

MINUTE of MEETING of the GOVERNANCE AND RISK COMMITTEE of WEST LOTHIAN COUNCIL held within CONFERENCE ROOM 3, WEST LOTHIAN CIVIC CENTRE, on 22 JANUARY 2018.

Present – Councillors Damian Timson (Chair), Harry Cartmill, Chris Horne and George Paul (substituting for Lawrence Fitzpatrick)

Apologies – Councillor Lawrence Fitzpatrick

In attendance

Graham Hope (Chief Executive, Donald Forrest (Head of Finance and Property Services), Jane Kellock (Head of Social Policy), Julie Whitelaw (Head of Corporate Services), AnnMarie Carr (Customer Service Manager, Housing Needs), Kim Hardie (HR Manager, Health & Safety), James Millar (Governance Manager), Kenneth Ribbons (Audit, Risk & Counter Fraud Manager) and Tim Ward (Senior Manager, Children and Families).

1. DECLARATIONS OF INTEREST

Agenda Item 5: High Risks

Councillor Horne declared an interest as a council appointed member of West Lothian Leisure Board of Directors.

Councillor Cartmill declared an interest as a council appointed member of West Lothian Leisure Board of Directors.

2. MINUTE

The committee approved the draft minute of its meeting held on 9 October 2017. The minute was thereafter signed by the Chair.

3. HIGH RISKS

The committee considered a report (copies of which had been circulated) by the Head of Finance and Property Services providing details of the council's high risks and the action being taken to mitigate them.

The report advised that the council maintained its corporate risk register on the Pentana system which had 232 risks logged at the time of the report being considered. Risks were scored for original risk - which was the assessed risk without controls in place and which provided an appreciation of the potential impact if controls were absent or failed, and current risk – which assumed that current controls were in place and were effective.

Risks were assessed on the basis of a five by five grid, with the lowest possible score being 1 and the highest 25. The council's high risks were defined as those risks which had a risk score of 12 or more. There were

10 high risks reported. Appendix 1 to the report outlined the council's high risks and appendix 2 set out the council's standard risk assessment methodology.

The council's high risks were reported on a regular basis to the Governance and Risk Board and the Executive Management Team. Regular review by the Governance and Risk Committee would assist in ensuring that the council's risks were effectively managed.

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

A discussion ensued and a number of questions were asked in relation to some of the risks identified during the risk assessment carried out. In response to a question relating to West Lothian Leisure (WLL), the Head of Finance and Property Services advised that work was being carried out on West Lothian Leisure's Financial Plan, with a view to reporting arrangements being the same as WLC, delivered over a five year period and reported to West Lothian Leisure Advisory Committee. As well as a series of key tasks and information to be provided by WLL further governance improvements were required.

In response to a question relating to risk HCBS15001 – Provision of Emergency Accommodation for Homeless Persons, the Customer Service Manager (Housing Needs) provided an update on the work being carried out to reduce the use and costs of B&B accommodation.

The Head of Social Policy then undertook to provide members with details of the number of incidents recently reported within Young People's (YP) Residential Units, the day that the incident occurred and the impact this had on staff. The committee was advised that measures were in place to support staff and training was provided focussing on de-escalation techniques.

The committee noted the comments relating to risk FL001 – Assault or injury to staff, or malicious allegation, by service user. A suggestion was made to utilise lone working arrangements in emergency situations within YP Residential Units. The Head of Social Policy undertook to review lone working arrangements within this residential provision to ascertain whether this would be effective, although under normal circumstances there would be more than one member of staff on duty.

### Decision

1. To note the recommendation in the report;
2. To note that the Head of Social Policy undertook to provide members with details of the number of incidents recently reported within YP Residential Units; and
3. To note that the Head of Social Policy undertook to review the lone working arrangements within YP Residential Units.

#### 4. MANAGEMENT OF HEALTH & SAFETY RISKS

The committee considered a report (copies of which had been circulated) by the Head of Corporate Services providing details of the approach to the council's management of health and safety risks.

The report explained that in accordance with corporate requirements, health and safety risks were maintained in the risk register in Pentana Performance (formerly Covalent), the council's corporate risk management tool, which represented key risks to service objectives. These risks were kept under continuous review and were developed in accordance with changes in the service structure, and in response to changes to the political, regulatory, economic and demographic environment. Services were also required to ensure that relevant action plans were implemented for key risks, to mitigate these risks to tolerable levels so far as was practicable. Appendix 1 to the report identified the health and safety risks and appendix 2 set out the corporate risk assessment methodology.

The report outlined the health and safety risks, strategic risks and service risks identified. Details of the arrangements for the management and review of risks were also highlighted. Risks were reported to the service management team on a monthly basis and were discussed, changes made to the risks or their scores, and new risks added as considered necessary. There was a complete audit trail of this review process via the meeting papers and the action note produced, which were held in the council's records management system. Agreed changes to risks or risk actions were evidenced in Pentana and where necessary an explanatory note added.

The report concluded by confirming that the council has implemented robust risk management processes with the aim of ensuring that risks to the achievement of key objectives were mitigated as far as possible. The management of health and safety risks was currently under review.

It was recommended that the Governance and Risk Committee:

1. Notes the arrangements for the management of health and safety risks in Corporate Services and across the council; and
2. Notes that health and safety risks were currently being reviewed at corporate and service levels.

In response to a question relating to the management of health and safety risks, the Head of Corporate Services advised that a two way communication system was in place throughout the council to proactively manage health and safety risks with a number of focus groups for employees being held.

During the course of the discussion the committee recommended that it would be beneficial for a report to be included as a standing item for consideration at every meeting of the Governance and Risk Committee providing information on health and safety incidents reported for all

service areas during the reporting period. Year-end statistics were also requested.

### Decision

1. To note the contents of the report;
2. To note that the Head of Corporate Services undertook to provide reports to future meetings on health and safety incidents reported for all service areas during the reporting period and to provide year end statistics.

## 5. RISK MANAGEMENT WITHIN SOCIAL POLICY

The Chair agreed that an amended report be tabled due to changes being made to risks recorded in the original report as follows:

- Social Policy currently has 19 risks which were summarised in appendix 1 to the report;
- CCOP001 'Insufficient supply to meet service demands' (current score 12);
- There is one risk with a current score of 9 (CCLD001);
- Risks coded 'CCOP' were considered to be for Community Care Older People and 'CCLD' for Community Care Learning Disability; and
- Appendix 2 provides further detail of the services high risks, associated internal controls and any mitigating risk actions.

A presentation was then given by Tim Ward, Senior Manager Young People & Public Protection providing details of the risk management in Social Policy to effectively manage risks. A summary of the service risks was provided with 15 'low' risks, 2 'medium' risks and 2 'high' risks identified.

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

Finally, the committee was advised that Social Policy has a robust approach to identifying and managing its risks. Risks were regularly reviewed by the Social Policy Management Team and there was also a complete audit trail of the review process and any changes made.

Following conclusion of the presentation the committee considered the amended report (copies of which had been tabled) by the Head of Social Policy providing details of the approach taken to risk management within

Social Policy. Appendix 1 to the report outlined Social Policy Services – risks status, Appendix 2 outlined Social Policy high risks and Appendix 3 provided details of the risk assessment methodology.

The report advised that in accordance with corporate requirements, Social Policy maintained its risk register in Pentana. Three categories of risk were identified as follows:

- Original risk – the risk assessed on the basis that controls were absent or ineffective;
- Current risk – the risk assessed on the basis that the controls in place were effective; and
- Target risk – the risk which was being worked towards.

The benefit of an original risk score was that it provided an appreciation of the potential consequences if current controls failed or were not effective.

In conclusion, it was noted that Social Policy has implemented robust risk management processes with the aim of ensuring that risks to the achievement of key objectives were mitigated as far as possible.

A discussion ensued during which time the committee noted the two risks considered to be high as follows:

1. CF001 'Assault or injury to staff, or malicious allegation, by service user' (current score 12); and
2. CCOP001 'Insufficient supply to meet service demands' (current score 12).

In relation to risk CF001, the Head of Social Policy advised that policies and procedures were in place detailing how staff should react to instances of violence and aggression. Ongoing training was also provided to support staff in the use of de-escalation techniques. Work was also being done to improve the effectiveness of provision in the internal residential houses for young people.

In relation to risk CCOP001, the committee was advised that the current risks were higher in respect of the market pressures relating to Older People's services and the risks relating specifically to care at home and care homes. There was potentially an issue recruiting staff within Care at Home services. Risks were identified due to the demographics of people living longer and requiring care and the smaller number of people in the workforce. Members of staff were working with colleagues within NHS Lothian to assess the best way to delivery services across West Lothian. Risks continued to be closely monitored by the Social Policy Management Team.

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

### Decision

To note the contents of the amended report tabled at the meeting and the presentation given by the Senior Manager, Young People & Public Protection.

## 6. COMMITTEE SELF-ASSESSMENT

The committee considered a report (copies of which had been circulated) by the Governance Manager providing details of the arrangements for carrying out periodic self-assessment of the Governance and Risk Committee's administrative arrangements and activity.

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

A questionnaire was attached at Appendix 1 to the report, which was prepared drawing on experience elsewhere and on available guidance. Members were invited to consider if there were any changes that they wished to be made to the questionnaire. Once finalised, the intention was to issue it electronically to members for completion online, which would enable responses to be treated anonymously and for them to be more easily analysed and used for comparison purposes. The results would be reported back to a future meeting for consideration and areas for improvement identified and agreed. The process would be incorporated into the committee's work-plan and carried out annually.

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

During the course of the discussion the committee highlighted that by the time the questionnaire was circulated and responses collated a full annual cycle of Governance and Risk Committee meetings would have been held. Members also commented that the self-assessment tool would be useful if used within other statutory committees within the council. It was also agreed that any additional questions from members of the committee should be emailed to the Governance Manager for inclusion in the questionnaire prior to this being circulated.

It was recommended that the Governance and Risk Committee:

1. Notes 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. Considers the questionnaire in the appendix to the report and whether there were any additional areas that might be covered or questions asked;
3. Agrees that the questionnaire be circulated to committee members for completion with the results reported back to a future meeting to consider areas for improvement; and
4. Notes that a similar arrangement would be carried out for Audit Committee as part of the response to the auditor's recommendation.

#### Decision

- To agree the terms of the report; and
- To agree that any additional questions from members be emailed to the Governance Manager prior to the questionnaire being circulated to members for completion.

### 7. WORKPLAN

The committee considered the workplan (copies of which had been circulated).

#### Decision

To agree the workplan subject to including the following item as a standing item for future meetings of the committee:

- Management of Health & Safety Risks – Report by Head of Corporate Services.