



## ***West Lothian Integration Joint Board Audit, Risk and Governance Committee***

West Lothian Civic Centre  
Howden South Road  
LIVINGSTON  
EH54 6FF

20 May 2020

A meeting of the **West Lothian Integration Joint Board Audit, Risk and Governance Committee** will be held within the **Virtual Meeting Room** on **Wednesday 27 May 2020 at 2:00pm**.

For Chief Executive

### **BUSINESS**

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

### **Public Session**

4. Confirm Draft Minute of Meeting of the Committee held on 4 March 2020 (herewith).
5. Internal Audit Annual Report - report by Internal Auditor (herewith).
6. Best Value - Annual Compliance - report by Chief Finance Officer (herewith).
7. Local Code of Corporate Governance 2019/20 - report by Standards Officer (herewith).
8. Governance Issues - Update on Progress - report by Standards Officer

DATA LABEL: Public

(herewith).

9. Annual Governance Statement 2019/20 - report by Standards Officer (herewith).
10. Risk Management - High Risks - report by Chief Officer (herewith).
11. Risk Management Annual Report - report by Chief Officer (herewith).
12. Workplan (herewith).

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NOTE      **For further information please contact Val Johnston on 01506 281604 or email [val.johnston@westlothian.gov.uk](mailto:val.johnston@westlothian.gov.uk)**

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD AUDIT, RISK AND GOVERNANCE COMMITTEE held within CONFERENCE ROOM 3, WEST LOTHIAN CIVIC CENTRE, on 4 MARCH 2020.

Present – Martin Connor (Chair), Councillor Damian Timson (Vice Chair), Caroline McDowall, Bill McQueen and Martin Murray

Apologies – Councillor George Paul

In Attendance – Carol Bebbington (Interim Head of Health, West Lothian Health and Social Care Partnership), Jo MacPherson (Chief Social Work Officer), James Millar (Standards Officer), Kenneth Ribbons (Internal Auditor), Sharon Leith (Internal Audit), Patrick Welsh (Chief Finance Officer) and Stephen Reid (EY, External Audit).

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. ORDER OF BUSINESS

The Chair welcomed Stephen Reid (EY, External Audit) to the meeting.

3. MINUTE

The committee approved the minute of its meeting held on 11 December 2019. The Chair thereafter signed the minute.

4. RISK MANAGEMENT

The committee considered a report (copies of which had been circulated) by the Chief Officer advising of the IJB's risk register

The report recalled that in accordance with the Risk Management Strategy approved by the IJB on 26 June 2018, the Audit, Risk and Governance Committee was required to review the risk register at least twice per annum.

The IJB previously had ten risks. Following a review of the risks undertaken in conjunction with the IJB Risk Manager, two risks were removed from the risk register; these were in relation to clinical care/governance and health and safety. This was because they were considered to be operational risks to be managed by NHS Lothian and West Lothian Council and as such should be reflected in their risk registers.

The IJB therefore now had eight risks which were set out in Appendix 1. The four highest risks were :-

- IJB008 – Delayed Discharge – score 16

- IJB004 – Inadequate Funding to Deliver the Strategic Plan – score 12
- IJB007 – Sustainability of Primary Care – score 12
- IJB006 – Workforce Planning – score 12

The Internal Auditor continued by providing committee with additional information concerning the contents of Appendix 1.

Also attached to the report was Appendix 2 which set out more detail of the risk actions which were not yet complete. Appendix 3 provided the standard risk methodology.

The Chair then raised concerns with regards to Coronavirus and its impact on the Risk Register. Officers undertook to consider its implications in terms of delivery of the Strategic Plan.

With regards to progress on some of the identified risks, it was noted that progress to date with Delayed Discharge was at 25% and Care Home Placements was at 5%. The Head of Health advised committee that a strategic review of bed management was underway which would enable progress to be made. She also advised committee that as all the risks identified for Delayed Discharge were fairly new, data around them was still being collated.

Officers advised committee that the Risk Register was also considered by the Integration Joint Board and the Strategic Planning group.

It was recommended that the Audit, Risk and Governance Committee considers the risks identified, the control measures in place and the risk actions in progress to mitigate their impact.

#### Decision

1. To note the contents of the report; and
2. To note the concerns of the committee in relation to coronavirus and to ask the Chief Officer to consider its implications in the delivery of the Strategic Plan.

#### 5. EXTERNAL AUDIT PLAN

The committee considered a report (copies of which had been circulated) by the Chief Finance Officer advising of the external auditors 2019/20 annual audit plan.

The committee noted that Stephen Reid, EY was in attendance at the meeting and along with the Chief Finance Officer would address the contents of the report.

Attached to the report at Appendix 1 was EY's annual plan, which set out

the work that was proposed to be undertaken in relation to the 2019/20 audit.

As set out in the EY audit plan, auditors in the public sector would provide an independent opinion on the “truth and fairness” of the financial statements. The Annual Audit Plan set out the proposed approach for the audit of the financial year ending 31 March 2020.

The report then provided a summary of the Annual Audit Plan and it was noted that the Accounts Commission had also set out five strategic Audit Priorities that would be integrated into EY’s 2019/20 audit work. These were :-

- Clear priorities with a focus on outcomes, supported by effective long term planning.
- Effective appraisal of options for changing how services are delivered in line with their priorities
- Ensuring that members and officers have the right knowledge, skills and support to design, develop and deliver effective services in the future
- Empowering local communities and involving them in the design and delivery of local services and planning for their local area.
- Reporting on performance in a way that enhances accountability to citizens and communities, helping them contribute better to delivery of improved outcomes.

The report concluded that the wider scope audit work that would be undertaken and the judgements and conclusions reached in these areas would contribute to the overall assessment and assurance of the achievement of best value by the IJB.

The committee explored with those in attendance the methods that would be employed across the five strategic Audit Priorities and whether there were any lessons to be learnt from other IJB’s. The Chief Finance Officer explained that the best Value Framework and Engagement Framework would be utilised in the gathering of information particularly in relation to engagement with communities.

Committee also made reference to the ongoing coronavirus issue and its possible impact on the audit plan. Mr Reid, EY, explained that it was something that needed to be recognised particularly in the long term delivery of actions and priorities.

It was recommended that the committee notes the external auditors 2019/20 annual audit plan

### Decision

1. To note the content of the report and the proposed 2019/20 annual audit plan; and

2. To note the suggestion that lessons could be learnt from other IJB's particularly in terms of engagement with local communities on the design and delivery of local services.

## 6. INTERNAL AUDIT PLAN

The committee considered a report (copies of which had been circulated) by the Internal Auditor advising of the 2020/21 internal audit plan.

The internal audit plan for 2020/21 set out the planned internal audit work for the year to 31 March 2021. A copy was attached to the report at Appendix 1.

The Public Sector Internal Audit Standards (PSIAS) require that a risk based audit plan be prepared. The internal audit plan therefore took account of the IJB risks.

The purpose of the internal audit plan was to audit the Integration Joint Board's processes and ensure that effective controls were in place to mitigate the risks identified. It was to be noted that separate internal audit arrangements were in place to the operational arrangements within West Lothian Council and NHS Lothian.

It was recommended that the committee approve the 2020/21 internal audit plan.

### Decision

1. To approve the terms of the report; and
2. To agree that the timescale for reporting on Performance Management/Inadequate Performance Management be brought forward to September 2020.

## 7. INTERNAL AUDIT - WORKFORCE PLANNING

The committee considered a report (copies of which had been circulated) by the Internal Auditor advising of the outcome of the internal audit of workforce planning.

In accordance with the internal audit plan for 2019/20 an audit was undertaken of workforce planning. The objective of the audit was to review progress towards implementation of the Strategic Workforce Development Framework as approved by the IJB on 21 November 2018. This included a review of risk IJB006 and the associated internal controls and risk actions.

The resultant report was attached to the report at Appendix 1 along with agreed management action in the action plan.

Committee noted that the information provided by both West Lothian

Council and NHS Lothian was provided in different formats; this made it more complex to provide a consistent overview of the direction of travel in terms of workforce planning.

It was recommended that the committee notes that control was considered to be satisfactory.

#### Decision

To note the terms of the report

### 8. INTERNAL AUDIT OF FINANCIAL SUSTAINABILITY ARRANGEMENTS

The committee considered a report (copies of which had been circulated) by the Internal Auditor advising of a report prepared by NHS Lothian internal audit on financial sustainability arrangements.

The report, a copy of which was attached to the report at Appendix 1 described five control objectives; these were as follows :-

1. Potential saving options are identified and evaluated including any potential impact on service delivery;
2. Savings plans are aligned to NHS Lothian's strategic priorities and operational plans;
3. There is clear ownership and accountability around the delivery of savings plans;
4. Financial plans include sufficient evaluation of areas of uncertainty around funding and expenditure to provide clear consideration of options; and
5. Financial planning and delivery are transparent and has sufficient oversight.

The report concluded that significant assurance could be received in relation to control objectives one, two and four and moderate assurance could be received in relation to control objectives three and five.

The terms "significant" and "moderate" were defined in appendix one of the internal audit report.

The committee noted that the report had been presented to a meeting of NHS Lothian Board some months ago but had only recently come to the attention of council colleagues. It was therefore agreed that to ensure the committee was aware of similar business going forward in a timelier manner, the Internal Auditor would speak to his counterpart at NHS Lothian to discuss taking forward those matters that affected not only NHS Lothian but also West Lothian Integration Joint Board.

#### Decision

1. To note the terms of the report; and
2. To agree that the Internal Auditor (IJB) contact his counterparts at NHS Lothian to discuss governance arrangements for the reporting matters concerning NHS Lothian/West Lothian IJB to the committee.

9. TIMETABLE OF MEETING 2020/21

The committee considered a timetable of meetings for 2020/21, a copy of which had been circulated.

Decision

To agree the timetable of meetings for 2020/21.

10. WORKPLAN

A workplan and reporting cycle had been circulated for the information of the committee.

Decision

1. To note the contents of the workplan; and
2. To agree now that the dates for meetings of the committee for 2020/21 had been agreed that the workplan be populated going forward.



## West Lothian Integration Joint Board Audit, Risk and Governance Committee

Date: 27 May 2020

Agenda Item: 5

### INTERNAL AUDIT ANNUAL REPORT

#### REPORT BY INTERNAL AUDITOR

#### **A PURPOSE OF REPORT**

- A1** To advise the Audit, Risk and Governance Committee of the internal audit annual report for 2019/20.

#### **B RECOMMENDATION**

- B1** It is recommended that the Audit, Risk and Governance Committee considers the internal audit annual report for 2019/20, and notes my opinion that the IJB's framework of governance, risk management and control is sound.

#### **C SUMMARY OF IMPLICATIONS**

- |           |  |   |
|-----------|--|---|
| <b>C1</b> | <b>Directions to NHS Lothian and/or West Lothian Council</b> | A direction is not required.  |
| <b>C2</b> | <b>Resource/ Finance</b>                                     | None.   |
| <b>C3</b> | <b>Policy/Legal</b>  | The Local Authority Accounts (Scotland) Regulations 2014 require the IJB or a relevant committee to conduct, at least once in each financial year, a review of the effectiveness of its system of internal control. |
| <b>C4</b> | <b>Risk</b>  | The internal audit annual report contains an opinion on the IJB's framework of governance, risk management and control.   |
| <b>C5</b> | <b>Equality/Health</b>                                       | The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.                        |

<b>C6</b>	<b>Environment and Sustainability</b>	None.
<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	Indirectly via the risk based audit of processes to determine their effectiveness.
<b>C8</b>	<b>Strategic Plan Outcomes</b>	Indirectly via the risk based audit of processes to determine their effectiveness.
<b>C9</b>	<b>Single Outcome Agreement</b>	Indirectly via the risk based audit of processes to determine their effectiveness.
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	None.

## **D TERMS OF REPORT**

- D1** The Local Authority Accounts (Scotland) Regulations 2014 require the IJB or relevant committee to conduct, at least once in each financial year, a review of the effectiveness of its system of internal control. The system of internal control may be defined as those policies, procedures and arrangements which are put in place by the management of an organisation to ensure that it meets its objectives. Examples would include financial plans, strategic plans, performance management reporting, and risk management arrangements. Following the review of the system of internal control, the regulations require the IJB or relevant committee to approve an annual governance statement.
- D2** The Public Sector Internal Audit Standards (PSIAS) require me to submit an annual report timed to support the annual governance statement. This must include:
- a statement on conformance with the PSIAS and the results of the internal audit quality assurance and improvement process;
  - an opinion on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control;
  - a summary of the information which supports the opinion.
- D3** The Committee should note that I have concluded that the IJB's framework of governance, risk management and control is sound.

## **E CONSULTATION**

**E1** None.

**F REFERENCES/BACKGROUND**

**F1** Report to the Audit, Risk and Governance Committee 6 March 2019: Internal Audit Plan 2019/20.

Report to the Audit, Risk and Governance Committee 11 December 2019: Internal Audit Plan.

**G APPENDICES**

**G1** Internal Audit Annual Report 2019/20

**H CONTACT**

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27 May 2020

# **WEST LOTHIAN INTEGRATION JOINT BOARD**

## **INTERNAL AUDIT ANNUAL REPORT 2019/20**

**27 May 2020**



## **1.0 INTRODUCTION**

- 1.1 This report provides an overview of the Integration Joint Board's (IJB) internal audit function for the financial year ending 31 March 2020.
- 1.2 The Local Authority Accounts (Scotland) Regulations 2014 require that local authorities, which for the purpose of the Regulations includes IJB's, operate an internal audit function. The Regulations stipulate that internal audit must be professional and objective, and undertaken in accordance with recognised standards and practices in relation to internal auditing.
- 1.3 As the Committee will be aware, I am the IJB's appointed internal auditor and the internal audit service is provided by the West Lothian Council internal audit team. Our internal audit work is undertaken in accordance with the Public Sector Internal Audit Standards (PSIAS), which are mandatory standards for public sector internal audit.
- 1.4 The PSIAS require me to deliver an annual internal audit opinion on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control that can be used by the IJB to inform its governance statement. This opinion is included in section five of this report.

## **2.0 QUALITY ASSURANCE AND IMPROVEMENT PROGRAMME**

- 2.1 The PSIAS require that I maintain a quality assurance and improvement programme. This is to ensure that internal audit complies with the PSIAS and produces audit work of an appropriate quality.
- 2.2 The main elements of the internal audit team's quality assurance and improvement programme include:
  - monthly team meetings and 1-1's with staff;
  - review of audit work by a more senior auditor;
  - targets and performance measures;
  - consultation with customers at the end of each audit in relation to their views about the auditors and the audit process.
- 2.3 The internal audit team participates in internal audit benchmarking arrangements, via the CIPFA benchmarking club and the CIPFA Directors of Finance performance indicators.
- 2.4 The internal audit team, as part of the council's Audit, Risk and Counter Fraud Unit, also participates in the West Lothian Assessment Model (WLAM), which is a set of questions or statements that services use to identify strengths and weaknesses and provide a structure for improvement. The Unit had its latest assessment on 23 September 2019 and achieved a score of 561, which is considered to be a good score. The Unit had a WLAM assessment panel on 17 December 2019, which involves a presentation to the Chief Executive and two other senior officers, followed by questions. The outcome of the Panel was that the Unit continues on cycle one, which is a three yearly cycle, with the next assessment therefore in 2022.
- 2.5 I am required to report on internal audit's conformance with the PSIAS, and a self-assessment exercise has been undertaken. As in previous years, the following matter was identified.

The PSIAS require that work programmes are approved prior to the commencement of an audit, and any adjustments to work programmes are documented and approved promptly. However I am satisfied that internal audit staff are suitably qualified and experienced, and given the resource constraints within the audit team, I do not consider that this requirement would add value. This will not therefore be done.

- 2.6. I do not consider that this matter has a material impact on the scope or operations of internal audit, and I therefore confirm that internal audit complies with the PSIAS in all material respects.

### **3.0 INTERNAL AUDIT INDEPENDENCE**

- 3.1 The PSIAS require that internal audit activity must be independent and internal auditors must be objective in performing their work. The PSIAS state that “internal audit activity must be free from interference in determining the scope of internal auditing, performing work and communicating results”.
- 3.2 The PSIAS use the term “chief audit executive” to describe the person in a senior position responsible for effectively managing the internal audit activity. In the context of the IJB, I am the chief audit executive as the IJB’s appointed internal auditor. The PSIAS require the chief audit executive to communicate and interact directly with the relevant body, in this case the Audit Risk and Governance Committee, and state that the chief audit executive must confirm, at least annually, the organisational independence of the internal audit activity.
- 3.3 Examples of internal audit independence are included in the PSIAS and for the IJB these include:
- approval of the internal audit charter by the Audit, Risk and Governance Committee;
  - approval of the risk based internal audit plan by the Audit, Risk and Governance Committee;
  - the chief audit executive having free and unfettered access to the IJB Chief Officer and the Chair of the Audit Risk and Governance Committee;
  - the Audit, Risk and Governance Committee receiving reports from the chief audit executive on internal audit’s performance relative to its plan, and other matters.
- 3.4 I therefore confirm the organisational independence of the internal audit function.

### **4.0 INTERNAL AUDIT WORK**

- 4.1 The internal audit plan for 2019/20 was approved by the IJB Audit, Risk and Governance Committee on 6 March 2019. Internal audit work involves reviewing processes, based on an assessment of risk, to determine whether there is an effective level of control. The results of our internal audit work are reported to management who are, where appropriate, asked to complete and return action plans.
- 4.2 On 11 December 2019 I asked the Committee to approve revisions to the agreed annual audit plan for 2019/20. A revised plan was agreed, comprising of audits of the strategic plan and workforce planning. The outbreak of the coronavirus pandemic had no impact on the revised internal audit plan as both audit reports were issued by 4 March 2019.

- 4.3. Appendix A provides details of the audits undertaken, and the conclusions arising from this work. Appendix B explains the conclusions reached. Both internal audit reports were submitted to the IJB Audit, Risk and Governance Committee during the year.
- 4.4. It should be noted that the audit of operational matters covered by IJB directions, which are undertaken by either West Lothian Council or NHS Lothian, is the responsibility of the internal audit teams for NHS Lothian and West Lothian Council respectively.
- 4.5. Audit reports normally contain an action plan with agreed management actions. Actions considered to be of high or medium importance are entered into Pentana, which is the IJB's risk management system, as risk actions. Progress in implementing these actions is monitored by the IJB Senior Management Team and by the Audit, Risk and Governance Committee.

## **5.0 INTERNAL AUDIT OPINION**

- 5.1. The PSIAS require me to deliver an annual internal audit opinion on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control.
- 5.2. My opinion covers the financial year 2019/20. There have been no limitations placed on the scope of my internal audit activity.
- 5.3. In arriving at my opinion I have regard to:
- the internal audit work undertaken during 2019/20, as set out in appendix A;
  - internal audit work undertaken in previous years, and progress in implementing previous internal and external audit recommendations;
  - the report by the IJB's Standards Officer on the IJB's Code of Corporate Governance which was submitted to the Audit, Risk and Governance Committee on 11 December 2019.
- 5.4. The internal audit reports issued during the year have identified some areas for improvement, and in accordance with the agreed protocol these have been included in Pentana as risk actions.
- 5.5. Taking account of the above, I am of the opinion that the IJB has a sound framework of governance, risk management and control.

**Kenneth Ribbons**  
**IJB Internal Auditor**

## APPENDIX A

### RISK BASED AUDITS 2019/20

Audit	Date of Report to IJB Audit Risk and Governance Committee	Reference	Audit Conclusion
Strategic Planning	11/12/19	EX1904	Satisfactory
Workforce Planning	04/03/20	EX1905	Satisfactory



## APPENDIX B

### AUDIT REPORT CONCLUSIONS

Overall Opinion	Definition
<b>Effective</b>	No recommendations ranked as 'High' importance. There may be a few 'Low' and 'Medium' recommendations.
<b>Satisfactory</b>	No recommendations ranked as 'High' importance. There are a moderate number of 'Low' and 'Medium' recommendations.
<b>Requires Improvement</b>	A few recommendations ranked as 'High' importance. There may also be a number of recommendations ranked as 'Low' and 'Medium' importance.
<b>Unsound</b>	A considerable number of recommendations ranked as 'High' importance resulting in an unsound system of control. There may also be a number of recommendations ranked as 'Low' and 'Medium' importance.



# West Lothian Integration Joint Board Audit Risk and Governance Committee

Date: 27 May 2020

Agenda Item: 6

## **BEST VALUE – ANNUAL COMPLIANCE**

### **REPORT BY CHIEF FINANCE OFFICER**

#### **A PURPOSE OF REPORT**

The purpose of this report is to set out the Best Value Annual Statement of Compliance for 2019/20.

#### **B RECOMMENDATION**

It is recommended the Committee:

1. Notes that the IJB has a statutory duty to make arrangements to secure Best Value as prescribed in Part 1 of the Local Government in Scotland Act 2003
2. Agrees that the IJB has demonstrated substantial compliance with its Best Value duties based on the Framework agreed for reporting on Best Value

#### **C SUMMARY OF IMPLICATIONS**

<b>C1</b>	<b>Directions to NHS Lothian and/or West Lothian Council</b>	A direction is not required.
<b>C2</b>	<b>Resource/ Finance</b>	None.
<b>C3</b>	<b>Policy/Legal</b>	The IJB has a statutory duty to demonstrate compliance with Best Value.
<b>C4</b>	<b>Risk</b>	None.
<b>C5</b>	<b>Equality/Health</b>	The report has been assessed as having little or no relevance with regard to equality or the Public Sector

Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.

<b>C6</b>	<b>Environment and Sustainability</b>	None.
<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	The delivery of Best Value will assist in delivering health and wellbeing outcomes.
<b>C8</b>	<b>Strategic Plan Outcomes</b>	The delivery of Best Value will contribute in effective delivery of the Strategic Plan.
<b>C9</b>	<b>Single Outcome Agreement</b>	The delivery of Best Value will assist in meeting targets set out in the Single Outcome Agreement.
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	None.

## **D TERMS OF REPORT**

### **D.1 Background**

The Local Government (Scotland) Act 2003 places a duty on Local Government bodies to secure Best Value. As a Section 106 body under the 2003 Act, Integration Joint Boards have the same statutory duty to secure best value.

The statutory duties of the 2003 Act are:

- The duty of Best Value, being to make arrangements to secure continuous improvement in performance (while maintaining an appropriate balance between quality and cost); and in making those arrangements and securing the balance, to have regard to economy, efficiency, effectiveness, the equal opportunities requirements and to contribute to the achievement of sustainable development;
- The duty to achieve break-even in trading accounts subject to mandatory disclosure
- The duty to observe proper accounting practices
- The duty to make arrangements for the reporting to the public of the outcome of the performance of functions

The above duties apply to the IJB other than the duty to secure a break-even in trading accounts which is not relevant to the IJB as it does not have trading accounts.

## **D.2 Best Value Framework and Compliance**

The Best Value Framework was approved by the Board on 24 September 2018. As part of this it was agreed the framework would be reviewed after two years of use. As a result, the Framework will be reviewed and presented to the committee for consideration in advance of preparing next year's Best Value Compliance Statement. This review will take account of recently updated guidance on Best Value.

Taking account of all the relevant factors including Legislation, Ministerial Guidance and Audit Scotland Guidance, the agreed areas relevant in assessing the achievement of best value for the IJB are shown below.

- Management of Resources
- Effective Leadership and Strategic Direction
- Performance Management
- Joint Working with Partners
- Service Review / Continuous Improvement
- Governance and Accountability
- Engagement with the Community

It was agreed for each of these areas there would be an annual assessment of how the IJB has demonstrated best value in the delivery of delegated functions.

This is achieved through an Annual Statement of Compliance produced by the Chief Finance Officer, considered by the IJB senior management team and reported to the IJB Audit, Risk and Governance Committee for consideration. The Annual Statement of Compliance will be used to inform the Governance Statement within the annual accounts.

The 2019/20 Best Value Annual Statement of Compliance is attached in Appendix 1 for consideration by the Committee.

## **D.3 Auditing Best Value in IJBs**

The Ernst and Young (EY) Annual Audit Plan for 2019/20 notes that their 2019/20 audit will review the IJBs arrangements for demonstrating Best Value and will comment on this in its Annual Audit Report.

The committee should also be aware that the Accounts Commission are planning to extend their auditing role to include Best Value in Integration Joint Boards.

Taking account of these factors it is important that the IJB's duty to secure best value continues to be seen as a priority and arrangements in place to demonstrate achievement of this duty continue to be developed. The IJB's Best Value Framework will be an important element of this going forward.

**E CONSULTATION**

Relevant officers in NHS Lothian and West Lothian Council

**F REFERENCES/BACKGROUND**

Local Government Scotland Act 2003

**G APPENDICES**

Appendix 1 – Best Value Framework – Annual Statement of Compliance  
2019/20

**H CONTACT**

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27 May 2020

## WEST LoTHIAN INTEGRATION JOINT BOARD

### Best Value Framework - Annual Statement of Compliance 2019/20

<b>Name of Policy or Procedure:</b>	Best Value Framework
<b>Responsible Officer:</b>	Patrick Welsh – Chief Finance Officer, West Lothian IJB
<b>Requirement agreed by Board:</b>	<ol style="list-style-type: none"> <li>1. Annual statement of compliance</li> <li>2. Review the Best Value Framework after 2 years.</li> </ol>
<b>Report required by:</b>	IJB Audit Risk and Governance Committee – 27 May 2020
<b>Review Requirement</b>	<p>In line with the two year review requirement, the Best Value Framework will be reviewed after the second year of using the existing approved Framework. This means the Framework will have been reviewed and any changes approved by the IJB for the 2020/21 annual accounts process.</p>
<b>Report by the Chief Financial Officer on the operation of the policy during 2019/20</b>	<p>A Best Value Framework was approved by West Lothian IJB on 24 September 2020. The Framework covers seven areas of best practice and the following provides an update on the activities which were undertaken during the financial year 2019/20:</p> <ol style="list-style-type: none"> <li>1. Management of Resources.</li> </ol> <p>Financial assurance of IJB budget resources was undertaken and reported to the Board on 12 March 2019 as part of 2019/20 budget setting process. Further assurance of the approved 2020/21 budget contributions was reported to the Board on 26 June 2019.</p> <p>Budget monitoring updates on the 2019/20 budget were provided to each Board meeting during the year including</p>

information on key risk areas and progress towards the achievement of savings.

A five year medium term financial plan has been developed by the IJB and an update on the plan to 2022/23 was reported to the Board on 23 April 2019. This is consistent with best practice outlined by CIPFA, Audit Scotland, Accounts Commission and the Ministerial Strategic Group.

A further update on the financial outlook to 2022/23 will be reported to the Board on 30 June 2020. This will highlight significant issues and uncertainty at this stage around the resulting financial implications from COVID-19 over 2020/21 and future years.

## 2. Effective Leadership & Strategic Direction.

Cross sector participation in leadership programmes takes place on a regular basis. Senior management are involved in key decision making and planning forums including Chief Officers Group and Integrated Care Forum. Regular Development Sessions are held to support Board Members in fulfilling their role.

An updated Strategic Plan covering the period 2019/20 – 2022/23 was approved by the Board on 23 April 2019 along with a suite of Strategic Directions to support the delivery of the agreed Strategic Priorities and transformational change programmes. A new Strategic Planning approach was approved to support this, which includes individual Planning and Commissioning Boards for care groups. Updated Strategic Commissioning Plans and associated Directions were approved by the Board on 21 January 2020.

The IJB Strategic Planning Group was reviewed during 2019/20 and on the 26 November 2019 the Board approved a new remit and approach to strengthen links between locality and strategic planning. The membership now includes representation from Community Planning, Economic Development, Housing and West Lothian Leisure and the Strategic Planning Group will, going forward, contribute a health and social care perspective to the existing regeneration locality plans.

A Joint Inspection of Strategic Planning within West Lothian Adult Care Services was undertaken by the Care Inspectorate and Healthcare Improvement Scotland was undertaken during the first half of 2020. The outcome of this has been delayed due to COVID-19.



### 3. Performance Management

The IJB's Performance Management focuses on embedding a performance management culture throughout its activities. Regular reports on performance are provided to the IJB covering the following:

- National Health and Wellbeing Outcome Indicators – Scottish Government indicators to demonstrate progress in achievement of nine national health and wellbeing outcomes.
- Balanced Scorecard – incorporates integration indicators, Local Delivery Plan and other measures using a RAG-rated system to monitor performance.
- Benchmarking – core suite of West Lothian indicators are benchmarked against our Local Government Benchmarking Family (LGBF) for adult care.
- Ministerial Strategic Group Integration Indicators – reflects performance measurement by Integration Authorities against six key areas agreed nationally

The Chief Officer has established a new monthly Health and Social Care Management meeting, a key focus of which is to consider overall performance across care delivery.

Emergency coronavirus legislation allows public bodies to choose to postpone compliance with statutory duties to publish annual and other reports concerning their functions and services. Taking account of other priorities resulting from the coronavirus, consideration is being given to recommending it be exercised in relation to the publication of the statutory Annual Performance Report, normally due by 31 July each year. Notwithstanding this, the IJB will be presented with a report on performance encompassing the areas above at the June 2020 Board meeting.

### 4. Joint Working With Partners

The IJB agreed an updated Communication and Engagement Strategy on 21 January 2020 to support effective engagement with stakeholders and partners in development of plans and services.

Locality Plans have been published following extensive engagement with partners and the Strategic Planning Group has been reviewed to include the remit of Locality Planning and an expanded membership including wider partner body and service user representation

The Chief Officer meets regularly with Lothian Chief Officers and the national Chief Officer Group, and regularly engages with Health and Social Care Scotland, a collaboration of health and social care leaders and managers across health and social care partnerships.

The Chief Finance Officer works closely with staff from the Health Board and Local Authority on annual budgeting and medium term financial planning and is a member of the national Chief Finance Officer Network.

## 5. Service Review & Continuous Improvement

The IJB's approach to strategic planning is built on a foundation of service review and continuous improvement. Additional programmes of service development have focussed on shifting the balance of care in relation to services and supports for people with learning disabilities and physical disabilities.

Updated Strategic commissioning plans have been approved during the year which outline commissioning, service review and service development priorities across all adult health and social care services. Progress against each plan will be reported to the Board on an ongoing basis and the implications and learning from COVID-19 will be considered in the ongoing review of commissioning plans.

Significant work has been undertaken during 2019/20 to improve social care capacity and reduce delayed discharge and unmet care needs. Despite the significant challenges created by COVID-19, the work undertaken across the partnership had resulted in a very substantial reduction in hospital delays.

There is a strong culture of self-assessment within the IJB and wider Partnership with a focus on evaluating current performance to identify strengths and areas for improvement. This includes the Ministerial Strategic Group self-evaluation of integration progress which takes account of a number of national reviews of progress with integration of health and social care and identified areas for further development. In addition, it has been agreed that self assessment questionnaires of the Board's administrative arrangements and activity will be undertaken on an annual basis.

## 6. Governance & Accountability

The Board's Local Code of Corporate Governance, compliant with the CIPFA/SOLACE Framework (2016), was reviewed through Audit Risk & Governance Committee (the committee) on 5 June 2019 and the Board on 10 September 2019. Changes were recommended and adopted and the Code is scheduled for review again in 2021/22.

The Internal Audit Annual Plan 2019/20 was approved by the committee on 6 March 2019 and an amendment was approved by the committee on 11 December 2019. Throughout the year internal audit reports were considered by the committee.

The Board's Risk Register was reviewed by the committee on 4 September 2019 and 4 March 2020. High risks were reported separately to the committee on 5 June 2019 and 11 December 2019. The Board received its annual report on the Risk Register on 26 November 2019.

The statutory requirements and timescales applying to the 2018/19 accounts and audit process were adhered to in all respects.

The scheduled review of Standing Orders, the Scheme of Delegations and committee remits was carried out through the committee on 11 December 2019 and the Board on 21 January 2020. The scheduled review of Financial Regulations was carried out and concluded with minor changes by the Board on 21 January 2020.

Full reviews were carried out and improvements agreed during the year of the Strategic Planning Group and Locality Planning, of the Heath & Care Governance Framework and membership of the Board, committees and the Strategic Planning Group. The annual performance report was approved and published in accordance with the statutory deadline. Assurance reports on clinical and care governance and from the Clinical Director and the Chief Social Work Officer were presented to the Board.

Reports were presented to the committee and to the Board in relation to the risks of and planning carried out in relation to the UK's withdrawal from the EU.

The Board was able to rely on provisions made in its Standing Orders and Scheme of Delegations to ensure an appropriate reaction to the coronavirus emergency.

No additional powers had to be sought or put in place. The Board meeting scheduled for 21 April 2020 was cancelled under delegated powers and reported as required by Standing Orders thereafter. Arrangements were commenced to ensure future meetings could take place by some form of remote access, as already provided for in Standing Orders.

## 7. Engagement With The Community

The Board approved an updated Communication and Engagement Strategy on 21 January 2020 that sets out how communities and stakeholders will be involved in the planning and delivery of services with the ultimate objective of improving outcomes for patients and service users by contributing to the delivery of the IJB's strategic priorities.

The new strategy emphasises a coproduction approach and includes a commitment to implement the National Standards of Community Engagement. It has been agreed the IJB will receive annual updates on the implementation of the strategy.

The new arrangements agreed for the Strategic Planning Group include the remit of Locality Planning and an expanded membership that will enhance engagement across partner bodies and the wider community, including greater service user representation.

The Framework requires officers to complete an assessment of the achievement of best value based on evidence and examples during the year which are consistent with, and demonstrate, best value as set out in legislation, ministerial and Audit Scotland Guidance.

### Conclusions Drawn from Report

The IJB has demonstrated substantial compliance with Best Value based on the Best Value Framework agreed. Some areas for further development have been identified, which are consistent with the conclusions in the annual governance statement.

### Matters for Forward Periods

Areas for further consideration during 2020/21 include ensuring compliance with GDPR and Data Protection Act requirements and arrangements for succession planning.

**Certificate by Chief  
Finance Officer**

On the basis of the statements provided above, I certify that Best Value duties were substantially complied with in 2019/20.

**Signature**

Patrick Welsh

**Date** 27 May 2020



## West Lothian Integration Joint Board Audit Risk and Governance Committee

Date: 27 May  
2020

Agenda Item: 7

### LOCAL CODE OF CORPORATE GOVERNANCE 2019/20

#### REPORT BY STANDARDS OFFICER

##### **A PURPOSE OF REPORT**

To consider the completed Local Code of Corporate Governance for 2019/20.

##### **B RECOMMENDATIONS**

1. To consider and review the completed Local Code of Corporate Governance for 2019/20 in Appendix 2
2. To note that the Code was a significant factor in preparing the draft annual governance statement for approval by the committee

##### **C SUMMARY OF IMPLICATIONS**

<b>C1</b>	<b>Directions to NHS Lothian and/or West Lothian Council</b>	A direction is not required.
<b>C2</b>	<b>Resource/ Finance</b>	None
<b>C3</b>	<b>Policy/Legal</b>	The Board has adopted a Local Code of Corporate Governance as required by relevant financial and governance guidance.
<b>C4</b>	<b>Risk</b>	RISK IJB001: Governance failure
<b>C5</b>	<b>Equality/Health</b>	The report has little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
<b>C6</b>	<b>Environment and Sustainability</b>	None

<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	Good governance leads to good decision-making and improved outcomes and will assist in delivering health and wellbeing outcomes
<b>C8</b>	<b>Strategic Plan Outcomes</b>	Good governance leads to good decision-making and improved outcomes and will assist in delivering the Board's Strategic Plan and priorities
<b>C9</b>	<b>Single Outcome Agreement</b>	The delivery of the Board's Strategic Plan and good standards of governance will assist in meeting targets set out in the Single Outcome Agreement
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	None

## **D TERMS OF REPORT**

- 1 The accounting and governance regime which applies to the Board includes the adoption and use of a code of corporate governance. Such a code has to be designed around a framework and guidance produced by CIPFA (Chartered Institute of Public Finance and Accountancy) and SOLACE (Society of Local Authority Chief Executives) called "Delivering Good Governance in Local Government Framework (2016)". After consideration and recommendation by the committee, the Board adopted its Code on 1 May 2018. The content of the Code and the arrangements for its completion and reporting were formally reviewed in 2019/20.
- 2 The Code is designed to record the principles of good governance under which the Board will operate and to help the Board take responsibility for developing and shaping an informed approach to governance. It is aimed at achieving the highest standards in a measured and proportionate way. It is intended to assist the Board in reviewing and accounting for its own unique approach to decision-making and accountability. It is a tool to help decision-making and not an end in itself.
- 3 In September 2019, the Board accepted recommendations by the committee and agreed to add a small number of new standards in relation to care governance arrangements, and liaison and planning arrangements with partner bodies; to continue practice of monitoring progress on governance issues and populating the Code through the integrated senior management team; and to continue the practice of reporting on an interim basis to the committee on progress against governance issues. Those decisions have been implemented for 2019/20. The Board also delegated authority to the Director to add new standards to the Code where required, and to update existing standards where there are changes to legislation or terminology. Apart from substituting "Chief Officer" for "Director" no such changes have been made. There are no standards recommended to be deleted this year.
- 4 The committee also indicated in June 2019 that there was added value in the committee having sight of the fully populated Code and so it has been presented separately from the annual governance statement this year.

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- 5 Although COVID-19 is mentioned in some places in the populated Code, no additional standards have been suggested arising from the emergency. The significant work in reacting to the pandemic only started at the very end of the reporting year and it is not yet clear if any permanent changes might be needed to the standards or evidence relied on in future years. Some recommendations may be made after a review or debrief is reported to the Board, for example, in relation to delegated emergency powers or communication with members or the public. A short section about COVID-19 has been added to the annual governance statement as recommended in April 2020 by CIPFA.
- 6 There is a hierarchy in the Framework built around seven over-arching principles of good governance. There is a narrative description of each principle. Each is broken down into its constituent elements or sub-principles. These are deconstructed further, by illustrations and descriptions of appropriate behaviour and practices. Finally, there is a non-exhaustive list of some suggested sources or types of possible evidence.
- 7 The diagram in Appendix 1 attempts to show the seven principles, the way they interact and a short list of the most significant sources of evidence for each.
- 8 The process for using the Code starts with a consideration of the suggested sources of evidence against each sub-principle (A1, A2, etc.) in the context of the over-arching principle (A, B, etc.). Officers look at the Board's compliance in three parts: (a) approach (what must the Board do and what has the Board said it will do?); (b) implementation (is there evidence that the Board is doing that?); and (c) review (are there appropriate arrangements to review approach and implementation?)
- 9 Officers then provide a very brief commentary and will identify any areas of concern or room for improvement. They assess and rate each as: (a) exceeding the standard (green); meeting the standard (amber); or requiring improvement (red). Improvement actions are identified for those matters of concern and progress is monitored and reported.
- 10 The populated Code for 2019/20 is in Appendix 2. It is one of the sources relied on when preparing the annual governance statement, along with the review of the system of internal control, the best value compliance statement, the monitoring and reporting on issues of concern from previous years.
- 11 A comparison with the Code for last year shows considerable improvements in compliance with many assessments moving from an amber or red assessment to green or amber. There was a substantial degree of progress in tackling the governance issues identified in last year's statement. That was the result of concerted efforts in relation to things such as the review of Standing Orders and the Scheme of Delegations; the review of Financial Regulations; approval of the new Strategic Plan; approval of the Communication and Engagement Strategy; review of the Code of Conduct; concluding reporting on workforce planning; refreshment of the clinical and care governance arrangements; and the revised Strategic Planning Group structures.

- 12 Standards highlighted in amber/orange are those which are considered to require some attention in 2020/21. They may still validly be given a green rating, but, for example, be scheduled for a full review in the coming year.



- 13 Standards highlighted in purple are those which are rated as red or which are mentioned in the annual governance statement as being of greater significance than the rest.



- 14 Those which are not highlighted are considered to be satisfactory or above the standard required and so not requiring work in the coming year.

## **E CONSULTATIONS**

Senior Management Team; Chief Financial Officer; Internal Auditor

## **F REFERENCES/BACKGROUND**

The Local Authority Accounts (Scotland) Regulations 2014

“Delivering Good Governance”, Framework and Guidance issued by CIPFA and SOLACE (2016)

Integration Joint Board, 1 May and 24 September 2018, 10 September 2019

Audit Risk & Governance Committee, 3 June and 11 December 2019

## **G APPENDICES**

- 1 Governance principles illustration
- 2 Local Code of Corporate Governance 2019/20

## **H CONTACT**

James Millar, Standards Officer, 01506 281613, [james.millar@westlothian.gov.uk](mailto:james.millar@westlothian.gov.uk)

27 May 2020

## APPENDIX 1 GOVERNANCE PRINCIPLES



## APPENDIX 2

## LOCAL CODE OF CORPORATE GOVERNANCE POPULATED FOR 2019/20

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

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

<b>A1. Behaving with integrity</b>		
(a) Ensuring members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation		
(b) Ensuring members take the lead in establishing specific standard operating principles or values for the organisation and its staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)		
(c) Leading by example and using the above standard operating principles or values as a framework for decision making and other actions		
(d) Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Code of Conduct	Adopted 31 May 2016, approved by Ministers 21 June 2016, published on internet. Annual report on Code at IJB on 26 November 2019. Presentation scheduled for development session in early 2020, cancelled due to COVID19. Advice circulated on Standards Commission's guidance on role of IJB members. Biannual Register reminders issued. Scheduled review for December 2019 postponed till after Scottish Government review of Modal Code	G

<b>A1. Behaving with integrity</b>		
Register of Interests	Register forms completed by all incoming members. Register compiled and published on internet. Bi-annual reminders to members. Annual report on Code at IJB on 26 November 2019. Presentation scheduled for development session in early 2020, cancelled due to COVID19. Advice circulated on Standards Commission's guidance on role of IJB members. Biannual Register reminders issued. Scheduled review for December 2019 postponed till after Scottish Government review of Modal Code	G
Role descriptions for members	Agreed at IJB on 29 January 2019. Review to be added to reporting calendar/cycle for January 2021	G
Declarations of Interest as standing item and recorded in minutes	Agendas and minutes show full compliance	G
Standing Orders for meeting procedures, including conduct at meetings	Standing Orders comply with legislation. Approved 20 October 2015. Amended April 2016 and September 2018 to reflect legislative change and IJB decisions. Reviewed 5 December 2017 and again in January 2020. Amended and republished, Due for review again in January 2022	G
Meetings held in private only with legal justification and to least extent possible, and minutes record reasons	Standing Orders contain restricted list of grounds to justify private reports and meetings. Standing Orders have process for holding reports back from publication and require decision to be taken by the meeting itself, not officers or the Chair. Only private items taken in 2019/20 concerned recruitment and appointment of Chief Officer	G
Reports on standard template ensuring relevant information provided	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G

<b>A1. Behaving with integrity</b>		
Engagement in community planning	Community Planning officers from the council are represented on the Locality Groups to ensure a partnership approach to working and prevent duplication of effort where possible. Chief Officer attends CPPB meetings. Reported now through Chief Officer's report as a standing item at Board meetings	G
Values and mission statement adopted	Vision and values set out in Strategic Plan following consultation on the IJB's Vision, Values and Strategic Priorities from August to November 2018. Incorporation of integration planning principles, integration delivery principles, national health and wellbeing outcomes. Strategic Plan approved by Board. Strategic Plan reviewed and approved in April 2019	G
Anti-fraud and corruption policy and procedures	No policy or procedure in place. Board has no bank account, no employees and no contractual powers so little risk of inducements/bribes or theft. Reliant on partners' policies and procedures. Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G
Whistleblowing policy and procedures	No policy or procedure in place. Board has no employees and no contractual powers. Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G
Strategic Plan outcomes	Strategic Plan developed through Strategic Planning Group and following public consultation. Initial plan approved by IJB 31 March 2016. Subject to annual review with the IJB agreeing to development of replacement plan in March 2018. Revised plan approved at IJB on 23 April 2019 supported by suite of documents such as commissioning plans and integrated impact assessment. New supporting structure of Planning & Commissioning Boards approved in April 2019. Minutes of SPG reported regularly to Board. Internal audit reported to committee in December 2019, control satisfactory. Structure should be reviewed in April 2021	G

<b>A1. Behaving with integrity</b>		
Training on ethical standards and conduct	Annual report on Code at IJB on 26 November 2019. Presentation scheduled for development session in early 2020, cancelled due to COVID19. Advice circulated on Standards Commission's guidance on role of IJB members. Biannual Register reminders issued	G
Officer Codes of Conduct and declarations of interest	IJB has no employees. Reliance on Employee Codes of Conduct and registers/declarations procedures of council and health board. Method of gaining assurance from them should be considered. Considered senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G
Local Code of Corporate Governance	Local Code based on 2016 CIPFA/SOLACE framework developed during 2017/18 and reported to AR&GC in September and December 2017 and March 2018. Approved by IJB on 1 May 2018 for use in 2017/18 reporting. Code reviewed and approved at Board in September 2019. Process approved for regular review via SMT. Considered there in November 2019 and February 2020, further consideration interrupted by COVID19. Interim report to AR&GC in December 2019, no issues arising. Scheduled for review in December 2021	G
Audit, Risk & Governance Committee	Remit and powers approved on 5 April 2016, included in and governed by Standing Orders. Remit updated on 5 December 2017 and 1 May and 24 September 2018. Compliant with PSIAS and CIPFA Guidance. Compliant with statutory accounts regulations requirements. Remit reviewed in January 2020. Amended and republished, Due for review again in January 2022	G
Internal Audit Service (PSIAS)	Internal Auditor appointed. Service operates per PSIAS. Internal Audit Annual Plan and Annual Reports give assurance to Board. Same from external auditors	G

<b>A1. Behaving with integrity</b>		
Annual Governance Statement	Statements compliant with 2016 CIPFA/SOLACE Framework. Approved timeously for inclusion in annual accounts. Informed by prior consideration of review of system of internal control and Best Value Framework. Areas of concern highlighted to AR&GC. Under regular review at SMT. Interim report on issues of concern to AR&GC in December 2019	G
Compliance with Integration Scheme and regulatory/reporting regimes	Arrangements put in place over time and as and when required by law. Being reviewed through Internal Audit of governance arrangements, reported in December 2018 to require further work. Consideration in particular to GDPR, PSED and SLAs for support services	A

<b>A2. Demonstrating strong commitment to ethical values</b>		
(a) Seeking to establish, monitor and maintain the organisation's ethical standards and performance		
(b) Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation's culture and operation		
(c) Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values		
(d) Ensuring that external providers of services on behalf of the organisation are required to act with integrity and in compliance with ethical standards expected by the organisation		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Code of Conduct	Adopted 31 May 2016, approved by Ministers 21 June 2016, published on internet. Annual report on Code at IJB on 26 November 2019. Presentation scheduled for development session in early 2020, cancelled due to COVID19. Advice circulated on Standards Commission's guidance on role of IJB members. Biannual Register reminders issued. Scheduled review for December 2019 postponed till after Scottish Government review of Modal Code	G



<b>A2. Demonstrating strong commitment to ethical values</b>		
Register of Interests	Register forms completed by all incoming members. Register compiled and published on internet. Bi-annual reminders to members. Annual report on Code at IJB on 26 November 2019. Presentation scheduled for development session in early 2020, cancelled due to COVID19. Advice circulated on Standards Commission's guidance on role of IJB members. Biannual Register reminders issued. Scheduled review for December 2019 postponed till after Scottish Government review of Modal Code	G
Declarations of Interest as standing item and recorded in minutes	Agendas and minutes show full compliance	G
Standing Orders for meeting procedures, including conduct at meetings	Standing Orders comply with legislation. Approved 20 October 2015. Amended April 2016 and September 2018 to reflect legislative change and IJB decisions. Reviewed 5 December 2017 and again in January 2020. Amended and republished, Due for review again in January 2022	G
Reports on standard template ensuring relevant information provided	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Values and mission statement adopted	Vision and values set out in Strategic Plan following consultation on the IJB's Vision, Values and Strategic Priorities from August to November 2018. Incorporation of integration planning principles, integration delivery principles, national health and wellbeing outcomes. Strategic Plan approved by Board. Strategic Plan reviewed and approved in April 2019	G

<b>A2. Demonstrating strong commitment to ethical values</b>		
Anti-fraud and corruption policy and procedures	No policy or procedure in place. Board has no bank account, no employees and no contractual powers so little risk of inducements/bribes or theft. Reliant on partners' policies and procedures. Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G
Whistleblowing policy and procedures	No policy or procedure in place. Board has no employees and no contractual powers. Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G
Strategic Plan outcomes	Strategic Plan developed through Strategic Planning Group and following public consultation. Initial plan approved by IJB 31 March 2016. Subject to annual review with the IJB agreeing to development of replacement plan in March 2018. Revised plan approved at IJB on 23 April 2019 supported by suite of documents such as commissioning plans and integrated impact assessment. New supporting structure of Planning & Commissioning Boards approved in April 2019. Minutes of SPG reported regularly to Board. Internal audit reported to committee in December 2019, control satisfactory. Structure should be reviewed in April 2021	G
Training on ethical standards and conduct	Annual report on Code at IJB on 26 November 2019. Presentation scheduled for development session in early 2020, cancelled due to COVID19. Advice circulated on Standards Commission's guidance on role of IJB members. Biannual Register reminders issued	G
Officer Codes of Conduct and declarations of interest	IJB has no employees. Reliance on Employee Codes of Conduct and registers/declarations procedures of council and health board. Method of gaining assurance from them should be considered. Considered senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G

<b>A2. Demonstrating strong commitment to ethical values</b>		
Commissioning arrangement and Directions	Commissioning plans developed and implemented for thematic groups: Older People, Mental Health, Learning Disability, Physical Disability and ADP. Regular reports on progress to the SPG and Board. Plans reviewed and approved in 2019 for period till 2023. Directions developed and issued in accordance with delegated functions on annual basis. General suite issued before end of each financial year, latest in March 2020. More detailed strategic directions issued on an <i>ad hoc</i> basis. Report template includes section on requirement for directions. Approach to be reviewed against Scottish Government guidance issued in February 2020 and reported for approval/compliance	G
Ethical values feature in contracts with external service providers	Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G
Officer performance appraisals include standards of conduct	Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board. Workforce planning amongst partners provides assurance	G

<b>A3. Respecting the rule of law</b>		
(a) Ensuring members and staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations		
(b) Creating the conditions to ensure that the statutory officers, other key post holders, and members, are able to fulfil their responsibilities in accordance with legislative and regulatory requirements		
(c) Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders		
(d) Dealing with breaches of legal and regulatory provisions effectively		
(e) Ensuring corruption and misuse of power are dealt with effectively		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>

<b>A3. Respecting the rule of law</b>		
Reports on standard template include legal rules and statutory guidance	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Reports ensure demonstration that legal advice has been considered	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Includes relevant section about legal implications and advice. Review in February 2021	G
Standing Orders to ensure professional advice is given	Standing Order 5.6 ensures access to IJB by Chief Social Work Officer and Clinical Chief Officer. Standing Order 8.2 requires the Chair to allow officers to speak if desired. Standing Order 11.1 entitles officers to address the meeting on a report. Standing Order 14.3 requires significant legal and other advice to be minuted. Reviewed in January 2020. Amended and republished, Due for review again in January 2022	G
Defined committee remits and powers	Remits and powers of all committees, working groups and Strategic Planning Group approved by IJB. Committees must apply Standing Orders to their meetings. Remits reviewed in January 2020. Amended and republished, Due for review again in January 2022	G
Scheme of Delegation to Officers	Approved at IJB on 31 January 2017. Allocate responsibility and accountability to appropriate officers. Complemented by same documents for council and health board. Reviewed in January 2020. Amended and republished, Due for review again in January 2022	G
Members' role descriptions	Agreed at IJB on 29 January 2019. Review to be added to reporting calendar/cycle for January 2021	G

<b>A3. Respecting the rule of law</b>		
Finance Officer role identified and supported (CIPFA's Statement on the Role of the Chief Financial Officer in Local Government (CIPFA, 2016))	Role description and duties adopted by Appointments Committee at recruitment. Reflected in Scheme of Delegations to Officers and Financial Regulations. Financial Regulations and Scheme of Delegations reviewed in January 2020. Amended and republished, Due for review again in January 2022	G
Committee support provided free of influence	Committee Services provided by council for IJB and AR&GC. Managed by Chief Solicitor and supported by Standards Officer. IJB agreed on 10 October 2015 that minutes were for Committee Officers to draft with no influence or comment by senior officers or IJB members	G
Record maintained of legal advice provided by officers	Report template designed to record legal issues. Standing Order 14.3 requires significant legal and other advice to be minuted. Style/content of minutes reviewed and approved in March 2020	G
Standards Officer	Standards Officer role description agreed by IJB in January 2015 and appointment made. Appointment approved by Standards Commission on 29 March 2016. No review date fixed	G
Independent Internal Audit function (PSIAS)	Internal Auditor appointed. Service operates per PSIAS. Internal Audit Annual Plan and Annual Reports give assurance to Board. Same from external auditors	G
Anti-fraud and corruption policy and procedures	No policy or procedure in place. Board has no bank account, no employees and no contractual powers so little risk of inducements/bribes or theft. Reliant on partners' policies and procedures. Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G
Whistleblowing policy and procedures	No policy or procedure in place. Board has no employees and no contractual powers. Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G

<b>A3. Respecting the rule of law</b>		
Locality Groups	Original approach to localities reviewed and updated in September 2019 when Strategic Planning Group and Locality Groups were reviewed and changes approved in November 2019. The Groups are made up of a wide range of stakeholders and meet as part of the Strategic Planning Group. Minutes reported to Board meetings. Terms of reference to be reviewed annually	G
Engagement/consultation strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G

### B. Ensuring openness and comprehensive stakeholder engagement

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

<b>B1. Openness</b>		
(a) Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness		
(b) Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for the reasoning for keeping a decision confidential should be provided		
(c) Providing clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear		
(d) Using formal and informal consultation and engagement to determine the most appropriate and effective interventions/ courses of action		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Values and priorities	Vision and values set out in Strategic Plan following consultation on the IJB's Vision, Values and Strategic Priorities from August to November 2018. Incorporation of integration planning principles, integration delivery principles, national health and wellbeing outcomes. Strategic Plan approved by Board. Strategic Plan reviewed and approved in April 2019	G
FOISA/EIRS publication scheme	Publication Scheme in accordance with legislation and guidance adopted on 31 October 2017. Reviewed and approved in February 2019. Published on the IJB section of the HSCP website. Now out-of-date, requires updating and refresh. Under control of media and web content management group established under Communications and Engagement Strategy approved in January 2020	A

<b>B1. Openness</b>		
Website	All documents requiring to be in the public domain are published online, either in the form reports and minutes on the council's COINS website or on the IJB pages of the HSCP website. Content substantially revised and updated on new format of webpages. Covered in Communications and Engagement Strategy approved in January 2020. Under control of media and web content management group	G
Online service information	The IJB page on the HSCP website contains details of the IJB's Strategic Plan, performance report, services and information on how to make a complaint. Content substantially revised and updated on new format of webpages. Covered in Communications and Engagement Strategy approved in January 2020. Under control of media and web content management group	G
Standing Orders	Standing Orders comply with legislation. Approved 20 October 2015. Amended April 2016 and September 2018 to reflect legislative change and IJB decisions. Reviewed 5 December 2017 and again in January 2020. Amended and republished, Due for review again in January 2022	G
Calendar of dates for submitting and publishing reports	Annual calendar of scheduled meetings agreed. Standing Orders 5.2 and 6.1 require agenda and reports issued five clear days beforehand and made available to public four clear days before	G
Assessment and review of information provided for decision-making	Report template devised and required to be used at all IJB and committee meetings. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Committee report templates	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G



<b>B1. Openness</b>		
Public engagement strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Feedback will be incorporated from consultation where appropriate.	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Results of consultations on website. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Record of professional advice in reaching decisions	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021. Style/content of minutes reviewed and approved in March 2020	G
Record of decision making and supporting materials	Report templates provide for all professional and legal advice. Minutes record advice and decisions. Style/content of minutes reviewed and approved in March 2020	G
Meeting reports show details of advice given	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Equality impact assessment procedure	IJB report templates include a mandatory section on whether the report is relevant to equalities and whether an Equality Impact Assessment has been conducted. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Regular public performance reporting	Agreed suite of indicators and performance framework. Reports to SPG and IJB every six months. Annual performance reports published and all available on the internet. Strategic Plan approved in 2019 includes section on performance monitoring and reporting	G

<b>B1. Openness</b>		
Annual performance report	Annual Performance Report completed in accordance with guidelines and approved in draft by IJB in June 2018. Publication date missed in July 2019. Work Plan and reporting cycle appear at every IJB and AR&GC meeting to ensure compliance is monitored	G
Complaints policy and procedure	Complaint Handling Procedure approved by the Complaints Standards Authority on 29 November 2017. Adopted by IJB on 5 December 2017. Quarterly reports submitted to IJB (one reported!) Procedure requires review in 2020/21	A

<b>B2. Engaging comprehensively with institutional stakeholders</b>		
(a) Effectively engaging with institutional stakeholders to ensure that the purpose, objectives and intended outcomes for each stakeholder relationship are clear so that outcomes are achieved successfully and sustainably		
(b) Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively		
(c) Ensuring that partnerships are based on: trust, a shared commitment to change, a culture that promotes and accepts challenge among partners and that the added value of partnership working is explicit		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Database of stakeholders with whom the IJB should engage	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Purpose and effectiveness reviewed	AR&GC and IJB self-assessment questionnaires approved, used each year and included in calendar/cycle of reporting. Strategic plan reviewed and approved in 2019. Full membership review carried out and reported in March 2020	G
Partnership guidance	No formal guidance in place for partnership working, e.g., with health board or VSG or Scottish Police of SF&RS. Consider if this is required or whether assurance can be obtained from council and health board	A

<b>B2. Engaging comprehensively with institutional stakeholders</b>		
Liaison and planning arrangements with WLC, NHS and other Lothian IJBs	Identified as a governance issue in 2017/18 annual governance statement. Participation in Lothian Integrated Care Forum (formerly Lothian Strategic Planning Forum) agreed in principle in January 2019. First meeting held in April 2019. Further meeting dates fixed. Further reports required to agree remit and reporting arrangements. Lothian Finance Forum established amongst Finance Officers of IJBs, councils and health boards. Initial meeting held, further meetings arranged. Minutes reported to Board. Activities covered in Chief Officer's report as a standing item at Board meetings	G

<b>B3. Engaging with individual citizens and service users effectively</b>		
(a) Establishing a clear policy on the type of issues that the organisation will meaningfully consult with or involve communities, individual citizens, service users and other stakeholders to ensure that service (or other) provision is contributing towards the achievement of intended outcomes		
(b) Ensuring that communication methods are effective and that members and officers are clear about their roles with regard to community engagement		
(c) Encouraging, collecting and evaluating the views and experiences of communities, citizens, service users and organisations of different backgrounds including reference to future needs		
(d) Implementing effective feedback mechanisms in order to demonstrate how views have been taken into account		
(e) Balancing feedback from more active stakeholder groups with other stakeholder groups to ensure inclusivity		
(f) Taking account of the impact of decisions on future generations of tax payers and service users		
Evidence	Comments	Rating
Public engagement strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G

<b>B3. Engaging with individual citizens and service users effectively</b>		
Communications strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Board and SPG membership	Membership complies with statutory regulations. All IJB members complete disqualification form on appointment. Membership reviewed on 14 March 2017 and 26 September 2017. Changes in membership reported to each IJB as a standing item on the agenda. Scheduled review completed and reported to Board in March 2020	G
Community planning	Community Planning officers from the council are represented on the Locality Groups to ensure a partnership approach to working and prevent duplication of effort where possible. Chief Officer attends CPPB meetings. Reported now through Chief Officer's report as a standing item at Board meetings	G
Record of public consultations	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Report template includes section on consultation. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Use of consultation feedback	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Records of feedback from large-scale consultations on website. Annual report required, full review in January 2023	G
Strategic needs assessment	Strategic needs assessment completed to support Strategic Plan and commissioning plans. New supporting structure of Planning & Commissioning Boards approved in April 2019. Strategic Plan reviewed and approved in September 2020	G

<b>B3. Engaging with individual citizens and service users effectively</b>		
Locality Groups	Original approach to localities reviewed and updated in April 2019 when Strategic Planning Group and Locality Groups were reviewed and changes approved in November 2019. The Groups are made up of a wide range of stakeholders and meet as part of the Strategic Planning Group. Minutes reported to Board meetings. Terms of reference to be reviewed annually	G
Strategic Plan	Strategic Plan developed through Strategic Planning Group and following public consultation. Initial plan approved by IJB 31 March 2016. Subject to annual review with the IJB agreeing to development of replacement plan in March 2018. Revised plan approved at IJB on 23 April 2019 supported by suite of documents such as commissioning plans and integrated impact assessment. New supporting structure of Planning & Commissioning Boards approved in April 2019. Minutes of SPG reported regularly to Board. Structure should be reviewed in April 2021	G
Complaints procedure	Complaint Handling Procedure approved by the Complaints Standards Authority on 29 November 2017. Adopted by IJB on 5 December 2017. Quarterly reports submitted to IJB. Procedure requires review in 2020/21	A

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

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

<b>C1. Defining outcomes</b>		
(a) Having a clear vision, which is an agreed formal statement of the organisation's purpose and intended outcomes containing appropriate performance indicators, which provide the basis for the organisation's overall strategy, planning and other decisions		
(b) Specifying the intended impact on, or changes for, stakeholders including citizens and service users. It could be immediately or over the course of a year or longer		
(c) Delivering defined outcomes on a sustainable basis within the resources that will be available		
(d) Identifying and managing risks to the achievement of outcomes		
(e) Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Goals, values and priorities	Vision and values set out in Strategic Plan following consultation on the IJB's Vision, Values and Strategic Priorities from August to November 2018. Incorporation of integration planning principles, integration delivery principles, national health and wellbeing outcomes. Strategic Plan approved by Board. Strategic Plan reviewed and approved in April 2019	G
Annual financial statement	Prepared and approved and published annually. Based on Strategic Plan, budget contributions and priorities. Compliant with legislative requirements	G

<b>C1. Defining outcomes</b>		
Directions to health board and council	Directions developed and issued in accordance with delegated functions on annual basis. General suite issued before end of each financial year, latest in March 2020. Directions developed and issued in accordance with delegated functions on annual basis. General suite issued before end of each financial year, latest in March 2020. More detailed strategic directions issued on an ad hoc basis. Report template includes section on requirement for directions. Approach to be reviewed against Scottish Government guidance issued in February 2020 and reported for approval/compliance	G
Performance recording, monitoring and reporting	Agreed suite of indicators and performance framework. Reports to SPG and IJB every six months. Annual performance reports published and all available on the internet. Strategic Plan approved in 2019 includes section on performance monitoring and reporting	G
Strategic Plan	Strategic Plan developed through Strategic Planning Group and following public consultation. Initial plan approved by IJB 31 March 2016. Subject to annual review with the IJB agreeing to development of replacement plan in March 2018. Revised plan approved at IJB on 23 April 2019 supported by suite of documents such as commissioning plans and integrated impact assessment. New supporting structure of Planning & Commissioning Boards approved in April 2019. Minutes of SPG reported regularly to Board. Structure should be reviewed in April 2021	G
Public engagement strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Regular reporting on delivery of outcomes	Agreed suite of indicators and performance framework. Reports to SPG and IJB every six months. Annual performance reports published and all available on the internet. Strategic Plan approved in 2019 includes section on performance monitoring and reporting	G

<b>C1. Defining outcomes</b>		
Annual report on delivery of outcomes	Included in the Annual performance Report which is published on or before 31 July each year.	G
Community Planning Partnership	Community Planning officers from the council are represented on the Locality Groups to ensure a partnership approach to working and prevent duplication of effort where possible. Chief Officer attends CPPB meetings. Reported now through Chief Officer's report as a standing item at Board meetings	G
Risk Management strategy	Risk management Policy and Strategy adopted March 2017. Covers appetite, training, reporting and review. Allocates management responsibilities. Reviewed via AR&GC in March 2018. Standing items at meetings of Audit Risk & Governance Committee	G
Risk management guidance and protocols	Policy and Strategy includes assessment methodology and review procedures and timetables. Actions recorded and monitored through PMT meetings and Pentana	G
Scrutiny of risk arrangements	Risk register reviewed at SMT every two months, at AR&GC every six months, high risks every meeting, and annually at Board meeting	G
Audit Risk & Governance Committee	Remit and powers approved on 5 April 2016, included in and governed by Standing Orders. Remit updated on 5 December 2017 and 1 May 2018. Compliant with PSIAS and CIPFA Guidance. Compliant with statutory accounts regulations requirements. Reviewed 5 December 2017 and again in January 2020. Amended and republished, Due for review again in January 2022	G
Internal audit service (PSIAS)	Internal Auditor appointed. Service operates per PSIAS. Internal Audit Annual Plan and Annual Reports give assurance to Board. Same from external auditors	G



<b>C1. Defining outcomes</b>		
Best value duty	Identified in 2016/17 for action. Not completed in 16/17. Audit Scotland guidance issued in May 2018. Identified as concern and for action in 17/18. Considered via AR&GC in September 2018, approved by IJB on 24 September 2018. Compliance statement produced and reported in June 2019 for 2018/19 and in June 2020 for 2019/20. To be reviewed as external audit approach to best value in IJB s is developed	G

<b>C2. Sustainable economic, social and environmental benefits</b>		
(a) Considering and balancing the combined economic, social and environmental impact of policies and plans when taking decisions about service provision		
(b) Taking a longer-term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the organisation's intended outcomes and short-term factors such as the political cycle or financial constraints		
(c) Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs		
(d) Ensuring fair access to services		
Evidence	Comments	Rating
Goals and values and priorities	Vision and values set out in Strategic Plan following consultation on the IJB's Vision, Values and Strategic Priorities from August to November 2018. Incorporation of integration planning principles, integration delivery principles, national health and wellbeing outcomes. Strategic Plan approved by Board. Strategic Plan reviewed and approved in April 2019	G

<b>C2. Sustainable economic, social and environmental benefits</b>		
Financial strategy for mid to long term	Approach to IJB medium term financial strategy agreed by Board on 27 June 2017. Further information on financial strategy 5 year plan discussed at IJB Development Sessions during 2017/18 and 5 year budget plan reported to Board on 26 June 2018. Updated medium-term financial plan to IJB on 23 April 2019. Regular updates to IJB on financial assurance at every meeting. Full report in March 2019 when budgets set	G
Strategic Plan	Strategic Plan developed through Strategic Planning Group and following public consultation. Initial plan approved by IJB 31 March 2016. Subject to annual review with the IJB agreeing to development of replacement plan in March 2018. Revised plan approved at IJB on 23 April 2019. New supporting structure of Planning & Commissioning Boards approved in April 2019. Strategic Planning Group structure reviewed and approved in September 2019	G
Risk Management strategy	Risk management Policy and Strategy adopted March 2017. Covers appetite, training, reporting and review. Allocates management responsibilities. Reviewed via AR&GC in March 2018	G
Risk management guidance and protocols	Policy and Strategy includes assessment methodology and review procedures and timetables. Actions recorded and monitored through PMT meetings and Pentana	G
Scrutiny of risk arrangements	Risk register reviewed at SMT every two months, at AR&GC every six months, high risks every meeting, and annually at Board meeting	G
Audit Risk & Governance Committee	Remit and powers approved on 5 April 2016, included in and governed by Standing Orders. Remit updated on 5 December 2017 and 1 May 2018. Compliant with PSIAS and CIPFA Guidance. Compliant with statutory accounts regulations requirements. Reviewed 5 December 2017 and again in January 2020. Amended and republished, Due for review again in January 2022	G

<b>C2. Sustainable economic, social and environmental benefits</b>		
Use of consultation feedback	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Examples of feedback following large-scale consultations published on website. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Record of professional advice in reaching decisions	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Record of decision making and supporting materials	Report template and minutes ensure information is provided and recorded and decisions are captured and reported for approval to next meeting. Style/content of minutes reviewed and approved in March 2020	G
Public sector Equality Duty reporting	The IJB published its Equalities Mainstreaming Report and Equality Outcomes 2017 – 2021 following approval at its meeting of 20 April 2017. Biennial report approved at IJB on 23 April 2019. Due to be published again in April 2021	G
Equality impact assessment procedure (including Fairer Scotland duty)	IJB report templates include a mandatory section on whether the report is relevant to equalities and whether an Equality Impact Assessment has been conducted. Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021. Mainstreaming and PSED report to IJB on 23 April 2019, due again in April 2021	G
Best value duty	Identified in 2016/17 for action. Not completed in 16/17. Audit Scotland guidance issued in May 2018. Identified as concern and for action in 17/18. Considered via AR&GC in September 2018, approved by IJB on 24 September 2018. Compliance statement produced and reported in June 2019 for 2018/19 and in June 2020 for 2019/20. To be reviewed as external audit approach to best value in IJB s is developed	G



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

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

D1. Determining interventions		
(a) Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and associated risks. Therefore ensuring best value is achieved however services are provided		
(b) Considering feedback from citizens and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts		
Evidence	Comment	Rating
Standing Orders	Standing Orders comply with legislation. Approved 20 October 2015. Amended April 2016 and September 2018 to reflect legislative change and IJB decisions. Reviewed 5 December 2017 and again in January 2020. Amended and republished, Due for review again in January 2022	G
Calendar of dates for submitting and publishing reports	Annual calendar of scheduled meetings agreed. Standing Orders 5.2 and 6.1 require agenda and reports issued five clear days beforehand and made available to public four clear days before	G
Assessment and review of information provided for decision-making	Report template devised and required to be used at all IJB and committee meetings. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G

<b>D1. Determining interventions</b>		
Report templates	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Public engagement strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Use of consultation feedback	The IJB agreed its Participation and Engagement Strategy on 31 January 2017. The strategy is based on the National Standards for Community Engagement. Includes provisions on use of feedback. Examples of feedback from large-scale consultations on website	G
Options appraisal	Report template ensures relevant information is captured. Standard list of implications for completion. Recommendations reflect narrative and advice which should include options appraisal process. Template reviewed and adopted in February 2019, implemented from April 2019. Due for review in 2021	G
Financial strategy (mid to (long-term))	Approach to IJB medium term financial strategy agreed by Board on 27 June 2017. Further information on financial strategy 5 year plan discussed at IJB Development Sessions during 2017/18 and 5 year budget plan reported to Board on 26 June 2018. Updated medium-term financial plan to IJB on 23 April 2019. Regular updates to IJB meeting as part of financial assurance. Full report in March each year when budgets approved	G
Record of professional advice in reaching decisions	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G

<b>D1. Determining interventions</b>		
Record of decision making and supporting materials	Report templates provide for all professional and legal advice. Minutes record decisions, Reported to next meeting for approval. Style/content of minutes reviewed and approved in March 2020	G
Meeting reports show details of advice given	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021. Style/content of minutes reviewed and approved in March 2020	G
Equality impact assessment procedure	IJB report templates include a mandatory section on whether the report is relevant to equalities and whether an Equality Impact Assessment has been conducted. Equality impact proves updated and approved and report template revised and implemented from April 2019. PSED mainstreaming report due in April 2021	G

<b>D2. Planning interventions</b>
(a) Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets
(b) Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered
(c) Considering and monitoring risks facing each partner when working collaboratively, including shared risks
(d) Ensuring arrangements are flexible and agile so that the mechanisms for delivering goods and services can be adapted to changing circumstances
(e) Establishing appropriate key performance indicators (KPIs) as part of the planning process in order to identify how the performance of services and projects is to be measured
(f) Ensuring capacity exists to generate the information required to review service quality regularly
(g) Preparing budgets in accordance with objectives, strategies and the medium term financial plan

<b>D2. Planning interventions</b>		
(h) Informing medium and long term resource planning by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Strategic Plan	Strategic Plan developed through Strategic Planning Group and following public consultation. Initial plan approved by IJB 31 March 2016. Subject to annual review with the IJB agreeing to development of replacement plan in March 2018. Revised plan approved at IJB on 23 April 2019 supported by suite of documents such as commissioning plans and integrated impact assessment. New supporting structure of Planning & Commissioning Boards approved in April 2019. Minutes of SPG reported regularly to Board. Structure should be reviewed in April 2021	G
Strategic Planning Group	The SPG meets on bimonthly basis with representation from wide range of stakeholders in accordance with Government Guidance. Full review carried out and restructure approved in September 2019. Locality groups merged. Minutes reported to Board. Terms of reference reviewed annually	G
Directions	Directions prepared on a template which ensures compliance with legislation and guidance. Issued for approval as part of budget and annual financial statement process prior to year-end. No process to review or formally confirm compliance by council and health board. Commitment to adding more detail to directions should be taken forward. Considered at development day in February 2019. IJB on 12 March 2019 agreed more specific and strategic directions should be issued in April 2019 when new Strategic Plan approved. Directions developed and issued in accordance with delegated functions on annual basis. General suite issued before end of each financial year, latest in March 2020. More detailed strategic directions issued on an ad hoc basis. Report template includes section on requirement for directions. Approach to be reviewed against Scottish Government guidance issued in February 2020 and reported for approval/compliance	G



<b>D2. Planning interventions</b>		
Calendar of dates for developing and submitting plans and reports	Annual calendar of scheduled meetings agreed. Standing Orders 5.2 and 6.1 require agenda and reports issued five clear days beforehand and made available to public four clear days before.	G
Annual financial statement	Prepared and approved and published annually. Based on Strategic Plan, budget contributions and priorities. Compliant with legislative requirements	G
Communications strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Risk Management strategy	Risk management Policy and Strategy adopted March 2017. Covers appetite, training, reporting and review. Allocates management responsibilities. Reviewed via AR&GC in March 2018	G
Risk management guidance and protocols	Policy and Strategy includes assessment methodology and review procedures and timetables. Actions recorded and monitored through PMT meetings and Pentana	G
Scrutiny of risk arrangements	Risk register reviewed at SMT every two months, at AR&GC every six months and annually at Board meeting	G
Financial Regulations	Financial Regulations approved in March 2016. Compliant with 1973 Act and guidance. Responsibility allocated in Scheme of Delegations. Due for review in December 2019. Reviewed and approved in January 2020 and republished	G

<b>D2. Planning interventions</b>		
Financial strategy (mid to long-term)	Approach to IJB medium term financial strategy agreed by Board on 27 June 2017. Further information on financial strategy 5 year plan discussed at IJB Development Sessions during 2017/18 and 5 year budget plan reported to Board on 26 June 2018. Updated medium-term financial plan to IJB on 23 April 2019. Updates to all IJB meetings as part of financial assurance. Full year report in March each year	G
Performance measures	Agreed suite of indicators and performance framework. Reports to SPG and IJB every six months. Annual performance reports published and all available on the internet. Strategic Plan approved in 2019 includes section on performance monitoring and reporting	G
Performance monitoring and reporting	Agreed suite of indicators and performance framework. Reports to SPG and IJB every six months. Annual performance reports published and all available on the internet. Strategic Plan approved in 2019 includes section on performance monitoring and reporting	G
Scrutiny of financial performance	Financial performance and budget risk updates at every meeting to the Board including comprehensive quarterly financial performance reports setting out progress against savings. Explanations of pressures and issues raised by Board are responded to	G
Scrutiny of service performance	Senior Management Team including all H&SC Partnership managers meets monthly, covers performance and risk management. Performance measures and monitoring arrangements actioned through AR&GC, confirmed all complete at meeting on 12 December 2018. Agreed suite of indicators and performance framework. Reports to SPG and IJB every six months. Annual performance reports published and all available on the internet. Strategic Plan approved in 2019 includes section on performance monitoring and reporting	G

<b>D2. Planning interventions</b>		
Liaison and planning arrangements with WLC, NHS and other Lothian IJBs	Identified as a governance issue in 2017/18 annual governance statement. Participation in Lothian Integrated Care Forum (formerly Lothian Strategic Planning Forum) agreed in principle in January 2019. First meeting held in April 2019. Further meeting dates fixed. Further reports required to agree remit and reporting arrangements. Lothian Finance Forum established amongst Finance Officers of IJBs, councils and health boards. Initial meeting held, further meetings arranged. Minutes reported to Board. Activities covered in Chief Officer's report as a standing item at Board meetings	G

<b>D3. Optimising achievement of intended outcomes</b>		
(a) Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints		
(b) Ensuring the budgeting process is all-inclusive, taking into account the full cost of operations over the medium and longer term		
(c) Ensuring the medium term financial strategy sets the context for ongoing decisions on significant delivery issues or responses to changes in the external environment that may arise during the budgetary period in order for outcomes to be achieved while optimising resource usage		
(d) Ensuring the achievement of 'social value' through service planning and commissioning		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Mid to long term financial strategy	Approach to IJB medium term financial strategy agreed by Board on 27 June 2017. Further information on financial strategy 5 year plan discussed at IJB Development Sessions during 2017/18 and 5 year budget plan reported to Board on 26 June 2018. Updated medium-term financial plan to IJB on 23 April 2019. Updates to all IJB meetings as part of financial assurance. Full year report to IJB each March	G

<b>D3. Optimising achievement of intended outcomes</b>		
Strategic Plan	Strategic Plan developed through Strategic Planning Group and following public consultation. Initial plan approved by IJB 31 March 2016. Subject to annual review with the IJB agreeing to development of replacement plan in March 2018. Revised plan approved at IJB on 23 April 2019 supported by suite of documents such as commissioning plans and integrated impact assessment. New supporting structure of Planning & Commissioning Boards approved in April 2019. Minutes of SPG reported regularly to Board. Structure should be reviewed in April 2021	G
Directions	Directions prepared on a template which ensures compliance with legislation and guidance. Issued for approval as part of budget and annual financial statement process prior to year-end. No process to review or formally confirm compliance by council and health board. Commitment to adding more detail to directions should be taken forward. Considered at development day in February 2019. IJB on 12 March 2019 agreed more specific and strategic directions should be issued in April 2019 when new Strategic Plan approved. Directions developed and issued in accordance with delegated functions on annual basis. General suite issued before end of each financial year, latest in March 2020. More detailed strategic directions issued on an ad hoc basis. Report template includes section on requirement for directions. Approach to be reviewed against Scottish Government guidance issued in February 2020 and reported for approval/compliance	G
Financial Regulations	Financial Regulations approved in March 2016. Compliant with 1973 Act and guidance. Responsibility allocated in Scheme of Delegations. Due for review in December 2019. Reviewed and revised and approved in January 2020 and republished	G
Budget monitoring reporting	Budget monitoring arrangements comply with the IJB's financial regulations and updates on the budget position are reported regularly to the Board at every meeting	G

<b>D3. Optimising achievement of intended outcomes</b>		
Commissioning Plans	Commissioning plans developed and implemented for thematic groups: Older People, Mental Health, Learning Disability, Physical Disability and ADP. Regular reports on progress to the SPG and Board. Plans reviewed and approved in 2019 for period till 2023. Based on Strategic Needs Assessment. Updates reported to Board as appropriate. Reviewed alongside Strategic Plan. Revised Strategic Plan approved on 23 April 2019. New supporting structure of Planning & Commissioning Boards approved in April 2019	G
Financial planning with health board and council	Integration Scheme procedures. Directions to partners set out requirements for partners to work with the IJB on medium term financial planning. Based on this, significant joint working undertaken to produce 5 year budget plan reported to Board on 26 June 2018. Updated medium-term financial plan to IJB on 23 April 2019. Regular meetings at officer level.	G

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

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

<b>E1. Developing the entity's capacity</b>		
(a) Reviewing operations, performance and use of assets on a regular basis to ensure their continuing effectiveness		
(b) Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how resources are allocated so that defined outcomes are achieved effectively and efficiently		
(c) Recognising the benefits of partnerships and collaborative working where added value can be achieved		
(d) Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Regular reviews of activities, outputs and planned outcomes	Demand and capacity planning is underpinning the transformational change programmes in delivery of the health and social care delivery plan, access and treatment standards. Performance monitoring and reporting arrangements reviewed and in place, confirmed at AR&GC on 12 December 2018	G
Budget monitoring arrangements	Budget monitoring arrangements comply with the IJB's financial regulations and updates on the budget position are reported regularly to the Board at every meeting	G

<b>E1. Developing the entity's capacity</b>		
Benchmarking arrangements	No indication of benchmarking arrangements in relation to performance. In addition, comparison of IJB with other IJBs in Lothian and across Scotland would be appropriate in relation to procedures such as directions, performance reporting, and financial monitoring, budget-setting, etc.	A
Partnership working	No formal guidance in place for partnership working, e.g., with health board or VSG or Scottish Police of SF&RS. Consider if this is required or whether assurance can be obtained from council and health board	A
Performance monitoring and reporting	Agreed suite of indicators and performance framework. Reports to SPG and IJB on regular basis. Identified as area of weakness by Internal Auditor and AR&GC. Actions agreed and implemented, AR&GC accepted all completed at meeting on 12 December 2018. Agreed suite of indicators and performance framework. Reports to SPG and IJB every six months. Annual performance reports published and all available on the internet. Strategic Plan approved in 2019 includes section on performance monitoring and reporting	G
Officer appraisal arrangements	IJB has no employees. Reliance on Employee Codes of Conduct and registers/declarations procedures of council and health board. Considered by senior officers in February 2020, Considered that assurance could be taken from partners' arrangements and partnership working on Workforce Planning	G
Workforce development plan	IJB, 21 November 2018 - approved as a strategy, not a plan. Report back instructed on how success/delivery is to be measured and reported. Discussed at Development Day in February 2019. Workforce Planning Group to be established. AR&GC, 6 March 2019 – not audited in 2018/19 due to ongoing development work, added to Internal Audit plan for 2019/20. Internal Audit reported to committee in Marcy 2020, control satisfactory	G
Succession planning	No indication of succession planning for officers or members.	R

<b>E2. Developing the capability of the entity's leadership and other individuals</b>		
(a) Developing protocols to ensure that officers and members have clear roles and relationships		
(b) Publishing a statement that specifies the types of decisions that are delegated and those reserved for the the governing body		
(c) Ensuring the Chair and the Chief Officer have clearly defined and distinctive leadership roles within a structure		
(d) Developing the capabilities of members and senior management to achieve effective leadership and to enable the organisation to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks		
(e) Ensuring that there are structures in place to encourage public participation		
(f) Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback		
(g) Holding staff to account through regular performance reviews which take account of training or development needs		
(h) Ensuring arrangements are in place to maintain the health and wellbeing of the workforce and support individuals in maintaining their own physical and mental wellbeing		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Role descriptions for members	Agreed at IJB on 29 January 2019. Review to be added to reporting calendar/cycle	G
Job descriptions for officers	Role description and duties of four senior posts adopted by Appointments Committee at recruitment. Reflected in Scheme of Delegations to Officers and Financial Regulations. Chief Officer role reviewed when recruiting to the post in March/May 2019	G
Liaison between Chair (and Vice-Chair) and Chief Officer	Regular scheduled meetings take place between Chair and Vice-Chair and Chief Officer. Both are involved in agenda-setting arrangements and meetings for IJB meetings	G
Standing Orders	Standing Orders comply with legislation. Approved 20 October 2015. Amended 5 April 2016 to reflect legislative change and IJB decisions. Reviewed 5 December 2017 and again in January 2020. Amended and republished. Due for review again in January 2022	G



<b>E2. Developing the capability of the entity's leadership and other individuals</b>		
Scheme of Delegations	Scheme of Delegations adopted and approved on 31 January 2017. Reflects role descriptions of officers. Reviewed 5 December 2017 and again in January 2020. Amended and republished. Due for review again in January 2022	G
Financial Regulations	Financial Regulations approved in March 2016. Compliant with 1973 Act and guidance. Responsibility allocated in Scheme of Delegations. Reviewed in January 2020. Amended and republished. Due for review again in January 2022	G
Members' induction training	Briefing sessions offered to new members on appointment. Written advice and procedures on Register of. Development sessions for all IJB members held regularly. No comprehensive off-the-shelf approach in place	A
Members' ongoing training	Regular Development Sessions are held for Members (e.g., February and May 2019) for training and more in depth discussion on strategic direction. Dates now timetabled and notified for forthcoming year. Training needs covered in annual self-assessment questionnaires undertaken by IJB and AR&GC. Results will inform training requirements and plans	G
Review of effectiveness of committees and other meetings	AR&GC and IJB self-assessment questionnaires approved, used each year and included in Calendar/cycle of reporting. Concerns noted and followed up where instructed	G
Staff induction and training	The IJB does not employ staff. Staff receive induction and training through their employing organisation and local induction and training is agreed subject to requirements of the post and performance reviews. Considered by senior officers in February 2020 that assurance could be taken from partners' procedures and records	G

<b>E2. Developing the capability of the entity's leadership and other individuals</b>		
Officer appraisal arrangements	Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board. Workforce planning amongst partners provides assurance	G
Succession planning	No indication of succession planning for officers or members	R
Communications plan or strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Public engagement strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Locality Groups	Original approach to localities reviewed and updated in September 2019 when Strategic Planning Group and Locality Groups were reviewed and changes approved in November 2019. The Groups are made up of a wide range of stakeholders and meet as part of the Strategic Planning Group. Minutes reported to Board meetings. Terms of reference to be reviewed annually	G

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

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

F1. Managing risk		
(a) Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making		
(b) Implementing robust and integrated risk management arrangements and ensuring that they are working effectively		
(c) Ensuring that responsibilities for managing individual risks are clearly allocated		
Evidence	Comments	Rating
Risk management strategy/policy	Risk management Policy and Strategy adopted March 2017. Covers appetite, training, reporting and review. Allocates management responsibilities. Reviewed via AR&GC in March 2018	G
Risk register	Risk register maintained in Pentana. Reviewed at PMT every two months, at AR&GC every six months and annually at Board meeting	G
Internal Audit service	Internal Auditor appointed. Service operates per PSIAS. Internal Audit Annual Plan and Annual Reports give assurance to Board. Same from external auditor	G

<b>F1. Managing risk</b>		
Identification of actions	Actions arising from risk register, internal audit reports and external audit reports are recorded in Pentana. Progress monitored via PMT. Reported to AR&GC bi-annually	G
Allocation of responsible officers	Actions identified and agreed are allocated by the Chief Officer to appropriate officers. Responsibility recorded through PMT and AR&GC reporting as appropriate	G
Risk reporting to service management team	Risk register maintained in Pentana. Reviewed at SMT every two months, at AR&GC every six months and annually at Board meeting	G
Audit Risk & Governance Committee	Remit and powers approved on 5 April 2016, included in and governed by Standing Orders. Remit updated on 5 December 2017 and 1 May 2018. Compliant with PSIAS and CIPFA Guidance. Compliant with statutory accounts regulations requirements. Remit reviewed in January 2020, amended and approved and republished. Review again in 2022	G
Risk Management Annual Plan	Not required by Risk management Strategy and Policy. Covered in regular reporting of risks, risk actions and high risks. Annual report submitted to AR&GC at the end of each financial year.	G

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

<b>F2. Managing performance</b>		
Identification of outcomes in Strategic Plan	Strategic Plan developed through Strategic Planning Group and following public consultation. Initial plan approved by IJB 31 March 2016. Subject to annual review with the IJB agreeing to development of replacement plan in March 2018. Revised plan approved at IJB on 23 April 2019 supported by suite of documents such as commissioning plans and integrated impact assessment. New supporting structure of Planning & Commissioning Boards approved in April 2019. Minutes of SPG reported regularly to Board. Structure should be reviewed in April 2021	G
Calendar of dates for submitting, publishing and distributing timely reports	Annual calendar of scheduled meetings agreed. Standing Orders 5.2 and 6.1 require agenda and reports issued five clear days beforehand and made available to public four clear days before	G
Agreement on the information that will be needed and timescales	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Committee remits and powers defined	Remits and powers of all committees, working groups and Strategic Planning Group approved by IJB. Committees must apply Standing orders to their meetings. Remits reviewed in January 2020, amended and approved and republished. Next review in 2022	G
Publication of agendas, reports and minutes of meetings	Annual calendar of scheduled meetings agreed. Standing Orders 5.2 and 6.1 require agenda and reports issued five clear days beforehand and made available to public four clear days before	G
The role and responsibility for scrutiny has been established and is clear	Remit and powers of AR&GC. Role descriptions of members. Local Code of Corporate Governance. Code reviewed in September 2019. Committee remit reviewed and approved in January 2020. Annual self-assessment procedure for AR&GC informs training and awareness requirements	G
Agenda, reports and minutes of scrutiny meetings	Agendas, reports and minutes issued and made public as required by Standing Orders. Recommendations made to Board as appropriate. Style/content of minutes reviewed in March 2020	G

<b>F2. Managing performance</b>		
Establishment, recording and review of performance indicators	Agreed suite of indicators and performance framework. Reports to SPG and IJB on regular basis. Identified as area of weakness by Internal Auditor and AR&GC. Actions agreed and implemented, AR&GC accepted all completed at meeting on 12 December 2018	G
Measurement of performance and recording of performance against indicators	Agreed suite of indicators and performance framework. Reports to SPG and IJB on regular basis. Identified as area of weakness by Internal Auditor and AR&GC. Actions agreed and implemented, AR&GC accepted all completed at meeting on 12 December 2018	G
Training for members on performance and scrutiny	Development sessions held for members throughout the year. Training needs covered in self-assessment questionnaires undertaken by IJB and AR&GC in 2018/19. Results inform training requirements and plans for 2019/20	G
Financial Regulations	Financial Regulations approved in March 2016. Compliant with 1973 Act and guidance. Responsibility allocated in Scheme of Delegations. Reviewed in January 2020, amended and approved and republished	G
Benchmarking arrangements	No indication of benchmarking arrangements in relation to performance. In addition, comparison of IJB with other IJBs in Lothian and across Scotland would be appropriate in relation to procedures such as directions, performance reporting, financial monitoring, budget-setting, etc.	A
Public performance reporting	Agreed suite of indicators and performance framework. Reports to SPG and IJB every six months. Annual performance reports published and all available on the internet. Strategic Plan approved in 2019 includes section on performance monitoring and reporting	G
Annual reports to the public	Annual Performance Report completed in accordance with guidelines and approved in draft by IJB in June, published per statutory dates (apart from July 2019). Available for all years on website. Work Plan and reporting cycle appear at every IJB and AR&GC meeting to ensure compliance is monitored	G

<b>F3. Robust internal control</b>		
(a) Aligning the risk management strategy and policies on internal control with achieving objectives		
(b) Evaluating and monitoring risk management and internal control on a regular basis		
(c) Ensuring effective counter fraud and anti-corruption arrangements are in place		
(d) Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor		
(e) Ensuring an audit committee or equivalent group/function, which is independent of the executive and accountable to the governing body provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment, and that its recommendations are listened to and acted upon		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Internal Audit service (PSIAS)	Internal Auditor appointed. Service operates per PSIAS. Internal Audit Annual Plan and Annual Reports give assurance to Board. Same from external auditors.	G
Risk management strategy/policy	Risk management Policy and Strategy adopted March 2017. Covers appetite, training, reporting and review. Allocates management responsibilities. Reviewed via AR&GC in March 2018	G
Risk register	Risk register maintained in Pentana. Reviewed at PMT every two months, at AR&GC every six months and annually at Board meeting	G
Local Code of Corporate Governance	Local Code based on 2016 CIPFA/SOLACE framework developed during 2017/18 and reported to AR&GC in September and December 2017 and March 2018. Approved by IJB on 1 May 2018 for use in 2017/18 reporting. Code reviewed and approved at Board in September 2019. Process approved for regular review via SMT. Considered there in November 2019 and February 2020, further consideration interrupted by COVID19. Interim report to AR&GC in December 2019, no issues arising. Scheduled for review in December 2021	G
Annual review of system of internal control	Review carried out by Internal Auditor. Reported as part of Internal Audit Annual Report to AR&GC and to Board. Review complies with legislation and PSIAS. Informs annual governance statement	G

<b>F3. Robust internal control</b>		
Annual governance statement	Statements compliant with 2016 CIPFA/SOLACE Framework. Approved timeously for inclusion in annual accounts. Informed by prior consideration of review of system of internal control and Best Value Framework. Areas of concern highlighted to AR&GC. Under regular review at SMT. Interim report on issues of concern to AR&GC in December 2019	G
Committee remits and powers defined	Remits and powers of all committees, working groups and Strategic Planning Group approved by IJB. Committees must apply Standing orders to their meetings. Remits reviewed and approved by Board in January 2020. Due next for review in 2022	G
Standards Officer	Standards Officer role description agreed by IJB in January 2015 and appointment made. Appointment approved by Standards Commission on 29 March 2016	G
Audit Risk & Governance Committee	Remit and powers approved on 5 April 2016, included in and governed by Standing Orders. Remit updated on 5 December 2017 and 1 May 2018. Compliant with PSIAS and CIPFA Guidance. Compliant with statutory accounts regulations requirements. Remit reviewed and approved by Board in January 2020. Due next for review in 2022	G
Anti-Fraud and Corruption Policy and procedures	No policy or procedure in place. Board has no bank account, no employees and no contractual powers so little risk of inducements/bribes or theft. Considered by senior officers in February 2020 that no separate policy was needed and reliance could be placed on partners' policies and procedures	G
Whistleblowing policy and procedures	No policy or procedure in place. Board has no employees and no contractual powers. Considered by senior officers in February 2020. Concluded that no separate policy was required for the IJB and that assurance can be taken from policies and procedures in council and health board	G



<b>F3. Robust internal control</b>		
Appointment of Chief Social Work Officer	The role of Chief Social Work Officer is appointed to at all times in line with the statutory requirement. The appointment is for the council to make. The CSWO is then appointed as a non-voting member of the IJB. Annual report to Board	G
Appointment of Clinical Chief Officer	Appointed on health board nomination as non-voting Board member. Annual report to Board	G
Role and responsibilities of Chief Social Work Officer defined and recognised	The role and remit of the Chief Social Work Officer is laid out in statute and statutory guidance issued by Scottish Minister (2016) and is adhered to locally. The role of the CSWO is not defined any further within the IJB and is not available to the public or other IJB members for information. The CSWO position is recognised in Standing Order 5.6 whereby the Chief Social Work Officer is entitled to insist on a report being included on the agenda for an IJB meeting. Annual report to Board	G
Role and responsibilities of Clinical Chief Officer defined and recognised	The post holder has a lead responsibility for Clinical Governance, providing leadership and support for GP and other NHS contractors working within West Lothian. The role provides an interface between GPs community services and acute services. As a member of the senior management team for the HSCP, the Clinical Chief Officer contributes to strategic planning, quality improvement, performance and risk management. Annual report to Board	G
Annual report from Chief Social Work Officer	The Chief Social Work Officer report is presented to the IJB annually in December. The report complies with statutory guidance from the Ministers. It is submitted to the Ministers after consideration by the council and IJB. Published with relevant committee papers, consider publishing separately on the IJB website	G
Annual report from Clinical Chief Officer to Board	The Clinical Chief Officer submits an annual report in the Spring of each year. Published with relevant committee papers, consider publishing separately on the IJB website	G
Clinical and care governance arrangements	Health & Care Governance Annual Report to Board in June 2019. Health & Care Governance Framework and Group reviewed and restructure approved in June 2019. Minutes to be reported to Board	G

<b>F4. Managing data</b>		
(a) Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data		
(b) Ensuring effective arrangements are in place and operating effectively when sharing data with other bodies		
(c) Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Designated data protection officer	Interim Data protection Officer appointed. Reliant on council systems. Privacy notices in place. Ongoing work with council to secure full support of council resources and DPO	R
Data protection policies and procedures	The IJB agreed to adopt the council's data protection policies and procedures on 26 September 2018. Being reviewed in light of GDPR	R
Data sharing agreements	A Memorandum of Understanding has been agreed between council, NHS Lothian and the IJB and a template DSA has been drawn up; this is in the process of being agreed. Being reviewed in light of GDPR	A
Data processing agreements	A Memorandum of Understanding has been agreed between council, NHS Lothian and the IJB and a template DSA has been drawn up; this is in the process of being agreed. Being reviewed in light of GDPR	A
IT/software protection	The IJB has no IT equipment or software of its own. Where employees of either parent organisation are preparing IJB business, it is on council or NHS Lothian equipment and software and these are protected as per the IT security policy of each organisation respectively. Senior officers consider assurance can be given from partners' procedures	G
Records Management compliance	IJB information is managed in accordance with the information management policies and procedures of the council. IJB records management plan submitted to Keeper and in place	G



<b>F4. Managing data</b>		
Procedures for responding to subject access requests	As for other information requests, the IJB follows the procedures of the council whose systems are set up to allow separate recording and reporting of SARs for the IJB. Requires to put own procedures in place	A
Data breach procedure – reporting and risk assessment	The IJB agreed to adopt the council's data protection policies and procedures on 26 September 2018. However, if a breach occurred, the policies of either council or NHS Lothian may apply depending on the employee responsible. Requires to put own procedures in place and consider seeking assurance from partners	R
Publication scheme under FOISA/EIRS	Scheme in accordance with legislation and guidance adopted on 31 October 2017, updated at Board meeting in February 2019. Published on the IJB section of the HSCP website	G
Reporting on data protection and information management	Data protection and information management was reported to the IJB on 26 September 2017 with a further update on 1 May 2018. Quarterly reports to Board on SARs and FOISA	G

<b>F 5. Strong public financial management</b>		
(a) Ensuring financial management supports both long term achievement of outcomes and short-term financial and operational performance		
(b) Ensuring well-developed financial management is integrated at all levels of planning and control, including management of financial risks and controls		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Finance Officer role identified and supported (CIPFA's Statement on the Role of the Chief Financial Officer in Local Government, CIPFA, 2016)	Role description and duties adopted by Appointments Committee at recruitment. Reflected in Scheme of Delegations to Officers and Financial Regulations. Both updated and approved in January 2020. To be reviewed again in 2022	G

<b>F 5. Strong public financial management</b>		
Financial Regulations	Financial Regulations approved in March 2016. Compliant with 1973 Act and guidance. Responsibility allocated in Scheme of Delegations. Reviewed, approved and republished in January 2020. next due for review in 2022	G
Budget control and monitoring guidance	Contained in Financial Regulations, reviewed and approved in January 2020	G
Report template requires information on financial implications	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Mid to long-term financial strategy and planning	Approach to IJB medium term financial strategy agreed by Board on 27 June 2017. Further information on financial strategy 5 year plan discussed at IJB Development Sessions during 2017/18 and 5 year budget plan reported to Board on 26 June 2018. Updates to each Board meeting as part of financial assurance	G
Budget monitoring at Management Team	Financial performance and budget risk updates reported regularly to the SMT including comprehensive quarterly financial performance reports setting out progress against savings. Explanations of pressures and issues raised by Board are responded to	G
Quarterly budget monitoring reports to members	Budget monitoring arrangements comply with the IJB's financial regulations and updates on the budget position are reported regularly to the Board	G
Identification and registering of financial pressures and risks	Current year and medium term budget pressures and risks are identified through budget monitoring and medium term planning work with partners and these are reported regularly to the Board as part of budget monitoring arrangements	G

<b>F 5. Strong public financial management</b>		
Review of system of internal control	Review carried out by Internal Auditor. Reported as part of Internal Audit Annual Report to AR&GC and to Board. Review complies with legislation and PSIAS. Informs annual governance statement	G
External audit report	Liaison between Chief Officer and Chief Financial Officer with external auditors. Report presented to AR&GC for consideration then to Board. Actions agreed and followed up through AR&GC	G

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

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

G1. Implementing good practice in transparency		
(a) Writing and communicating reports for the public and other stakeholders in a fair, balanced and understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate		
(b) Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand		
Evidence	Comments	Rating
Report templates	Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021	G
Website	All documents requiring to be in the public domain are published online, either in the form reports and minutes on the council's COINS website or on the IJB pages of the HSCP website. Content substantially revised and updated on new format of webpages. Covered in Communications and Engagement Strategy approved in January 2020. Under control of media and web content management group	G
Annual performance report	Annual Performance Report completed in accordance with guidelines and approved in draft by IJB in June 2018. Publication date missed in July 2019. Work Plan and reporting cycle appear at every IJB and AR&GC meeting to ensure compliance is monitored	G
Meeting agendas and reports and minutes	Annual calendar of scheduled meetings agreed. Standing Orders 5.2 and 6.1 require agenda and reports issued five clear days beforehand and made available to public five clear days before	G

<b>G1. Implementing good practice in transparency</b>		
Communications plan or strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Public engagement strategy	The IJB agreed its Participation and Engagement Strategy 2016/26 on 31 January 2017, to be reviewed in January 2020. Carried out at Board in January 2020. Replacement Communication and Engagement Strategy 2020/23 approved. Annual report required, full review in January 2023	G
Public sector equality reporting	The IJB published its Equalities Mainstreaming Report and Equality Outcomes 2017 – 2021 following approval at its meeting of 20 April 2017. Biennial report approved at IJB on 23 April 2019. Next due in April 2023	G
Equality impact assessment procedure (including Fairer Scotland duty)	IJB report templates include a mandatory section on whether the report is relevant to equalities and whether an Equality Impact Assessment has been conducted. Standard template used for meetings of IJB and committees. Implemented in May 2015 and formally adopted in October 2015. Reviewed in February 2019, approved at Board on 12 March 2019, implemented from April 2019. Review in February 2021. Mainstreaming and PSED report to IJB on 23 April 2019	G

<b>G2. Implementing good practices in reporting</b>
(a) Reporting at least annually on performance, value for money and stewardship of resources to stakeholders in a timely and understandable way
(b) Ensuring members and senior management own the results reported
(c) Ensuring robust arrangements for assessing the extent to which the principles contained in this Framework have been applied and publishing the results on this assessment, including an action plan for improvement and evidence to demonstrate good governance (the annual governance statement)
(d) Ensuring that this Framework is applied to jointly managed or shared service organisations as appropriate
(e) Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timely basis and the statements allow for comparison with other, similar organisations

<b>G2. Implementing good practices in reporting</b>		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Annual performance report	Annual Performance Report completed in accordance with guidelines and approved in draft by IJB in June 2018. Publication date missed in July 2019. Work Plan and reporting cycle appear at every IJB and AR&GC meeting to ensure compliance is monitored	G
Performance reporting to Board	Agreed suite of indicators and performance framework. Reports to SPG and IJB on regular basis. Identified as area of weakness by Internal Auditor and AR&GC. Actions agreed and implemented, AR&GC accepted all completed at meeting on 12 December 2018	G
Annual governance statement	Statements compliant with 2016 CIPFA/SOLACE Framework. Approved timeously for inclusion in annual accounts. Informed by prior consideration of review of system of internal control and Best Value Framework. Areas of concern highlighted to AR&GC. Under regular review at SMT. Interim report on issues of concern to AR&GC in December 2019	G
Local Code of Corporate Governance	Local Code based on 2016 CIPFA/SOLACE framework developed during 2017/18 and reported to AR&GC in September and December 2017 and March 2018. Approved by IJB on 1 May 2018 for use in 2017/18 reporting. Code reviewed and approved at Board in September 2019. Process approved for regular review via SMT. Considered there in November 2019 and February 2020, further consideration interrupted by COVID19. Interim report to AR&GC in December 2019, no issues arising. Scheduled for review in December 2021	G
Appointment of Chief Social Work Officer	The role of Chief Social Work Officer is appointed to at all times in line with the statutory requirement. The appointment is for the council to make. The CSWO is then appointed as a non-voting member of the IJB. The IJB does not have a process for ensuring a depute is available if the CSWO is absent	G
Appointment of Clinical Chief Officer	Appointed on health board nomination as non-voting Board member	G



<b>G2. Implementing good practices in reporting</b>		
Role and responsibilities of Chief Social Work Officer defined and recognised	The role and remit of the Chief Social Work Officer is laid out in statute and statutory guidance issued by Scottish Minister (2016) and is adhered to locally. The role of the CSWO is not defined any further within the IJB and is not available to the public or other IJB members for information. The CSWO position is recognised in Standing Order 5.6 whereby the Chief Social Work Officer is entitled to insist on a report being included on the agenda for an IJB meeting. Annual report to Board	G
Role and responsibilities of Clinical Chief Officer defined and recognised	The post holder has a lead responsibility for Clinical Governance, providing leadership and support for GP and other NHS contractors working within West Lothian. The role provides an interface between GPs community services and acute services. As a member of the senior management team for the HSCP, the Clinical Chief Officer contributes to strategic planning, quality improvement, performance and risk management. Annual report to Board	G
Annual report from Chief Social Work Officer	The Chief Social Work Officer report is presented to the IJB annually in December. The report complies with statutory guidance from the Ministers. It is submitted to the Ministers after consideration by the council and IJB. Published with relevant committee papers, consider publishing separately on the IJB website	G
Role and responsibilities of Chief Social Work Officer defined and recognised	The role and remit of the Chief Social Work Officer is laid out in statute and statutory guidance issued by Scottish Minister (2016) and is adhered to locally. The role of the CSWO is not defined any further within the IJB and is not available to the public or other IJB members for information. The CSWO position is recognised in Standing Order 5.6 whereby the Chief Social Work Officer is entitled to insist on a report being included on the agenda for an IJB meeting. Annual report to Board	G
Clinical and care governance arrangements	Health & Care Governance Annual Report to Board in June 2019. Health & Care Governance Framework and Group reviewed and restructure approved in June 2019. Minutes to be reported to Board	G
<b>G3. Assurance and effective accountability</b>		

<b>G3. Assurance and effective accountability</b>		
(a) Ensuring that recommendations for corrective action made by external audit are acted upon		
(b) Ensuring an effective internal audit service is in place, providing assurance with regard to governance arrangements and that recommendations are acted upon		
(c) Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations		
(d) Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement		
(e) Ensuring that when working in partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met		
<b>Evidence</b>	<b>Comments</b>	<b>Rating</b>
Internal audit service (PSIAS)	Internal Auditor appointed. Service operates per PSIAS. Internal Audit Annual Plan and Annual Reports give assurance to Board. Same from external auditors	G
Audit Risk & Governance Committee	Remit and powers approved on 5 April 2016, included in and governed by Standing Orders. Remit updated on 5 December 2017 and 1 May 2018. Compliant with PSIAS and CIPFA Guidance. Compliant with statutory accounts regulations requirements. Remit reviewed and approved January 2020. next review due in 2022	G
Commissioning plans	Commissioning plans developed and implemented for thematic groups: Older People, Mental Health, Learning Disability, Physical Disability and ADP. Regular reports on progress to the SPG and IJB most recent June 2018. Directions developed and issued in accordance with delegated functions on annual basis. IJB agreed at development event in February 2018 to develop more detailed directions which will support transformational change programmes. Detailed and strategic directions issued on 23 April 2019	G
Risk register	Risk register reviewed at SMT every two months, at AR&GC every six months and annually at Board meeting	G

<b>G3. Assurance and effective accountability</b>		
Review of effectiveness of Board and committees	AR&GC and IJB self-assessment questionnaires approved, used each year and included in Calendar/cycle of reporting	G
Annual performance report	Annual Performance Report completed in accordance with guidelines and published in July each year	G
Benchmarking	No indication of benchmarking arrangements in relation to performance. In addition, comparison of IJB with other IJBs in Lothian and across Scotland would be appropriate in relation to procedures such as directions, performance reporting, financial monitoring, budget-setting, etc.	A



# West Lothian Integration Joint Board Audit Risk and Governance Committee

Date: 27 May 2020

Agenda Item: 8

## GOVERNANCE ISSUES – UPDATE ON PROGRESS

### REPORT BY STANDARDS OFFICER

#### **A PURPOSE OF REPORT**

To consider an update on issues identified for attention through the annual governance statements for recent years and arising in 2019/20

#### **B RECOMMENDATION**

1. To note the update on governance issues of concern since committee met in December 2019
2. To agree the status allocated to each issue in the appendix

#### **C SUMMARY OF IMPLICATIONS**

<b>C1</b>	<b>Directions to NHS Lothian and/or West Lothian Council</b>	A direction(s) is not required.
<b>C2</b>	<b>Resource/ Finance</b>	N/A
<b>C3</b>	<b>Policy/Legal</b>	Public Bodies (Joint Working) (Scotland) Act 2014; Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014; Board's Standing Orders
<b>C4</b>	<b>Risk</b>	Risk IJB001: Governance Failure
<b>C5</b>	<b>Equality/Health</b>	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty.
<b>C6</b>	<b>Environment and Sustainability</b>	N/A
<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	Good governance promotes good decisions and good performance.
<b>C8</b>	<b>Strategic Plan Outcomes</b>	Good governance promotes good decisions and good performance.

<b>C9</b>	<b>Single Outcome Agreement</b>	Good governance promotes good decisions and good performance.
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	None

## **D TERMS OF REPORT**

- 1 The Board is committed to meeting good standards of corporate governance. Compliance is the responsibility of all Board members. Providing evidence and assurance to Board members is the responsibility of officers. This report, in conjunction with other reports on the same agenda, are designed to give members that assurance and allow members to scrutinise the basis of it.
- 2 Annual governance statements have identified areas of concern and actions that should be taken. Those have been reported at each year end and, latterly, through updates against progress to the committee. The areas of concern arising from the annual governance statements for recent years and the external audit process have been kept under review and progressed further during 2019/20. This report is part of the agreed process for monitoring and reporting on progress, which is shown in the appendix.
- 3 The list of items contains those that still required work after previous updates. Those considered at those previous meetings to be complete have been removed from the list. It also includes new issues arising during the current year to ensure that they receive the attention required as early as is practicable. Information has been added to show what has been done what is being done and whether work is complete or ongoing. Any issues emerging from committee's consideration of reports at this meeting will be added. the appendix therefore represents a running log of concerns and actions spanning three years. That reflects the CIPFA/SOLACE Framework's guidance that there should be continuous improvement shown across reporting years in addition to the snapshots provided by annual governance statements.
- 4 Those considered by officers to have been completed since committee met in December last year have been marked and highlighted in green. The committee is asked to accept that those are completed and for them to be deleted from the running log. Those for which work is ongoing are marked in amber. Those for which there is no action yet taken are highlighted in purple. All the entries have had some work started on them.
- 5 There has been a great deal of progress during the year through things such as the approval of the Communication and Engagement Policy and review of Standing Orders and the Code of Conduct. The most significant issue is the outstanding work on compliance with the Data Protection Act 2018 and the appointment of a permanent Data Protection Officer. That is reflected in the commentary in the Code of Corporate Governance and the annual governance statement.

## **E CONSULTATION**

Senior Management Team

**F REFERENCES/BACKGROUND**

- 1 Public Bodies (Joint Working) (Scotland) Act 2014, section 13
- 2 Local Government (Scotland) Act 1973, Part 7
- 3 Local Government in Scotland Act 2003, Part 1
- 4 Integration Scheme, pages 6 and 7
- 5 "Delivering Good Governance in Local Government - Framework and Guidance Notes for Scottish Authorities (CIPFA/SOLACE, 2016)
- 6 Audit, Risk & Governance Committee, 5 June 2019 and 11 December 2019
- 7 Integration Joint Board, 10 September 2019

**G APPENDICES**

Appendix: Governance Issues Update

**H CONTACT**

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27 May 2020

**APPENDIX**  
**RUNNING LOG OF GOVERNANCE ISSUES**

ITEM	SUBJECT	STATUS DECEMBER 2019	PROGRESS UP TO MAY 2020	STATUS MAY 2020
1 (17/18) AND 7(18/19)	Workforce planning – approval of workforce plan (AGS, from Internal Audit report, AR&GC, 23 March 2018; EY audit report, page 19)	Ongoing	<p>IJB, 21 November 2018 - approved as a strategy, not a plan. Report back instructed on how success/delivery is to be measured and reported. Discussed at Development Day in February 2019. Workforce Planning Group to be established</p> <p>AR&amp;GC, 6 March 2019 – not audited in 2018/19 due to ongoing development work, added to Internal Audit plan for 2019/20</p> <p>AR&amp;GC, 5 June 2019 – agreed that a representative from NHS and WLC would be invited to the next committee meeting to consider how to address workforce planning issues</p> <p>IJB, 26 November 2019 – update on progress on the Strategy, noted establishment of Workforce Planning Development Group, workforce plans for NHS Lothian and West Lothian Council and actions being taken across the HSCP to support workforce planning</p> <p>AR&amp;GC, 11 December 2019 – noting internal audit report of workforce planning due to come to committee on 4 March 2020</p> <p>AR&amp;GC, 4 March 2020 – internal audit report confirms control is satisfactory, actions agreed with timescales for completion</p>	Completed  Governance issue addressed, work and further reporting to be carried forward and monitored by AR&GC
4 (17/18) AND 4(18/19)	Confirm compliance with GDPR and Data Protection Act 2018 and schedule	Ongoing	Interim Data Protection Officer appointed. Privacy Notice implemented in localities consultation. Work ongoing with council on sharing resources and appointment of permanent Data Protection	Ongoing.  Assessed as red



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ITEM	SUBJECT	STATUS DECEMBER 2019	PROGRESS UP TO MAY 2020	STATUS MAY 2020
	review (AGS)		Officer and remaining compliance actions. Requires to be concluded in 2019/20 to give IJB assurance that it is and will be legally compliant	in Code 19/20
6 (17/18) AND 3(18/19)	Review engagement with partner organisations and how Board is made aware of relevant developments and joint working (including Board's role in Community Planning Partnership, liaison with the council and the health board at officer and member level, and the relationship with the other Lothian IJBs) (AGS) <sup>1</sup>	Ongoing	<p>IJB, 29 January 2019 - participation in Integrated Care Forum agreed in principle, remit, governance and reporting arrangements later agreed, minutes to IJB for information.</p> <p>IJB, 23 April 2019 – introduction of more specific and strategic Directions to include a section outlining impact on other IJBs</p> <p>IJB, 23 April 2019 - Market Facilitation Plan approved, sitting alongside new Strategic Plan, outlining engagement activity with third sector partners and stakeholders.</p> <p>IJB 26 November 2019 and 21 January 2020 - revised Terms of Reference and expanded membership agreed for Strategic Planning Group including the inclusion of the locality planning function in its remit</p> <p>December 2019 – Chief Officer's report introduced as a standing item on IJB meeting agendas, includes updates in work with partners</p>	Completed  Initial governance issue addressed and so marked as completed
7(18/19)	Arrangements for succession planning to be considered to ensure continuity at Board and	Ongoing	IJB, 21 November 2019 - approved Workforce Strategy which includes reference to succession planning. Still requires engagement in this aspect for both IJB members (e.g., standard induction programme) and officers supporting the IJB and its committees and	Ongoing.  Assessed as red in Code 19/20

<sup>1</sup> See also Appendix 2, Item 3, below

ITEM	SUBJECT	STATUS DECEMBER 2019	PROGRESS UP TO MAY 2020	STATUS MAY 2020
	officer level, in particular in relation to the Board's professional advisers and non-voting members (AGS)		groups (e.g., cover for Chief Officer and other significant posts)	
10(17/18)	Explore and consider results of benchmarking with other IJBs (performance and more general aspects such as use of Directions and strategic planning) (AGS)	Ongoing	IJB should consider if finalised performance management arrangements cover benchmarking adequately for Pls. Wider benchmarking and lessons and best practice from elsewhere discussed at Development Day in February 2019. Reports on Transformational Change Programmes to include reference to benchmarking activity. Annual performance reporting includes benchmarking against other IJBs	Completed  Initial concern addressed, for IJB to ensure actions continue
18(17/18)	Strategic Plan - Three Year Rolling Action Plan, incorporate and report as part of the revised Strategic Plan to be developed and approved in 2018/19 (Internal Audit Follow-Up Report on Governance, AR&GC, 12 December 2018)	Ongoing	IJB, 23 April 2019 - revised Strategic Plan approved  AR&GC, 11 December 2019 – internal audit of Strategic Plan confirmed control was satisfactory  IJB, 21 January 2020 – commissioning plans approved	Completed
19(17/18)	SLAs for IJB Audit, Risk and Governance Services, review support service provision and requirement for SLAs (Internal Audit	Ongoing	Deadline agreed was 31 October 2019, will be addressed in Internal Audit follow-up procedures and reported as appropriate to AR&GC  AR&GC, 11 December 2019 – committee considered this could be marked as completed subject to assurance that appropriate	Completed  Initial governance concern



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ITEM	SUBJECT	STATUS DECEMBER 2019	PROGRESS UP TO MAY 2020	STATUS MAY 2020
	Follow-Up Report on Governance, AR&GC, 12 December 2018)		alternative arrangements were in place  IJB, 10 March 2020 – Workplan shows report due to IJB in April 2020 on an annual review of support services, outstanding issue can be addressed through that report	addressed, IJB to ensure compliance
24(17/18)	Consideration and agreement of actions from external reports produced in 2018/19 by Audit Scotland, Accounts Commission and Scottish Government/COSLA, all with recommendations for IJBs (NHS in Scotland 2018 (October 2018); Health and Social Care Integration in Scotland (November 2018); Review of Local Government 2017/18 (December 2018); Review of Progress with Integration of Health and Social Care (February 2019)	Ongoing	Reported variously to AR&GC and IJB between December 2018 and May 2019. Subject to detailed consideration at Development Days on 20 February 2019 and 1 May 2019. Actions and IJB's position to be finalised and reported, arrangements made to monitor actions and follow up recommendations.  IJB, 13 August 2019 – draft Action Plan approved for submission to Scottish Government/COSLA, follow-up report to IJB on 10 September 2019 for information. Progress will be reported in January 2020 where further reporting on progress will be agreed and added to cycle of reporting. Highlighted in EY audit report, page 16  IJB, 21 January 2020 – no report submitted. Report presented concerning two additional reports issued in late 2019 but no follow-up on earlier reports.  AR&GC, 4 March 2020 – not on agenda  IJB, 10 March 2020 – not on agenda	Ongoing
1(18/19)	Securing/demonstrating compliance with anti-fraud and corruption measures; whistle-blowing requirements; officer codes	Not started	30 March 2020. Audit/financial aspects considered by Chief Finance Officer and IJB Internal Auditor/Risk Manager. Separate IJB anti-fraud and corruption measures not required.  Reliance will be provided through procedures in place within West	Completed



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ITEM	SUBJECT	STATUS DECEMBER 2019	PROGRESS UP TO MAY 2020	STATUS MAY 2020
	of conduct and avoidance of conflicts of interest; the place of ethical standards in contracts with third party providers; and officer performance appraisal arrangements. may involve relying on council and health board and obtaining assurance in an appropriate way		<p>Lothian Council and NHS Lothian. In terms of the IJB, the annual audit process by external auditors considers risks of fraud and corruption noting the nature of the IJB as a body that does not hold cash, employ staff or deliver operational services means the risk of this is limited.</p> <p>Since the IJB employs no staff and delivers no services directly it can rely on the whistleblowing procedures within the council and NHS Lothian.</p> <p>Ethical standards in contracts – IJB has no power to enter into contracts, should rely on council and health board as its procurers.</p> <p>Officer codes of conduct, conflicts of interest etc. – IJB has no employees, can rely on council and health board procedures</p> <p>For officer performance appraisal, IJB ought to and should rely on both employers' processes</p>	
2(18/19)	Development of a communications strategy to build the Board's profile, establish its presence as an independent legal entity, especially on the internet, and ensure and advertise the availability of information and services electronically	Ongoing	<p>IJB, 26 June 2019 – noted a draft would be brought to the August IJB meeting for consideration.</p> <p>IJB, 13 August 2019 – initial report to set direction of travel and scope of work approved.</p> <p>IJB, 21 January 2020 - Communication and Engagement Strategy 2020-23 approved (subject to some further detailed work to be progressed).</p>	Completed

ITEM	SUBJECT	STATUS DECEMBER 2019	PROGRESS UP TO MAY 2020	STATUS MAY 2020
5(18/19)	Re-establishing the Board's Clinical and Care Governance group which has not met regularly, has not reported to the board regularly and has not fulfilled its role in assuring the Board that its clinical and care governance arrangements are complete and operate satisfactorily	Ongoing	IJB, 26 June 2019 - new Health and Care Governance Framework approved, Health and Care Governance Group's Work Plan 2019/20 approved, confirmed governance arrangements. Group to undertake a self-assessment exercise after a year of operation. Minutes to be reported regularly to IJB. To be added to Reporting Cycle and operation reviewed after one year.	Completed  Initial governance issue addressed
6(18/19)	Keeping the new structure of Planning & Commissioning Boards under review to ensure their successful contribution to delivery of the Strategic Plan	Ongoing	A review of the Planning and Commissioning Board structure (IJB, 23 April 2019) will be included in the annual report to the IJB on progress in relation to the Strategic Plan.  IJB, 10 March 2020 – not yet timetabled for presentation to IJB	Ongoing
8(18/19)	Ensuring that the timetabled reviews of Standing Orders, Scheme of Delegations and other significant governance documents are completed timeously	Ongoing	Included in Action Notes and Reporting cycle at IJB and AR&GC for all meetings. Due for completion by end of 2019.  AR&GC in December 2019 – recommendations to be made to the IJB  IJB, 21 January 2020 – changes approved, review completed, due again in late 2021	Completed



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ITEM	SUBJECT	STATUS DECEMBER 2019	PROGRESS UP TO MAY 2020	STATUS MAY 2020
1(19/20)	Membership review	Ongoing	<p>IJB, 13 August 2019 – agreed membership review required per cycle of reporting should be reported to IJB at its meeting in January 2020</p> <p>IJB, 21 January 2020 – report not presented, Board advised it would be brought to next meeting</p> <p>IJB, 10 March 2020 – review completed, one action concerning appointment of lay “members” to AR&amp;GC to be taken forward as an action</p>	Completed  Initial governance issue addressed, one action to be taken forward
2(19/20)	Ensure IJB awareness of PREVENT agenda	Not started	Statutory guidance includes IJBs as public bodies with duties requiring staff engagement and awareness. In schedule of items for development sessions in 2020/21	Ongoing
4(19/20) AND 6(19/20)	Audit Scotland report on NHS in Scotland (24 October 2019) and Accounts Commission report – Local Government Overview	Ongoing	<p>AR&amp;GC, 11 December 2019 - initial consideration and recommendations to IJB</p> <p>IJB, 21 January 2020 - reported alongside further report on Local Government Overview, to be taken forward via development day and then return to Board for actions to be agreed. Interrupted by COVID-19 and cancellation of development day</p>	Completed  Initial governance issue addressed, for IJB to take forward

5(19/20)	Standards Commission Advice Note for Members of Integration Joint Boards (5 November 2019)	Ongoing	Copy circulated to IJB members with initial advice. Mentioned in annual report on Code of Conduct at IJB on 26 November 2019. Requires more detailed consideration and training, to be added to a development day agenda soonest  23 January 2020 – not yet timetabled for a development day. Interrupted by COVID-19 and cancellation of development day	Ongoing
7(19/20)	Consider implications of successful judicial review of closure of adult day care centre (McHattie v South Ayrshire Council, January 2020)	Not reported, had not arisen	10 January 2020 - Initial advice sought from Legal Services on issues of competency, equality impact assessment and duty of consultation. Conformed responsibility and duty lies with service provider (council or health board)	Completed
8(19/20)	Scottish Government Guidance on Directions (January 2020)	Not reported, had not arisen	Consider Guidance and any recommendations arising, report to IJB for information and decisions on any changes to <i>status quo</i>  IJB, 10 March 2020 – in Chief Officer's report for officer review, requires to be considered at AR&GC or IJB to ensure members are satisfied and to enable us to demonstrate that this significant piece of work, associated with the various external reports in 2019 and 2020, is noted and followed	Ongoing
9(19/20)	Accounts Commission Report on Fife integration Joint Board (Audit Scotland, 2 March 2020)	Not reported, had not arisen	Critical report published based on external audit report. Should be taken to members on a "lessons learned" approach. May be done via IJB or AR&GC or a development session	Not started

10(19/20)	COVID-19 pandemic. Review impact, preparedness, contingency planning and lessons to be learned to consider if changes are required to governance and operational arrangements	Not reported, had not arisen		Not stated
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## West Lothian Integration Joint Board Audit Risk and Governance Committee

Date: 27 May  
2020

Agenda Item: 9

### **ANNUAL GOVERNANCE STATEMENT 2019/20**

#### **REPORT BY STANDARDS OFFICER**

##### **A PURPOSE OF REPORT**

To present the draft annual governance statement for consideration and approval.

##### **B RECOMMENDATIONS**

1. To consider the draft annual governance statement in the appendix and its conclusion that the Board and the West Lothian community can be assured that the Board's corporate governance standards have been substantially met in 2019./20
2. To approve the draft annual governance statement in the appendix for signature on behalf of the Board
3. To note that the statement will form part of the Board's unaudited accounts to be considered by the Board and submitted to the external auditors before the end of June 2020
4. To authorise the Standards Officer to make any minor changes to the statement deemed reasonable and necessary before finalisation of the accounts for Board approval

##### **C SUMMARY OF IMPLICATIONS**

- |           |  |   |
|-----------|--|---|
| <b>C1</b> | <b>Directions to NHS Lothian and/or West Lothian Council</b> | A direction is not required.  |
| <b>C2</b> | <b>Resource/ Finance</b>                                     | None  |
| <b>C3</b> | <b>Policy/Legal</b>  | Legislation requires an annual governance statement to be approved and to form part of the unaudited accounts for submission and public inspection. The Board has adopted a Local Code of Corporate Governance. |



<b>C4</b>	<b>Risk</b>	Risk IJB001: Governance Failure
<b>C5</b>	<b>Equality/Health</b>	The report has little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
<b>C6</b>	<b>Environment and Sustainability</b>	None
<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	Good governance leads to good decision-making and improved outcomes and will assist in delivering health and wellbeing outcomes
<b>C8</b>	<b>Strategic Plan Outcomes</b>	Good governance leads to good decision-making and improved outcomes and will assist in delivering the Board's Strategic Plan and priorities
<b>C9</b>	<b>Single Outcome Agreement</b>	The delivery of the Board's Strategic Plan and good standards of governance will assist in meeting targets set out in the Single Outcome Agreement
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	None

## **D TERMS OF REPORT**

### **1 Background**

1.1 The following process has been adopted by the Board to secure compliance with the statutory rules for submission and approval of the Board's accounts and financial statements:-

- The Internal Auditor carries out an annual review of the Board's system of internal control which is considered in June by the committee as part of his Internal Audit Annual Report
- The Standards Officer prepares a draft annual governance statement which is approved by the committee in June
- The annual governance statement is signed by the Chief Officer and the Chair and is then included in the Board's unaudited annual accounts
- The unaudited accounts are considered by the Board prior to their submission for audit
- The accounts are signed and submitted for audit and public notice by the Chief Financial Officer on or before 30 June



- The audited accounts and the external auditors' report are considered by the committee in September, for scrutiny, and to consider recommendations to be made to the Board
  - The audited accounts, the auditors' report and the committee's recommendations are considered by the Board for approval of the audited accounts for signature before 30 September each year
- 1.2 Other reports are on the agenda for this meeting and have been taken into account in the preparation of the statement. They are the Internal Audit Annual Report, including the findings of the review of the system of internal control; the Chief Financial Officer's Best Value Framework Compliance Statement; an update by the Standards Officer on progress with and the current status of governance issues; and the completed Local Code of Corporate Governance for the year.

## **2 Annual governance statement – form and content**

- 2.1 The draft annual governance statement for 2018/19 is in the appendix. It has been prepared in accordance with the 2016 CIPFA/SOLACE Framework and accompanying Guidance which apply to the Board in relation to its governance standards. It is based on the key elements in the Board's corporate governance arrangements. It reports on governance issues addressed during the year. Those are made up of issues identified in last year's statement and issues arising in the course of the year. It notes additional areas of concern to be addressed in the coming year.
- 2.2 The statement includes an additional section relating to the COVID-19 emergency. Like all public bodies the Board was faced with significant and unanticipated challenges to the performance of its statutory functions. Its governance arrangements were also affected and tested by the urgent measures needed to ensure an agile and effective reaction by the Board whilst continuing to comply with its established standards of good governance. CIPFA recommended in April 2020 that annual governance statements should cover COVID-19 related issues. They suggest some added commentary on the impact on business as usual in the delivery of services; new areas of activity as part of the national response; funding and logistical consequences; changes to meetings and decision-making arrangements; assessment of the longer term disruption and consequences.
- 2.3 The advice is Anglo-centric to some extent: it assumes that statements will be prepared much later in the year than normal as a result of the relaxation of statutory timescales that has not been matched in Scotland. It is also focussed on local authority functions, and although the Board operates under the local authority accounts regime its operations and funding and functions are considerably different.
- 2.4 Given the deadline in Scotland for approval of the statement, it is too early to say much about most of the COVID-19 issues suggested by CIPFA. The section that has been added therefore centres on governance arrangements and decision-making. Information on the financial and service aspects will be provided to future committee and Board meetings. However, a COVID-19 debrief has been added to the list of governance issues in the running log considered elsewhere by committee today.

## **3 Characteristics of annual governance statements**



3.1 Some of the characteristics of the annual statement drawn from the CIPFA/SOLACE Framework are:-

- It enables the Board to explain governance arrangements and controls
- It should provide a meaningful but brief communication regarding the review of governance
- It should be high level, strategic and written in an open and readable style
- It should provide an assessment of the effectiveness of the Board's governance arrangements in supporting the planned outcomes
- It should contain an acknowledgement of responsibility for ensuring that there is a sound system of governance
- It should make reference to an assessment of the effectiveness of key elements of the governance framework and the role of those responsible for the development and maintenance of the governance environment
- It should give an opinion on the level of assurance that the governance arrangements can provide
- Actions taken, or proposed to be taken, to deal with significant governance issues, should be mentioned
- There should be information as to how issues raised in the previous year's annual governance statement have been resolved
- There should be a conclusion and commitment to monitoring implementation

3.2 The Framework and Guidance contain a summary of the key elements and structures and processes that should comprise the Board's governance arrangements. These are all taken into account in the Board's Local Code of Corporate Governance and so they are not described in detail in the annual statement.

**4 Relevant factors in considering the statement**

4.1 The Guidance to the CIPFA/SOLACE Framework lists things for members to keep in mind when considering the adequacy of governance arrangements:-

- How is governance perceived in the Board? Is it regarded as an enabler in terms of innovation or a barrier to it?
- How has the Board tried to embed good governance in its culture? Has this been successful?

- Are the benefits of good governance transparent in the Board? For example: better informed and improved decision making; clear demonstration of integrity and probity; clear focus on outcomes; developing a risk management culture
- How are the benefits of good governance communicated to those who may not be aware of them including some members and senior officers?
- How does the Board engage its members on governance issues? How might this be improved?
- Do officers feel free to raise any concerns that they might have?
- Are the Board's Code and its governance arrangements easy to understand?
- How are good governance principles communicated to partners? How effective is that communication?
- How is the importance of maintaining standards communicated? Is it successful?
- Is appropriate induction and training available to those who need it?
- Does the concept of good governance have support from the top – the Chief Officer and Chair? How do they demonstrate this?
- How does the Board ensure that governance structures continue to be up to date and relevant? For example, decision making frameworks, roles and responsibilities and schemes of delegation
- What is the role of the Internal Auditor, the Standards Officer and other officers in enabling and facilitating good governance?

4.2 Members may wish to have regard to those factors when considering the statement for approval.

## **5 Delegated authority**

5.1 Authority is sought to allow minor changes to be made by officers after committee approval and prior to submission and approval of the annual accounts. Without that, no changes can be made to the version approved by the committee. That flexibility will allow minor changes to be made should they be felt to be reasonable and necessary to reflect changed or new circumstances after discussion with the Board's auditors and consideration by the Board. It will also allow for the inclusion of some up-to-date information regarding COVID-19.

5.2 Any such additions will be discussed first with the Chief Officer and the Chairs and Vice-Chairs of the Board and the committee.

## **E CONSULTATION**



The governance issues identified in last year's statement and the issues arising during the year have been on the agenda at senior management team meetings throughout the year, although recent consideration was postponed due to the COVID-19 emergency. Progress has been monitored and officers have been able to feed information in to assist in populating the Code of Corporate Governance.

The Internal Auditor has had sight of the draft statement. His review of the system of internal control has been taken into account in the statement. The Chief Financial Officer has also had sight of it and his Best Value Compliance Statement has informed the contents of the statement as well.

An update report on governance issues was considered by the committee in March this year and the progress in addressing issues from last year's statement was noted.

## **F REFERENCES/BACKGROUND**

The Local Authority Accounts (Scotland) Regulations 2014 and related non-statutory guidance

"Delivering Good Governance", Framework and Guidance issued by CIPFA and SOLACE (2016)

Integration Joint Board, 10 September 2019

Audit Risk & Governance Committee, 5 June and 11 December 2019

The Annual Governance Statement for 2019/20: Matters to consider as a result of the coronavirus pandemic - Briefing from the CIPFA Better Governance Forum (7 April 2020)

## **G APPENDICES**

Appendix – Annual Governance Statement 2019/20

## **H CONTACT**

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27 May 2020

## APPENDIX

### ANNUAL GOVERNANCE STATEMENT 2019/20

#### **1 Corporate Governance**

- 1.1 Corporate governance is comprised of the systems, processes, culture and values by which the Board is directed and controlled, and the activities through which it is accountable to, engages with and leads the West Lothian community in relation to its statutory functions. It is the arrangements put in place to ensure that the intended outcomes for stakeholders are defined and achieved. The Board, Board members and individuals working for and supporting them must try to achieve the Board's objectives while acting in the public interest at all times. Acting in the public interest implies primary consideration of the benefits for society, which should result in positive outcomes for service users and other stakeholders.
- 1.2 The Board and its members, voting and non-voting, have overall responsibility for good governance arrangements – for establishing the Board's values, principles and culture, for ensuring the existence and review of an effective governance framework, and for putting in place monitoring and reporting arrangements. Corporate governance is an essential back-office corporate service necessary to assist the effectiveness of setting, monitoring, achieving and reporting on priorities and outcomes, both national and local.
- 1.3 Whilst retaining its responsibility and overview of those arrangements, the Board has entrusted the delivery of some of those tasks to committees (especially its Audit, Risk & Governance Committee) and to its Chief Officer and to officers employed by West Lothian Council and NHS Lothian who serve and support the Board. That delegation does not remove or negate the responsibility of all the Board's members for governance.
- 1.4 The statutory relationship amongst the Board, the council and the health board is a complex one. The Integration Scheme contains the agreement reached between the council and the health board in seeking to have the Board established. It cannot be changed without going through a formal statutory review process. The Board's governance arrangements provide the additional guidance and control necessary to make that relationship work for the benefit of service users and other stakeholders. The governance framework is made up of corporate documents, policies and procedures which are designed to guide and assist the Board in doing its business in accordance with the law and with proper standards and principles, so ensuring that public money is safeguarded and used economically, efficiently and effectively, and fulfilling the statutory duty to secure best value.

#### **2 Structure and powers**

- 2.1 The Board is a statutory body established by the Scottish Parliament. It is responsible for the integrated functions delegated to it by the council and the health board. It makes a strategic plan for delivery of the health and social care services which go along with the integrated functions. It receives financial contributions from the council and health board, and to a small extent directly from the Scottish Government. It then directs the council and the health board in how





they should deliver the integrated functions on its behalf and allocates financial resources to allow them to do so. The Board has responsibility for adult and older people's health and social care services. Those for children and young persons and criminal justice services, are delivered directly by the council and the health board through separate voluntary partnership working arrangements.

2.2 Legislation requires that the Integration Scheme is reviewed by the council and the health board at least every five years. That review ought to have been concluded by June 2020. The process was started and a timetable was agreed with the Board being a formal consultee. Due to the intervention of the COVID-19 emergency the process could not be progressed and it has been formally abandoned. The current Integration Scheme will remain in place and the operation of the Board will not be affected. The review will be revisited in autumn 2020.

2.3 The Board has delegated some of its responsibilities to other internal bodies:-

- It established an Appointments Committee to fill the posts of Director, Chief Financial Officer, Internal Auditor and Standards Officer. It met in 2019 to secure the replacement of the retiring Director. A successful process was followed in partnership with the council and the health board and the new Chief Officer took up his position in September 2019
- It established an Audit Risk & Governance Committee with scrutiny powers in relation to risk management, corporate governance and internal and external audit reports. It meets quarterly and the public has access to its meetings and meeting papers
- It established the Strategic Planning Group in accordance with legislation and guidance in relation to development, review and progressing the strategic plan
- It established a Health and Clinical Care Governance Group, chaired by a Board member, to provide a focus for clinical and social care issues and concerns and to advise the Board where appropriate
- In April 2019 the Board approved a revised strategic planning structure. It is designed around Planning & Commissioning Boards with remits designed to ensure delivery of the revised Strategic Plan 2019/23

2.4 The remits, powers, operating arrangements and reporting structures of all of these internal bodies were reviewed in 2019/20 and changes were approved by the Board after considering officers' recommendations. The Board decided to amalgamate the Locality Groups into the Strategic Planning Group. It also decided that the Strategic Planning group meetings should not have to take place in public to enable them to become less bound by procedural formalities and to assist the exchange and expression of views. There is though wide stakeholder representation and the minutes of the meetings are however still reported to the Board in public.

2.5 All of the Board's activities are carried out within the terms of relevant legislation, guidance and the statutory Integration Scheme. Its decision-making is carried out





under Standing Orders and other internal rules and procedures which are reviewed on a three-year cycle. They are principally made up of:-

- Standing Orders, governing the way Board and committee meetings are conducted
- Remits and procedural rules for committees, working groups and the new Planning & Commissioning Boards
- Scheme of Delegation to Officers setting out the responsibilities and powers allocated to senior officers
- Financial Regulations which set the rules and procedures for financial, budget and treasury management
- Strategic Plan and its accompanying Annual Financial Statement

2.6 Standing Orders, the Scheme of Delegations, Financial Regulations, committee remits were all reviewed with recommended changes approved by the Board. A new Strategic Plan was also approved in the current reporting year.

2.7 The Board must publish a statutory performance report within 4 months of the end of any financial year. It requires information from the council and the health board in relation to their performance of the integrated functions which have been specified in Directions issued by the Board. That also means that regular and periodic information is required to allow service performance to be assessed continuously and to inform the annual report. That information is provided with reference to a list of agreed indicators and from that the Board maintains its own performance records against the commitments and outcomes given in its Strategic Plan. Those reports are considered at Board meetings and so all members are aware of performance information and concerns. Performance management and reporting arrangements have been under review during the year. All of the Board's statutory annual performance reports are available on its website.

2.8 The Board's Financial Regulations call for quarterly budget monitoring reports to be presented to the Board. They also call for regular periodic budget and financial assurance reports to the Board to enable it to proceed with the budgetary process, the publication of its annual financial statement and issuing Directions to the council and health board. These reports have been and will continue to be made as required.

2.9 The Board has adopted a Risk Management Strategy. Risks and the developing Risk Register are periodically reported to and were considered at the Board, the Strategic Planning Group and Audit Risk & Governance Committee meetings.

### **3 The Board**

3.1 The Board's membership and operating arrangements are controlled by statute. Board decisions are made by eight voting members, four from each of the council and the health board. It also has non-voting members who are senior council or health board professionals or are representatives of the users and providers of



health and social care services. A full review of membership of the Board was carried out and renewed during the year.

- 3.2 There have been some changes to the Board's voting members during the year but fewer than in the preceding year. Induction and development sessions have taken place. In accordance with the Integration Scheme, the Chair was taken by a council member in September 2019 with a health board member taking the position of Vice-Chair. At the same time the position of Chair and Vice-Chair of the Audit Risk & Governance Committee switched between the council and the health board.
- 3.3 The Board continues to meet approximately every six weeks. It maintains a Work Plan which is reviewed at every meeting. That is now accompanied at every meeting by an annual calendar of reporting and review deadlines. The Board's work has been assisted by a series of Board development sessions outside the constraints of a formal meeting when discussions could take place about issues of growing or particular concern and the long-term plans for the Board and its work. The Board deals with significant strategic and financial decisions and monitors and oversees financial and service performance and risk monitoring arrangements. It meets in public except in very strictly defined circumstances. All of its meetings in the year were open to the public apart from meetings of the Appointments Committee.
- 3.4 The Board has developed its participation in the West Lothian Community Planning Partnership. The Board is a statutory community planning partner and is represented on the Community Planning Partnership Board by the Chief Officer. Periodic reports are brought to the Board to inform Board members of developments within the Partnership.
- 3.5 The Board now also participates in the Strategic Planning Forum, a strategic partnership forum amongst the health board and the integration joint boards within the health board area. It aims to increase cooperation amongst the bodies involved and secure and promote efficient planning where there are common themes and pressures shared by all concerned.
- 3.6 Chief Officer reports are now standing items on the agendas for Board meeting and those enable things like the community planning activities to be brought to the attention of the Board and the public.

#### **4 Management**

- 4.1 Under the terms of the governing legislation the Board only has one member of staff – its Chief Officer. Allister Short was appointed to that post in September 2019 after the retirement of the Director who had held the post since the inception of the Board. He heads the joint management team and staff responsible for delivering the integrated services in accordance with Board directions. He is accountable to the Board, but also to the Chief Executives of the council and the health board. His place and responsibilities are set out in the Board's Scheme of Delegations. The Chief Officer is a non-voting Board member.
- 4.2 The legislation which applies to the Board in relation to accounting and finance matters requires the Board to appoint a Chief Financial Officer. That role is to be



performed in accordance with the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2016). It sets out the requirement for the Chief Financial Officer to be professionally qualified and sets out the criteria for that qualification. The Board has appointed its Chief Financial Officer who fulfils these criteria and operates in accordance with the Board's Financial Regulations, reporting regularly to the Board on budgetary performance and compliance and on financial assurance. The Chief Financial Officer produces the Board's annual financial statement. The role is undertaken in accordance with the relevant statutory rules, guidance and standards. The Chief Financial Officer is a non-voting Board member. His place and responsibilities are set out in the Board's Scheme of Delegations. In accordance with its Best Value Framework adopted during the year, the Chief Financial Officer reports each year on the extent of the Board's delivery of its statutory best value duty. That informs both the Internal Auditor's review of the system of internal control and this annual governance statement.

- 4.3 The Board is required to operate a professional and objective internal audit service. The council's Audit Risk & Counter Fraud Manager is appointed as the Board's Internal Auditor. Internal audit is an independent appraisal function which examines and evaluates systems of financial and non-financial control. Internal audit operates in accordance with the "Public Sector Internal Audit Standards: Applying the IIA International Standards to the UK Public Sector" (PSIAS). An annual audit plan is prepared based on an assessment of risk and is approved by the Audit Risk & Governance Committee. Internal audit reports are issued to the committee in relation to the outcome of all work. There is annual reporting to the committee of internal audit activities and to give assurance about the independence, effectiveness and soundness of the service.
- 4.4 Risk management is supervised on the officer side of the Board by the Internal Auditor. Risk management is also embedded at a service level in the senior management team which is responsible for the delivery of the Board's integrated functions. The management team monitors, assesses and mitigates risk at service level as a matter of routine at their management team meetings. That process continues at lower levels in the integrated management structure.
- 4.5 The Board requires to appoint a Standards Officer. The Standards Officer is responsible for ensuring the Board and its members meet their obligations under ethical standards legislation and the Board's Code of Conduct. The Board has appointed a Standards Officer who maintains the Board members' Register of Interest and advises on Code of Conduct issues and concerns. His appointment was approved by the Scottish Ministers in 2016. He plays a wider role in supporting the Board in meeting its expected and adopted standards of good corporate governance. He prepares this annual governance statement and reports to the Board when required on governance matters, including compliance with the Board's adopted Local Code of Corporate Governance.
- 4.6 The council has to appoint a senior officer with social work qualifications and experience to the statutory role of Chief Social Work Officer. The post carries the significant responsibility for statutory delivery of social care services and the right to have direct access to the council and its elected members. The Chief Social Work Officer is a non-voting member of the Board and the Board's Standing Orders ensure a similar right of access to the Board and Board members in

relation to areas of professional concern. The health board has appointed an officer to a similar post in relation to health care. The holder of that post is also a non-voting member of the Board. The Board's Standing Orders give the same right of access to the Board and Board members as the Chief Social Work Officer has. Each delivers a formal annual report to the Board in connection with the discharge of their duties in relation to health and social care governance and statutory compliance.

## **5 Audit Risk & Governance Committee**

- 5.1 The Audit Risk & Governance Committee monitors the independence and effectiveness of the Internal Audit service provided by the council and its Audit, Risk and Counter Fraud Manager. To ensure the required degree of independence it is given periodic assurance in relation to non-internal audit functions (risk management) through the internal audit manager of Falkirk Council. The committee approves an annual audit plan and receives reports about its completion. It considers reports brought forward in relation to the work, both programmed and reactive work. It approves the annual governance statement on behalf of the Board before the Board considers it as part of its unaudited accounts and financial and other statements. Its remit and powers were reviewed during the year and minor changes were approved by the Board.
- 5.2 Internal Audit reports are presented to committee for information and scrutiny. They contain a finding as to the soundness of control based on the audit carried out and whether controls are satisfactory or require improvements. They set out improvement actions which have been agreed with officers. Implementation of actions and any other committee recommendations are the responsibility of the Chief Officer.
- 5.3 The committee also receives the external auditors' Annual Plan. Its remit enables it to consider the external audit annual report and audited accounts prior to their consideration and approval by the Board itself.
- 5.4 The committee also receives reports in relation to governance matters, principally reports issued by the Accounts Commission and/or Audit Scotland in relation to the Board or the health and care sector as a whole. The committee also receives the annual report on corporate governance and the annual governance statement. In 2019/20 it also received reports on progress against the governance issues identified for attention in previous annual governance statements.
- 5.5 Formal arrangements have been made and approved for liaison and information sharing with the Internal Auditors for the health board, the council and the other IJBs in the health board area. The Risk Management Annual Reports for council and health board were reported to the committee in 2018/19. No issues of concern arose and committee did not determine that it was necessary that the reports for 2019/20 be presented.
- 5.6 The Internal Audit Annual Report in June 2020 for 2019/20 provides details of the risk based audits undertaken for the Board, and the conclusions arising from that work. Those reports had all been submitted to the committee in the course of the year. No areas of concern or where control was found to require improvement were identified for 2019/20.

## **6 System of internal control**

- 6.1 A significant part of the Board's governance framework is its system of internal control (financial and other). It is an ongoing process designed to identify risks to the achievement of the Board's objectives; to evaluate the likelihood of those risks occurring; to consider the potential impact of the risks; and to manage them effectively. Those controls can never eliminate risk or failure to achieve objectives entirely – they can only provide reasonable and not absolute assurance. The design, development and management of the system of internal control are undertaken by officers who support the Board and approved where required by the Board or its Audit, Risk & Governance Committee.
- 6.2 The system of internal financial control is designed to provide assurance on the effectiveness and efficiency of operations and the reliability of financial reporting. It is based on a framework, which includes financial regulations and a system of management supervision, delegation and accountability, supported by regular management information, administrative procedures and segregation of duties. Its key elements include a documented internal control framework relating to financial processes, procedures and regulations; a comprehensive budgeting and monitoring framework; scrutiny of periodic and annual financial and operational performance reports; performance management information; and project management disciplines.
- 6.3 Reporting to the Board on the effectiveness of the system of internal control is a statutory requirement carried out by the Board's Internal Auditor. It is included in his Internal Audit Annual Report in June each year. Its consideration precedes and informs this statutory annual governance statement which requires approval by or for the Board and incorporation into the annual accounts and financial statements.
- 6.4 Based on internal audit work and reports throughout the year the Internal Auditor identifies areas where improvements are required and confirms that recommendations will be followed up and reported. The Audit, Risk & Governance Committee is informed of agreed actions and deadlines for completion. It seeks assurances from responsible officers on progress through follow-up reports where so advised.
- 6.5 Following the review for 2019/20 the Internal Auditor's conclusion, reported to committee in June 2020, is that the framework of governance, risk management and control is sound.

## **7 Code of Corporate Governance**

- 7.1 The Board's governance arrangements are assessed and reported in accordance with statutory requirements and under a Framework and accompanying Guidance for Scotland called "Delivering Good Governance in Local Government", produced by CIPFA/SOLACE in 2016. In 2017/18 a new Local Code of Corporate Governance was developed and adopted under that Framework and Guidance. The annual governance statement was produced under that Framework for 2017/18 and has been since.
- 7.2 The Code adopts the seven over-arching principles from the Framework which





are: behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law; ensuring openness and comprehensive stakeholder engagement; defining outcomes in terms of sustainable economic, social, and environmental benefits; determining the interventions necessary to optimise the achievement of the intended outcomes; developing the Board's capacity, including the capability of its leadership and the individuals within it; managing risks and performance through robust internal control and strong public financial management; and implementing good practices in transparency, reporting, and audit to deliver effective accountability.

- 7.3 Each of those principles is broken down into sub-principles and then separate elements to allow a more focused approach to the components of each. A list of sources of evidence is included and the Board's actions and performance over the year are assessed to determine where it exceeds, meets or fails to meet the required standards. Areas of concern are picked out and reported on through the annual reporting process. Actions are identified and allocated and progress monitored through reporting to Board and committee. The Code is used to inform the drafting and approval of the annual governance statement.
- 7.4 The Code was formally reviewed during the reporting year. Audit Risk & Governance Committee and then the Board considered recommendations concerning the standards and evidence included in the Code and the methods by which the Code is populated and monitored throughout the year. The recommendations were accepted and the Code has been produced this year in accordance with the newly-approved arrangements and with the amendments approved by the Board in September 2019.
- 7.5 Compliance with the Code's standards has improved significantly. This is the result of work in areas such as the review of Standing Orders and the Scheme of Delegations; the review of Financial Regulations; approval of the new Strategic Plan; approval of the Communication and Engagement Strategy; review of the Code of Conduct; concluding reporting on workforce planning; refreshment of the clinical and care governance arrangements; and the revised Strategic Planning Group structures. The most significant non-compliance is the outstanding work on compliance with the Data Protection Act 2018 and the appointment of a permanent Data Protection Officer.
- 7.6 The Chief Financial Officer has again prepared a best value framework annual statement. It is part of the framework approved by the Board in September 2018 to enable it to gain the assurance it requires on the extent of its compliance with its statutory best value duty. That statement will be reported to Audit Risk & Governance Committee in June 2020. Along with the Internal Auditor's review of the system of internal control and the Board's Code of Corporate governance it informs and underpins this annual governance statement. The Chief Financial Officer has concluded and has certified that the Board's best value duties were substantially complied with in 2019/20. He has commented on two areas for improvement (data protection compliance and succession planning) that require improvement. Those are highlighted elsewhere in this statement and in the Local Code of Corporate Governance.

## 8 Past and present governance issues



- 8.1 Governance reporting in previous years has identified areas of concern and issues to be addressed by officers and members. In reporting this year, the issues carried forward from previous years have been amalgamated with a view to demonstrating the continuous improvement in governance terms and showing how issues have been dealt with where they cross the ends of the reporting years. Those issues were reported regularly to the Chief Officer's senior management team throughout the year for monitoring. A report against progress was made to the Audit Risk & Governance Committee in December 2019. Progress made since then has been noted and considered at management team meetings. Issues have been added as they have arisen during this reporting year. Some of those have been pursued already, some are longer-term issues. These past and present matters of concern were reported in detail to the committee in June 2020 as part of the end of year governance cycle.
- 8.2 There was a substantial degree of progress in tackling the governance issues identified in last year's statement. That was the result of concerted efforts in relation to things such as the review of Standing Orders and the Scheme of Delegations; the review of Financial Regulations; approval of the new Strategic Plan; approval of the Communication and Engagement Strategy; review of the Code of Conduct; concluding reporting on workforce planning; refreshment of the clinical and care governance arrangements; and the revised Strategic Planning Group structures.
- 8.3 There were 24 issues identified for work in last year's statement arising from the last three reporting years. Of those, 11 had been completed and deleted after interim reporting to committee. Of the remaining 13, officers have recommended that 9 have now been completed and may be deleted. The other 4 have been carried forward and progress will be monitored and reported to Audit Risk & Governance Committee during the year and again at the year end.
- 8.4 The four issues carried forward are
- Ensuring full compliance with GDPR and the Data Protection Act 2018 including securing the appointment of a permanent Data Protection Officer
  - Arrangements for succession planning for members and officers
  - Continuing with actions agreed arising from consideration of a suite of external reports in 2018 and 2019 on local government, health service and integration joint boards
  - Reviewing the new structure of planning and commissioning boards put in place to support the Strategic Plan and the Strategic Planning Group
- 8.5 Of those, the most significant and the one presenting the most risk is the conclusion of work to ensure data protection compliance.

## **9 Matters to be considered in 2020/21**

- 9.1 Based on consideration of progress on the matters of governance concern set out in the appendix, the Internal Auditor's review of the system of internal control, the Chief Finance Officer's Best Value Compliance Statement and information noted

in the Code of Corporate Governance these are the issues of concern that the Board is recommended to address in 2019/20:-

- The four issues referred to in 8.4, above
- Ensuring Board awareness of the PREVENT agenda, based on UK guidance
- Educating Board members on the Standards Commission's Advice Note on the role of members of integration joint boards
- taking into account the Scottish Government's long-awaited guidance to integration joint boards, councils and health boards on Directions
- Considering the lessons to be learned from the Accounts Commission report in March 2020 on Fife Integration Joint Board
- Participating in the resumed review by the council and health board of the Integration Scheme
- Carrying out a review of the Board's reaction to the COVID-19 pandemic and the role it played in tackling the emergency
- Reviewing the role descriptions for Board members, due in February 2021
- Reviewing the template for officers' reports, due in February 2021
- Reviewing the Strategic Planning group structure, due in April 2021
- Receiving the first annual report of activity under the Communication and Engagement Strategy
- Ensuring compliance with the refreshed Clinical & Care Governance arrangements
- Returning to the risks posed by the departure of the UK from the European Union, likely to be completed at the end of the transition period in December 2020
- Review of the Best Value Framework as the external audit approach to best value in integration joint boards is developed

9.2 Progress will be tracked through senior management team meetings and interim reports to committee.

## **10 COVID-19**

10.1 The most significant COVID-19 risks and COVID-19 related work occurred after the end of the reporting year. However, the planning for COVID-19 started in early March 2020 and will be ongoing when this statement is approved and considered as part of the audited accounts.

10.2 The preparation of the annual accounts and this statement has continued in





accordance with the normal statutory timescales. Scottish councils and integration joint boards were not afforded the leeway given to English councils and other public bodies north and south of the border. Their production has not been materially affected by the emergency or the diversion of resources to other areas. Sufficient information has been available to inform this statement and it has not been considered that the assurances given in relation to corporate governance for 2019/20 require to be qualified or restricted at this date.

- 10.3 As stronger guidance and then statutory rules emerged from the UK and Scottish Governments and Parliaments about restrictions on movement, gatherings and business/premises operations a decision was taken to cancel the Board meeting scheduled for 21 April 2020 and all internal meetings until further notice. This decision was made in the context of existing provisions in the Standing Orders and the Scheme of Delegations conferring wide emergency powers on officers. No urgent or temporary changes were required to Standing Orders or the decision-making structure. A record has been kept of the use of those powers, relevant members have been consulted where required, and all actions taken will be reported to members and in public at the first available meeting. Board members have had updates sent to them by email to keep them informed of some of the more significant issues being addressed.
- 10.4 Emergency coronavirus legislation allowed public bodies such as integration joint boards to choose to postpone compliance with statutory duties to publish annual and other reports concerning its functions and services. That power has not yet been used. However, consideration is being given to recommending it be exercised in relation to publication of the statutory annual performance report, normally due by 31 August each year.
- 10.5 In accordance with guidance and then regulations, council and health board facilitated as far as possible working from home, requiring urgent investment by them in IT and temporary modification of HR policies and procedures.
- 10.6 Early information on the impact of COVID-19 on the Board will be reported to the Board at its scheduled meeting in June 2020. That will still be at an early stage in assessing the financial cost and impact of services delivered by council and health board. Ongoing costs and service consequences will be incorporated into the regular budget monitoring reports. Additional risks will be identified and the risk register revised and updated as required by the Board's risk management arrangements.
- 10.7 As is good practice after reacting to any form of business continuity event a debrief will be conducted of the council's reaction to the emergency and that will include consideration of the decision-making and other governance arrangements during the emergency.

## **11 Conclusion and assurance**

- 11.1 Based on the Board's governance framework described in this statement the Board and the West Lothian community can be assured that the Board's corporate governance standards have been substantially met in 2019/20.
- 11.2 There are however areas for improvement which should be addressed by officers



and referred to Audit Risk & Governance Committee for monitoring and control. Consideration should be given as to whether any of those issues and actions require formal recognition or reassessment in the Board's Risk Register.





## West Lothian Integration Joint Board Audit, Risk and Governance Committee

Date: 27 May 2020

Agenda Item: 10

### RISK MANAGEMENT – HIGH RISKS

#### REPORT BY CHIEF OFFICER

#### **A PURPOSE OF REPORT**

- A1** To advise the Audit, Risk and Governance Committee of the IJB's high risks.

#### **B RECOMMENDATION**

- B1** It is recommended that the Audit, Risk and Governance Committee considers the high risks identified, the control measures in place, and the risk actions in progress to mitigate their impact.

#### **C SUMMARY OF IMPLICATIONS**

- |           |  |  |
|-----------|--|--|
| <b>C1</b> | <b>Directions to NHS Lothian and/or West Lothian Council</b> | A direction is not required.   |
| <b>C2</b> | <b>Resource/ Finance</b>                                     | None.  |
| <b>C3</b> | <b>Policy/Legal</b>  | The IJB's Policy is to effectively mitigate risks to the achievement of its objectives by implementing robust risk management strategies, policies and procedures, which enable managers to effectively identify, assess, and mitigate risk. |
| <b>C4</b> | <b>Risk</b>  | Directly relevant. This report sets out the IJB's high risks.  |
| <b>C5</b> | <b>Equality/Health</b>                                       | The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.   |

<b>C6</b>	<b>Environment and Sustainability</b>	None.
<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	Effective risk management is a pre-requisite for effective performance
<b>C8</b>	<b>Strategic Plan Outcomes</b>	Effective risk management is a pre-requisite for effective performance
<b>C9</b>	<b>Single Outcome Agreement</b>	Effective risk management is a pre-requisite for effective performance
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	None.

## **D TERMS OF REPORT**

**D1** At its meeting on 28 March 2018 the Audit, Risk and Governance Committee asked that the IJB's high risks be reported to all of its meetings. This report fulfils that obligation.

**D2** Risks are assessed on the basis of a five by five grid of likelihood and impact, and therefore the lowest possible score is one and the highest is 25. The IJB's high risks are defined as those risks which have a current risk score of 12 or more.

**D3** Appendix one to this report sets out the IJB's high risks. There are now three high risks, one less than previously reported. Risk IJB008 "Delayed Discharge" is no longer considered to be a high risk, its risk score having reduced from 16 to 8 (medium).

**D4** The IJB's three high risks are therefore:

- IJB004 Inadequate Funding to Deliver Strategic Plan;
- IJB007 Sustainability of Primary Care;
- IJB006 Workforce Planning.

**D5** In relation to appendix one:

- The traffic light icon represents the risk ranking based on the score; these are explained further in the table at the start of Appendix 1;
- There is a code, title and description for each risk;
- The original risk score represents the uncontrolled risk, that is to say 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 in place to reduce the risk from original risk score to current risk score;
- The risk actions are those measures which are intended to further reduce the current risk. The report only includes those which are in progress. Once marked as complete, risk actions should be included as internal controls and taken account of when assessing the current risk score.

**D6** The standard risk assessment methodology is attached as Appendix 2.

## **E CONSULTATION**

**E1** IJB Senior Management Team.

## **F REFERENCES/BACKGROUND**

**F1** None.

## **G APPENDICES**

**G1** 1.IJB High Risks

**G2** 2. Risk Assessment Methodology

## **H CONTACT**

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27 May 2020

## Appendix 1 IJB High Risks



Data Label : OFFICIAL

**Report Author:** Kenneth Ribbons




**Generated on:** 12 May 2020 11:14

**Report Layout:** .R09d\_Internal Controls, Original Score, Current Score, Target Score with linked actions (outstanding only)


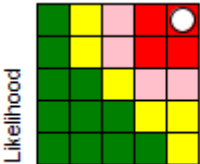
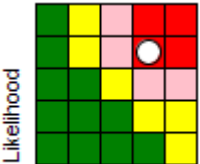
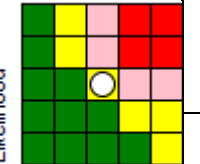
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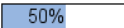
Icon	Score	Meaning
	16-25	High
	12-15	Medium High


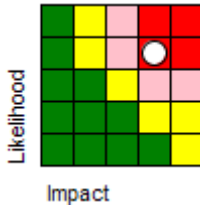
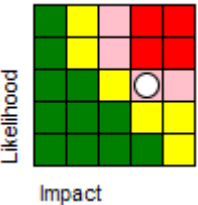
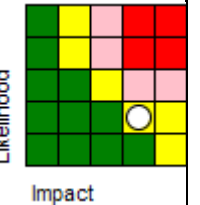

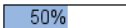
### Key to Action Status


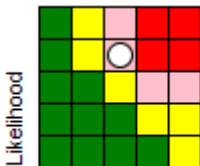
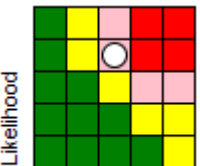
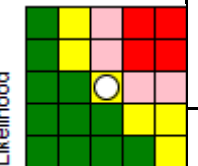

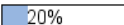


Icon	Status
	Overdue
	Approaching Due Date
	In progress


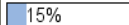

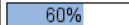


	<b>IJB004 Inadequate Funding to Deliver Strategic Plan</b>	Funding is inadequate, or is not effectively prioritised, including through the development of financial recovery plans, leading to failure to achieve a sustainable budget position and meet strategic objectives.									
<b>Internal Controls:</b>						Chief Finance Officer (S95 officer) Due diligence by S95 officer on contributions each year Approval of resource allocations by IJB Monitoring / reporting of progress / outturn to IJB Financial reports to IJB include key risks and uncertainties Scrutiny by Audit, Risk and Governance Committee Internal audit and external audit oversight. Financial Regulations WL Integration Scheme – agreed financial and budgetary responsibilities including for overspends against delegated IJB functions Ongoing development of medium term financial plan 2019/20 to 2022/23 submitted to the IJB on 23/4/19 Reserves policy					
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Risk Score	Target Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
25	 Likelihood Impact	16	 Likelihood Impact	9	 Likelihood Impact	▶	IJB19003_Ar Financial Implications of COVID-19 (IJB)	31-Mar-2021	31-Mar-2021	<div><div>30%</div></div>	Identification and monitoring the financial implications of COVID-19 on the IJB's funding and expenditure.
						▶	IJB19002_Ar Development of Updated Medium Term Financial Plan	30-Jun-2020	30-Sep-2020	<div><div>40%</div></div>	Assessment of 2020 Scottish Budget and work collaboratively with LG and NHS partners to develop updated IJB medium term financial plan.

					IJB19021_Are MTFP savings gap	31-Mar-2020	30-Sep-2020		<p>Further development of IJB Medium Term Financial Strategy and savings proposals will be undertaken during 2019/20. This will involve close partnership working with partner bodies and finance. As well as existing arrangements in place, this will be enabled through joint Lothian Finance Group established comprising of NHS Lothian Director of Finance, Lothian Local Authority Section 95 officers and Lothian IJB Chief Finance Officers. A key area being progressed by the group is developing a more joined up approach to financial planning. EY annual audit report action plan item 2 refers.</p>
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	IJB007 Sustainability of Primary Care					There is a risk that GP service provision will be disrupted, restricted or unavailable because of increasing capacity and demand issues as a result of population growth and/or GP practices experiencing difficulties in recruitment, retention or absence of medical staffing leading to significant capacity issues and inadequate and insufficient service provision.					
Internal Controls:						Risk register at HSCP level of all practices identifying vulnerability rating Programme of support measures developed and available to be tailored to each practices individual circumstances to increase their resilience and maintain service provision Additional investment to support practices through LEGUP, primary care investment fund Buddy practice arrangements in place across all practices; Cluster working arrangements established Primary Care Implementation and Improvement Plan prepared and submitted to the IJB on 26/6/18.					
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Risk Score	Target Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
16		12		8			IJB18011_Ar Implementation of Primary Care Improvement Plan 2018-2021	30-Sep-2021	30-Sep-2021		Phased investment and improvement plan to support implementation of the new 2018 GMS contract with focus on development of new roles and professionals within the wider Primary Health Care Team, transfer of vaccination services and development of community treatment and care centres, development of mental well-being hubs, use of technology and support of leadership development of GP and practice teams.

	IJB006 Workforce Planning					Lack of effective workforce planning leading to a failure to develop a sustainable workforce which has an adverse impact on performance and the ability of the IJB to achieve its strategic objectives.					
Internal Controls:						NHS and WLC workforce plans NHS and WLC recruitment policies Monitoring via review of performance in relation to staff absence, recruitment / turnover Training and development Performance review Strategic workforce planning framework approved by the IJB on 21 November 2018. Workforce planning group					
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Risk Score	Target Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
12		12		9			IJB19018_Ari Aligning Workforce Plans	30-Dec-2020	30-Dec-2020		West Lothian Council to give consideration to the development of workforce plans for Social Policy which align more closely with NHS Lothian workforce plans and the IJB Strategic Plan.
							IJB19016_Ari Workforce Planning Action Plans	30-Jun-2020	30-Jun-2020		Preparation of workforce planning action plans which are aligned to the IJB Strategic Plan and Commission Plans. The action plans will clearly state the action owners and will include progress and performance measures.

				IJB19019_Ari Employee Communicati on and Engagement Plan	30-Jun-2020	30-Jun-2020		To develop and present to the IJB for approval an Employee Communication and Engagement Strategy/Plan.
				IJB19017_Ari Staff Governance Reporting	30-Apr-2020	30-Apr-2020		The format of staff governance reports to be reviewed to ensure consistency of reporting across the health and social care partnership.  Staff governance reports will remain as items for regular review by the health and social care management team.

**RISK ASSESSMENT METHODOLOGY****RISK MATRIX**

<b>PROBABILITY</b>	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
		<b>IMPACT</b>				

## PROBABILITY TABLE

Score	Description	Estimated Percentage Chance
1	Unlikely	0-10
2	Possible	10-50
3	Likely	50-70
4	Very Likely	70-90
5	Almost Certain	90-100

Each risk is scored 1-5 for likelihood.

In assessing probability consider a three year time horizon.

In assessing probability managers should use their knowledge and experience of previous issues, both within the council and elsewhere.

## IMPACT TABLE

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

<u>Hazard / Impact of Risk</u>	<b>Personal safety</b>	<b>Property loss or damage</b>	<b>Regulatory / statutory / contractual</b>	<b>Financial loss or increased cost of working</b>	<b>Impact on service delivery</b>	<b>Personal privacy infringement</b>	<b>Community / environmental</b>	<b>Embarrass- ment</b>
<b>Insignificant 1</b>	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
<b>Minor 2</b>	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
<b>Significant 3</b>	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
<b>Major 4</b>	Major injury to several people	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
<b>Catastrophic 5</b>	Death of an individual or 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



## West Lothian Integration Joint Board Audit, Risk and Governance Committee

Date: 27 May 2020

Agenda Item: 11

### RISK MANAGEMENT ANNUAL REPORT

#### REPORT BY CHIEF OFFICER

#### **A PURPOSE OF REPORT**

- A1** To advise the Audit, Risk and Governance Committee of the risk management annual report for 2019/20.

#### **B RECOMMENDATION**

- B1** It is recommended that the Audit, Risk and Governance Committee considers the risk management annual report for 2019/20.

#### **C SUMMARY OF IMPLICATIONS**

- |           |  |  |
|-----------|--|--|
| <b>C1</b> | <b>Directions to NHS Lothian and/or West Lothian Council</b> | A direction is not required.   |
| <b>C2</b> | <b>Resource/ Finance</b>                                     | None.  |
| <b>C3</b> | <b>Policy/Legal</b>  | The IJB's policy is to effectively mitigate risks to the achievement of its objectives by implementing robust risk management strategies, policies and procedures, which enable managers to effectively identify, assess, and mitigate risk. |
| <b>C4</b> | <b>Risk</b>  | Directly relevant to the management of the IJB's risks.  |
| <b>C5</b> | <b>Equality/Health</b>                                       | The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.   |

<b>C6</b>	<b>Environment and Sustainability</b>	None.
<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	Indirectly via the management of risk to the IJB's objectives.
<b>C8</b>	<b>Strategic Plan Outcomes</b>	Indirectly via the management of risk to the IJB's objectives.
<b>C9</b>	<b>Single Outcome Agreement</b>	Indirectly via the management of risk to the IJB's objectives.
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	None.

## **D TERMS OF REPORT**

- D1** The Risk Management Strategy approved by the IJB on 26 June 2018 includes a requirement for an annual risk management report to be submitted to the Audit, Risk and Governance Committee.
- D2** The risk management report attached as an appendix discharges that requirement. It sets out the responsibilities for managing risk within the IJB, and summarises the work done on the reporting and review of risk during the year.

## **E CONSULTATION**

- E1** None.

## **F REFERENCES/BACKGROUND**

- F1** Report to the Integration Joint Board 26 June 2018: Risk Management Policy and Strategy.
- Report to the IJB Audit, Risk and Governance Committee 4 March 2020: Risk Management

## **G APPENDICES**

- G1** Risk Management Annual Report 2019/20

## **H      CONTACT**

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E-mail [Kenneth.ribbons@westlothian.gov.uk](mailto:Kenneth.ribbons@westlothian.gov.uk)

27 May 2020

# **WEST LOTHIAN INTEGRATION JOINT BOARD RISK MANAGEMENT ANNUAL REPORT 2019/20**

**27 May 2020**



## **1.0 INTRODUCTION**

- 1.1. This report provides an overview of risk management within the West Lothian Integration Joint Board (IJB) for the financial year ending 31 March 2020.

## **2.0 RISK MANAGEMENT POLICY AND STRATEGY**

- 2.1. The IJB approved its Risk Management Policy and Strategy on 26 June 2018.
- 2.2. The IJB's policy on the management of risk is to "effectively mitigate risks to the achievement of its objectives by implementing robust risk management strategies, policies and procedures, which enable managers to effectively identify, assess, and mitigate risk".

## **3.0 RESPONSIBILITIES**

- 3.1. The IJB's Risk Management Strategy sets out responsibilities for managing risks. The IJB's Chief Officer is responsible for ensuring that risks to the IJB's objectives are effectively identified, managed and mitigated.
- 3.2. In doing so the IJB's Chief Officer is assisted by the Senior Management Team which:
- identifies and assesses risks to the IJB's objectives and ensures that these are effectively managed;
  - monitors progress in managing risks, including the effectiveness of internal controls and progress in relation to risk actions;
  - reviews risk management training and development needs.
- 3.3. The IJB's risk manager is responsible for ensuring that arrangements are in place within the IJB to enable managers to effectively discharge their responsibilities by:
- preparing and maintaining procedures on risk management;
  - maintaining the IJB's risk register;
  - providing advice and information on risk management.
- 3.4. The IJB and the IJB Audit, Risk and Governance Committee are responsible for exercising oversight over risk management by approving the Risk Management Policy and Strategy and monitoring the effectiveness of the management of risk.

## **4.0 RISK REVIEW**

- 4.1. The IJB's risk register is held on the Pentana system and a summary of the risks is appended. At the start of the financial year the risk register contained ten risks. This was subsequently revised to eight risks. Two risks were removed from the risk register, in relation to health and safety and clinical governance, as these were considered to be more in the nature of operational risks which did not require to be captured in the IJB risk register. This matter was covered in the Chief Officer's report to the IJB Audit, Risk and Governance Committee on 4 March 2020.
- 4.2. The Risk Management Strategy requires the IJB to conduct an annual review of its risks. This was done on 26 November 2019.
- 4.3. The Risk Management Strategy requires the IJB's Audit, Risk and Governance Committee to review the IJB's risks twice per annum. The Committee considered all of

its risks at its meetings on 4 September 2019 and 4 March 2020. The IJB's high risks were also considered by the Committee on 5 June 2019 and 11 December 2019.

- 4.4. The Strategy requires that the IJB's Senior Management Team review the risks every two months and it is confirmed that risks have been reported to the IJB Chief Officer and Senior Management Team on a regular basis throughout the year. The risks, their descriptions, scores, internal controls, and risk actions, have been reviewed and discussed and where considered appropriate, revised.
- 4.5. The last risk report to the SMT was on 13 February 2020. Due to the outbreak of the coronavirus pandemic, and subsequent lockdown on 23 March 2020, subsequent reporting has been by email and telephone.

## **5.0 TRAINING**

- 5.1. No training was delivered during the year.

## **6.0 CONCLUSION**









- 6.1. Appropriate risk management arrangements are in place in accordance with the approved Risk Management Policy and Strategy.









**Kenneth Ribbons**  
**IJB Risk Manager**

## Appendix 1 IJB Risks

Data Label : OFFICIAL

Traffic Light: Red 3 Amber 2 Green 3

Risk Title	Risk Description	Original Risk Score	Original Traffic Light Icon	Current Impact	Current Likelihood	Current Risk Score	Current Traffic Light Icon
IJB004 Inadequate Funding to Deliver Strategic Plan	Funding is inadequate, or is not effectively prioritised, including through the development of financial recovery plans, leading to failure to achieve a sustainable budget position and meet strategic objectives.	25		4	4	16	
IJB007 Sustainability of Primary Care	There is a risk that GP service provision will be disrupted, restricted or unavailable because of increasing capacity and demand issues as a result of population growth and/or GP practices experiencing difficulties in recruitment, retention or absence of medical staffing leading to significant capacity issues and inadequate and insufficient service provision.	16		4	3	12	
IJB006 Workforce Planning	Lack of effective workforce planning leading to a failure to develop a sustainable workforce which has an adverse impact on performance and the ability of the IJB to achieve its strategic objectives.	12		3	4	12	
IJB002 Failure to effectively implement the Strategic Plan	The Strategic Plan sets out how the IJB intends to deliver the nine national health and well being outcomes through our strategic priorities and transformational change programmes. Failure to effectively develop and implement strategic commissioning plans for specific care groups within medium term financial planning framework may lead to key objectives not being achieved.	20		3	3	9	

Risk Title	Risk Description	Original Risk Score	Original Traffic Light Icon	Current Impact	Current Likelihood	Current Risk Score	Current Traffic Light Icon
IJB008 Delayed Discharge	There is a risk that patients are not being discharged in a timely manner resulting in suboptimal patient flow, impacting on poor patient and staff experience and poorer outcomes of care.	16		4	2	8	
IJB001 Governance Failure	Appropriate internal processes and procedures are either not in place or are ineffective, leading to a lack of leadership, accountability or scrutiny, resulting in a failure to meet key objectives, financial overspends or reputational damage.	15		3	2	6	
IJB003 Inadequate Performance Management	Processes for the review and scrutiny of health and council performance are either not in place or are ineffective, leading to less than robust scrutiny arrangements, and resulting in failure to identify, challenge, or rectify poor performance. Ultimately will have an adverse impact on ability to achieve key objectives.	12		3	2	6	
IJB005 Community Planning Failure	Inability to work effectively with partners leading to poorer outcomes. Community Planning officers from the council are represented on the Locality Groups to ensure a partnership approach to working and prevent duplication of effort where possible.	9		3	1	3	





## WORKPLAN FOR WEST LOTHIAN INTEGRATION JOINT BOARD AUDIT RISK AND GOVERNANCE COMMITTEE

Date of Meeting	Agenda Setting	Title of Report	Lead Officer	Action
<b>27 May 2020</b>	<b>22 April 2020</b>			<b>Council Chambers, WL Civic Centre</b>
		IJB High Risks	K Ribbons	
		Risk Management Annual Report	K Ribbons	
		Internal Audit Annual Report including review of system of internal control	K Ribbons	
		Annual Governance Statement	J Millar	
		Best Value Framework – Annual Compliance Report	P Welsh	
		Governance Issues – Update	J Millar	
		External audit/scrutiny report(s) - TBC	A Short	
<b>9 September 2020</b>				<b>Conference Room 3, WL Civic Centre</b>
		IJB Risk Management	K Ribbons	
		Self-Assessment Questionnaire	L Kemp	
		Audited Accounts (inc external audit report)	P Welsh	
		Corporate Governance Annual Report	J Millar	

		Internal Audit report – Performance Management	K Ribbons/J Millar	
		External audit/scrutiny report(s) - TBC	A Short	
<b>2 December 2020</b>				<b>Conference Room 1, WL Civic Centre</b>
		IJB High Risks	K Ribbon	
		Membership Review (IJB, SPG & ARGC)	A Short	
		Local Code of Corporate Governance Update	J Millar	
		Self-Assessment Results	L Kemp	
		Internal Audit report – Financial Planning	K Ribbons	
		External audit/scrutiny report(s) - TBC	A Short	
<b>24 February 2021</b>				<b>Conference Room 3, WL Civic Centre</b>
		IJB Risk Management	K Ribbons	
		Timetable of Meetings for 2021/22	Clerk	
		External Audit Annual Plan	P Welsh/EY	
		Internal Audit Annual Plan	K Ribbons	
		External audit/scrutiny report(s) - TBC	A Short	
<b>17 June 2021</b>				<b>Conference Room 3, WL Civic Centre (tbc)</b>
		IJB High Risks	K Ribbons	
		Risk Management Annual Report	K Ribbons	
		Internal Audit Annual Report (inc review of system of	K Ribbons	

		internal control)		
		Annual Governance Statement	J Millar	
		Governance Issues – Update	J Millar	
		Best Value Framework – Annual Compliance Report	P Welsh	
		Internal Audit report(s) - TBC	K Ribbons	
		External audit/scrutiny report(s) - TBC	A Short	
<b>Sept 2021 Mtg (tbc)</b>		Review of Best Value Protocol	K Ribbons	
		IJB Risk Management	K Ribbons	
		Self-Assessment Questionnaire	L Kemp	
		Audited Accounts (inc external audit report)	P Welsh	
		Corporate Governance Annual Report	J Millar	
		Internal Audit report(s) - TBC	K Ribbons	
		External audit/scrutiny report(s) - TBC	A Short	

**REPORTING CYCLE FOR WEST LoTHIAN INTEGRATION JOINT BOARD AUDIT RISK AND GOVERNANCE COMMITTEE**

WHAT	WHEN	WHY	LAST	NEXT
<b>AUDIT</b>				
External Audit Annual Plan	Annual	Audit Scotland guidance	Mar 20	Feb 21
Internal Audit Annual Plan	Annual	PSIAS and Internal Audit Charter	Mar 20	Feb 21
Internal Audit Annual Report including review of system of internal control	Annual	Accounts Regulations; PSIAS; Internal Audit Charter; IJB, 24 September 2018	Jun 19	Jun 21
Review the internal audit charter	Quinquennial	Accounts Regulations 2014; PSIAS; IJB, 6 January 2017	Jan 17	Feb 21
External assessment of conformance with PSIAS	Quinquennial	PSIAS; Internal Audit Charter; IJB, 6 January 2017	Mar 17	Mar 22
<b>RISK</b>				
IJB Risk Register	Biannual	Risk Management Strategy; IJB, 26 June 2018	Mar 20	Sept 20
IJB High Risks	Biannual	Risk Management Strategy; IJB, 26 June 2018	Dec 19	Jun 20
Risk Management Annual Report	Annual	Risk Management Strategy; IJB, 26 June 2018	Jun 19	Jun 20
Review of Risk Management Strategy and Policy	Quadrennial	Risk Management Strategy; IJB, 26 June 2018	Jun 18	Jun 22
<b>FINANCE</b>				
Audited Accounts, including external audit report	Annual	IJB, 24 September 2018	Sep 19	Sept 20
Review of Best Value Protocol	Biennial	IJB, 24 September 2018	Sep 18	Sept 20
Best Value Protocol Compliance Statement	Annual	IJB, 24 September 2018	Jun 19	Jun 20

WHAT	WHEN	WHY	LAST	NEXT
<b>GOVERNANCE</b>				
Corporate Governance Annual Report	Annual	CIPFA/SOLACE Framework; IJB Code of Corporate Governance; IJB, 1 May 2018	Sept 19	Sept 20
Update on Governance Issues	Biannual	IJB, 10 September 2019		Dec 20
Review of Standing Orders, Scheme of Delegation and Committee Remits	Biennial	IJB, 21 January 2020	Jan 20	Jan 22
Annual Governance Statement	Annual	IJB, 24 September 2018	Jun 20	Jun 21
Review of Code of Corporate Governance	Biannual	IJB, 10 September 2019	Sept 19	Sept 21
<b>OTHERS</b>				
Meetings Timetable	Annual	IJB and AR&GC practice	Mar 20	Feb 21
Self-Assessment Questionnaire (Issue)	Annual	AR&GC, 12 September 2018	Sept 19	Sept 20
Self-Assessment Questionnaire (Results)	Annual	AR&GC, 12 September 2018	Dec 19	Dec 20