achievement of intended outcomes		
Corporate Procurement Strategy	Corporate Procurement Strategy 2013/18 ended in 2018. End of strategy reporting carried out. Replacement to be in line with Corporate Plan and supporting strategies.	G
Contracts Standing Orders and Procurement Procedures	Contracts Standing Orders and supporting Corporate procurement procedures approved and on intranet. Due for review this administrative term.	A
Budget monitoring reporting	Quarterly monitoring reports to CMT and members at Council Executive. Financial Regulations reflect long-term strategy requirements.	G

## APPENDIX 3

### E. Developing the entity's capacity, including the capability of its leadership and the individuals within it

Local government needs appropriate structures and leadership, as well as people with the right skills, appropriate qualifications and mindset, to operate efficiently and effectively and achieve intended outcomes within the specified periods. The council must ensure that it has both the capacity to fulfil its own mandate and to make certain that there are policies in place to guarantee that its management has the operational capacity for the council as a whole. Because both individuals and the environment in which the council operates will change over time, there will be a continuous need to develop its capacity as well as the skills and experience of individual staff members. Leadership in local government is strengthened by the participation of people with many different types of backgrounds, reflecting the structure and diversity of communities.

<b>E1. Developing the entity's capacity</b>		
(a) Reviewing operations, performance and use of assets on a regular basis to ensure their continuing effectiveness		
(b) Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how resources are allocated so that defined outcomes are achieved effectively and efficiently		
(c) Recognising the benefits of partnerships and collaborative working where added value can be achieved		
(d) Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources		
<b>Evidence</b>		<b>RAG</b>
Regular reviews of activities, outputs and planned outcomes	Management Plans approved annually. Aligned to Corporate Plan. Performance indicators defined in hierarchy below corporate plan outcomes. Pentana performance monitoring. Service and financial performance reported quarterly to PDSPs from June 2018.	G
Budget monitoring arrangements	Budget monitoring at management teams. Quarterly reports to CMT. Pressures identified and mitigating actions taken and monitored. Quarterly monitoring reports to Council Executive. Service and financial performance reported quarterly to PDSPs from June 2018.	G
Capital Asset Strategy and Plan	Capital programme supported by Asset Management Strategy and six plans. Quarterly monitoring reports to CMT and members at Council Executive.	G



## APPENDIX 3

E1. Developing the entity's capacity		
Benchmarking arrangements	WLAM includes benchmarking as a standard. Service arrangements and networks. Reporting to Chief Executive's WLAM Panel and onward to Performance Committee. National benchmarking exercise. Annual reporting to Performance Committee. CSE and IIP awards.	G
Partnership guidance and framework	Partnership Guidance available on intranet. Made in 2010. Last reviewed in 2012. Ongoing work to have them incorporated into guidance on engagement with ALEOs and other outside bodies. Completed August 2018. Due to be rolled out in 2018/19.	A
WLAM	Corporate and service commitment to WLAM programme. Chief Executive Review Panels and Performance Committee reporting. CSE awards.	G
Performance monitoring and reporting	Pentana used to record and monitor and report on PIs. Guidance on setting PIs on intranet. PIs reviewed at management team level. WLAM reporting and assessment by Chief Executive's WLAM Panel. Performance Committee reporting. Local Government Benchmarking. EQAC. Quarterly PDSP reports.	G
People Strategy	People Strategy 2013/17 approved. End –of-period reporting. Supporting Action Plan. HR policies aligned to strategy. Replacement strategy to support the Corporate Plan under development in 2018, to be approved in June 2018.	G
Staff survey	Annual staff survey carried out. Rolled out to all employees in 2017/18. Results analysed and reported to services. Focus Groups held to identify improvements. Actions designed. Reported to PDSP.	G
APR	ADR rolled out in 2016/17 for all staff. Core Competencies from Depute Chief Executives down include delivering outcomes in ways consistent with the council's values and strategies, championing the goals and values of the council. Due for review this administrative term.	G
Workforce development plan	People Strategy requires a structured approach to workforce and succession planning. Requires an updated Workforce Plan each financial year as a baseline for managing resource issues. Summary in Management Plan and aligned with activity based budgets.	G
Succession planning	People Strategy requires a structured approach to workforce and succession planning. Requires an updated Workforce Plan each financial year as a baseline for managing resource issues. Summary in Management Plan and aligned with activity based budgets.	G

## APPENDIX 3

<b>E2. Developing the capability of the council's leadership and other individuals</b>		
(a) Developing protocols to ensure that elected and appointed leaders negotiate with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained		
(b) Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the council		
(c) Ensuring the leader and the chief executive have clearly defined and distinctive leadership roles within a structure whereby the chief executive leads in implementing strategy and managing the delivery of services and other outputs set by members and each provides a check and a balance for each other's authority		
(d) Developing the capabilities of members and senior management to achieve effective leadership and to enable the council to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks by: - <ul style="list-style-type: none"> <li>• ensuring members and staff have access to appropriate induction tailored to their role and that ongoing training and development matching individual and organisational requirements is available and encouraged</li> <li>• ensuring members and officers have the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities and ensuring that they are able to update their knowledge on a continuing basis</li> <li>• ensuring personal, organisational and system-wide development through shared learning, including lessons learnt from governance weaknesses both internal and external</li> </ul>		
(e) Ensuring that there are structures in place to encourage public participation		
(f) Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from peer review and inspections		
(g) Holding staff to account through regular performance reviews which take account of training or development needs		
(h) Ensuring arrangements are in place to maintain the health and wellbeing of the workforce and support individuals in maintaining their own physical and mental wellbeing		
<b>Evidence</b>		<b>RAG</b>
Role descriptions for members	Approved November 2016, post-election Induction Pack, review required during administrative term.	G
Job descriptions for officers	All posts have role descriptions and core competencies for recruitment and job evaluation purposes.	G
Liaison between Chief Executive and Council Leader	Formal and informal liaison and access arrangements in place. Joint attendance at COSLA Leaders.	G

## APPENDIX 3

E2. Developing the capability of the council's leadership and other individuals		
Liaison between Chief Executive and political group leaders	Formal liaison and access arrangements in place.	G
Liaison between senior officers and Executive Councillors	Formal and informal liaison and access arrangements in place. Agenda-setting arrangements for PDSP meetings.	G
Standing Orders for Meetings, Scheme of Delegations, Scheme of Administration, Financial Regulations	All are approved through council or committee. Published on intranet. Reviewed and updated once each administrative term and as required.	G
Members' training (induction and ongoing, personal development plans)	Post-election arrangements made through officer working group. Included feedback and input from elected members for induction and ongoing training. Planning of training reflects needs expressed by members. Allocation of training days in calendar of meetings. PDPS offered to all. Training for regulatory committees compulsory via Scheme of Administration.	G
Staff induction and training	Induction procedures and checklists in place for all staff. Separate process for managers. Managers Development programme rolled out in early 2018.19. Covered in ADR process.	G
Officer ADR	ADR rolled out in 2016/17 for all staff. Core Competencies from Depute Chief Executives down include delivering outcomes in ways consistent with the council's values and strategies, championing the goals and values of the council. Due for review this administrative term.	G
Succession planning	People Strategy requires a structured approach to workforce and succession planning. Requires an updated Workforce Plan each financial year as a baseline for managing resource issues. Summary in Management Plan and aligned with activity based budgets.	G
HR policies to support officers	HR Policies aligned to People Strategy. All available on MyToolkit. TU liaison and negotiation agreements and input. HR Policies reviewed every administrative term.	G
Communication strategy	West Lothian Way. Last reviewed 2014, due for review.	A
Public engagement strategy	Consultation pages on website. Open and close consultations collected and reported on service by service basis. Tenant engagement strategy. Use of social media.	G
Stakeholder forums	Citizen-led inspection programme. Citizens Panel. Quality of Life Survey. Tenants Panel. Senior People's Forum. Licensing Forum. Consultation Forum.	A

## APPENDIX 3

### F. Managing risks and performance through robust internal control and strong public financial management

Local government needs to ensure that the organisations and governance structures that it oversees have implemented, and can sustain, an effective performance management system that facilitates effective and efficient delivery of planned services. Risk management and internal control are important and integral parts of a performance management system and are crucial to the achievement of outcomes. Risk should be considered and addressed as part of all decision making activities. A strong system of financial management is essential for the implementation of policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery and accountability. It is also essential that a culture and structure for scrutiny are in place as a key part of accountable decision making, policy making and review. A positive working culture that accepts, promotes and encourages constructive challenge is critical to successful scrutiny and successful service delivery. Importantly, this culture does not happen automatically, it requires repeated public commitment from those in authority.

F1. Managing risk		
(a) Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making		
(b) Implementing robust and integrated risk management arrangements and ensuring that they are working effectively		
(c) Ensuring that responsibilities for managing individual risks are clearly allocated		
Evidence		RAG
Risk management strategy/policy formally approved, adopted, reviewed and updated on a regular basis	Risk management Strategy 2013/17 and end of term report. New strategy to be approved in 2018/19 following adoption of Corporate Plan on 13 February 2018. Guidance and protocols on internet. Overseen and advised by Audit, Risk & Counter Fraud Manager. Risk Champions appointed. Risk Management Working Group. Management scrutiny through service management teams, high risks to Executive management Team, and reporting to Governance & Risk Board. Member scrutiny via Governance & Risk Committee established in June 2017.	G
Corporate risk register	Maintained on Pentana. Overseen by Audit, Risk & Counter Fraud Manager. Reviewed at EMT. High risks to Governance & Risk Committee.	G
Service risk registers	Maintained on Pentana. Overseen by CMT. Reviewed at SMT meetings. High risks and strategic risks to EMT and to Governance & Risk Committee. Risk Champions appointed.	G

## APPENDIX 3

F1. Managing risk		
Identification of actions and allocation of responsible officers	Pentana includes provision for mitigation measures to be listed and mitigations actions identified and monitored for completion. Reports to senior management teams in services. Risk Working Group and Governance & Risk Board.	G
Risk Working Group and Risk Champions	Champions designated for services. Members of Risk Working Group, reporting to Governance & Risk Board. Group has defined remit, reviewed annually.	G
Governance & Risk Board	Chaired by Depute Chief Executive. Members include Monitoring Officer, the Audit Risk and Counter Fraud Manager, the Governance Manager, the Chief Solicitor and senior managers service areas. Reports from officer working groups on risk and corporate governance. Monitors corporate and high risks. Considers the annual report on corporate governance and the compliance statements and annual governance statement.	G
Governance & Risk Committee	Remit and powers defined in Scheme of Administration. Receives standing and <i>ad hoc</i> reports on risk and governance. Self-assessment carried out in 2017/18. Approves annual governance statement.	G
Risk Management Annual Plan	Annual Plan approved by Governance & Risk Committee. Sets out proactive and reactive work and allocation of resources. Includes performance indicators.	G

F2. Managing performance
(a) Monitoring service delivery effectively including planning, specification, execution and independent post implementation review
(b) Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the council's financial, social and environmental position and outlook
(c) Ensuring an effective scrutiny or oversight function is in place which provides constructive challenge and debate on policies and objectives before, during and after decisions are made thereby enhancing the council's performance and that of any organisation for which it is responsible
(d) Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement
(e) Ensuring there is consistency between specification stages (such as budgets) and post implementation

## APPENDIX 3

F2. Managing performance		
Evidence		RAG
Identification of outcomes in Corporate Plan and Local Outcomes Improvement Plan	Corporate Plan and LOIP have high-level outcomes and performance measures. Based on corporate and community planning priorities.	G
Management plans aligned to Corporate Plan	Management Plans prepared in accordance with Golden Thread from Corporate Plan. Approved at senior management level and to members and public via PDSPs. Set out activities, services, savings, budgets and performance measures.	G
Calendar of dates for submitting, publishing and distributing timely reports that are adhered to	Calendar of ordinary meetings approved annually by committee in March each year. Consultation beforehand with senior officers and chairs. Published and maintained on Coins. Schedule for reports attached to committee remit in Coins. Standing Orders state when reports to be submitted and then published.	G
Agreement on the information that will be needed and timescales	Report template sets out requirements for committee reports. Timetable of meetings confirms meeting dates. Separate timetable provided for officers for submission of reports for agenda-setting and actual meetings.	G
Committee remits and powers defined	Scheme of Administration shows remits and powers and restrictions. Scheme updated when required following council decisions. Can only be amended by full council. Reviewed once each administrative term.	G
Pre-decision consideration at PDSPs	Policy changes (new and amendments) and consultation responses require prior consideration at PDSP meetings. Outcome of consideration to be included in information provided to committee when decisions are made.	A
Publication of agendas, reports and minutes of meetings	Standing Orders set deadlines and procedures for publication of agendas and reports. Publication is via internet. Minutes are published when agenda for following meeting is issued. Public reporting is default position.	G
Discussion between members and officers on the information needs of members to support decision making	Discussions following members' induction process in May 2017. Informed by pre-election working group and consultations. Work Plans for scrutiny committees invite members to advise of training needs. Officers engage with groups around training needs.	A

## APPENDIX 3

F2. Managing performance		
The role and responsibility for scrutiny has been established and is clear	Scrutiny is established through remits and powers of PDSPs and committees in Scheme of Administration. Training is offered to members. Minutes of scrutiny committees are reported to full council for noting.	A
Agenda, reports and minutes of scrutiny meetings	Agendas and reports are prepared and circulated in accordance with Standing Orders. Minutes record members' concerns and questioning during meetings.	G
Establishment, recording and review of performance indicators	Performance management and monitoring arrangements ensure PIs are identified and are regularly reviewed to ensure continuing fitness for purpose. Pentana available for recording performance and explanations for failures.	G
Measurement of performance and recording of performance against indicators	Pentana identifies officers responsible for monitoring and maintaining records. Regular monitoring and reporting at management teams and Performance Committee.	G
Training for members	Members' training requirements assessed before May 2017 elections, Induction training. Additional sessions at scrutiny committees.	A
Membership of scrutiny bodies to reflect political parties and balance	All parties represented on those committees. Proportions determined as a political decision.	A
Chairs independent of administration group	Chairs of Audit and Governance & Risk Committees cannot be from the administration. No such provision for other scrutiny committees.	A
Reporting on corporate performance	BVAR identified need to review effectiveness of corporate performance reporting. Review carried out and ongoing at year end. Concluded by end June 2018. Emphasis on corporate aspects via Performance Committee. Public reporting of SPIs via website.	A
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016.	G
Linkage of service performance and financial performance	BVAR identified need to review effectiveness of performance reporting and bring service and financial reporting together. Review carried out and ongoing at year end. Concluded by end June 2018. PDSP reports include budget/financial information alongside service performance data.	A
Benchmarking arrangements	Participation in Local Government Benchmarking Framework. Services take part in their own networking and benchmarking arrangements. WLAM includes benchmarking as standard element in appraisal.	G

## APPENDIX 3

<b>F2. Managing performance</b>		
Public performance reporting	WLAM reporting to Performance Committee. Service performance to PDSP quarterly. SPI service reporting through website. Performance themes reporting. Process reviewed in 2017/18 as response to BVAR recommendations and agreed actions.	G
Annual reports to the public	Factfile produced annually. Webpages cover service and corporate performance. Annual report to committee on performance through Local Government Benchmarking Framework.	G

<b>F3. Robust internal control</b>		
(a) Aligning the risk management strategy and policies on internal control with achieving objectives		
(b) Evaluating and monitoring risk management and internal control on a regular basis		
(c) Ensuring effective counter fraud and anti-corruption arrangements are in place		
(d) Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor		
(e) Ensuring an audit committee or equivalent group/function, which is independent of the executive and accountable to the council, provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment, and that its recommendations are listened to and acted upon		
<b>Evidence</b>		<b>RAG</b>
Internal Audit function, independent, resourced and maintained	Independent internal audit function maintained in accordance with legislation and PSIAS. Annual report on activity and compliance. Part of system of internal control. Peer review carried out periodically. Resourcing is reported and any impact on ability to complete annual plan is reported and noted.	G
Internal Audit plan	Annual Internal Audit Plan reported through Governance & Risk Board to Audit Committee for approval.	G



## APPENDIX 3

F3. Robust internal control		
Internal Audit reports	Internal audit reports of significance are reported to Audit Committee. Reports include agreed actions to be noted by committee. Actions recorded in Pentana and progress/completion reported biannually to committee.	G
Annual Internal Audit report	Annual report to committee to advise of completion (or not) of annual plan. Includes reactive work. Interim report at half-year stage. Includes prioritisation.	G
Risk management strategy/policy has been formally approved and adopted and is reviewed and updated on a regular basis	Audit and Risk Strategy came to an end in 2018. End of strategy report. New Risk Strategy now agreed. Risk Management Policy in place. Covered in annual plan and risk management report. Independence assured through external reporting on service provided.	G
Risk Management plan	Annual Plan reported through Governance & Risk Board to Governance & Risk Committee for approval.	G
Risk Management Annual Report	Annual report to committee to advise of completion (or not) of annual plan. Includes reactive work. Interim report at half-year stage. Includes prioritisation.	G
Corporate risk register	Corporate risk register maintained on Pentana. Regular review at EMT. Allocated to appropriate officers. Mitigation measures and actions identified and progress logged. Standing report to governance & Risk Committee.	G
Service risk registers	Service risks identified and recorded and monitored on Pentana. Appropriate responsible officers identified. Risks reviewed at SMT meetings. Reporting to Governance & Risk Committee on service approach and on specific risks.	G
Counter Fraud Annual plan (Code of Practice on Managing the Risk of Fraud and Corruption, CIPFA, 2014)	Annual Plan reported through Governance & Risk Board to Governance & Risk Committee for approval.	G
Counter Fraud Annual Report	Annual report to committee to advise of completion (or not) of annual plan. Includes reactive work. Interim report at half-year stage. Includes prioritisation.	G
Annual review of system of internal control	Carried out by Audit Risk & Counter Fraud Manager. Complaint with PSIAS and Accounts Regulations 2014. Reported as part of Internal Audit Annual report to Governance & Risk Committee. Informs annual governance statement.	G

## APPENDIX 3

F3. Robust internal control		
Annual governance statement	Responsibility of Governance manager in Scheme of Delegations. Completed annually via Governance & Risk Board and to Governance & Risk Committee in June each year. Completed in accordance with CIPFA/SOLACE Framework (2016).	G
Committee remits and powers	Scheme covers all committees and other bodies with member involvement. Remits and powers defined. Available on internet and intranet. Includes separate remits for Audit Committee and Governance & Risk Committee. Both committees carry out annual self-assessment exercises. Can only be amended by full council on notice given.	G
Audit committee complies with best practice	Audit Committee operates in accordance with legislation and best practice, including PSIAS. Defined remit and powers. Minutes reported to full council for information.	G
Governance & Risk Committee	Defined remit and powers. Approves annual governance statement. Minutes reported to full council for information.	G
Anti-Fraud and Corruption Policy and procedures	Policy reviewed in 2015/16, approved at Council Executive on 1 March 2016, review scheduled for September 2019. Annual Counter Fraud Plan and end of year reports to Audit Committee. Annual Compliance Statement by Head of Finance & Property Services.	G
Training for members	Scrutiny training included in induction programme. Both committees provided with presentations and training on respective remits. Self-assessment carried out annually, including consideration of training needs.	G
Membership of scrutiny bodies to reflect political parties, political balance and independence of administration group	All parties represented on those committees. Proportions determined as a political decision. Reviewed following BVAR in 2018. Scrutiny also at PDSPs.	A
Chairs independent of administration group	Chairs of Audit and Governance & Risk Committees cannot be from the administration. No such provision for other scrutiny committees. Reviewed following BVAR in 2018.	A

## APPENDIX 3

F4. Managing data		
(a) Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data		
(b) Ensuring effective arrangements are in place and operating effectively when sharing data with other bodies		
(c) Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring		
Evidence		RAG
Designated data protection officer	Interim DPO identified in course of implementation of GDPR. Requires to be finalised and recorded appropriately in Scheme of Delegations.	A
Designated ILO	ILOS identified for all services. Training provided with access to appropriate software. Meetings of IMWG.	G
Data protection policies and procedures, including data security and labelling	Policies reviewed in preparing for GDPR in May 2018. Compulsory e-training for all staff. IT Strategy approved based on Corporate Plan. Annual compliance statement. Policies reviewed regularly.	G
Data sharing agreements in place	Policies reviewed in preparing for GDPR in May 2018. Training provided for all ILOs to ensure appropriate agreements in place. Contracts provide for data sharing where required. IMWG oversees compliance, new responsibility for DPO under GDPR.	G
Data processing agreements in place	Policies reviewed in preparing for GDPR in May 2018. Training provided for all ILOs to ensure appropriate agreements in place. Contracts provide for data sharing where required. IMWG oversees compliance, new responsibility for DPO under GDPR.	G
IT/software protection	IT services provide up-to-date and secure protection against data theft or data loss. Compulsory e-training for all staff. Risk register records risk of breach and mitigating actions and measures.	G
Records Management compliance	PRSA compliance under interim DPO. Compulsory e-training for all staff. Introduction of Objective. Annual reporting via PDSP. Policies reviewed in preparing for GDPR in May 2018.	G
Procedures for responding to subject access requests	Policies reviewed in preparing for GDPR in May 2018. CRM use. ILOs responsible for compliance.	G

## APPENDIX 3

F4. Managing data		
Data breach procedure – reporting and risk assessment	Procedures and mechanisms in place. Internal audit report found control to be unsound. Remedial actions agreed and completed. Follow-up report by Internal Audit. Reviewed as part of preparation for GDPR.	G
Information Management Working Group	IMWG meets regularly, Chaired by DPO. Attended by ILOS for all services. Compliance with SARs reviewed. Reports to CMT and PDSP on compliance. Annual compliance statement.	G

F 5. Strong public financial management		
(a) Ensuring financial management supports both long term achievement of outcomes and short-term financial and operational performance		
(b) Ensuring well-developed financial management is integrated at all levels of planning and control, including management of financial risks and controls		
Evidence		RAG
Finance Officer role identified and supported (CIPFA's Statement on the Role of the Chief Financial Officer in Local Government, CIPFA, 2016)	Role and responsibilities recognised and allocated in Scheme of Delegations to Officers, as a proper Officer position. Role description appended to Scheme. Statutory Officer status reflected in reporting to full council. Role description requires updating.	A
Financial Regulations	Made in accordance with legislation. Part of Standing Orders. Responsibility allocated in Scheme of Delegations. Reviewed and updated in 2016.	G
Budget control and monitoring guidance	Financial Regulations cover budget control procedure and responsibilities. Supported by additional guidance and allocated officer from FMU. Guidance and procedures reviewed and refreshed to address particular pressures such as TYC projects.	G
Budget and financial information passed to committee	Report template requires information on financial implications and on advice from FMU to be noted.	G
FMU support and advice through designated officers	Officers allocated to services to ensure good working knowledge of service pressures and good working relationships.	G
Mid to long-term financial strategy and planning	Three-year detailed budgets and further two-year financial strategy agreed in February 2018.	G

## APPENDIX 3

F 5. Strong public financial management		
Budget monitoring at service levels	Budgets allocated to Heads of Service. Regular reviews at SMT and then at DMT meetings. Continuous review via DMT, EMT and CMT.	G
Budget monitoring at Corporate Management Team	Budgets allocated to Heads of Service. Regular reviews at SMT and then at DMT meetings. Continuous review via DMT, EMT and CMT.	G
Budget mentoring at Executive Management Team	Budgets allocated to Heads of Service. Regular reviews at SMT and then at DMT meetings. Continuous review via DMT, EMT and CMT.	G
Quarterly budget monitoring reports to members	Budget monitoring reports quarterly to committee. Required by Financial Regulations	G
Identification and registering of financial pressures and risks	Risk register maintained at corporate and service levels. Regular reviews via SMT and EMT. Actions required to address pressures are identified and progress tracked and reported.	G
Review of system of internal control	Carried out by Audit Risk & Counter Fraud Manager. Complaint with PSIAS and Accounts Regulations 2014. Reported as part of Internal Audit Annual report to Governance & Risk Committee. Informs annual governance statement.	G
External audit report	Report to full council by statutory deadline in December. Actions identified and agreed. Referred on to Audit Committee for scrutiny. Pentana used to record actions and progress. Biannual reports back to committee on outstanding actions.	G

## APPENDIX 3

### G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability

Accountability is about ensuring that those making decisions and delivering services are answerable for them. Effective accountability is concerned not only with reporting on actions completed, but also ensuring that stakeholders are able to understand and respond as the council plans and carries out its activities in a transparent manner. Both external and internal audit contribute to effective accountability.

G1. Implementing good practice in transparency		
(a) Writing and communicating reports for the public and other stakeholders in a fair, balanced and understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate		
(b) Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand		
Evidence		RAG
Website	Responsibility for website allocated in Scheme of Delegation, maintained by Corporate Communications. Refreshed in 2016. Guidance on web content and administration on intranet. Performance reported in April 2018.	G
Communication strategy and guidance	West Lothian Way. Last reviewed 2014, due for review.	A
Report templates	Template and report-writing advice on intranet, used at all PDSP and committee meetings, Part C includes relevance to Corporate Plan. Requires updating and revision to refer to LOIP and new Corporate Plan and priorities.	A
Public performance reporting	WLAM reporting to Performance Committee. Service performance to PDSP quarterly. SPI service reporting through website. Performance themes reporting. Process reviewed in 2017/18 as response to BVAR recommendations and agreed actions.	G
Annual performance report (Factfile)	Factfile produced annually. Webpages cover service and corporate performance. Annual report to committee on performance through Local Government Benchmarking Framework.	G
The Bulletin	Bulletin delivered quarterly to all households.	G

## APPENDIX 3

<b>G1. Implementing good practice in transparency</b>		
Social media usage	Social media extensively used and followed. No formal inclusion in West Lothian Way.	G

<b>G2. Implementing good practices in reporting</b>		
(a) Reporting at least annually on performance, value for money and stewardship of resources to stakeholders in a timely and understandable way		
(b) Ensuring members and senior management own the results reported		
(c) Ensuring robust arrangements for assessing the extent to which the principles contained in this Framework have been applied and publishing the results on this assessment, including an action plan for improvement and evidence to demonstrate good governance (the annual governance statement)		
(d) Ensuring that this Framework is applied to jointly managed or shared service organisations as appropriate		
(e) Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timely basis and the statements allow for comparison with other, similar organisations		
<b>Evidence</b>		<b>RAG</b>
Annual report on performance (Fact File)	Factfile produced annually. Webpages cover service and corporate performance. Annual report to committee on performance through Local Government Benchmarking Framework.	G
Scrutiny committees	Scrutiny committees consider service and financial performance reports. They monitor completion of risk actions arising from internal and external audit reports.	G
Local Code of Corporate Governance	New Local Code adopted for use in 2017.18 reporting. Complies with CIPFA/SOLACE Framework. Reported via annual governance statement then Council Executive and Governance & Risk Committee.	G
Annual Governance Statement	Responsibility of Governance manager in Scheme of Delegations. Completed annually via Governance & Risk Board and to Governance & Risk Committee in June each year. Completed in accordance with CIPFA/SOLACE Framework (2016).	G

## APPENDIX 3

<b>G3. Assurance and effective accountability</b>		
(a) Ensuring that recommendations for corrective action made by external audit are acted upon		
(b) Ensuring an effective internal audit service with direct access to members is in place, providing assurance with regard to governance arrangements and that recommendations are acted upon		
(c) Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations		
(d) Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement		
(e) Ensuring that when working in partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met		
<b>Evidence</b>		<b>RAG</b>
Audit Committee reporting and monitoring	Significant Internal Audit reports to committee. Include agreed actions and timescales for noting, Actions recorded in Pentana. Biannual reports to committee on outstanding and overdue actions.	G
Internal audit service (PSIAS and CIPFA complaint))	Internal Audit function is compliant. Annual Internal Audit Report considers compliance. External assurance obtained from different council.	G
Reporting inspection outcomes to members and public	Inspection outcomes are reported to members at PDSP and/or committee. Reports available to public on council and inspecting agency websites. Reported together in "Audit, Inspections, and Awards" pages on website.	G
Annual governance statement	Responsibility of Governance manager in Scheme of Delegations. Completed annually via Governance & Risk Board and to Governance & Risk Committee in June each year. Completed in accordance with CIPFA/SOLACE Framework (2016).	G
Risk strategy and reporting	Risk management procedures in place. Strategy to be approved in support of Corporate Plan early in 2018/19. Reporting procedures established via Governance & Risk Board, CMT, EMT and Governance & Risk Committee. Register maintained on Pentana. Mitigations and actions recorded and monitored.	G
Partnership guidance	Partnership Guidance available on intranet. Made in 2010. Last reviewed in 2012. Ongoing work to have them incorporated into guidance on engagement with ALEOs and other outside bodies. Completed August 2018. Due to be rolled out in 2018/19.	A