West Lothian Council

Governance and Risk Committee

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

17 January 2018

A meeting of the **Governance and Risk Committee** of West Lothian Council will be held within **Conference Room 3, West Lothian Civic Centre** on **Monday 22 January 2018** at **2:00 p.m**.

For Chief Executive

BUSINESS

Public Session

1.   Apologies for Absence

2.   Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest.

3.   Order of Business, including notice of urgent business and declarations of interest in any urgent business

4.   Confirm Draft Minute of Meeting of the Governance and Risk Committee held on Monday 9 October 2017 (herewith).

5.   High Risks - Report by Head of Finance and Property Services (herewith)

6.   Management of Health & Safety Risks - Report by Head of Corporate Services (herewith)

7.   Risk Management Within Social Policy - Report by Head of Social Policy (herewith)

8.   Committee Self-Assessment - Report by Governance Manager (herewith)

9.   Workplan (herewith)

DATA LABEL: Public

NOTE   **For further information please contact Elaine Dow on 01506 281594 or email elaine.dow@westlothian.gov.uk**

MINUTE of MEETING of the GOVERNANCE AND RISK COMMITTEE of WEST LOTHIAN COUNCIL held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, on 9 OCTOBER 2017.

Present – Councillors Damian Timson (Chair), Lawrence Fitzpatrick and Chris Horne.

Apologies – Councillor Harry Cartmill

In attendance

Graham Hope (Chief Executive), Donald Forrest (Head of Finance and Property Services), James Millar (Governance Manager), Kenneth Ribbons (Audit, Risk & Counter Fraud Manager) and Ian Forrest (Interim IT Services Manager).

1.   DECLARATIONS OF INTEREST

      There were no declarations of interest made.

2.   MINUTE

      The committee approved the draft minute of its meeting held on 19th June 2017. The minute was thereafter signed by the Chair.

      Decision

      To approve the draft minute of its meeting held on 19th June 2017.

3.   RISK MANAGEMENT WITHIN FINANCE AND PROPERTY SERVICES

      The committee noted the terms of an interesting presentation by the Audit Risk and Counter Fraud Manager (copies of which had been circulated) which provided an overview of risk management within finance and property services. The presentation gave the committee a comprehensive overview of the definition of risk; the corporate arrangements that were in place for recording and tracking risks; a summary of service risks and scoring matrix; an outline of the management review progress including the monthly and annual reviews that were undertaken; and full information on the high and medium risks within the service. The presentation concluded that a robust approach to identifying and managing risks had been implemented. Risks were being regularly reviewed by the Service Management Team and there was a complete audit trail of the review process and changes.

      The committee then moved on to consider a report by the Head of Finance and Property Services (copies of which had also been circulated) which expanded on the approach to risk management within Finance and Property Services.

      The report explained that in accordance with corporate requirements,

Finance and Property Services maintained its risk register in Pentana Performance (formerly Covalent), the council's corporate risk management tool. Risks were reviewed on a monthly basis and there was a complete audit trail of the review process in the form of meeting papers and the action note stored in Pentana. Agreed changes to risks or risk actions were evidenced in Pentana.

Members noted that in accordance with the corporate protocol approved by the Governance and Risk Board, relevant recommendations for improvement identified by internal audit, external audit, the councils' risk consultant Gallacher Basset and any other relevant inspector were added to Pentana risk actions. Progress in implementing those risk actions was also reported to the service management time on a monthly basis to facilitate their timeous completion.

The Audit, Risk and Counter Fraud Manager reported council-wide audit and inspection recommendations entered into Pentana and which had not been implemented to the Audit Committee in June each year.

It was recommended that the committee notes the robust methods in place and the approach taken to risk management by Finance and Property Services.

Arising from a question, members heard that the services offered by Gallacher Bisset, the council's risk consultant, were provided free of charge and were assured that should that change, the council's procurement procedures would be followed to secure a replacement.

Decision

To note the recommendation in the report;

4.   EXTERNAL AUDITORS' REPORT 2016/17

The committee considered a report (copies of which had been circulated) by the Governance Manager concerning the elements of the external auditors' report on the council's annual accounts for 2016/17 which were relevant to the remit of the committee.

The report explained that the council's unaudited accounts had been submitted to Ernst & Young, its external auditors, in June 2017 before being made available for public inspection and objection. Thereafter, the audit report had been addressed to members of the council and simultaneously forwarded to the Controller of Audit as part of the audit process. Most of the contents in the report from Ernst & Young, which had been provided as an appendix, were relevant to the remit of the Audit Committee and would be considered at the next meeting of that committee along with the overall conclusions and recommendations from the report.

The report summarised Ernst & Young's findings on the risk and governance issues that were most relevant to the Governance and Risk Committee as the risk of fraud in income and/or expenditure recognition;

management override of controls; valuation of property, plant and equipment; and retirement benefits. Their findings on governance and transparency were also summarised in the report.

The report moved on to explain that recommendations made in relation to the Audit and Governance & Risk committee arrangements had been generally accepted in the management response, except a commitment to change the Scheme of Administration, which was a matter for members. Furthermore, recommendations made regarding the relationship between Audit Committee and Governance & Risk Committee and their working arrangements had also been accepted in the management response.

It was recommended that the Governance and Risk Committee:

1. Notes the terms of the external auditors' 2016/17 Annual Audit Report which was reported to the council on 26th September 2017;

2. Notes the summary of matters in the auditors' report which were relevant to the remit of the committee;

3. Notes that the council agreed on 26 September 2017 in relation to Action Points 8, 9 and 10 of the report, officers should report to the next council meeting with appropriate advice and suggested changes to Standing Orders and the Scheme of Administration for consideration by members;

4. Notes that the auditors' report would be considered by the Audit Committee at its next scheduled meeting for its own interests; and

5. Considers any actions or recommendations that might be made in relation to matters in the auditors' report which were relevant to the remit of the committee

Following discussion, members heard that local authorities who had not fully implemented a 3% increase in council tax in the current financial year would be able to request permission from the Scottish Government to implement an increase in excess of 3% in financial year 2018/19. The committee also heard that HR Learning & Development was analysing feedback from the recent election member induction training with a view to introducing learning plans for councillors to deliver appropriate ongoing training.

Members were assured that the overlap of Chairs and Vice Chairs of both the Audit Committee and the Governance Committee, together with the ongoing dialogue between the Governance Manager and the Audit, Insurance and Corporate Risk Manager, would ensure no duplication of business by the committees and would also minimise the risk of items not being considered by the appropriate committee.

Decision

To approve the recommendations contained in the report;

5.   <u>CORPORATE GOVERNANCE – ANNUAL REPORT</u>

The committee considered a report (copies of which had been circulated) by the Governance Manager inviting the committee to consider the annual report on corporate governance which had been referred by the Council Executive for consideration.

The report provided members with information on the background to the definition of governance and explained that to ensure the council adhered to rules of good corporate governance, it maintained a Local Code of Corporate Governance which set out the principles and standards by which good governance was judged. The code was based on a Framework called "Delivering Good Governance in Local Government" produced by CIPFA/SOLACE.

The report also provided members with information on the council's responsibility for achieving good standards of corporate governance and outlined the roles and responsibilities of officers and the Governance & Risk Board to ensuring compliance.

The annual report on compliance, which had been provided as an appendix, had been submitted to the Council Executive as required to by Code to allow the council to be assured that the requirements of good corporate governance were being met. The Council Executive had agreed that as part of the recurring annual process that the report should be referred to the Governance and Risk Committee for consideration.

The report recommended that the committee should have regard to part of the guidance on the new 2016 CIPFA/SOLACE Framework which set out points for members to bear in mind when considering the adequacy of their governance arrangements as listed in the report.

It was recommended that the Governance and Risk Committee consider the annual report on Corporate Governance and identify any areas of concern and actions that may be required.

A discussion ensued during which time the committee noted that new arrangements in respect of Information Security and improvement actions were being monitored via Pentana and heard that the Audit, Risk & Counter Fraud Manager would provide a following up report to the Audit Committee.

The Governance Manager explained to members that he did not feel the number of tribunal cases referred to in the annual report to be high and that he would ask the Head of Corporate Services for a breakdown of the number of cases in recent years to carry out a comparison.

In response to a question, the committee requested that the Head of Corporate Services provide an update on what checks were being carried out to ensure full compliance with the Policy and Procedure on the Protection of Children and Protected Adults. It was also agreed to request details from the Head of Corporate Services on whether there was an order in which the health and safety risks identified in the annual

report would be prioritised.

Decision

To approve the recommendation contained in the report.

6.   NEW GOVERNANCE FRAMEWORK AND CODE

The committee considered a report (copies of which had been circulated) by the Governance Manager providing an overview of the intended transition to a revised Local Code of Corporate Governance produced in 2016 by CIPFA (Chartered Institute of Public Finance and Accountancy) and SOLACE (Society of Local Authority Chief Executives).

The report recalled the background to the existing governance framework and code which had been built around six overarching principles of good governance. The report explained that the proposed new framework included a modified and updated definition and description of governance, as set out in the report, and now set out seven principles at the top layer in the hierarchy. These were also listed in the report.

The committee noted that it was intended to have a new Code in place to be used for reporting in 2018 on governance issues in 2017/18. The proposed content of the report and implementation arrangements would be developed by officers and brought to Council Executive for approval.

It was recommended that the Governance and Risk Committee:

1. Notes that the CIPFA/SOLACE Framework on which the council's current Local Code of Corporate Governance was based had been replaced with a new Framework and supporting guidance;

2. Notes that the adoption of the new Framework would ensure the council met the requirements of legislation and guidance in relation to its governance arrangements;

3. Notes that the transition to the new Framework would be carried out with a view to reporting under the new Code on governance activity in 2017/18; and

4. Agrees future reporting arrangement on progress and adoption of a new Code.

Decision

To approve the recommendations contained in the report.

7.   WORKPLAN

The committee considered a workplan (copies of which had been circulated) for the period to March 2018.

Decision

    A. To note the workplan.

    B. To agree that a report about high and strategic risks would be brought to every committee meeting rather than six-monthly as proposed in the workplan.

    C. To note that meeting dates in the workplan could be subject to change by the Council Executive.

8.   PRIVATE SESSION

The committee resolved under Section 50(A)(4) of the Local Government (Scotland) Act 1973, that the public be excluded from the meeting during consideration of the following items of business on the grounds that they involved the likely disclosure of exempt information under Schedule 7A of the Act.

9.   CYBER SECURITY

The committee received a very informative Powerpoint and audio visual presentation on Cyber Security which provided members with detailed information on the variety of measures that were in place to protect the council against the threat of cyber-attacks

The committee then considered a report by the Head of Corporate Service (copies of which had been circulated) which expanded on the measures that had been implemented to protect the council against the threat of risks associated with cyber security.

The report cautioned that as the world continued to progress into the digital era and technology was used more in day to day lives, the opportunity for individuals to disrupt progress increased. It explained that high volume crimes were no longer attributed to burglary or theft of vehicles but instead cyber and fraud crimes. Figures for 2016 reported just under 6 million cyber offences, with computer misuse crimes accounting for just under half.

Given that the council continued to deliver more and more service online for the residents of West Lothian and staff, the risks increased and the need to protect became ever more important. The report listed the measures that had been put in place to protect the IT infrastructure. The council should continue to monitor emerging risks relating to cyber security and implement measures to minimise the risks.

It was recommended that the committee note the terms of the report.

Following a lengthy discussion, members hear of the arrangements that were in place to ensure all council devices were kept updated against security risks and heard of the suite of training courses which all IT users

had to complete and renew in order to continue using IT devices. The committee discussed the importance of universal vetting of new staff to ensure no official was open to blackmail that could compromise the council and of the need for all suspicions to be reported.

The IT Services Manager undertook to raise members concerns about the performance of the free wifi service in the Civic Centre with the 3rd party supplier. He assured members that the sharing of private committee papers via e-mail was secure across council devices and reminded the committee of the availability of the Egress system when private information had to be shared outwith the council's network.

In response to a request, the IT Services Manager agreed to bring a report back to the committee on the potential impact disconnection from the PSN network would have on the council's ability to undertake its day to day business.

Decision

To note the terms of the report and presentation.

10.   CIVIC CENTRE SECURITY

The committee considered a report by the Head of Corporate Service (copies of which had been circulated) providing an update on measures that had been implemented to improve the security of the Civic Centre.

The report explained that following the events in Paris in November 2015 and the raising of the UK National Security Level, Police Scotland had undertaken an integrity check of building security at the Civic Centre in order to evaluate the effectiveness of the physical and operational security measures in place.

The committee noted that whilst the overall physical and operational building security measures had been found to be generally effective, there were a number of areas that had been identified for improvement and a number of measures introduced to improve the overall position. Full details of the new and improved measures were provided in the report. Members noted that council and partner staff in the Civic Centre had been reminded of the requirement to comply with the security measures to ensure safety and security. The building partners had been consulted on the improved measures and were adopting the new practices within their own areas of the building for the benefit of overall security.

In addition to the safety and security measures, all council staff and elected members had received a briefing and guidance note on Stay Safe which included a viewing of the NPCC vide on stay safe in the event of a firearms or weapon attack in the workplace. The aim had not been to cause alarm but instead to ensure that staff knew what to do in the event of such an incident arising. A list of the key issues to be considered were by officers and members was detailed within the report. Finally, the committee noted that the guidance developed in 2003 on responding to

bomb threats and suspicious packages had been reviewed and updated. Members noted that each building had a designated Senior Responsible Officer and in the event of a bomb threat or suspicious package the SRO, or the most senior officer immediately available, would be immediately notified.

It was recommended that the committee notes the actions taken to improve security and building safety at the Civic Centre.

Arising from a discussion, the committee noted that separate bomb evacuation procedures were in place for all council premises across West Lothian, including schools, which included details of separate muster points.

Members noted that in order to reduce risk of information by visitors access staff areas within the Civic Centre, all staff had been instructed to ensure confidential documents were not left visible on unattended desks during working hours and that all desks were clear at the end of each day. The Head of Finance and Property Services carried out regular walkabouts to ensure the clear desk policy was being adhered.

Officers assured the committee that the improvement civic centre security measures ensure physical security of all users of the building and that the positioning of security staff at the main doors would ensure no one with a partner ID badge or visitor badge would be able to progress beyond the reception area.

Decision

To approve the recommendation contained in the report.

West Lothian Council

GOVERNANCE AND RISK COMMITTEE

HIGH RISKS

REPORT BY HEAD OF FINANCE AND PROPERTY SERVICES

A. PURPOSE OF REPORT

To inform the Governance and Risk Committee of the council's high risks.

B. RECOMMENDATION

It is recommended that the Governance and Risk Committee notes the council's high risks, and the action being taken to mitigate them.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	Being honest, open and accountable, making best use of our resources.
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	The Risk Management Policy requires the council to effectively manage risks.
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	Weaknesses in the council's risk management arrangements are likely to have an adverse impact on performance.
V	**Relevance to Single Outcome Agreement**	Our public services are high quality, continually improving, efficient and responsive to local people's needs.
VI	**Resources - (Financial, Staffing and Property)**	None.
VII	**Consideration at PDSP**	None.
VIII	**Other consultations**	Heads of Service.

D. TERMS OF REPORT

The council maintains its corporate risk register on the Pentana system and currently has 232 risks. Risks are scored for original risk, which is the assessed risk without controls in place, and which provides an appreciation of the potential impact if controls are absent or fail, and current risk, which assumes that current controls are in place and are effective.

Risks are assessed on the basis of a five by five grid, and therefore the lowest possible score is one and the highest is 25. The council's high risks are defined as those risks which have a current risk score of 12 or more. There are currently 10 high risks.

1

Appendix one lists the council's high risks, and in relation to the appendix:

- The traffic light icon in the top left corner of each risk represents the risk ranking. As this is a report of high risks only, this icon is either high or medium high. The traffic light icons are explained in the table at the start of appendix one;

- There is a code, title and description for each risk;

- The original risk score represents the risk without controls in place, and provides an appreciation of the potential impact if controls are absent or fail;

- The current risk score represents the current risk, i.e. assuming that current controls are in place and effective;

- The internal controls are those processes which are currently in place and which reduce the risk from the original risk score to the current risk score;

- The risk actions are those measures which are intended to further reduce the current risk. Once marked as complete they should be taken account of when assessing the current risk score;

- The risk actions have a description, an original due date, a revised due date, a progress bar which is an assessment of their percentage completion, and a desired outcome. The traffic light icons are explained in the table at the start of appendix one.

Appendix 2 to this report sets out the council's standard risk assessment methodology.

The council's high risks are reported on a regular basis to the Governance and Risk Board, which as its name suggests is an officer group which exercises oversight over the council's governance and risk management arrangements, and the Executive Management Team.

E.   CONCLUSION

Regular review by the Governance and Risk Committee will assist in ensuring that the council's risks are effectively managed.

F.   BACKGROUND REFERENCES

None.

Appendices/Attachments: (1): High Risks (2): Risk Assessment Methodology

Contact Person: Kenneth Ribbons, Audit Risk and Counter Fraud Manager -
Kenneth.ribbons@westlothian.gov.uk Tel No. 01506 281573

Donald Forrest
Head of Finance and Property Services

Date of meeting: 22 January 2018

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Appendix 1 High Risks

Report Author: Kenneth Ribbons
Generated on: 15 January 2018 10:18
Report Layout: .R09b_Internal Controls, Original Score, Current Score, with linked Actions
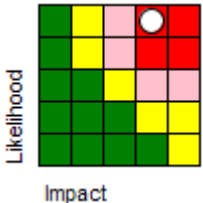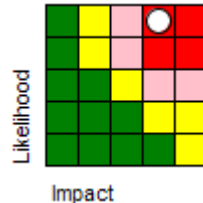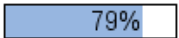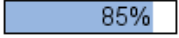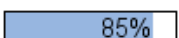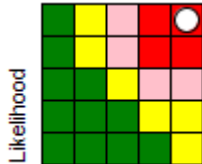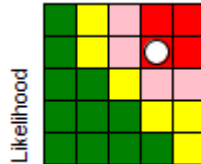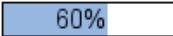
Key to Risk Scores
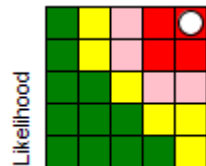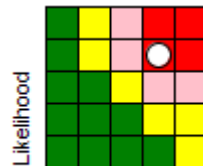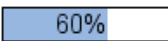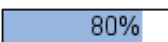
Icon	Score	Meaning
🔴	16-25	High
🔺	12-15	Medium High
🔺	5-10	Medium
✅	1-6	Low
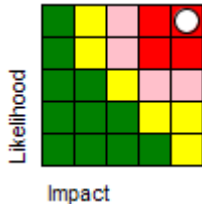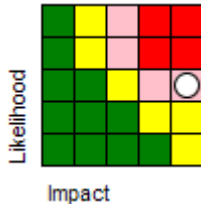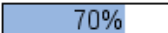
Key to Action Status

Icon	Status
🔴	Overdue
❎	Cancelled
🔺	Approaching Due Date
▶	In progress
✅	Complete

1

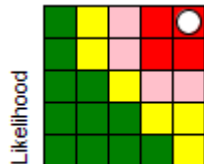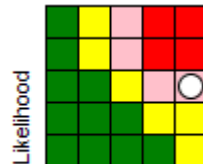|	HCBS004 Increase in use of hotel and bed and breakfast accommodation resulting in budget overspend	A disproportionate volume of clients being asked to leave their existing property, creating increased demand for homeless services. This has the potential effect of leading to breach of statutory homeless duty and/ or an overspend of allocated budgets.					
Current Controls:		Monitor length of stay in temporary accommodation Monitor numbers in hotel accommodation Need throughput via void processes, allocations and partner agencies Building more houses enabling release of mainstream houses to temporary accommodation Procurement framework for supply of emergency accommodation to be established Increase number of Temp. Tenancies by additional 73					

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Desired Outcome
20		20			HCBS15001_Ar Provision of Emergency Accommodation for Homeless Persons	31-Mar-2016	31-Mar-2018	79%	Working towards reduction in use and cost of B&B accommodation.
					HCBS16001_Ari Capacity Shortfall Analysis	31-Mar-2017	31-Mar-2018	85%	Proposals which have been identified to meet projected shortfalls will be implemented by end of 2016/17. Service restructure will be completed during the same timeframe. Demand analysis figures will be kept under regular review.
					HCBS15004_A Housing Need Service future provision review	31-Mar-2016	30-Sep-2017	85%	A redesigned homeless accommodation model to increase customer satisfaction with the quality of the accommodation provided and meet statutory requirements and service standards
					HCBS12014_Ar Availability of Accommodation Process review	30-Dec-2013	31-Dec-2016	100%	Further strengthen existing strong controls

2

		WLC031a West Lothian Leisure - failure to agree financial plan 2018/19 to 2022/23 with a resultant financial impact on the council	Failure by WLL to prepare and agree an effective medium term financial plan including a balanced budget could lead to unplanned WLL service reductions, failure to deliver key services, and additional demands on WLC resources. There could also be a reputational risk to the council.
	Current Controls:		WLL have set their 2017/18 budget with available reserves being used to offset deficit position and have an established annual requirement to agree a balanced budget. WLL have committed to medium term financial planning consistent with the council's budget strategy period 2018/19 to 2022/23

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Desired Outcome
25		16			FM17015_Ar Preparation of West Lothian Leisure Financial Plan	31-Mar-2018	31-Mar-2018	60%	Position on WLL financial planning being regularly reported to WLL Advisory Committee. WLC officers will liaise closely with WLL to ensure that there is an understanding of service changes and associated risks to key services. Potential risks to WLC will also be closely monitored and any issues highlighted. Medium term financial strategy being progressed by WLL with objective that WLL will approve financial plan that allows services to be delivered within available resources.

3

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Desired Outcome

WLC031b West Lothian Leisure - failure to deliver financial plan 2018/19 to 2022/23 with a resultant financial impact on the council

Failure by WLL to deliver an effective medium term financial plan including a balanced budget could lead to unplanned WLL service reductions, failure to deliver key services, and additional demands on WLC resources. There could also be a reputational risk to the council.

Current Controls: WLL have committed to medium term financial planning consistent with the council's budget strategy period 2018/19 to 2022/23.
Monthly monitoring of WLL's budget position is being reported to WLL Audit & Finance Committee and WLL Board. Updates on finance position also reported to WLL Advisory Committee including highlighting potential impact on WLC.

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Desired Outcome
25		16		✓	FM17005_Ar Monthly monitoring of WLL budget position	31-Mar-2018	31-Mar-2018	100%	Monthly monitoring of budget position is being undertaken with updates being reported to WLL Board and Advisory Committee. Risks and action identified including potential impact and demands on WLC resources.
				▶	FM17006_Ar Liaison with WLL on budget position including delivery of agreed 5 year financial plan	31-Mar-2018	31-Mar-2018	60%	Position on WLL financial planning being regularly reported to WLL Advisory Committee. WLC officers will liaise closely with WLL to ensure that there is an understanding of service changes and associated risks to key services. Potential risks to WLC will also be closely monitored and any issues highlighted.
				▶	FM17014_Are Review of arrangements for scrutiny of financial performance	28-Feb-2018	28-Feb-2018	80%	A review will be undertaken by February 2018 on the scrutiny arrangements for the financial performance on West Lothian Leisure

4

	WLC023a Failure to agree financial plan 2018/19 to 2022/23	Failure to prepare and agree an effective medium term West Lothian Council financial plan including a balanced budget, could lead to unplanned service reductions, a failure to deliver key services, reputational damage, and industrial action.
Current Controls:		Comprehensive financial regulations in place Robust financial planning and budgetary framework in place Priority based budgeting approach to medium term financial planning (2018/19 to 2022/23) approved by Council Executive Consultation timetable approved by Council Executive

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Desired Outcome
25		**15**			FM17016_Ar Preparation of West Lothian Council Financial Plan	28-Feb-2018	28-Feb-2018	70%	The council approved the approach to the financial strategy in June 2017. Budget saving requirements of £73m have been identified over the five year period 2018/19 to 2022/23. Draft saving proposals have been subject to public consultation and the results of the public consultation were reported to PDSPs in December 2017. 2018/19 budget and financial strategy will be presented to the Council in early Spring 2018 for approval.
					FM17009_Are Financial management – risk assessment of savings	01-Feb-2018	01-Feb-2018	30%	Savings proposals going forward will be assessed on a red/amber/green basis by officers. This information will be included in the revenue budget papers reported to elected members. A summary preliminary review from a risk perspective was included as part of the development of each proposal. A formal risk assessment is currently being undertaken and details will be included in the 2018/19 revenue budget.

5

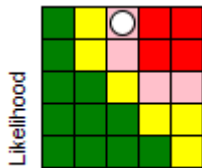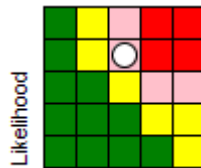|					
	✅	WLC17001_Are Engagement of members in long-term financial planning	31-Dec-2017	31-Dec-2017	100%	Council, in February 2017 agreed objectives, a process and a timetable for corporate and financial planning. In accordance with the agreed process and timetable a consultation is to take place from mid October to mid November and provides all stakeholders in West Lothian with the opportunity to comment on proposed priorities, officer savings proposals and future council tax levels. Reports on all responses to the consultation will be presented to PDSPs in December 2017 providing the opportunity for elected members to share the direction of future priorities and service delivery.
	✅	FM17010_Are Consider level of uncommitted general fund reserves	30-Sep-2017	30-Sep-2017	100%	Management has considered if the level of uncommitted reserves remains appropriate. Taking account of clear financial planning arrangements, sound financial management and the level of other reserves, the Head of Finance and Property Services believes the level of uncommitted reserves is appropriate.
	✅	FM17012_Are Multi year budget strategy	30-Sep-2017	30-Sep-2017	100%	Updates on the economic context at UK, Scottish and West Lothian level and an update on the council's future budget model are now being presented quarterly to the Partnership and Resources PDSP. In future, these updates will include information for at least three years in advance on the anticipated financial position of the council. This information will also be included in any reports on future financial planning.

6

	WLC023b Failure to deliver financial plan 2018/19 to 2022/23	Ineffective management of the transformational change programme could lead to failure to deliver the agreed West Lothian Council medium term financial plan, leading to unplanned service reductions, a failure to deliver key services, reputational damage, and industrial action.						
Current Controls:		Comprehensive financial regulations in place Robust financial planning and budgetary framework in place Transformation project team established to drive forward implementation of service changes required to achieve financial balance Well established RAG analysis processes in place to monitor delivery of savings						

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Desired Outcome
25		15			FM17018_Ar Monitoring of budget position and delivery of budget savings	31-Mar-2018	31-Mar-2018	10%	Financial Management Unit will undertake regular review of progress in achieving budget savings approved. A full monitoring of progress in delivering approved budget savings will be undertaken following approval of the 2018/19 – 2022/23 budget plans by Council in early spring 2018.
					FM17019_Ar Workforce management monitoring	31-Mar-2018	31-Mar-2018	10%	Progress in achieving staffing changes associated with budget savings will be monitored on a regular basis by HR in liaison with FMU and the Transformation Team. A full monitoring of progress towards staffing changes required will be undertaken following approval of the 2018/19 – 2022/23 budget plans by Council in early spring 2018.

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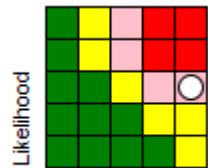|						
		▶	FM17020_Ar Monitoring of operational delivery	31-Mar-2018	31-Mar-2018	10%	Progress in achieving the operational delivery and change to council service provision will be tracked on a regular basis by the Transformation Team. There will be joined up approach to monitoring operational delivery and financial delivery monitoring undertaken by Financial Management Unit. A full review of progress required towards operational delivery changes associated with savings will be undertaken following approval of the 2018/19 – 2022/23 budget plans by Council in early Spring 2018.
		▶	FM17017_Ar Arrangements for delivery of West Lothian Council Financial Plan	28-Feb-2018	28-Feb-2018	90%	A Transformation Project Team has been established within the council to drive forward the operational delivery of savings. 2018/19 budget and financial strategy will be presented to the Council in early Spring 2018 for approval. The Transformation Team will work with FMU and HR to produce a suite of reports that will monitor the delivery of savings across the council. The outcome of this monitoring will be included in quarterly monitoring reports to the Council Executive will include a review of progress on delivery of budget savings for all five years.
		✅	FM17011_Are Review level of uncommitted general fund reserves	01-Jan-2018	01-Jan-2018	100%	The level of uncommitted reserves will continue to be reviewed as part of the revenue budget setting process and will continue to be subject to a specific recommendation in the annual revenue budget report.

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		✓	WLC17001_Are Engagement of members in long-term financial planning	31-Dec-2017	31-Dec-2017	100%	Council, in February 2017 agreed objectives, a process and a timetable for corporate and financial planning. In accordance with the agreed process and timetable a consultation is to take place from mid October to mid November and provides all stakeholders in West Lothian with the opportunity to comment on proposed priorities, officer savings proposals and future council tax levels.

Reports on all responses to the consultation will be presented to PDSPs in December 2017 providing the opportunity for elected members to share the direction of future priorities and service delivery. |
| | | ✓ | FM17012_Are Multi year budget strategy | 30-Sep-2017 | 30-Sep-2017 | 100% | Updates on the economic context at UK, Scottish and West Lothian level and an update on the council's future budget model are now being presented quarterly to the Partnership and Resources PDSP. In future, these updates will include information for at least three years in advance on the anticipated financial position of the council. This information will also be included in any reports on future financial planning. |

9

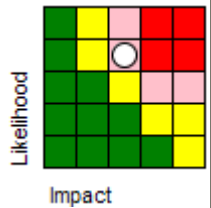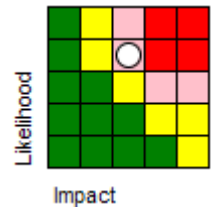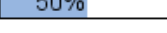|	COR005 Failure to implement effective corporate occupational health and safety policies and procedures	This risk identifies failure to implement effective Corporate Health and Safety Policies and procedures. This risk acknowledges there is a requirement for policies and procedures to be current, and that for identified risks to be mitigated they need to be implemented and managed corporately. The basis for this requirement sits within the health and safety regulatory framework of the Health and Safety at Work Act and associated regulations. Appropriate policies and procedures require to be developed and current to allow necessary actions to be taken to control identified significant health and safety risks to employees and those who may be affected by the actions of West Lothian Council. A failure to do this may leave the Council at risk of criminal and civil legal action. Likely impact of a failure could result in non-compliance with internal policies and procedures and having insufficient measures in place to control a risk. In these cases services may be unable to demonstrate to external bodies that a safety management system has been implemented. This could result in a criminal prosecution, fines, civil claims and reputational damage to West Lothian Council.
Current Controls:		A Full review of the corporate Health and Safety Policy has been undertaken in 2017. This will be rolled out and brought to the attention of staff through email, intranet, my toolkit and RIVO the online safety management system. Heads of Service must confirm that this has been completed in all areas of their service. Health and safety audit plans in place and undertaken by Corporate Health and Safety Unit. From December 2017 this will include service health and safety advisers. This will ensure all services are involved in the audit procedures. The Health and safety audit program will by lead by the Health and Manager and agreed through the governance and risk board. This will be topic lead Health and safety audit using information gather to identify relevant topics. Audit action plans will be produced as a result of the audit, copied to Heads of Service and progress is monitored through Health and Safety. High risk actions logged during audits will be logged by each service on Pentana. This will be monitored by each Head of Service. Monthly health and safety dashboards are provided to each Head of Service summarising Health and Safety activity within their services including incident data and summaries of recommended actions 2017 Three year cycle of policy and procedure review in place. Each policy and procedures review will be accompanied by a roll out plan identifying training needs for staff and the requirement to develop and implement service specific procedures. Progress will be reported to the governance and risk board. Annual Code of Corporate Governance compliance statement prepared

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Desired Outcome
25		12		▶	HS17001_Ar Programmed policy and procedure review 2018/19	31-Mar-2019	31-Mar-2019	0%	A scheduled programme of review of corporate health and safety policy/ procedural and guidance reviews in place. It is updated and presented to the Governance and Risk Board on a

10
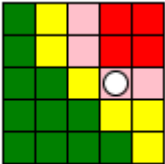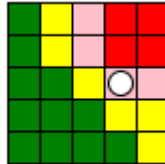
					quarterly basis for consideration. The content of this programme will be monitored by the health and safety manager and takes account of legislative changes. It will identify requirements for new corporate guidance where necessary and shall ensure that all procedures and policies will be revised as legislative changes requires or within three years. This is to ensure that guidance and procedures for identified risks are in place.
	▶	HS17005_Ar Review and update My Toolkit	31-Dec-2018	31-Dec-2018	0%	Review and update the health and safety information on the council's My Toolkit human resources intranet pages.
	⚠	HS17002_Ar Corporate health and safety plan	31-Jan-2018	31-Jan-2018	90%	Corporate Health and Safety work plan highlighting work to be completed to assist in the implementation of policies and procedures to be developed and presented to Governance and Risk Board. The plan will identify actions required corporately to meet the requirements of the Health and Safety policy.

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	CF001 Assault or injury to staff, or malicious allegation, by service user	Incidents of violence by young people who reside at West Lothian residential units (Letham, Torcroft, Whitrigg and Newton) are caused by the vulnerability of the young people who are often impacted upon by their life experiences. This may make them react violently in some circumstances. This can result in situations where young people cannot control their behaviour and can result in hitting out at staff members who have to try and assist them to get themselves back under control. As a consequence staff can become injured or be affected by violence in a way that means they can become unwell due to the impact the violence has upon them. Young people can also then make malicious allegations that staff members have become violent to them in order to deflect from their own behaviour.
	Current Controls:	Staff are trained and qualified where necessary in the use of de-escalation techniques that assist a young person to reduce levels of aggression Policies and procedures are in place that detail how staff should react to instances of violence and aggression Care staff must be qualified to an approved level and be registered with SSSC Staff supervision is undertaken consistently in line with Council wide and Social Policy Policies Placement process includes a requirement that adequate information is passed to residential staff to enable them to understand behaviours that may be presented by young people Double cover used where necessary including active consideration of the need to higher ratios of staff cover Staff trained in Social Pedagogy which is an approach that enables staff to work in a nurturing and proactive way with young people Matching of young people to an appropriate placement through the Looked After Children managers group Ongoing training in newer techniques reviewed regularly, including self regulation training Staff have received 'stressless' training and continue to receive this as necessary Health and Safety audits used as necessary to ensure all options are covered Risk assessments are completed by managers in relation to young people All violent incidents are recorded on RIVO and reviewed by the appropriate level of manager All residential units are subject to annual inspection so external validation of effectiveness of interventions is undertaken Thorough review of internal residential provision for young people is being undertaken

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Desired Outcome
15		12			SP17001_Ar Review Residential House Provision	31-Dec-2015	31-Jan-2018	90%	Improve the effectiveness of provision in the internal residential houses for young people. This will include the service adopting approaches that will increase the ability to manage challenging behaviour and also to only

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| | | | | | | | accommodate young people who will benefit from that course of action. It will enable the service to respond better to new pressures caused by, for example, Child Sexual Exploitation (CSE) and Human Trafficking. |

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	HRS006 Failure to provide adequate Health & Safety information, training and advice to services.	This risk identifies failure to provide adequate Health and Safety information, training and advice to services. This risk acknowledges there is a requirement for access to competent advisers and a health and safety training provision. The basis for the requirement sits within the health and safety regulatory framework of the Health and Safety at Work Act and associated regulations. Likely impact of a failure could result in injury or harm to employees or any other who may be affected by the business activities of the council where errors may be made due to lack of training or ineffective training. This could result in a criminal prosecution, fines and reputation damage to West Lothian Council.
	Current Controls:	Formal H & S qualification is an essential criteria for employment as an adviser. Systems in place to ensure that advisers are competent, including easy access to update information, regular Team Meetings, external networking opportunities, ADR process to identify areas for improvement, gaining of professional qualifications through CPD. Health and Safety Manager oversees this for the Corporate Health and Safety team. Service advisers monitored through other services. Programme of audits, inspections and training in place for all Council services. Compliance statement completed by Head of Corporate Services for submission to corporate management team and Council Executive. Individual employee requirements for training to be identified through ADR process.

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Desired Outcome
15	Likelihood / Impact matrix	12	Likelihood / Impact matrix	▶	HS17003_Ar Development of Health and Safety E-Learning packages	31-Dec-2018	31-Dec-2018	0%	A single e-learning site that provides information and bespoke employee development opportunities on a range of health and safety topics. This will provide greater access to Health and Safety training packages for staff in addition to current provision.
				▶	HS17004_Ar Update and review of content on Health and Safety Web pages	31-Dec-2018	31-Dec-2018	0%	Review content of current H&S pages to provide additional resources, online advice and assistance to services.

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	CCOP001 Insufficient supply to meet service demands- care homes and care at home	Insufficient supply to meet service demands arising from economic imbalance in the local market. Currently this risk is highest in respect of the market pressure related to Older Peoples services and this risk relates specifically to care at home and care homes. The risk is closely monitored by the Social Policy Management Team.					
Current Controls:		Contract monitoring procedure Regular reports to Contracts Advisory Group Escalation to Depute Chief Executive Review of contract rates High cost packages monitoring by CEO Joint Commissioning Plans Strategic Commissioning Plan for Older People Frail Elderly programme Six monthly review by IJB					

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Desired Outcome
12		12		▶	SP18002_Ar Redesign of Care at Home Framework contract (to commence 1/4/2019)	01-Jul-2018	06-Jul-2018	5%	The demand for care at home service is matched by a sustainable and affordable supply.
				▶	SP18003_Ar Review of National Care Home Contract	31-Mar-2018	31-Mar-2018	50%	A nationally agreed contract rate which offers providers financial stability and is financially sustainable.
				✔	SP13005_Ar Review of Care at Home Framework contract rates	01-Jul-2013	01-Jul-2013	100%	The contract rate for care at home achieves an appropriate balance of supply and demand.

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	WLC026 Failure to effectively manage the impact on council objectives of exit from the European Union	Exit from the European Union resulting in a recession causing an increased demand for welfare advice, additional housing benefit claims and processing times, reduced commercial rent income from tenanted non- residential portfolio, and lower council tax collection rates. Current EU funding may not be maintained by UK government and there may also be an impact on the overall grant settlement.					
Current Controls:		Internal assessment and reporting to management and members on financial implications of UK exit from the EU Quarterly Horizon Scan reports					
Risk Score	**Original Risk Matrix**	**Risk Score**	**Current Risk Matrix**	**Linked**	**Risk Actions**	**Original Due Date**	**Due Date**	**Progress**	**Desired Outcome**
12		12		✔	FM17001_Ar Quarterly Horizon Scanning Reporting .	31-Mar-2018	31-Mar-2018	100%	To identify appropriate mitigating actions. Potential financial implications for WLC highlighted including factors relating to EU funding, employment and interest rates / inflation. Regular monitoring through Horizon Scan reports ensures issues are identified and taken account of in council medium term planning.

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APPENDIX 2

RISK ASSESSMENT METHODOLOGY

PROBABILITY TABLE

1	Unlikely	Has not happened so far and is unlikely to happen.
2	Possible	Has happened to neighbours and could happen here.
3	Likely	Has happened in the past or can be expected to happen sometime.
4	Very Likely	Has happened within the last three years and can be expected to happen again.
5	Almost Certain	It has happened several times a year and can be expected to happen.

The table is based on past history or knowledge of problems elsewhere. These are easier to judge, but you may also consider 5 is relevant for "accidents waiting to happen"

In assessing original risk the absence of controls can be expected to result in an increased impact or likelihood. For example, an event assessed with current controls as possible, may be assessed with the absence of controls as likely or higher.

1

IMPACT TABLE

Impact Risk Assessment - Each column is independent. Use the highest score.

Hazard / Impact of Risk	Personal safety	Property loss or damage	Regulatory / statutory / contractual	Financial loss or increased cost of working	Impact on service delivery	Personal privacy infringement	Community / environmental	Embarrass-ment
Insignificant 1	Minor injury or discomfort to an individual	Negligible property damage	None	<£10k	No noticeable impact	None	Inconvenience to an individual or small group	Contained within service unit
Minor 2	Minor injury or discomfort to several people	Minor damage to one property	Litigation, claim or fine up to £50k	£10k to £100k	Minor disruption to services	Non sensitive personal information for one individual revealed / lost	Impact on an individual or small group	Contained within service
Significant 3	Major injury to an individual	Significant damage to small building or minor damage to several properties from one source	Litigation, claim or fine £50k to £250k.	>£100k to £500k	Noticeable impact on service performance.	Non sensitive personal information for several individuals revealed / lost	Impact on a local community	Local public or press interested
Major 4	Major injury to several people or death of an individual	Major damage to critical building or serious damage to several properties from one source	Litigation, claim or fines £250k to £1m	>£500k to £2m	Serious disruption to service performance	Sensitive personal information for one individual revealed / lost	Impact on several communities	National public or press interest
Catastrophic 5	Death of several people	Total loss of critical building	Litigation, claim or fines above £1m or custodial sentence imposed	>£2m	Non achievement of key corporate objectives	Sensitive personal information for several individuals revealed / lost	Impact on the whole of West Lothian or permanent damage to site of special scientific interest	Officer(s) and/or members dismissed or forced to resign

RISK MATRIX

PROBABILITY		Insignificant 1	Minor 2	Significant 3	Major 4	Catastrophic 5
	Almost Certain 5	5 Low	10 Medium	15 High	20 High	25 High
	Very Likely 4	4 Low	8 Medium	12 High	16 High	20 High
	Likely 3	3 Low	6 Low	9 Medium	12 High	15 High
	Possible 2	2 Low	4 Low	6 Low	8 Medium	10 Medium
	Unlikely 1	1 Low	2 Low	3 Low	4 Low	5 Medium
		Insignificant 1	Minor 2	Significant 3	Major 4	Catastrophic 5
		IMPACT				

3

West Lothian Council

GOVERNANCE AND RISK COMMITTEE

MANAGEMENT OF HEALTH & SAFETY RISKS

REPORT BY HEAD OF CORPORATE SERVICES

A   PURPOSE OF REPORT

To advise the Governance and Risk Committee of the approach to the council's management of health and safety risks.

B   RECOMMENDATIONS

1. To note the arrangements for the management of health and safety risks in Corporate Services and across the council.

2. To note that health and safety risks are currently being reviewed at corporate and service level

C.   SUMMARY OF IMPLICATIONS

I	**Council Values**	Being honest, open and accountable, making best use of our resources.
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	The Risk Management Policy requires the council to effectively manage risks. Legal requirements for Health and Safety made under statutory obligations in the Health and Safety at Work Act 1974 and Fire Scotland Act 2005 and associated regulations
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	Ineffective risk management arrangements may adversely affect performance.
V	**Relevance to Single Outcome Agreement**	Our public services are high quality, continually improving, efficient and responsive to local people's needs.
VI	**Resources - (Financial, Staffing and Property)**	None.
VII	**Consideration at PDSP / Executive Committee**	None.
VIII	**Other consultations**	Corporate Services Management Team; Governance & Risk Board; Audit, Risk and Counter Fraud Manager

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D. TERMS OF REPORT

1 Background

1.1 In accordance with corporate requirements, health and safety risks are maintained in the risk register in Pentana Performance (formerly Covalent), the council's corporate risk management tool. The risks contained with Pentana represent key risks to service objectives. They are kept under continuous review, and are developed in accordance with changes in the service structure, and in response to changes to the political, regulatory, economic and demographic environment. Services should also ensure that relevant action plans are implemented for key risks, to mitigate these risks to tolerable levels so far as is practicable.

1.2 The risk score is arrived at by multiplying the estimated likelihood of the risk by its estimated impact. Appendix 2 sets out the corporate risk assessment methodology. Risks are assessed on the basis of a five by five grid, and therefore the highest possible score is 25 and the lowest one.

1.3 There are three categories of risk:-

- Original risk - the risk assessed on the basis that controls are absent or ineffective. The benefit of an original risk score is that it provides an appreciation of the potential consequences if current controls fail or are not effective

- Current risk - the risk assessed on the basis that the controls which are in place are effective

- Target risk – the risk which is being worked towards

2 Health & safety risks

2.1 The Health and Safety at Work Act, 1974, the Fire Scotland Act 2005 and legislation made under these outlines the statutory obligations for the council in relation to health and safety. The measurement of health and safety is a key step in the safety management process. The appropriate and measured control of risk also supports the strategic and operational aims of the council-wide health and safety policy and service health and safety plans.

2.2 Health and safety is a standing item at service management team meetings. It is also a standing item for meetings of the Corporate Management Team. A comprehensive report in relation to health and safety legislation and guidance and incidents across all council services is considered with a view to learning lessons and improving and identifying emerging risks.

2.3 Appendix 1 identifies health and safety risks currently logged in Pentana – two strategic and 14 service based risks are identified across the authority. The strategic risks are managed centrally. The others are managed by services reflecting service obligations and their own health and safety plans.

3 Strategic risks

3.1 The current strategic risks are related to the implementation of effective health and safety policies and procedures and failure to provide adequate Health & Safety information, training and advice to services. These risks remain valid but their descriptions and control measures are being reviewed to ensure that they are succinct and accurately reflect current practice.

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3.2   Consideration is being given to the addition of new risks in relation to non-compliance with legislation leading to injury and/or regulatory fines; breach of workplace standards and obligations to building users (such as Asbestos Management, Fire Risk, Electricity, Legionella, Security, Lifting Operations and Lifting Equipment); failure to properly assess work activities via risk the assessment process.

4   Service risks

4.1   Service identified risks should be related to particular areas or activities carried out; focus on required service delivery and any external influences; link to policy and identified objectives in annual health and safety plans; and identify the risk of loss or gain resulting from inadequate or failed internal processes, people and systems from external events. Risks can also be informed by examples such as accident trends and analysis, changes in legislation, results of audits, policy or procedural amendments.

4.2   The mechanisms for identifying and reviewing risks should establish what can be monitored, how often and by whom.

4.3   Current service risks identify some health and safety issues but a review is presently being considered to focus on the inherent risks associated with key activities to identify appropriate and meaningful risks. Those may include plant & machinery, lone working, contractor management, traffic management in schools, violence and aggression, mental health, and testing of equipment.

5   Management and review of risk

5.1   Risks are reported to the service management team on a monthly basis in the format as set out in the appendix. The risks are discussed, changes are made to the risks or their scores, and new risks are added, as considered necessary. There is a complete audit trail of this review process via the meeting papers and the action note produced, which are held in the council's records management system. Agreed changes to risks or risk actions are evidenced in Pentana and where necessary an explanatory note is added in Pentana.

5.2   Relevant recommendations for improvement identified by internal audit, external audit, the council's risk consultant, Gallagher Bassett, and any other relevant inspector, are added to Pentana as risk actions. Progress in implementing these risk actions is reported to the service management team on a monthly basis which facilitates their timeous completion.

5.3   Any additional mitigating actions identified by the service management team during the monthly risk review are also added to Pentana as risk actions.

5.4   The Audit, Risk and Counter Fraud Manager reports council-wide audit and inspection recommendations entered in Pentana and which are not implemented, to the Audit Committee, normally in June of each year.

E.   CONCLUSION

The council has implemented robust risk management processes with the aim of ensuring that risks to the achievement of key objectives are mitigated as far as possible. The management of health and safety risks is currently under review.

F.   BACKGROUND REFERENCES

Health and Safety at Work Etc. Act 1974 and related statutory regulations

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Appendices/Attachments: (1) Health and Safety Risks (2) Risk Assessment Methodology

Kim Hardie, Health and Safety Manager, 01506 281414, Kim.Hardie@westlothian.gov.uk

Julie Whitelaw, Head Of Corporate Services

Date of meeting: 22 January 2018

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Health and Safety Risks

Generated on: 15 January 2018 11:10
Report Layout: Original Risk Score and Current Risk Score

Rows are sorted by Risk Score, Risk Score

Traffic Light: High Risk 2 Amber 7 Green 7

Risk Title	Original Risk Score	Original Traffic Light Icon	Current Impact	Current Likelihood	Current Risk Score	Current Traffic Light Icon
COR005 Failure to implement effective corporate occupational health and safety policies and procedures	25	🔴	4	3	12	🔺
HRS006 Failure to provide adequate Health & Safety information, training and advice to services.	15	🔺	4	3	12	🔺
FTS002 Fleet Management: Fire in depot or yard.	15	🔺	5	2	10	🔶
OPSHQ015 Accident or injury due to working at height	12	🔺	4	2	8	🔶
ED013 Failure to comply with Health and Safety requirements in Schools	12	🔺	3	2	6	✅
HCBS011 Death or injury due to house fire	25	🔴	5	1	5	🔶
CSg006 Death or injury due to fire within operational Buildings (Non-Housing)	20	🔴	5	1	5	🔶
CSg001 Death or illness due to legionella outbreak in operational buildings (non-housing)	15	🔺	5	1	5	🔶
CSg008 Failure to effectively manage gas safety resulting in death or injury	15	🔺	5	1	5	🔶

1

Risk Title	Original Risk Score	Original Traffic Light Icon	Current Impact	Current Likelihood	Current Risk Score	Current Traffic Light Icon
NLCS208 Accidents/injuries to staff/students/others	10	🔺	5	1	5	🔺
CSg010 Failure to effectively manage asbestos resulting in exposure to building users	20	🔴	4	1	4	✅
ED019 Injury to pupils or staff during school excursion	20	🔴	4	1	4	✅
ED020 Fire in schools resulting in injury or harm to staff or pupils	20	🔴	4	1	4	✅
CSg007 Failure to effectively manage electrical systems in operational buildings resulting in death or injury	16	🔴	4	1	4	✅
SP002 Assault or injury to staff	9	🔺	2	2	4	✅
FMS008 Inadequate employee awareness of fire safety issues and arrangements, resulting in increased risk of harm to people and property.	8	🔺	4	1	4	✅

2

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Insignificant 1	Minor injury or discomfort to an individual	Negligible property damage	None	<£10k	No noticeable impact	None	Inconvenience to an individual or small group	Contained within service unit
Minor 2	Minor injury or discomfort to several people	Minor damage to one property	Litigation, claim or fine up to £50k	£10k to £100k	Minor disruption to services	Non sensitive personal information for one individual revealed / lost	Impact on an individual or small group	Contained within service
Significant 3	Major injury to an individual	Significant damage to small building or minor damage to several properties from one source	Litigation, claim or fine £50k to £250k.	>£100k to £500k	Noticeable impact on service performance.	Non sensitive personal information for several individuals revealed / lost	Impact on a local community	Local public or press interested
Major 4	Major injury to several people or death of an individual	Major damage to critical building or serious damage to several properties from one source	Litigation, claim or fines £250k to £1m	>£500k to £2m	Serious disruption to service performance	Sensitive personal information for one individual revealed / lost	Impact on several communities	National public or press interest
Catastrophic 5	Death of several people	Total loss of critical building	Litigation, claim or fines above £1m or custodial sentence imposed	>£2m	Non achievement of key corporate objectives	Sensitive personal information for several individuals revealed / lost	Impact on the whole of West Lothian or permanent damage to site of special scientific interest	Officer(s) and/or members dismissed or forced to resign

RISK MATRIX

PROBABILITY		Insignificant 1	Minor 2	Significant 3	Major 4	Catastrophic 5
	Almost Certain 5	5 Low	10 Medium	15 High	20 High	25 High
	Very Likely 4	4 Low	8 Medium	12 High	16 High	20 High
	Likely 3	3 Low	6 Low	9 Medium	12 High	15 High
	Possible 2	2 Low	4 Low	6 Low	8 Medium	10 Medium
	Unlikely 1	1 Low	2 Low	3 Low	4 Low	5 Medium
		Insignificant 1	Minor 2	Significant 3	Major 4	Catastrophic 5
		IMPACT				

GOVERNANCE AND RISK COMMITTEE

RISK MANAGEMENT WITHIN SOCIAL POLICY

REPORT BY HEAD OF SOCIAL POLICY

A.   PURPOSE OF REPORT

To advise the Governance and Risk Committee of the approach taken to risk management within Social Policy.

B.   RECOMMENDATION

It is recommended that the Governance and Risk Committee notes the approach taken by Social Policy in order to effectively manage risks.

C.   SUMMARY OF IMPLICATIONS

I	**Council Values**	Being honest, open and accountable, making best use of our resources.
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	The Risk management Policy requires the council to effectively manage risks
III	**Implications for Scheme of Delegations to Officers**	None
IV	**Impact on performance and performance Indicators**	Ineffective risk management arrangements may adversely affect performance.
V	**Relevance to Single Outcome Agreement**	Our public services are high quality, continuously improving, efficient and responsive to local people's needs.
VI	**Resources - (Financial, Staffing and Property)**	None
VII	**Consideration at PDSP**	None
VIII	**Other consultations**	Social Policy Management Team

1

D. TERMS OF REPORT
Background

In accordance with corporate requirements, Social Policy maintains its risk register in Pentana Performance (previously Covalent), the council's corporate risk management tool. The risks contained within Pentana represent key risks to service objectives, and were originally developed as part of the transfer of the risk register to Covalent in 2011. They have been kept under continuous review since that time, and have developed in accordance with changes in the service structure and in response to changes to the political, regulatory, economic and demographic environment.

The risk score is arrived at by multiplying the estimated likelihood of the risk by its estimated impact. Appendix 3 sets out the corporate risk assessment methodology. Risks are assessed on the basis of a five by five grid, and therefore the highest possible score is 25 and the lowest one.

There are three categories of risk;

- Original risk – the risk assessed on the basis that controls are absent or ineffective.
- Current risk – the risk assessed on the basis that the controls are in place are effective.
- Target risk – the risk which is being worked towards.

The benefit of an original risk score is that it provides an appreciation of the potential consequences if current controls fail or are not effective.

Social Policy currently has 20 risks which are summarised in appendix 1. Of these risks, two are considered to be high as follows;

CF001 'Assault or Injury to staff, or malicious allegation, by service user' (current score 12)

SP012 'Insufficient supply to meet service demands' (current score 12)

It should be noted that there are two risks with a current score of 9 (CCOP001 and CCLD001) which are directly related to the achievement of the Transforming Your Council (TYC) proposals for eligibility criteria and contributions policy, and a further risk (WLC030) which relates to TYC proposals for children and families. Should these measures not be approved, the risks will be reappraised as high.

The risks coded 'SP' are considered to be Social Policy wide whereas others relate to WLAM areas such as 'CF' for Children and Families and 'CJ' for Criminal and Youth Justice. Appendix 2 provides further detail of the services high risks, associated internal controls and any mitigating risk actions.

Risks are reported to and considered by the Social Policy Management Team (SPMT) on a monthly basis. The risks are discussed, changes made to risks or their scores and any new risks are added as required. Any decisions are minuted in order to ensure a robust audit trail. Pentana is also used to record any changes and updates are administered through the notes section.

2

In accordance with the corporate protocol approved by the Governance and Risk Board, the relevant recommendations for improvement identified by Internal Audit, the councils risk consultant (Gallagher Basset) and any other relevant Inspection body such as the Care Inspectorate, are added to Pentana as risk actions. Progress in implementing these risk actions are reported to SPMT on a monthly basis which ensures timely completion.

The Audit, Risk and Counter Fraud Manager reports council- wide audit and inspection recommendations entered in Pentana and which are not implemented to the Audit Committee, normally in June of each year.

E.   CONCLUSION

Social Policy has implemented robust risk management processes with the aim of ensuring that risks to the achievement of key objectives are mitigated as far as possible.

F.   BACKGROUND REFERENCES

None

Appendices/Attachments: (1)   Social Policy Risks (2) Social Policy high risks (3) Risk Assessment Methodology

Contact Person: Tim Ward,
                         Senior Manager,
                         Young People & Public Protection
                         Tel: 01506 281235
                         Tim.Ward@westlothian.gov.uk

                         Jane Kellock
                         Head of Social Policy

Date of meeting: 22nd January 2018

3

Appendix 1: Social Policy Services - Risks Status report

Generated on: 12 January 2018 15:21
Report Layout: Original Risk Score and Current Risk Score

Rows are sorted by Risk Score, Risk Score

Traffic Light: High Risk 2 Amber 2 Green 15

Risk Title	Original Risk Score	Original Traffic Light Icon	Current Impact	Current Likelihood	Current Risk Score	Current Traffic Light Icon	Assigned To
CF001 Assault or injury to staff, or malicious allegation, by service user	15	🔴	3	4	12	🔴	.Head of Social Policy (J Kellock); Jo MacPherson
CCOP001 Insufficient supply to meet service demands- care homes and care at home	12	🔴	3	4	12	🔴	.Head of Social Policy (J Kellock)
CCLD001 Growth in service demands for people with learning disabilities	12	🔴	3	3	9	🔺	.Head of Social Policy (J Kellock)
CF002 Growth in numbers of looked after children	12	🔴	3	3	9	🔺	.Head of Social Policy (J Kellock)
SP001 Unauthorised disclosure of sensitive information	16	🔴	3	2	6	✅	.Head of Social Policy (J Kellock)
SP009 Harm to service user arising from error or omission in administering medicine	16	🔴	2	3	6	✅	Pamela Main
SP013 Section Payments - failure to make correct and accurate payments to clients	16	🔴	3	2	6	✅	Tim Ward
CJ002 Media exposure of offender placement	15	🔴	3	2	6	✅	Tim Ward
SP005 Inadequate fire safety arrangements in units leading to injury / death in the event of fire	15	🔴	3	2	6	✅	.Head of Social Policy (J Kellock)

1

| Risk Title	Original Risk Score	Original Traffic Light Icon	Current Impact	Current Likelihood	Current Risk Score	Current Traffic Light Icon	Assigned To
SP004 Failure to continue critical services in the event of a disaster or incident	12	🔺	3	2	6	✅	.Head of Social Policy (J Kellock)
SP010 Injury, death, or abuse to service user	12	🔺	3	2	6	✅	.Head of Social Policy (J Kellock)
SP011 Inappropriate release of information	12	🔺	3	2	6	✅	.Head of Social Policy (J Kellock)
CJ003 Failure to provide or obtain appropriate offender placement	9	🔺	3	2	6	✅	Tim Ward
SP003 Financial failure of contractor	9	🔺	2	3	6	✅	.Head of Social Policy (J Kellock)
SP014 Failure to ensure staff are appropriately registered with SSSC or other regulatory bodies	9	🔺	3	2	6	✅	Tim Ward
SP002 Assault or injury to staff	9	🔺	2	2	4	✅	.Head of Social Policy (J Kellock)
SP006 Procurement - failure to achieve best value	9	🔺	2	2	4	✅	.Head of Social Policy (J Kellock)
SP007 Procurement - failure to adhere to EU rules and council policy	9	🔺	2	2	4	✅	.Head of Social Policy (J Kellock)
SP008 Harm to service user by contractor's employee	8	🔺	4	1	4	✅	Alan Bell; Yvonne Lawton; Pamela Main

2

Appendix 2: Social Policy Services – High Risks
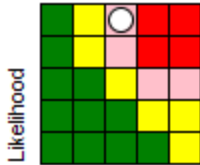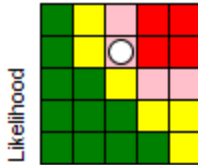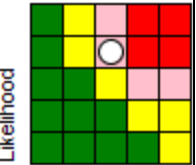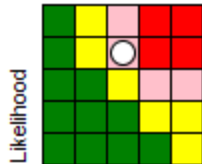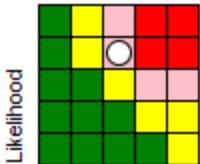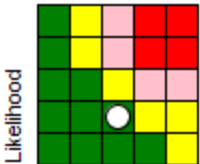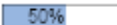
Report Author: Kenneth Ribbons
Generated on: 12 January 2018 15:28
Report Layout: R09c_Internal Controls, Original Score, Current Score, Target Score with linked Actions(grp=Category)_G

Rows are sorted by Risk Score, Risk Score

🔴	**CF001 Assault or injury to staff, or malicious allegation, by service user**	Incidents of violence by young people who reside at West Lothian residential units (Letham, Torcroft, Whitrigg and Newton) are caused by the vulnerability of the young people who are often impacted upon by their life experiences. This may make them react violently in some circumstances. This can result in situations where young people cannot control their behaviour and can result in hitting out at staff members who have to try and assist them to get themselves back under control. As a consequence staff can become injured or be affected by violence in a way that means they can become unwell due to the impact the violence has upon them. Young people can also then make malicious allegations that staff members have become violent to them in order to deflect from their own behaviour.
	Current Controls:	Staff are trained and qualified where necessary in the use of de-escalation techniques that assist a young person to reduce levels of aggression Policies and procedures are in place that detail how staff should react to instances of violence and aggression Care staff must be qualified to an approved level and be registered with SSSC Staff supervision is undertaken consistently in line with Council wide and Social Policy Policies Placement process includes a requirement that adequate information is passed to residential staff to enable them to understand behaviours that may be presented by young people Double cover used where necessary including active consideration of the need to higher ratios of staff cover Staff trained in Social Pedagogy which is an approach that enables staff to work in a nurturing and proactive way with young people Matching of young people to an appropriate placement through the Looked After Children managers group Ongoing training in newer techniques reviewed regularly, including self regulation training Staff have received 'stressless' training and continue to receive this as necessary Health and Safety audits used as necessary to ensure all options are covered

1

							Risk assessments are completed by managers in relation to young people All violent incidents are recorded on RIVO and reviewed by the appropriate level of manager All residential units are subject to annual inspection so external validation of effectiveness of interventions is undertaken Thorough review of internal residential provision for young people is being undertaken				
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Risk Score	Target Risk Matrix		Linked Risk Actions	Assigned to:	Due Date	Progress	Desired Outcome
15		12		12		▷	SP17001_Ar Review Residential House Provision	.Head of Social Policy (J Kellock); Alan Bell; Yvonne Lawton; Jo MacPherson; Pamela Main; Michelle Nichols; Tim Ward	31-Jan-2018	90%	Improve the effectiveness of provision in the internal residential houses for young people. This will include the service adopting approaches that will increase the ability to manage challenging behaviour and also to only accommodate young people who will benefit from that course of action. It will enable the service to respond better to new pressures caused by, for example, Child Sexual Exploitation (CSE) and Human Trafficking.

2

🔺	**CCOP001 Insufficient supply to meet service demands- care homes and care at home**					Insufficient supply to meet service demands arising from economic imbalance in the local market. Currently this risk is highest in respect of the market pressure related to Older Peoples services and this risk relates specifically to care at home and care homes. The risk is closely monitored by the Social Policy Management Team.				
	Current Controls:					Contract monitoring procedure Regular reports to Contracts Advisory Group Escalation to Depute Chief Executive Review of contract rates High cost packages monitoring by CEO Joint Commissioning Plans Strategic Commissioning Plan for Older People Frail Elderly programme Six monthly review by IJB				

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Risk Score	Target Risk Matrix	Linked Risk Actions	Assigned to:	Due Date	Progress	Desired Outcome
12	*[matrix]*	12	*[matrix]*	6	*[matrix]*	▶ SP18002_A Redesign of Care at Home Framework contract (to commence 1/4/2019)	Alan Bell; Yvonne Lawton	06-Jul-2018	5%	The demand for care at home service is matched by a sustainable and affordable supply.
						▶ SP18003_Ar Review of National Care Home Contract	Alan Bell; Pamela Main	31-Mar-2018	50%	A nationally agreed contract rate which offers providers financial stability and is financially sustainable.
						✅ SP13005_Ar Review of Care at Home Framework contract rates	Alan Bell; Yvonne Lawton	01-Jul-2013	100%	The contract rate for care at home achieves an appropriate balance of supply and demand.

3

APPENDIX 3 RISK ASSESSMENT METHODOLOGY

PROBABILITY TABLE

1	Unlikely	Has not happened so far and is unlikely to happen.
2	Possible	Has happened to neighbours and could happen here.
3	Likely	Has happened in the past or can be expected to happen sometime.
4	Very Likely	Has happened within the last three years and can be expected to happen again.
5	Almost Certain	It has happened several times a year and can be expected to happen.

The table is based on past history or knowledge of problems elsewhere. These are easier to judge, but you may also consider 5 is relevant for "accidents waiting to happen"

In assessing original the absence of controls can be expected to result in an increased impact or likelihood. For example, an event assessed with current controls as possible, may be assessed with the absence of controls as likely or higher.

IMPACT TABLE

Impact Risk Assessment - Each column is independent. Use the highest score.

Hazard / Impact of Risk	Personal safety	Property loss or damage	Regulatory / statutory / contractual	Financial loss or increased cost of working	Impact on service delivery	Personal privacy infringement	Community / environmental	Embarrass-ment
Insignificant 1	Minor injury or discomfort to an individual	Negligible property damage	None	<£10k	No noticeable impact	None	Inconvenience to an individual or small group	Contained within service unit
Minor 2	Minor injury or discomfort to several people	Minor damage to one property	Litigation, claim or fine up to £50k	£10k to £100k	Minor disruption to services	Non sensitive personal information for one individual revealed / lost	Impact on an individual or small group	Contained within service
Significant 3	Major injury to an individual	Significant damage to small building or minor damage to several properties from one source	Litigation, claim or fine £50k to £250k.	>£100k to £500k	Noticeable impact on service performance.	Non sensitive personal information for several individuals revealed / lost	Impact on a local community	Local public or press interested
Major 4	Major injury to several people or death of an individual	Major damage to critical building or serious damage to several properties from one source	Litigation, claim or fines £250k to £1m	>£500k to £2m	Serious disruption to service performance	Sensitive personal information for one individual revealed / lost	Impact on several communities	National public or press interest
Catastrophic 5	Death of several people	Total loss of critical building	Litigation, claim or fines above £1m or custodial sentence imposed	>£2m	Non achievement of key corporate objectives	Sensitive personal information for several individuals revealed / lost	Impact on the whole of West Lothian or permanent damage to site of special scientific interest	Officer(s) and/or members dismissed or forced to resign

RISK MATRIX

PROBABILITY		Insignificant 1	Minor 2	Significant 3	Major 4	Catastrophic 5
	Almost Certain 5	5 Low	10 Medium	15 High	20 High	25 High
	Very Likely 4	4 Low	8 Medium	12 High	16 High	20 High
	Likely 3	3 Low	6 Low	9 Medium	12 High	15 High
	Possible 2	2 Low	4 Low	6 Low	8 Medium	10 Medium
	Unlikely 1	1 Low	2 Low	3 Low	4 Low	5 Medium
		Insignificant 1	Minor 2	Significant 3	Major 4	Catastrophic 5
		IMPACT				

![West Lothian Council logo](West Lothian Council)

GOVERNANCE & RISK COMMITTEE

COMMITTEE SELF-ASSESSMENT

REPORT BY GOVERNANCE MANAGER

A.   PURPOSE OF REPORT

To consider arrangements for carrying out periodic self-assessment of its administrative arrangements and activity.

B.   RECOMMENDATIONS

1. To note the recommendation in the annual audit report about carrying out self-assessment of the committee's effectiveness, and the council's decision in response

2. To consider the questionnaire in the appendix and whether there are any additional areas that might be covered or questions asked

3. To agree that the questionnaire should be circulated to committee members for completion with the results reported back to a future meeting to consider areas for improvement

4. To note that a similar arrangement will be carried out for Audit Committee as part of the response to the auditor's recommendation

C.   SUMMARY OF IMPLICATIONS

I	**Council Values**	Being honest, open and accountable; making best use of our resources
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	Part VII of the Local Government (Scotland) Act 1973; Local Authority Accounts Regulations (Scotland) 2014
III	**Implications for Scheme of Delegations to Officers**	None
IV	**Impact on performance and performance Indicators**	None
V	**Relevance to Single Outcome Agreement**	None
VI	**Resources - (Financial, Staffing and Property)**	Within existing resources

1

VII	Consideration at PDSP	Not required
VIII	Other consultations	Performance & Improvement Manager; Audit, Risk and Counter Fraud Manager

D.   TERMS OF REPORT

1   The report by the external auditors on the council's annual accounts was considered at full council on 26 September 2017. It included findings in relation to Audit Committee and Governance & Risk Committee which were only recently established. The auditors welcomed the greater focus on risk that would be achieved. They recommended that these committees undertake annual self-assessments of effectiveness, including how they have interacted with each other over a full cycle of reporting. They considered that to be best practice.

2   Council agreed to include a self-assessment in the work-plan for both committees. That was added to this committee's work-plan for this meeting when it was approved in October 2017. The committee has only met on three occasions, and the auditors mentioned the process in the context of a full cycle of meetings. However, there is merit in using the process at this early stage so that any perceived problems can be addressed sooner rather than later.

3   This self-assessment procedure has not been used before for council committees. It is carried out in other councils and in other public bodies. A questionnaire (Appendix 1) has been prepared drawing on experience elsewhere and on available guidance. Members are invited to consider if there are any changes they may wish to see to the questions asked. Once finalised, the intention is to issue it electronically to members for completion online. That enables responses to be treated anonymously and for them to be more easily analysed and used for comparison purposes. The results will be reported back to a future meeting so that they can be considered and areas for improvement identified and agreed. The process will be incorporated into the committee's work-plan and carried out annually.

E.   CONCLUSION

1   Agreeing the process for annual self-assessment will complete one of the council's undertakings in response to the auditors' report. Its use should assist the committee in its work and contribute to its effectiveness in the council's control environment.

F.   BACKGROUND REFERENCES

1   West Lothian Council, 26 September 2017

2   Scheme of Administration

Appendices/Attachments: 1. Self-assessment questionnaire

James Millar, Governance Manager, 01506 281613, james.millar@westlothian.gov.uk

Date of meeting: 22 January 2018

2

GOVERNANCE & RISK COMMITTEE – SELF-ASSESSMENT QUESTIONS

The first four sections are in generic terms and may be used for other committees. The fifth (last) section is relevant to this committee.

	Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Comments
A	**Purpose and status**						
1	Committee's role and powers are set out in Standing Orders						
2	Committee's role and powers are clear and understood						
3	Committee is regarded by other members as a positive influence						
4	Committee's recommendations are respected and acted upon						
5	There is adequate communication with officers and other committees						
B	**Administrative arrangements & support**						
1	Committee is of an appropriate size and composition						
2	Committee is provided with adequate officer support (professional and administrative)						
3	Meetings are sufficiently frequent and at appropriate times of the year						
4	Committee maintains a work plan balancing forward planning with flexibility for reactive work						
5	Meeting papers are distributed appropriately (timeliness and format) to enable proper preparation						
6	Reports and minutes provide relevant, appropriate and sufficient						

1

	Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Comments
	information						
7	Start times and time allowed for meetings provide sufficient time for business to be done						
8	Public access to reports and meetings is maximised and excluded only where legally justified						
9	Committee is able to secure the attendance and assistance of appropriate senior officers						
10	Committee is able to secure appropriate professional advice when required						
11	Meetings are attended by relevant stakeholders						
C	**Members**						
1	Committee members understand their role						
2	Committee has an appropriate mix of knowledge, expertise, experience and skills						
3	Committee members receive sufficient and appropriate training and briefings						
4	Committee members undertake personal development relevant to their role and responsibilities						
5	Chair promotes and encourages effective and efficient meetings including input from officers and members						
6	Members prepare, attend meetings and actively contribute						

2

	Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Comments
D	**Effectiveness**						
1	Committee functions in a positive and constructive manner, including interaction amongst members and with officers						
2	Scrutiny is encouraged and accepted as a means to improve						
3	Committee provides constructive challenge to officers						
4	Committee receives adequate responses from officers to questions						
5	Committee members feel comfortable asking candid questions and pursuing full answers						
6	Decisions and recommendations are captured to enable them to be recorded accurately						
7	Decisions are executed properly and in a timely manner and are followed up by committee						
8	There is evidence from meeting papers and minutes of impacts or improvements from committee activity						
9	Committee has good working relations with key officers, members and organisations						
10	Stakeholders (including other members and the public) are made aware of and understand committee's activity						
E	**Matters specific to committee remit and activities**						
1	Interaction with Audit Committee is defined and understood, with no gaps or duplication						

3

	Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Comments
2	Meetings are attended by external auditor representatives						
3	Committee's role in relation to the council's annual accounts is defined and understood						
4	Members consider fully the contents and conclusions of the Annual Governance Statement before its approval						
5	Committee provides effective review and challenge of risk and governance arrangements and controls						
6	Committee contributes to effective accountability to the public through challenge of governance, risk and control						
7	Committee contributes effectively to the council's control environment						

4

GOVERNANCE & RISK COMMITTEE

WORKPLAN – 22 JANUARY 2018

22 January 2018		
Chosen service's risk management arrangements	Service(s) appearing on a rota basis – Social Policy	
Corporate high risks and serious risks	Standing item	
Health & Safety Service risks	Considered to merit separate consideration	
Review of committee's operation and effectiveness	Self-scrutiny and critique of initial meetings and arrangements, recommended by auditors	
9 April 2018		
Risk Management Annual Plan	Start-of-year plan for approval for 18/19	
Chosen service's risk management arrangements	Service(s) appearing on a rota basis – Planning, Economic Development & Regeneration	
Corporate high risks and serious risks	Standing item	
Code of Corporate Governance – follow-up	Progress against actions agreed at October meeting	
Corporate Business Continuity Planning	End-of-process review/scrutiny	
18 June 2018		
Internal Audit Annual Report	Includes findings of review of system of internal control which must precede and inform the approval of the annual governance statement	
Annual Governance Statement	Statutory requirement for it to be approved for inclusion in the	

1

	unaudited accounts before the end of June	
Risk Management Annual Report	End-of-year report on completion on annual plan 17/18	
Corporate high risks and serious risks	Standing item	
Chosen service's risk management arrangements	Service(s) appearing on a rota basis – Operational Services	

Meeting dates from September 2018 to June 2019 will be reported to Council Executive for approval in March or early April.

2